

# CASE MANAGEMENT

for

## HOMELESS SERVICE PROVIDERS • 2013



Prepared by:

- State Homeless Coordinating Committee
- Housing and Community Development Division, Utah Department of Workforce Services
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Table of Contents

Acknowledgements.....3

Introduction & Directive

    Introduction.....4

    Stated Homeless Coordinating Committee Directive.....4

Case Management Definition & Required Activities

    Definition.....5

    Required Activities.....5

    How Case Management is Provided.....6

Other Definitions.....6

Case Management Certification.....7

Ethical Guidelines & Preferred Practice Guidelines

    Ethical Guidelines.....7

    Preferred Practice Guidelines.....9

Sample Assessment Tools.....10

References.....10

Attachments

    Valley Mental Health Adult Case Management Needs  
    Assessment (Acuity Scale).....12

    Valley Mental Health Functional Assessment & Plan  
    for PRS /PES .....15

    Weber Housing Authority Individual Service Plan (ISP).....18

    Vulnerability Index.....21

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## Introduction & Directive

### **Introduction:**

The Pamela Atkinson Homeless Trust Fund (PAHTF), Critical Needs Housing (CNH) and Emergency Solutions Grant (ESG) make up the State's primary funding source to support critical services to Utah's homeless population. This combined source of funding is referred to as *Unified Funding* and is allocated by the State Homeless Coordinating Committee Allocation Committee, overseen by the State Homeless Coordinating Committee. Through the allocation process, homeless service providers apply for funding to facilitate, provide, or contract for case management in their local areas. Unified Funding is a critical component of Utah's Ten-Year Plan to End Chronic Homelessness; from caseworkers to emergency shelters, these funds are one of the cornerstones of ending homelessness in Utah.

The Utah Department of Workforce Services, Division of Housing and Community Development and the Utah Department of Human Services, Division of Substance Abuse and Mental Health have worked with an expert panel of homeless providers to develop this document. The need to standardize case management definitions and required activities has become increasingly important in light of new program regulations under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, as well as a higher demand for outcome reporting on State funding sources. This document creates a baseline expectation for case management that paves the way for more consistent and precise performance measurement among Unified Funding programs. This effort should not be misconstrued as an attempt to limit the individualization of services, creativity, or the ability of the provider to offer services in the best interest of the individual; which are best left to individual providers and are often indirectly assessed through appropriate outcome measures.

### **State Homeless Coordinating Committee Directive:**

By directive of the State Homeless Coordinating Committee, homeless service providers who receive Unified Funding grants are expected to follow the required activities and preferred practices laid out in this document. Beginning State fiscal year 2015 (July 1, 2014), agencies who receive Unified Funding for case management and outreach will also:

- Document required activities (listed below) and services rendered in the Homeless Management Information System (HMIS) or alternative reporting mechanism for domestic violence providers according to State issued reporting requirements.
- Follow the Preferred Practice Guidelines.
- Meet the minimum standard of State certification (described below)

## Case Management Definition & Required Activities

### **Definition:**

Case management is a service that helps homeless individuals<sup>1</sup> develop goals and gain access to necessary medical (including mental health), educational, social and other services. Case management services begin with a documented needs assessment, subsequent goal-setting, development of a case management service plan focused on access to needed services, and case coordination and follow-up as needed. Case managers should connect individuals with services and be cautious not to supplant or inappropriately replicate those services that require specialized training. In such instances, the case manager should take care to refer the individual to the appropriate resource and resist urges to assume a clinical role. Case management is not a clinical service.

Case management services can be provided by one person, or a team of providers. The overall goal of case management services is not only to help homeless individuals access needed services, but to ensure that services are coordinated among all agencies and providers. Case Management is often an outreach based service, usually done in the community. These services may be offered in an office setting, the individual's home or place of employment, shelter, on the streets, or other settings. Like other citizens, homeless individuals should have the ability to live as productively as possible and to receive the services they need with a minimum of interference and a maximum of support. (Note: the definition of case management differs from the definitions of "medical" and "clinical" case management: Refer to the associated definition on page 6, "Other Definitions").

### **Required Activities:**

Case management must include the activities below. Depending on individual need, setting and an Agency's mission and objectives, the focus and content of these activities should be appropriately adjusted. Similarly, the frequency of contact may be more or less intensive based on individual need.

1. Needs Assessment – conduct an assessment to identify, with an individual, their strengths, resources, barriers, and needs in the context of their local environment (see resources for recommended tools). Identify services the individual is receiving from other agencies and collaborate to avoid duplication of case management services.
2. Plan development – develop a written, individualized service plan, with specific outcomes based on the assessment once enrolled in services.
3. Access – link the individual with the necessary services, treatments and supports. The provider of case management services should be knowledgeable about community supports and resources available to homeless individuals such as medical providers, public and

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<sup>1</sup> The term *homeless individual*, when referring to the person receiving case management services in this document, includes: literally homeless persons, those at risk of homelessness and formerly homeless persons who are housed through homeless programs.

private treatment providers, advocacy and self-help groups, low-income housing, employment and training programs, financial benefits and other services.

