

Palm Beach County

Housing Focused Case Management

Standards





HOUSING FOCUSED CASE MANAGEMENT

Housing Focused Case Management will be reflected in the following:

- Progress Notes
- Housing Plan
- Home Visits
- Supervision and Training
- Exit Planning
- Post Placement Follow Up

GUIDING PRINCIPLES - Client Focused/Housing Focused

Case management services are essential to achieving the core purpose of securing placement, as rapidly as possible, and includes necessary follow up supports for all clients to achieve stable, permanent housing. The core of Housing Focused Case Management builds on client's strengths instead of deficits. Delivering services effectively requires that case managers coordinate effectively with outside agencies. Supports can be provided through both formal linkages to community based service providers and to non professionals who can offer informal help. Staff priorities should focus on the most crucial tasks necessary to help individual clients secure/sustain housing placement (e.g. housing and mainstream benefits applications, securing identification, viewing apartments, etc.). Case Management should be Client Centered using an approach that enables staff to work alongside clients helping them to formulate a plan to effectively achieve their individual goals. (**Appendix 1**)

Case Notes

In general, case notes should tell the story of the client(s) and the efforts of the Case Manager to address housing barriers and assist the household in remaining housed. Case Notes should include an Intake and Exit Summary, Ongoing Progress Notes, Housing Plan Review(s), Exit Plan.

Intake Summary shall include but not be limited to:

- Thorough assessment of the underlying issues of homelessness
- Referral Source
- Disability Status for all Members of Household
- Homeless / Chronic Status
- Household composition
- Initial Income and Benefits
- Client's strengths as identified on the SPDAT

Exit Summary shall include but not be limited to:

- Reason for Exit
- Accomplishments i.e. attainment of income and benefits
- Review of Exit Plan
- Review of Housing Status

- Destination
- Savings
- Services Provided
- Medications, if applicable

Ongoing Progress Notes must contain clear and concise information related to the following:

- SPDAT Reviews Intake, Move In, 30 days, 90 days, 180 days, 270 days, 365 days as well as changes in life circumstances
- Housing Plan Development with Client(s) and Reviews
- Reasons for not achieving benchmarks
- Objectives of the Meeting(s)
- Steps to Maintain Program Requirements i.e. Crisis Plan, Risk Assessment, School Enrollment or Child Care Plan
- Resource & Referral Information- i.e. Mainstream Benefits, Employment, Mental Health, Substance Use, Health Care, Transportation, SOAR Application
- Identify Successes
- Incident Report

Topics to consider discussing: helping negotiate with a landlord or property manager, process to ensure timely rent payment, role playing before any stressful conversation with a landlord, increasing or maintaining income from benefits and/or employment, accessing needed mental health, medical, and/or substance use treatment and support, negotiating accessing activities of daily living and building a social support network.

NOTE : The Continuum of Care acknowledges that the needs of a household fleeing or attempting to flee, domestic violence, dating violence, sexual assault or stalking, may be different than the needs of non-victims. Navigators and Case Mangers will be trained on sensitivity in regards to victim's assistance and the appropriate recording of information required. The SPDAT will be utilized at the Lewis Center and/or other Emergency Shelter programs.

Home Visits

Home Visits should be scheduled and provided as defined by program and agency standards and based on the client's needs and schedules. Staff must align their schedules to enable completion of tasks needed to obtain/sustain housing. This will enable staff to work individually with clients on critical housing focused case management tasks during or after business hours, accompany clients to important appointments, and plan on-site programming that builds motivation, develops a housing focused culture, and teaches critical skills.

Housing Plan/Individual Service Plan/Action Plan (Sample Plan - Appendix 2)

There shall be two types of plans:

- Emergency Shelter
- Permanent Housing

Case plans should not repeat past goals without adding strategies that address the reasons previous goals were not achieved.

