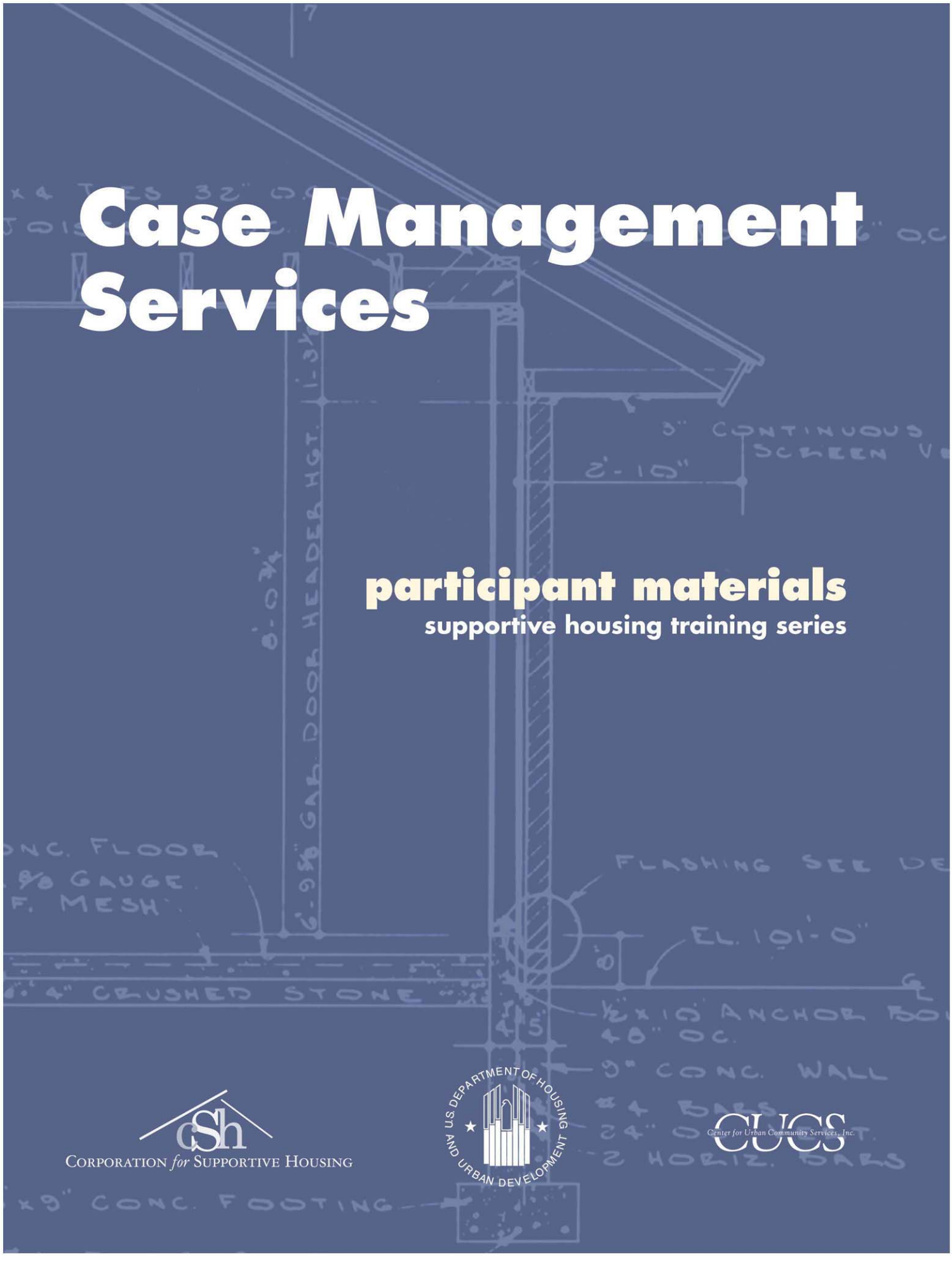
# Case Management Services

## participant materials

### supportive housing training series




CSh
CORPORATION *for* SUPPORTIVE HOUSING

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CUCS
Center for Urban Community Services, Inc.