4. Coordination – coordinate multiple services and help streamline access to services.
5. Monitoring – evaluate progress, self-sufficiency and needs to ensure the case management service plan is effectively implemented and adequately addressing the needs of the individual. Evaluate progress with the individuals and adjust the plan at least annually or more frequently as needed.
6. Personal Advocacy – intercede with and on behalf of the person or group to ensure access to timely and appropriate services.

### **How Case Management is Provided:**

The following variables are related to how case management is provided as opposed to what case management actually is:

- Intensity (frequency of contact, individual to staff ratios)
- Duration (brief, time-limited or open-ended)
- Focus (narrow and targeted or comprehensive)
- Location of services
- Staffing patterns (individual caseloads or interdisciplinary teams with shared caseloads)

### **Other Definitions**

**Outreach** – to attempt to engage and enroll persons not currently accessing services.

**Direct service** – to provide services with the individual (examples may include budget planning or accessing affordable housing)

**Counseling** – though this is listed as an eligible activity under case management for some HUD programs, it needs to be clarified that counseling for case managers does not include any form of specialized counseling, which should only be exercised by licensed professionals.

**Clinical case management** – a more intensive form of case management that may include clinical interventions. Clinical case management meets the required activities of case management, with the additional specialization of provide clinical services.

**Medical case management** – a collaborative process that facilitates recommended treatment plans to ensure that appropriate medical care is provided to disabled, ill or injured individuals. A medical case manager meets the required activities of case management, with the additional specialization of working closely with medical providers to provide a full range of health, medical and social services to those individuals identified as needing specialized and resource-intensive services. Medical case managers focus on “patient-centered care” that incorporates the individual’s active participation in their health care.

**Crisis intervention** – to assist persons in crisis by mobilizing needed supports and/or services.

**Essential Services** – this definition can be found on the current “State of Utah Unified Funding Application definitions of services” and are not considered Case Management services unless indicated.

**Recovery** – is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a process of change through which individuals work to improve their own health and wellbeing, live a self-directed life and strive to achieve their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has defined the following four major dimensions that are essential to a life in recovery:

**Health:** overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way

**Home:** a stable and safe place to live

**Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income and resources to participate in society

**Community:** relationships and social networks that provide support, friendship, love and hope

## Case Management Certification

### **Minimum Standard:**

1. Be at least 18 years of age
2. Have at least a high school degree or a GED
3. Have at least two years experience in Human Services or a related field (may include relevant education or volunteer activities); as determined by the agency
4. Pass an exam which tests basic knowledge, ethics, attitudes and case management skills with a score of 70 percent or above
5. Successfully complete a forty (40) hour case management practicum with supervision over a two-week period (for part-time employees this may be extended up to 4 weeks), and be familiar with community resources and funding regulations for case management activities. This requirement may be waived by the State Community Services Office for providers of case management who have already demonstrated experience in providing these services.
6. Ongoing Education: Within three (3) years a minimum training requirement of eight (8) hours each year must be completed specific to case management activities.

## Ethical Guidelines & Preferred Practice Guidelines (PPG)

The relationship between the individual and provider of case management services is critical. Case managers should focus on individual strengths and needs and support self-determination while abiding by broadly accepted preferred practices and ethical guidelines. Each provider of case management services shall abide by their agency’s provider code of conduct as well as the Department of Human Services State Administrative Rule Code of Conduct.

## **Ethical Guidelines:**

The following are adapted from the National Association of Case Management's Ethical Guidelines:

As a Provider of Case Management Services, I:

- Am committed to respect the dignity and autonomy of all persons and to behave in a manner that communicates this respect.
- Am committed to each individual's right to self-determination, and the rights of people to make their own life choices.
- Am committed to fight stigma wherever I find it, to educate the community, and to promote community integration for the people I serve.
- Do not allow my words or actions to reflect prejudice or discrimination regarding a person's race, culture, creed, gender or sexual orientation.
- Strive to both seek and provide culturally sensitive services for each person and to continually increase my cultural competence.
- Am committed to helping persons find or acknowledge their strengths and to use these strengths.
- Am committed to helping persons achieve maximum self-responsibility and to find and use services that promote increased knowledge, skills and competencies.
- Acknowledge the power of self-help and peer support and encourage participation in these activities with those I serve.
- Am honest with myself, my colleagues, the people I serve and others involved in their care.
- Keep confidential all information entrusted to me by those I serve, except when to do so puts the person or others at grave risk. I am obligated to explain the limits of confidentiality to the persons I serve at the beginning of the professional relationship.
- Am committed to a holistic perspective, seeing each person I serve in the context of their family, friends, other significant people in their lives, their community, and their culture, and working within the context of this natural support system.
- Must strive to maintain healthy relationships with the people I serve, avoiding confusing or multiple relationships and keeping the relationship focused on the individual's needs, not my own.
- Refer to appropriate agencies if the individual is in a crisis situation.
- Have an obligation to consult with my supervisor, obtain training, or refer to a more qualified case management provider any individual with a need I do not feel capable of addressing.