Both **Plans** should include:

- Frequency of follow up visits
- Reflect client's goals as identified on the SPDAT with clear timeframes
- Presenting needs
- Resolving Barriers i.e. obtaining identification, securing or increasing mainstream benefits or employment income, locating an affordable, subsidized or supportive housing unit
- Identify temporary housing, if applicable
- Clarify the Roles of the Client and the Case Manager
- Updates as Needed to include establishing new goals

Emergency Shelter Plan

- Target date for housing placement
- Actions to be accomplished
- Set benchmarks towards obtaining housing i.e. steps needed to support progress in client's efforts to obtain permanent housing, target dates for completing mainstream benefits applications, securing identification, submitting a rental assistance application, developing a budget

Permanent Housing Plan

- Utilize SPDAT to establish actions steps/goals
- Set benchmarks for remaining housed
- Identify two components considered to be risks to their housing i.e. those issues that may cause the client to lose their housing and identify action steps to reduce/eliminate the risks

Other Tools available for Case Management

Support in Domains (Appendix 3)

3 Strengths & 2 Risks

- Utilize the SPDAT to identify two domains considered to be strengths
- Identify two areas considered to be a risk to their health and safety and identify ways to reduce the risk

1 Strength & 2 Opportunities

- Utilize SPDAT to identify one domain considered to be a strength
- Identify two domains that are see as an opportunity for improving their quality of life

Exit Plan

Exit Planning begins at the onset of case planning to provide the client with a realistic guideline to maintain housing without case management and financial support. (**Appendix 4**)

Exit Plans shall include a review of the following:

- Making Rent Payments
- Housing Stability
- Skills to Maintain Housing i.e. employment, benefits
- Support Network
- Savings

Supervision and Training

The role of the supervisor is to ensure case management is aligned with housing placement and sustaining housing placement.

This can be achieved by:

- Aligning Staff and Client Schedules as needed
- Case Plan Review and Approval as per program and agency guidelines
- Progress Note Review
- Ongoing Case Staffing
- Case Management Observation
- Case Review Form (Appendix 5)
- Training as appropriate

Post Placement Follow Up

Housing plans should include follow up services, including warm transfers, and connections to community based service providers who will provide ongoing supports. This encourages consistency in the client-case manager relationship by extending the length of time case managers remain engaged with clients even after they move or cases are closed. Minimum follow up contact by the case manager may include: 2 weeks, 4 weeks, 3 months, 6 months, 9 months and one year post placement.

NOTE: Appendixes are provided as examples or guidance and not mandatory.

Reviewed & Adopted by Homeless & Housing Alliance – March 23, 2017 Ratified by Homeless & Housing Alliance Executive Committee – March 23, 2015 Adopted by Homeless & Housing Alliance Membership – March 26, 2015

These policies and procedures have been prepared for the delivery of the <u>PBC Continuum of Care</u>. No sharing, reproduction, use or duplication of information herein is permitted without the express written consent of OrgCode Consulting, Inc. All content of the document including, but not limited to, text, graphics and logos are property of OrgCode Consulting, Inc., which the <u>PBC Continuum of Care Team</u> has been granted a world-wide perpetual royalty free right to use for program purposes. All intellectual rights remain the property of OrgCode Consulting, Inc.

Appendix 1

Client Centered Principles

Client Centered: Places the person at the centre of the service response to ensure it is designed to meet individual needs. Clients are actively involved in developing the case plan and identifying the service responses required.

Proactive Prioritize: acting in advance to ensure early identification of needs, risks and potential barriers, rather than a focus on reactive responses.

Strengths based: Identifies and builds on client capacities including coping mechanisms, resilience and support systems.

Logical: The process of case management is a step by step structured approach which is reasonable and considered.

Partnership: Successful partnership benefits client through clarity of purpose, good leadership, respectful relationships, commitment to collaboration and participation, and a sensitive approach. Partners can include:

- the client
- family of the client
- informal and friendship networks
- community
- other SHS
- other agencies both government and non-government.

Systemic: Makes links to the broader SHS system and keeping the 'big picture' in mind to maximize client outcomes.

Outcomes driven: The work is focused on outcomes and achieving client goals through monitoring, reviewing and accountability.

Culturally responsive: An inclusive approach that is respectful and relevant to the client and their cultural identity. Culture refers to a range of personal and community factors including race and/or ethnicity, geography, identity, age, ability, gender, sexuality, family, spiritual beliefs, language, history and economic status.

Holistic: The process of taking into account all factors relating to a client's wellbeing including (but not limited to), psychological, physical, cultural and social.

Dynamic: Revision of goals and outcomes are undertaken throughout the process of case management allowing responsiveness to the individual's changing circumstances and progression through case plan objectives. Knowledge gained by working with clients and service systems is used to advocate at both individual and system levels.

Adopted from the Government of South Australia- Department for Communities and Social Inclusion, Case Management Framework