# Case Management Services

## Participant Materials

Developed by Center for Urban Community Services

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**Case Management Services** is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:
**U.S. Department of Housing and Urban Development:** www.hud.gov
**Center for Urban Community Services:** www.cucs.org
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# AGENDA

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B. Overview of the Helping Process
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## V. MAINTAINING CASE RECORDS

A. Documenting and Maintaining Case Records
B. Developing a Service Plan
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## VI. CONCLUSION

# TYPES OF SERVICES IN SUPPORTIVE HOUSING

## GENERAL SUPPORTIVE SERVICES

- New Tenant Orientation/Move-In Assistance
- Tenant's Rights Education/Tenant's Council
- Case Management or Service Coordination
- Individual Counseling and Support
- Referrals to Other Services and Programs
- Crisis Intervention
- Peer Mentoring
- Support Groups
- Recreation/Socialization Opportunities

## INDEPENDENT LIVING SKILLS

- Cooking or Meal Preparation Assistance/Training
- Personal Hygiene and Self-Care Assistance/Training
- Housekeeping Assistance/Training
- Activities of Daily Living Assistance/Training
- Personal Financial Management Assistance/Training
- Entitlement Assistance

## HEALTH and MENTAL HEALTH RELATED SERVICES

- Coordination of Services (visiting nurse, occupational therapy, dental, ophthalmology, HIV/AIDS, pain management, psychiatrist, programs)
- Medication Management or Monitoring
- Education (mental illness, medical conditions, nutrition, exercise, psychotropic or other medications)
- Individual Psychosocial Assessment
- Liaison with Doctor or Psychiatrist

## SUBSTANCE ABUSE SERVICES

- Recovery Readiness Services
- Relapse Prevention & Recovery Planning
- Methadone Maintenance
- Harm Reduction Services
- Drug Testing
- AA/NA/CA
- Substance Abuse Counseling
- Sober Recreational Activities

## VOCATIONAL SERVICES

- Job Readiness Training (pre-vocational, resume, interview, conflict management)
- Job Skills Training
- Job Development/Placement Services
- Job Retention Services (support, coaching)

# ROLE OF THE CASE MANAGER

Case managers help residents identify and achieve their goals and meet their needs through the provision of various services. A case manager addresses the biological, psychological and socials needs of the person and helps him/her to maintain housing.

Roles and responsibilities of a case manager might include:

- Providing support
- Assist tenants identify and achieve goals
- Offering educational services
- Offering vocational services
- Counseling (sometimes families as well)
- Supporting recovery from substance abuse
- Assisting with socialization and recreational activities
- Helping manage crisis
- Building Activity of Daily Living (ADL) skills
- Medication management
- Building community living skills

Additionally, a case manager will negotiate, advocate, inform, coordinate and relate to other professionals. Some of the linkages case managers use to help people meet their goals include education programs, vocational programs, medical providers, entitlement centers, advocacy groups, day treatment programs, psychotherapists and psychiatrists.

# ENGAGEMENT STRATEGIES

## CREATE THE PROPER ENVIRONMENT

- √ Make people feel comfortable and offer private spaces for talking
- √ Meeting areas should be clean, well lit and not too noisy
- √ Remember, this is where people live; it should not appear institutional

## RESPECT, ACCEPT AND SUPPORT PEOPLE

- √ Always address tenants by name
- √ Be friendly and use eye contact when talking
- √ Be responsive to tenants' requests
- √ Don't turn people off by lecturing, demanding, or being too analytical

## DEVELOP ACTIVE LISTENING SKILLS

- √ Focus attention on the speaker
- √ Tune into the speaker's feelings
- √ Avoid roadblocks to listening
- √ Reflect back what is heard
- √ Ask clarifying questions and explore for meaning

## LET THE TENANT'S GOALS DRIVE THE SERVICES

- √ All services should help the person reach his/her intended goal
- √ Remember, there is no such thing as a "wrong" goal
- √ Reinforce all achievements along the way
- √ If a tenant hasn't reached a goal in a realistic time frame, it should be viewed as a problem with the goal or the steps towards it, not with the person
- √ Outline obstacles toward the goal and list them as steps in the process

## HELP PEOPLE MAKE INFORMED CHOICES

- √ Engage people in choices about their lives and their homes
- √ Encourage tenants to make choices about rules, common spaces, etc.
- √ Establish committees or project work groups made up of both staff and tenants
- √ Discuss lack of choices in certain situations

## BE CONSISTENT WITH REPEATED, PREDICTABLE PATTERNS OF INTERACTION

- √ This can be especially helpful with mentally ill tenants
- √ If a tenant does not want to talk and asks you to leave, remain polite, say goodbye, and let him/her know when you will return

## ENGAGEMENT SHOULD BE NON-THREATENING

- √ Do not choose controversial topics during initial engagement attempts
- √ Do not agree or disagree with delusional content when working with mentally ill tenants; instead look for a shared reality

# ENGAGEMENT PROCESS WITH PEOPLE WHO HAVE A MENTAL ILLNESS

- **DEVELOP A SHARED REALITY**

  The base of reality can be different for a person living with serious and persistent mental illness. Developing a shared reality assists worker and resident to mutually agree upon service needs.