- Have an obligation to remain curious; learning, growing, developing, and using opportunities for continuing education in my field or profession.
- Am committed to a regular assessment of my service recipients' expectations of me and to consistently improve my efforts to meet their expectations.
- Have an obligation to advocate for the people I serve, for their rights, for equal treatment and for resources to meet their needs.
- Am obligated to warn anyone in danger of physical harm, and the duty to report physical, sexual, emotional and/or verbal abuse to the proper person or agency.
- Am obligated to work supportively with my colleagues and to keep their confidences.

### **Preferred Practice Guidelines (PPG):**

Individuals have basic needs and should have access to eligible services to meet their needs. The PPG will guide the work of the provider of Case Management service to homeless individuals in Utah and is based on the central belief that recovery is possible and is the core goal of services and supports. Combining an expectation and hope for recovery with best practices should characterize all efforts to effectively reintegrate individuals into the community. Providers who serve chronically homeless individuals should also adopt guidelines from the “Permanent Supportive Housing Protocol: Guidelines for Permanent Supportive Housing Communities Serving Chronically Homeless Individuals and Families in Utah,” listed in the references section of this document.

These PPGs are developed using all available data and are subject to change as scientific knowledge and technology advance and patterns evolve. With this in mind, the following information should be considered only as guidelines, not as standards. Adherence to them will not ensure a successful outcome in every case, nor should they be misread as including all the proper methods of care or excluding other acceptable methods of care aimed at the same results. It is recognized that optimal outcomes will not always be obtained.

General PPGs dictate that the approach to case management be:

- **Person Centered:** Services are responsive to the needs of the individual rather than the needs of the system or the providers. The majority of services should be delivered in the person's natural setting.
- **Empowering:** Services incorporate self-help approaches and are provided in a manner allowing individuals to retain the greatest possible control over their own lives. As much as possible, consumers and families (with consumers consent) set their own goals, decide what services they will receive and are active participants in the case management needs assessment and services provided. This allows the consumer to guide in the recovery process.
- **Racially and Culturally Sensitive:** Services should be available, accessible and acceptable, when possible, to all consumers regardless of race, religion, sex, and sexual preference.

- **Focused on Strengths:** Services build upon the assets, strengths and capacities of consumers in order to help them maintain a sense of identity, dignity and self-esteem. Service goals should be solution oriented and achievable.
- **Incorporate Natural Supports:** Services are offered in the least restrictive, most natural setting possible. Individuals are encouraged to be connected with community supports and to experience employment, education, and other activities.
- **Adapted for Special Needs:** Services should be adapted, or resources accessed, to meet the needs of subgroups of homeless individuals, i.e. elderly individuals in the community or in institutions; individuals with substance abuse problems, developmental disabilities, or hearing impairments; individuals who are literally homeless; and individuals who are placed within the criminal justice system.
- **Outcome Driven:** develop and measure outcomes to capture the results, meet program requirements and assure quality of care.

## Sample Assessment Tools

Links:

Daily Living Activities (DLA) Functional Assessment

<http://www.thenationalcouncil.org/galleries/resources-services%20files/DLA%20Sample.pdf>

The Arizona Self-sufficiency matrix adopted by Utah

[http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa\\_010879.pdf](http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_010879.pdf)

Attached:

Valley Mental Health Adult Case Management Needs Assessment (CMNA/Acuity Scale)

Valley Mental Health Functional Assessment & Plan for PRS (Psychosocial Rehabilitation Services)/PES (Psychoeducational Services Assessment & Plan)

Weber Housing Authority Individual Service Plan (ISP)

Vulnerability Index

## References

“Case Management for Persons Experiencing Homelessness or Those at Risk of Homelessness”

Minnesota Interagency Council on Homelessness (MICH) 2007

[http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa\\_006070.pdf](http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006070.pdf)

“A Review of Case Management for People who are Homeless: Implications for Practice, Policy, and Research,” by Gary Morse

[http://bbi.syr.edu/nvtac/training/training\\_mats/051911/4\\_tucker\\_crone/review\\_case\\_management\\_homeless.pdf](http://bbi.syr.edu/nvtac/training/training_mats/051911/4_tucker_crone/review_case_management_homeless.pdf)

