Case Management Series: Service plans, Documentation, and Exit Planning

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The Florida Housing Coalition, Inc., is a nonprofit, statewide membership organization whose mission is to bring together housing advocates and resources so that all Floridians have a quality affordable home and suitable living environment.

Webinar Logistics

- Participants are muted
- Enter your questions in the box in your webinar panel
- Handouts are available with this webinar
- Forgot to ask a question or want to ask privately? Email me at rosado@flhousing.org
- This webinar is being recorded and will be available at www.flhousing.org
- A survey will immediately follow the webinar; please complete it! Thanks!
Must Haves

Trauma Informed  Housing Focused
Recovery Oriented  Person Centered

Documentation
What system do you use?

A. HMIS
B. HMIS & Another System
C. Case Management Software
D. Electronic Health Records
E. Other

Documentation Should Be...

✓ Strengths-Based
✓ Person First
✓ Specific
✓ Objective
✓ Non-Clinical

Strengths-Based Language

FOCUSED ON BARRIERS
- Non-compliant
- Lacks insight
- Stubborn
- Manipulative
- Attention-seeking

FOCUSED ON STRENGTHS
- Not open to...unwilling to
- Does Not Agree
- Really trying to get help

*PCRP Language Handout
*My’s Guide
Person First Language

**INCORRECT**
- Schizophrenic
- Addict
- Mentally Ill
- Disabled
- Homeless

**PERSON FIRST**
- Person with schizophrenia
- Person with addiction
- Person with a mental health diagnosis
- Person with a disability
- Person experiencing homelessness

Specific and Objective

- **Specific**: Be clear so an outsider could read the note and understand
  - CM will follow up on birth certificate
  - CM will contact the clerk at DOH to check on the status of the birth certificate applied for on 3/22
- **Objective**: Impartial and Unbiased
  - Avoid "I think"
  - State matter of fact what the client said or did

Non-Clinical

- Do not use clinical terms if you are not a clinician
- Use plain language
  - Decompensating v. Experiencing symptoms of illness/addiction
  - No need to go into affect/mood unless it is necessary
### Client Visit Record

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Mary Lamb</th>
<th>Date:</th>
<th>12/02/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Contact:</td>
<td>Home Visit</td>
<td>Time:</td>
<td>3:30pm</td>
</tr>
<tr>
<td>Kept/Missed/RS</td>
<td>Kept</td>
<td>Length of Visit:</td>
<td>30</td>
</tr>
<tr>
<td>Subject:</td>
<td>Housing Stabilization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
CM met with CL for a scheduled home visit.

**Previous Actions:**
- CL followed up with New Horizons and enrolled in the employment program. CL's first day will be on 01/08. New Horizons will provide transportation.
- CL requested a referral for the UCC food pantry. CM will fax a referral to UCC tomorrow.
- CM scheduled an office visit for 12/18/2017 at 9:00am. CM provided 2 bus tickets for an upcoming medical appointment.

**Amanda Rosado, CM**

**Goals Addressed:**
Employment; Housing Stability; Transportation

**Signature:**

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### Service Planning
Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. (SAMHSA, 2011)

Assessments and Planning

- Assessments should lead us right into the planning process.
- Assessments help us answer the questions:
  - Why are they here? (Housing)
  - What do they want?
  - What are the solutions?

Types of Planning

01 Crisis Planning
- To be used when the client is in crisis at time of assessment

02 Action Planning
- After assessment, the action plan is comprised of client/program goals

03 Exit Planning
- Starts at the beginning of the CM process; details the process of exiting CL from the program
Crisis Planning – In Crisis

- Get the person safe
- Where can they stay?
- Do they need medical attention?
- What hospital do they prefer?
- Do they need mental health crisis services?
  - Know your mental health crisis providers
  - Assess for suicide risk

Crisis Planning – Proactive

- How will you know you’re in crisis?
- Who should be contacted?
- What information is okay to share with your support system?
- How have you coped with crisis before?
- What does not work?

*Crisis Plan Example

Exit Planning – Outcomes?

<table>
<thead>
<tr>
<th>Shelter</th>
<th>RRH</th>
<th>PSH</th>
<th>MH Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Housing is obtained</td>
<td>- Housing is stable -CL feels they can sustain rent on their own -Services are no longer needed -HH paying no more than 50% of income toward rent</td>
<td>- Housing is stable -Intensive support services are no longer needed -Another subsidy becomes available</td>
<td>- Step down into lower MH case management -Maintaining treatment on their own; CM is not needed</td>
</tr>
</tbody>
</table>
Action Planning

• Goal setting with outcomes in mind
• Solicit client goals; what resources do they have?
• Reviewed Regularly
• Not a formality; tailor made

We are not good predictors of success
Change begets change.

Charles Dickens

Time Management
New Case Timeline

- Coordinated Entry referral immediately
- File Created – Within 3 business days of assessment
  - See Handout “Intake Progress Note”
- Action Plan – Within 1-2 weeks of assessment
- Ongoing Case Notes – Written and Filed within 3 business days
Other Timelines

- Staffing – Weekly
  - See Handout “Staffing Form”
- Audits – Supervisor 4 files/month
- Personal Supervision – Monthly
- Group Supervision - Monthly

PRO TIPS

✓ Document Concurrently
✓ Schedule Appointments early in the day
✓ Plan the day before (print out what you need)
✓ Schedule “To Dos” in your calendar
✓ Objective-Based Visits
✓ Right-sized Case Loads

PRO TIPS

✓ Block out time on your calendar
✓ Take breaks when you need them (lunch break)
✓ REST when you are sick
✓ Take a mental health day
✓ Commit 1 hour per week to personal and professional development
Resources

- www.orgcode.com – OrgCode Consulting
  - Creator of the VI-SPDAT, SPDAT
  - Housing Based Case Management Forms (Crisis Plan, Exit Plan, etc.)
- www.endhomelessness.org – National Alliance to End Homelessness
  - Rapid ReHousing Toolkit
  - Emergency Shelter Webinar Series
  - Lots of resources for system performance, coordinated entry, etc.
- https://www.hudexchange.info/homelessness-assistance/
  - CoC/ESG rules
  - Coordinated Entry resources
  - Grantee information for your CoC and community
  - Tools (H1 Assessment Tool, Federal Resource guides and Fact Sheets)
Case Management Series

- 3/1/2018 - Introduction to Working with Special Populations
- 3/15/2018 - A Trauma-Informed Approach
- 4/5/2018 - How to Work with Difficult Cases
- 4/26/2018 - Self Care for Human Service Workers