- **CONSISTENT INTERACTION**

  Repeated and consistent interaction over time is key to developing trust. Interactions can also be informal and non-demanding. This helps the person to feel accepted and develop comfort with the worker.

- **RESIDENT MUST HAVE CONTROL**

  Worker needs to strike a delicate balance between communicating an interest in and concern about the person without engendering fear or distrust. The consumer should be allowed to set limits and exercise control in the interaction.

- **DO NOT DENY OR "JOIN" DELUSIONS**

  The worker attempts to engage the individual in reality-based areas of experience, avoiding a focus on delusional content. The worker neither directly confronts nor reinforces delusional content. Worker will attempt to respond to the feelings "behind" the delusion.

- **COMMUNICATE YOUR ROLE CLEARLY**

  The worker states his/her role clearly and is specific about how he or she can help. Responding to the person's felt or physical needs is often a vehicle for engagement.

# EXPLORATION AND OPEN-ENDED QUESTIONS

## AN OPEN-ENDED QUESTION IS ONE THAT:

- Establishes an atmosphere of acceptance and trust by defining your role as one who listens.
- Encourages the speaker to do most of the talking.
- Encourages the speaker to explore her/his problem.
- Cannot be answered by a "yes" or "no" or other short answer.

## EXAMPLES OF CLOSED-ENDED QUESTIONS:

- Would you like to…? (something specific)
- Can I...?
- Would it be better if you...?
- Don't you think you should...? (Leading questions can sound judgmental)
- Were you scared that...?
- Why don't you...?
- Do you like your new psychiatrist?

## EXAMPLES OF OPEN-ENDED QUESTIONS:

- What's going on?
- What is the problem?
- How are you feeling about that?
- What is it that you would like to discuss?
- In what way might I be helpful?
- How do you feel about your new psychiatrist?

# REFLECTIVE LISTENING

**Reflective listening** is a skill used to help motivate people. While "listening" involves keeping quiet and hearing what a person has to say, reflective listening involves listening and *responding* to what a person says in such a way as to clarify a person's meaning. To do this well we must actively select what content we want to reflect with the goal in mind of building motivation for change.

## WHY USE REFLECTIVE LISTENING SKILLS:

- Most statements have multiple meanings.
- Reflective listening is a way of checking, rather than assuming that you know what is meant.
- Reflective listening helps people think things through on their own.
- Reflective listening helps people feel understood.

## HOW TO LISTEN REFLECTIVELY:

- When a person speaks, he or she is trying to communicate a meaning. This is coded into words, often imperfectly. The listener has to hear the words accurately and then decode their meaning.
- The listener forms a reasonable guess as to what the person means and gives voice to this guess in the form of a statement.
- It should be in the form of a statement rather than a question since questions can distance the speaker from his or her experience.
- Examples of clarifying statements include:

    - *I want to make sure I'm understanding this correctly.*
    - *I'm going to try and review the main points we've discussed so far.*
    - *It sounds like your primary concern is…*
    - *What I hear is…*
    - *Please correct me if I'm wrong.*

- The speaker then has the opportunity to validate, elaborate or change what he or she meant.

# FINDING COMMON GROUND
# ROLE PLAYS FOR ENGAGEMENT

ARE THERE ANY AREAS OF COMMON GROUND? IF SO, WHAT ARE SOME OF THOSE AREAS? HOW DO YOU PROCEED FROM HERE?

1. Augusta enters your office and states that a man has been floating in her room nightly. She adds that he told her he is going to run over her with his car. She seems frightened.

2. Last year, James' mother passed away. Within the last three months, James has lost his two remaining brothers to AIDS. His hygiene has deteriorated and he refuses to shower. James tells you he feels very alone and has no hope.

3. Tara comes to your office with a black eye. She states that she got into an argument with her boyfriend and things got out of hand. Tara admits that she is afraid of him and doesn't know what to do but adds that they love each other and belong together.