“Utah Public Mental Health System Preferred Practice Guidelines: Case Management for Adults with Mental Illness,” Approved & Adopted April 18, 2011

<http://dsamh.utah.gov/docs/1-18-11%20Final%20Final%20Preferred%20Practice%20Guidelines%20for%20Case%20Mana.pdf>

“Utah Public Mental Health System Preferred Practice Guidelines: Treatment Based Housing/In-Home Skills and Supported Housing for Adults with Serious and Persistent Mental Illness,” Approved & Adopted April 18, 2011

<http://dsamh.utah.gov/docs/1-18-11%20Final%20Final%20%20Preferred%20Practice%20Guidelines%20for%20Housing.pdf>

“Permanent Supportive Housing Protocol: Guidelines for Permanent Supportive Housing Communities Serving Chronically Homeless Individuals and Families in Utah” State of Utah, September 2010

“What Gets Measured, Gets Done: A Toolkit on Performance Measurement for Ending Homelessness,” National Alliance to End Homelessness, July 2008

[http://b.3cdn.net/naeh/a251dba5d56b8e3748\\_2qm6bi7cn.pdf](http://b.3cdn.net/naeh/a251dba5d56b8e3748_2qm6bi7cn.pdf)

“Training Manual for Adult Mental Health Case Management Services (National Association of Case Management’s Ethical Guidelines)” Utah Department of Human Services, Division of Substance Abuse & Mental Health, Third Edition, Updated and Approved January 26, 2012;

<http://www.dsamh.utah.gov/docs/Final%20Final%20CM%20Training%20Manual%20Jan%2026%202012.pdf>

R495. Human Services Administrative. Rule R495-876. Provider Code of Conduct. as in effect on April 1, 2013; <http://www.rules.utah.gov/publicat/code/r495/r495-876.htm>

## Valley Mental Health Adult - Case Management Needs Assessment

Targeted case management services will be considered medically necessary when this needs assessment documents that:

1. The Individual requires treatment and/or services from a variety of agencies and providers to meet his or her documented medical, social, educational and other needs; and
2. There is reasonable indication that the Individual with access needed treatment/services only if assisted by a qualified targeted case manager who locates, coordinates and regularly monitors the services.

Name \_\_\_\_\_ Individual ID# \_\_\_\_\_

### Acuity Rating

1	2	3
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#### **Mental Health Activities** *(internal - limited to staff employed as a case manager)*

Able to access needed mental health treatment with minimal or no assistance	Unlikely to access and participate in multiple levels of mental health treatment without moderate assistance	Unable to access and participate in multiple level of mental health treatment; requires considerable assistance
Add Comment		
Add Short Term Goal(s):		

#### **Medical Care Access**

Able to take care of physical health care needs with minimal or no assistance	Unlikely to access and maintain ongoing physical health care needs without moderate assistance	Unable to access and maintain ongoing physical health care needs; requires considerable assistance
Add Comment		
Add Short Term Goal(s):		

<b>Financial Resources</b>		
<b>Able to apply for and handle benefits and /or entitlements with minimal or no assistance</b>	<b>Unlikely to apply for and maintain ongoing benefits and/or entitlements without moderate assistance</b>	<b>Unable to apply for and maintain ongoing benefits and/or entitlements; requires considerable assistance</b>
Add Comment		
Add Short Term Goal(s):		

<b>Housing Access &amp; Eligibility</b>		
<b>Able to apply for and handle housing and eligibility with minimal or no assistance</b>	<b>Unlikely to apply for and maintain ongoing housing and eligibility without moderate assistance</b>	<b>Unable to apply for and maintain ongoing housing and eligibility; requires considerable assistance</b>
Add Comment:		
Add Short Term Goal(s):		

<b>Education / Training</b>		
<b>Able to apply for and follow through with education and/or training with minimal or no assistance</b>	<b>Unlikely to apply for and maintain ongoing education and/or training without moderate assistance</b>	<b>Unable to apply for and maintain ongoing education and/or training; requires considerable assistance</b>
Add Comment		
Add Short Term Goal(s):		

<b>Employment / Volunteer</b>		
<b>Able to apply for and follow through with employment and/or volunteer services with minimal or no assistance</b>	<b>Unlikely to apply for and maintain ongoing employment and/or volunteer services without moderate assistance</b>	<b>Unable to apply for and maintain ongoing employment and/or volunteer services; requires considerable assistance</b>
Add Comment		
Add Short Term Goal(s):		

### Community Support & Resources

**Able to participate in community functions with minimal or no assistance**

**Unlikely to participate in ongoing community functions without moderate assistance**

**Unable to participate in ongoing community activities; requires considerable assistance**

Add Comment

Add Short Term Goal(s):

### Social Support & Resources

**Able to participate in social activities with minimal or no assistance; stable and supportive relationships**

**Unlikely to participate in ongoing social activities without moderate assistance  
Unstable relationships**

**Unable to participate in ongoing social support activities; requires considerable assistance  
Unhealthy relationships**

Add Comment

Add Short Term Goal(s):

### Transportation Access

**Able to travel to needed appointments and other community activities with minimal or no assistance**

**Unlikely to travel to needed appointments and other community activities without moderate assistance**

**Unable to travel to needed appointments and other community activities; requires considerable assistance**

Add Comment

Add Short Term Goal(s):

### Legal Access & Coordination

**No criminal or other issues requiring access to or coordination with the legal system**

**Unlikely to access needed legal services; requiring assistance**

**Unable to meet ongoing legal matters; requires considerable assistance**

Add Comment

Add Short Term Goal(s):

## Valley Mental Health Functional Assessment & Plan for PRS / PES

<i>Psychosocial Rehabilitation Services – PRS</i>						
<i>Services promote the recovery model for adults requiring support, cueing/modeling behaviors, and fundamental life skills to avoid a more restrictive care level</i>						
Regain or Enhance Basic Living Skills						
<i>Functional Category</i>	<i>Optimal Functional Statement</i>	<i>Functional Rating</i>				
Self Care	<ul style="list-style-type: none"> <li>- I take care of my personal grooming and hygiene</li> <li>- I am able to do my own laundry and wear clean clothes</li> <li>- I dress appropriate for the weather</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Meals & Nutrition	<ul style="list-style-type: none"> <li>- I am able to purchase groceries, prepare, and consume healthy meals</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Health & Wellness	<ul style="list-style-type: none"> <li>- I am aware of my physical health needs</li> <li>- I engage in meaningful exercise</li> <li>- I get enough sleep</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Finances	<ul style="list-style-type: none"> <li>- I manage my money and meet basic and personal needs</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Housing	<ul style="list-style-type: none"> <li>- I am able to keep my apartment or living environment clean and organized</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Mobility/Transportation	<ul style="list-style-type: none"> <li>- I know how to use public transportation or have other means of getting to appointments or activities</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Appropriate Communication, Social and Interpersonal Interactions						
<i>Functional Category</i>	<i>Optimal Functional Statement</i>	<i>Functional Rating</i>				
Family & Social Relations	<ul style="list-style-type: none"> <li>- I have positive communications with family and friends</li> <li>- I engage in social situations to meet my needs without intense fear or discomfort</li> <li>- I have good relationships</li> <li>- I socialize regularly</li> <li>- I have skills to parent my child (if applicable)</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					

	Short-term Goal:					
Work Life	- I maintain gainful employment	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Community Life	- I participate in community activities and have community support systems. - I use appropriate communication skills	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Improve Personal Motivation and Enhance Self-Esteem						
<i>Functional Category</i>	<i>Optimal Functional Statement</i>	<i>Functional Rating</i>				
Meaningful Activities	- I participate in activities that help me find meaning and purpose in my life	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term:					
Personal Motivation	- I realize what is important to me and try to succeed at what I want	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term:					
Self Esteem	- I feel good about myself	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term:					
Eliminate or Reduce Symptomatology Related to Diagnosis						
<i>Functional Category</i>	<i>Optimal Functional Statement</i>	<i>Functional Rating</i>				
Know your Illness	- I understand the nature of my mental illness and have the skills to manage my symptoms	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Social Anxiety	- I am able to engage in social situations without intense fear or discomfort to meet my needs	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Medication Self Management	- I take my medication consistently as prescribed	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Eliminate or Reduce Maladaptive or Hazardous Behaviors and Develop Effective Behaviors						
<i>Functional Category</i>	<i>Optimal Functional Statement</i>	<i>Functional Rating</i>				
Legal	- I am a law abiding citizen and refrain from engaging in illegal activities	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goals:					
Coping Strategies	- I have developed coping strategies to managed my illness - I use appropriate methods to cope and/or overcome difficulties I encounter	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					



Substance Abuse Issues	<ul style="list-style-type: none"> <li>- I do not use substances or I maintain sobriety</li> <li>- I have the skills and support to prevent relapse</li> <li>- I understand my limitations associated with substances use</li> <li>- I understand the difference between use and abuse</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					

### Psychoeducational Services Assessment & Plan- PES

Services are to assess a Individual 's work history, skills, training, education, and personal career goals and includes information about how employment will affect income and benefits and other activities in preparation for and maintenance of employment.