4. Joel recently changed medication. He attends Bingo and towards the end of the group stands up and announces that his movements are being monitored by the Secret Service and then leaves. He returns a few minutes later asking you how long you've worked for the Secret Service.

5. Rita has just returned from Florida where she visited her family. She states that while in Florida, she was visited by aliens and taken to another planet. She says that she is very frightened and adds that her family did not believe her.

6. Ralph confides in you that as a boy he had no friends. He adds that his father, an alcoholic, brutally beat him and on one occasion threw him out of a moving car. Ralph says getting high makes him forget these feelings and begins to cry.

7. Elaine has repeatedly been seen intoxicated in the evenings. You request a meeting where Elaine tells you that in her youth she was a refined young lady and feels terrible about having to live in supportive housing.

8. Rachel has not paid rent for the last four months. She informs you repeatedly that she refuses to "feed the capitalist money machine." The management company is taking her to court.

# ENGAGEMENT CASE STUDIES

WHAT ARE THE ENGAGEMENT ISSUES WITH THIS PERSON?

HOW WOULD YOU ENGAGE THIS TENANT?

## I. CELIA

Celia is a 53-year-old articulate woman referred by a Transitional Living Community (TLC), who has been living in your permanent housing residence for about four months. While living in the TLC, she received on-site mental health services. Since moving in, she has refused to connect to any mental health services stating that she is not mentally ill and scoffs at the idea. She has diabetes and hypertension and is receiving treatment for these illnesses. Celia is quite talkative. She particularly enjoys sharing stories about her life in the Dominican Republic, as well as her trips to NYC museums. When mental health issues are brought up, she appears frustrated and finds a reason to end the session. She frequently states that she is a "Golden Buddha" and was a master chef at the age of 3. Celia has not been on medication for the last three months.

## II. SARAH

Sarah is a 61-year-old woman who has been living in your residence for three months. She is one of the most fashionable tenants in the building and often comes up to show her outfits to staff. Although Sarah is very friendly, she presents as very reluctant to share any issues about her personal life. Over the last month, her hygiene has deteriorated and tenants in the building are complaining to staff that Sarah smells of urine. Over the last couple of weeks, Sarah has become more and more distant.

# **ENGAGEMENT CASE STUDIES** cont.

## III. JOSEPH

Joseph was referred from a church shelter and moved into your housing program four weeks ago. He was referred with little documentation, and during intake he shared minimum information about himself. He did, however, state that he has had really bad luck with social workers. Joseph has avoided meeting with staff and missed many of his appointments. As part of your program policy, you must begin to develop a psychosocial but have minimal documentation. When Joseph finally does come meet, you ask him if he would mind if you asked him some questions about his life history. Joseph says that all he needs is help with his Medicaid Card, which he states is inactive.

## IV. MICHAEL

Michael is a 40-year-old man, new to YOUR SETTING, who was referred by a Transitional Living Community. His hygiene is poor and in the short time he has been at your site, he has gotten into two verbal conflicts with other consumers. He will only spend five minutes with you at a time, is very polite, and declines any offer of services, saying: ”Thank you so much, dear, but as soon as I get my problems straightened out at Columbia University, I’ll be fine.” He believes that he is President of the University as well as a physics professor. He is very frustrated that the security guards there will not allow him to use the library so that he can do the reading he needs to do to prepare his lessons.

# PRINCIPLES AND SKILLS OF A HELPING RELATIONSHIP

- THE NEEDS AND INTERESTS OF THE TENANT ARE THE STARTING POINTS FOR WORK.
- KNOW YOUR ROLE AND ITS LIMITS. AS STAFF, WE HAVE SPECIFIC FUNCTIONS AND TASKS; WE ARE "FRIENDLY" BUT NOT THE TENANT'S "FRIEND".
- AVOID PERSONALIZING NEGATIVE FEELINGS AND BEHAVIORS OF TENANTS.
- BE MINDFUL OF WHEN AND WHY WE SHARE INFORMATION ABOUT OURSELVES.
- ESTABLISH TRUST BY BEING HONEST, CONSISTENT AND PREDICTABLE.
- CONVEY RESPECT AT ALL TIMES, EVEN IF FACED WITH DISRESPECTFUL BEHAVIOR AND/OR ATTITUDES.
- USE EMPATHY (IMAGINING HOW ANOTHER PERSON MAY BE FEELING IN A GIVEN SITUATION BY DRAWING ON EXPERIENCES OF OUR OWN) TO FACILITATE OUR UNDERSTANDING OF TENANTS' FEELINGS AND CONCERNS.
- BE AWARE OF THE EMOTIONS AND ATTITUDES PARTICULAR SITUATIONS EVOKE IN US IN ORDER TO AVOID ACTING OUT OUR OWN NEGATIVE FEELINGS.
- RECOGNIZE AND RESPECT DIFFERENCE AND DIVERSITY.
- CHANGE IS A SLOW AND GRADUAL PROCESS.