Pre-Employment Activities						
Functional Category	Optimal Functional Statement	Functional Rating				
Education/Training	<ul style="list-style-type: none"> <li>- I understand the educational and training opportunities available to me and I am able to access them</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Personal Career Planning	<ul style="list-style-type: none"> <li>- I understand how to access services to assist me in career-related issues to gain employment</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Employment Opportunities	<ul style="list-style-type: none"> <li>- I am able to identify and find employment opportunities consistent with my strengths, abilities, and preferences</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Supported Employment and Work Practices						
Functional Category	Optimal Functional Statement	Functional Rating				
Supported Employment	<ul style="list-style-type: none"> <li>- I understand my role at work and use job coaching and support at my work site</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Work History	<ul style="list-style-type: none"> <li>- I have worked consistently in the past and I am able to maintain employment</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					
Gainful Employment	<ul style="list-style-type: none"> <li>- I have been successful in the interview processes and I able to get and maintain jobs</li> <li>- I understand how employment income will affect benefits</li> </ul>	1 "This is like me"	2	3 "Somewhat like me"	4	5 "Not at all like me"
	Short-term Goal:					

## Weber Housing Authority Individual Service Plan (ISP) Guide

The following is a list of areas that the case manager can refer to when working with the Individual to come up with goals the Individual would like to work toward achieving.

<b><i>Health - Participant/Adult</i></b>	<b><i>Parenting and Life Skills</i></b>
General	Childbirth Education/Preparation
Prenatal Health Care	Parenting/Child Development Education
Post-Partum check-up	Child Care
Pregnancy Test	Paternity/Maternity Issues
HIV/STI Test/Counsel/Treat./Educ.	Consumer/Homemaking Education
Family Planning	Transportation
Annual Exam	Adoption/Foster Care
PHN Services	Legal Counseling
Psychosocial	Religious/Spiritual
Counseling – Individual/couples/family	Paternity
Other Mental Health Services	<b><i>Employment &amp; Finance</i></b>
Substance Abuse	Bus Tokens/Pass
Dental	Pre-employment Counseling
Personal Hygiene	Job Training/Skills
Safety/Violence/Abuse	Job Referral
Health Education	Financial Needs Assessment
Optical	Checking/Savings Accts.
<b><i>Health – Participant/Child</i></b>	Emergency Food/Food Stamps
Well baby care	Housing/Housing Assistance
Immunization	Child Support
PHN Services	Budgeting
Dental	Birth Certificate
Same as Adult Health	Social Security Card
<b><i>Nutrition &amp; Fitness</i></b>	Driver License
WIC	<b><i>Education</i></b>
Nutrition Assess/Counseling	Enrollment: Trade/Alternative/Spec Ed
Nutrition Education	School Status: Credits/GPA/GED
Breastfeeding	School Prog: Indep Study/Home/Cal-Safe
Body Image	Attendance
Eating Disorders	Barriers
Exercise	
Healthy Eating	<b><i>Miscellaneous</i></b>
Food Security/Storage	Social Programs/Interests
Food Resources	Housing/Living Situation
	Emergency Needs

## **Weber Housing Authority Individual Service Plan (ISP)**

### **Instructions to Guide**

The Individual Service Plan (ISP) specifies the goals and interventions and delineates the activities and services in response to the unique needs of the participant. ISP goals should reflect what the participant is working on to achieve for themselves in specific areas of their life. A goal requires the completion of a series of objectives in order to reach the end result. The objectives are incremental steps taken to achieve a goal. The objectives are broken down into activities that are completed within the quarter they are written.

Completing the ISP Form by columns---

#### **“My Goals and Objectives for the next 3 months”:**

- Identify goals and objectives for the next 3 months covering those areas that the participant identifies as priority issues.

#### **“Things I will do to meet my goals and objectives”:**

- The participant and case manager complete this section by identifying the incremental steps.
- The activities and services should be prioritized in the order they will be achieved (i.e. what needs to be done first, second, etc.) It should be clear to the participant what they must do and where they must go.

#### **“I will have completed my goals and objectives by this date”:**

- Specify the deadline (date) for completion of each activity/contact/service. It must be clear to the participant by when they must complete each activity.

#### **“Things my case manager will help me with”:**

- The case manager identifies what action(s) they’re responsible for completing. This provides positive modeling of responsible behavior to the participant.

#### **“My case manager will have completed their activities by this date”:**

- Specify the deadline (date) for completion of each activity/contact/service.

#### **“Progress on my goals and objectives during the last 3 months. Date and Initial”:**

- The progress section should note the status of each objective, identify whether it has been met or remains unmet, date and initial.
- Document details in the progress notes of the efforts/obstacles of the participant and case manager in fulfilling those activities they are responsible for achieving.
- Update the ISP form at each monthly contact unless other more critical issues take precedence.