# THE PROCESS OF GOAL SETTING

THE PROCESS OF GOAL SETTING INVOLVES MANY SKILLS. THE CASE MANAGER WORKS WITH THE TENANT TO CREATE A PLAN OF ACTION FOR REACHING THE TENANT'S GOALS.

- Listen to the person and reflect back what is heard to clarify and check understanding.
- Acknowledge that every person has different goals and ideas of how to reach those goals. Goal setting is an individual process.
- List and discuss obstacles to reaching goals.
- Partialize problems and break them down into component parts.
- Explore every aspect of the problem after separating out the different components.
- Empathize with the person's feelings about goal setting and unmet goals. Many people living in supportive housing have experienced significant interference with their ability to achieve their goals.
- Prioritize issues to be addressed.
- List and discuss all possible options for dealing with problems as well as all steps for reaching the tenant's goals. Steps should be achievable, even if the long-term goal seems out of reach.
- Work with the individual to select the best options for problem solving and reaching goals.
- Goal setting is a fluid process and setbacks are to be expected. Be prepared to change goals and/or steps to reaching them.
- Discuss steps in terms of a realistic time frame.
- Positively reinforce all achievements along the path towards reaching goals.

# USING REFERRAL SERVICES

WORKING IN COLLABORATION WITH EXISTING COMMUNITY SERVICES IS VITAL TO THE CASE MANAGEMENT SYSTEM. A MAJOR PRINCIPLE OF THIS MODEL IS A GOOD REFERRAL SYSTEM.

- Share resources and lessons learned between staff. There is no reason to reinvent the wheel when using outside services.

- Integrate your program into the community to widen the availability of resources.

- Invite community representatives from various referral agencies in your area for community meetings.

- Send literature about your program to referral sites.

- Get to know the contacts at the various referral agencies.

- Integrate resource sharing into the programmatic design at your site (In-house resource log, community rolodex with important numbers and contact persons, tenant input on the quality of services offered by referral agencies).

- Be mindful that contact between your site and the referral site should be done only when a consent form has been signed by the tenant. Be sure to have releases (consents) signed by tenant for active and consistent communication between case management and referral site.

- Be sure to document all salient information received or given to referral agency.

# ASSISTING TENANTS IN MAKING CHANGES

- **BUILD TRUST**

  Trust is built through consistency and honesty.

- **KNOW THE PERSON**

  Supported changes must be relevant and make sense to resident.

- **ASSIST IN COGNITIVE RESTRUCTURING**

  Help person recognize and identify self-defeating thoughts and messages.

- **LEARN TO RECOGNIZE THE EMOTIONS/PHYSICAL SIGNS OF ANXIETY**

  Know how to support anxious person by taking small steps and celebrating accomplishments.

- **ASSIST IN PREPARATION**

  Help plan for and anticipate what to expect.

- **TEACH VISUALIZATION SKILLS**

  Help person imagine completing steps and reaching goal.

- **ASSIST IN GOAL SETTING**

  Help person plan and anticipate aspects of change.

- **PROVIDE SUPPORT THROUGHOUT THE PROCESS OF CHANGE**

  Help develop coping mechanisms for dealing with setbacks and losses.

- **ESTABLISH A CONTRACT OR AGREEMENT**

  Spell out what services are offered and your role in assisting reaching goal.

# REACTANCE THEORY

THE REACTANCE THEORY HELPS TO PREDICT HOW PEOPLE RESPOND TO THE PERCEIVED LOSS OF VALUED FREEDOM. THESE REACTIONS ARE NOT CONSIDERED PATHOLOGICAL, BUT QUITE NATURAL.