## INDIVIDUAL SERVICE PLAN (ISP)

Participant's Name: \_\_\_\_\_

My goals and objectives for the next 3 months are: \_\_\_\_\_

---

---

---

Things I will do to meet my goals and/or objectives: \_\_\_\_\_

---

---

---

Date my goals will be completed: \_\_\_\_\_

Things my Case Manager will help me with: \_\_\_\_\_

---

---

---

Date Case Manager's goals will be completed: \_\_\_\_\_

Progress on my goals and objectives during the last 3 months: \_\_\_\_\_

---

---

---

Comments: \_\_\_\_\_

---

---

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Participant

Copy in Participants File

# Vulnerability Index Survey Consent Form

## Consent for Interview

---

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes and take a picture of you so we can identify you at a later date. These questions are about your health and housing and we will also ask for your social security number.

By participating in the interview you give permission to Community Solutions and Utah Homeless Management Information Systems to provide your information to homeless service providers for the purpose of furthering services and housing in this community.

The information that you tell us during the interview will be stored in the Utah Homeless Management Information System (UHMIS), which is a secure database that collects information about homelessness. Identifying information will be kept confidential and will only be shared with outreach workers and case managers who will follow up with you for services.

Some of the questions we ask during the interview might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break or to skip any of the questions. You can skip any questions you do not want to answer, end the interview at any point, or choose to not have your picture taken. Additional information about UHMIS, and a list of participating agencies, is available from your case manager or online at <http://hmis.utah.gov>.

We will give you a \$5 food card at the end of the interview to thank you for your time. No one will be upset or angry if you decide not to be interviewed today.

---

### **SIGN BELOW IF AGREEING TO BE INTERVIEWED**

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (or Mark) of Participant

\_\_\_\_\_

Printed Name of Participant

Please sign below if you also agree to have your picture taken

Signature (or Mark) of Participant

<b>Pre-Question:</b> Have you recently completed a homeless count survey? <input type="checkbox"/> Yes (STOP, do not complete survey) <input type="checkbox"/> No		
<b>1. INTERVIEWER'S NAME</b>		<b>2. TEAM #</b>  <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. LOCATION</b>

**Okay, first I would like to collect some basic demographic information:**

<b>6. FIRSTNAME</b>	<b>7. LASTNAME</b>	<b>8. MIDDLE NAME</b>
<b>9. NICKNAME/STREET NAME</b>		<b>10. Has Consented to Participate:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>11. Social Security Number</b> <input type="checkbox"/> Don't Know or Don't Have <input type="checkbox"/> Refused		
<b>12. DOB/Age</b> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
<b>13. What is your gender? (select one)</b> <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
<b>14. What is your marital status? (select one)</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married & Living with Spouse <input type="checkbox"/> Married & Not Living with Spouse <input type="checkbox"/> Common Law <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other		
<b>15. Ethnicity (select one)</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
<b>16. Race (select as many as apply)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
<b>17. Primary Language</b>		<b>Limited English?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**I'm going to ask you a few questions about your housing history...**

18. What is the total length of time you have lived on the streets or in shelters?	# of Years:
	# of Months:
19. Have you been living in an emergency shelter and/or on the streets for the past year or more?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
20. How many times have you had to stay in shelters or on the streets in the past three (3) years?	# of Times:
21. Where do you sleep most frequently? (select one)  <input type="checkbox"/> Shelters <input type="checkbox"/> Streets <input type="checkbox"/> Car/Van/RV <input type="checkbox"/> Subway/Bus <input type="checkbox"/> Beach/Riverbed <input type="checkbox"/> Other (specify)	
22. What city/Zip did you live in prior to becoming homeless?	
23. Where did you sleep on the night of Wednesday, January 30 <sup>th</sup> ? (select one)  <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other	

**Okay, now I'd like to ask you a few questions about your health...**

24. Where do you usually go for healthcare or when you're not feeling well?  <input type="checkbox"/> Fourth Street Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> VA <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Does not go for care
25. How many times have you been to the emergency room in the past three months?  _____
26. How many times have you been hospitalized as an inpatient in the past year?  _____
27. Do you have an alcohol or drug problem, a serious mental health problem, a developmental disability, or a chronic physical illness or other disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Refused
28. Do you have now, have you ever had, or has a healthcare provider ever told you that you have a severe mental illness? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Refused

**29. Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?**

- a. Kidney disease/ End Stage Renal Disease or Dialysis.....  Yes  No  Refused
- b. History of frostbite, Hypothermia, or Immersion Foot .....  Yes  No  Refused
- c. History of Heat Stroke/Heat Exhaustion.....  Yes  No  Refused
- d. Liver disease, Cirrhosis, or End-Stage Liver Disease .....  Yes  No  Refused
- e. Heart disease, Arrhythmia, or Irregular Heartbeat.....  Yes  No  Refused
- f. HIV+/AIDS.....  Yes  No  Refused
- g. Emphysema .....  Yes  No  Refused
- h. Diabetes .....  Yes  No  Refused
- i. Asthma .....  Yes  No  Refused
- j. Cancer.....  Yes  No  Refused
- k. Hepatitis C.....  Yes  No  Refused
- l. Tuberculosis.....  Yes  No  Refused
- m. **DO NOT ASK:** Surveyor, do you observe signs or symptoms of serious physical health conditions?.....  Yes  No

**Drug/Alcohol Use...**

- n. Have you ever abused drug/alcohol, or been told you do? .....  Yes  No  Refused
- o. Have you ever abused drugs, or been told you do? .....  Yes  No  Refused
- p. Have you consumed alcohol everyday for the past month? .....  Yes  No  Refused
- q. Have you ever used injection drugs or shots? .....  Yes  No  Refused
- r. Have you ever been treated for drug or alcohol abuse?.....  Yes  No  Refused
- s. **DO NOT ASK:** Surveyor, do you observe signs or symptoms



of alcohol or drug abuse?.....  Yes  No

**Mental Health...**

t. Are you currently or have you ever received treatment for mental health issues?..  Yes  No  Refused

u. Have you ever been taken to the hospital against your will for mental health reasons?  
.....  Yes  No  
 Refused

v. **DO NOT ASK:** Surveyor, do you detect signs or symptoms  
of severe, persistent mental illness?.....  Yes  No

**Other...**

w. Have you been the victim of a violent attack since you've become homeless? .....  Yes  No  Refused

x. Are you or have you ever been a victim of domestic violence? .....  Yes  No  Refused

y. Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?  
.....  Yes  No  Refused

z. Have you had a serious brain injury or head trauma that required hospitalization or surgery?  
.....  Yes  No  Refused

**30. What kind of health insurance do you have, if any? (check all that apply)**

- Medicaid  Medicare  VA  Private Insurance  None  Other (specify):

**Al ri ght , now l' ve just got a f ew more questi ons...**

**31. Have you ever served in the US Armed Forces (Full-time: Army, Navy, Air Force, Marine Corps, or Coast Guard) or were you ever called into active duty as a member of the National Guard or as a Reservist? .....**

..... Yes  No  Don't Know  
 Refused

**32. If yes, which war/war era did you serve in?.....**  Korean War (June 1950-January 1955)  
 Vietnam Era (August 1964-April 1975)  
 Post Vietnam (May 1975-July 1991)  
 Persian Gulf Era (August 1991-Present)  
 Afghanistan (2001-Present)  
 Iraq (2003-Present)  
 Other (Specify)

Refused

**33. If yes, what was the character of your discharge?.....**  Honorable  Other than Honorable  
 Bad Conduct  Dishonorable

Refused

**34. Have you ever been in jail? .....**  Yes  No

Refused

**35. Have you ever been in prison? .....**  Yes  No

Refused

**36. Have you ever been in foster care? .....**  Yes  No

Refused

**37. How do you make money? (choose as many as apply)**

- |                                              |                                      |                                             |
|----------------------------------------------|--------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Work, on-the-books  | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Pension/Retirement |
| <input type="checkbox"/> Work, off-the-books | <input type="checkbox"/> Sex Trade   | <input type="checkbox"/> None of the Above  |
| <input type="checkbox"/> SSI                 | <input type="checkbox"/> Drug Trade  |                                             |
| <input type="checkbox"/> SSDI/SSA            | <input type="checkbox"/> Recycling   |                                             |
| <input type="checkbox"/> VA                  | <input type="checkbox"/> Panhandling |                                             |
| <input type="checkbox"/> Public Assistance   | <input type="checkbox"/> No Income   |                                             |

**38. What is your citizenship status?**  Citizen  Legal Resident  Undocumented

Refused



**Can I ask you a little more detail about these household members?**

**45. Can you give me the names, age and gender of each household member, what their relationship to you is whether or not they are a veteran and whether or not they have any of the following disabling conditions?**

<i>First Name, Last Name and relationship to primary respondent (Spouse/Partner/Child/Etc.)</i>		Age	Gender	Veteran?	Victim of Domestic Violence	Chronic Substance Abuse	Physical Disability	Developmental Disability (permanent)	Mental Health (substantial and long-term)	Chronic Health Condition (permanently disabling)	HIV/AIDS	None apply
1.	First Name:											
	Last Name:											
	Relationship:											
2.	First Name:											
	Last Name:											
	Relationship:											
3.	First Name:											
	Last Name:											
	Relationship:											
4.	First Name:											
	Last Name:											
	Relationship:											
5.	First Name:											
	Last Name:											
	Relationship:											

**OK, now I'd like to take your picture. May I do so?**