REACTANCE THEORY STATES THAT PEOPLE ARE RESISTANT TO TREATMENT AND/OR WORKER INTERVENTION BECAUSE:

- THEY ARE AFRAID THE WORKER WILL TELL THEM WHAT TO DO AND USE THEIR POWER TO MAKE THEM DO IT.
- THEY DO NOT WANT TO BE CONTROLLED OR LOSE THE RIGHT TO MAKE CHOICES.
- WE USUALLY SEE RESISTANCE AS NEGATIVE AND PART OF ONE'S ILLNESS. THESE RESPONSES ARE ACTUALLY UNDERSTANDABLE, NOT PATHOLOGICAL. THE PERSON IS TRYING TO MAINTAIN THEIR INDEPENDENCE AND FREEDOM.

*Source: Socialization Strategies for Involuntary Clients.*
*Ronald H. Rooney*

# ROADBLOCKS TO LISTENING
## EXAMPLES

| | |
|---|---|
| Directing - | "Don't do it that way."<br>"Listen to me now."<br>"Do what your mother told you. She is right."<br>"Don't you think it would be better if you..."<br>"I've seen you do this before and it just doesn't work. What you need to do is..." |
| Warning - | "If you don't do what we are telling you, you will have to suffer the consequences."<br>"Someday, it will be too late to stop drinking. You'll be dead."<br>"Well, all I can say is, if you don't stop _____, you'll end up ____" |
| Making Suggestions | "How about if you give me your check and then we can figure out how to budget your money?"<br>"Do you think you *really* need to see your ex-girlfriend, *really*?"<br>"I think it would be best if you just..."<br>"What do you think about...?" |
| Providing Solutions | "Look, I've done this before. All you need to do is..."<br>"I'll call your PA worker for you and let you know what she says."<br>"Since it doesn't fit I'll take it back for you. I know that you are scared of going to the store." |
| Persuading with Logic | "I'm concerned about you. You need to stop drinking because studies show that alcohol damages your liver. I have pictures, here look."<br>"If you keep using crack then you'll get a weak heart. I'm only telling you a fact."<br>"The doctor told you that people who use drugs and take their medication could have a seizure and die." |
| Shoulds - | "Well, if you ask me, I think you should..."<br>"Don't you think you should..."<br>"You should just..." |

Lecturing - "How many times am I going to have to say this to you...?"
"Whenever you go out and get drunk, you end up in trouble. Last time it was your stomach, this time it was your falling down in the hallway, what will it be next time?"
"I don't understand. You're not a stupid person, are you? Let me remind you what I said last time about this..."

Disagreeing - "I think you're wrong. The reality is..."
"Do you *really* think so?"
"You think *what*!? And just how did you arrive at that *brilliant* idea?"

Approving - "That sounds like a *very* good idea. I'm *so* proud of you!"
"Now *there's* a plan I can live with. You're finally on the right track,
good going, *great* job!"
"You stayed sober the *whole* day!! Now that's *my client*!!

Shaming - "Look at you! You're a mess! Do you really want others to see you like this...again!?"
"I can't believe you didn't stop and think about how this would make me feel, after all the work we have done together!"
"And what did your neighbor think about you getting high again? Is that the kind of person you want to be known as?"

Analyzing - "Why do you think you did that?"
"I think that inside you are very scared, and that's why you haven't been able to stop using. If you tell me about how you really feel then I can help you figure it out."
"You really wanted to take your anger out on me, that's why you..."

Reassuring - "Don't worry, it will all work out. Don't get yourself so upset.
"I know it may seem hard, but you can do it."
"Just don't think about it for a while, its not that important anyway."
"Oh come on, you'll do just fine. Sobriety's not so hard."

Withdrawing - "Let's not talk about that now."
"I have to go right now, can't talk right now."
"This really isn't a good time for me. I'll catch you later."

# ROADBLOCK EXERCISE

This exercise is a role play of working with a person who feels two ways about an important issue. We often find ourselves working with this type of ambivalence when we are speaking with residents.

## INSTRUCTIONS

AS THE TENANT in the role play, attempt to convey to your worker your sense of inner struggle and turmoil around the issue you choose. You may select one issue from the list that follows. As your worker responds, continue to attempt to convey your inner struggle and turmoil.

AS THE WORKER in the role play, respond to the resident with as many roadblocks as you can. You can use the "Some Roadblock Statements" sheet if you need some inspiration!

## ISSUES

1. "I feel two ways about taking my medication..."

2. "I feel two ways about going to detox..."

3. "I feel two ways about quitting smoking..."

Adapted from *Motivational Interviewing: Preparing People to Change Addictive Behavior*, Miller & Rollnick (1991)

# MOTIVATIONAL INTERVIEWING

Motivational interviewing is a particular way to help people recognize and do something about their present or potential problems. It is intended to help resolve ambivalence (particularly useful to change reluctant persons) and to get a person moving along the path to change.

In motivational interviewing, the worker does not assume an authoritarian role. Responsibility for change is left with the individual. The strategies of motivational interviewing are more persuasive than coercive, more supportive than argumentative. The worker seeks to create a positive atmosphere that is conducive to change. The overall goal is to increase the tenant's intrinsic motivation, so that change arises from within rather than being imposed from without.

In this approach, the tenant is treated with great respect and as an ally rather than an opponent. Motivational interviewing is about helping to free people from the ambivalence that entraps them, yielding repetitive cycles of self defeating and self destructive behavior.

## FIVE GENERAL PRINCIPLES

- **EXPRESS EMPATHY:** Acceptance facilitates change. Skillful reflective listening is fundamental. Ambivalence is normal.

- **DEVELOP DISCREPANCY:** Awareness of consequences is important. Discrepancy between behavior and goals will motivate change. Tenant should present the arguments for change.

- **AVOID ARGUMENTATION:** Arguments are counterproductive. Defending breeds defensiveness. Resistance is a signal to change strategies. Labeling is unnecessary.

- **ROLL WITH RESISTANCE:** Momentum can be used to good advantage. New perspectives are invited but not imposed. Tenant is a valuable resource in finding solutions to problems.

- **SUPPORT SELF-EFFICACY:** Belief in the possibility of change is an important motivator. Client is responsible for choosing and carrying out personal change. There is hope in the range of alternative approaches available.

Adapted from *Motivational Interviewing: Preparing People to Change Addictive Behavior*,
by William R. Miller and Stephen Rollnick

# MAINTAINING CASE RECORDS AND DOCUMENTATION

The following are some basic principles behind maintaining accurate and timely case records in supportive housing.

- Provides quick access to salient information relevant to tenant in case of crisis.
- Assists with continuity of support service between all staff allowing for each to have a current record to assist with optimal interventions.
- Allows for continuity of support when any given worker is not present.
- Acts as an official record of progress and barometer of movement toward accomplishing goals and objectives.
- Can be used as a tool to tailor support services to the needs of a tenant.
- Can be used as an accurate history of crisis patterns. Tenants may experience crisis on anniversary dates, holidays and birthdays.
- Enhances the quality of service delivery. With heavy caseloads, referencing case records can assist case managers in the delivery of service.
- Ensures that compliance with audit standards is followed. Funding sources audit case records regularly to ensure that guidelines are being followed and that the quality of service delivery meets standards.
- Encourages follow through with goals and objectives and indicates past accomplishments that may assist the tenant with issues of self-efficacy and motivation to achieving current goals.

# DEVELOPING A SERVICE PLAN

CONSIDERATIONS IN DEVELOPING YOUR INITIAL SERVICE PLAN:

- The Service Plan is an ongoing process throughout a tenant's stay in your housing program.
- The choices of the resident are central to the service-planning process. It is considered a resident-driven activity.
- Use tools to enable you to write the plan, including engagement techniques, listening, using tenant's words, and re-defining success.
- Identify the needs which form the basis of the goals and objectives, along with the methods and services that will be used to attain them.
- Indicate strengths and assets relevant to achieving the stated goals and objectives.
- Identify the extent of the tenant's desire and motivation to change.

CONSIDERATIONS FOR WRITING A SERVICE PLAN REVIEW:

- If you are writing a review, evaluate the resident's progress toward meeting goals and objectives in Service Plan.
- Describe the outcomes and achievements of the tenant.
- Document need for revisions of current Service Plan.
- Service Plan Review should be a resident-driven document, reviewed and revised together.

# INDIVIDUAL SERVICE PLAN

Name: _____ Plan Date: _____

Admission Date: _____ Review Date: _____

| Goals | Objective to Achieve Goals | Responsible Party | Begin and End Dates | Outcomes (with date) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Individual Service Plan (cont.)**

**Name:**_____ **Plan Date:** _____

| Goals | Objective to Achieve Goals | Responsible Party | Begin and End Dates | Outcomes (with date) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

_____
Tenant Date

_____
Case Manager Date

_____
Supervisor Date

Tenant Comment: _____

_____

# GOAL SETTING WORKSHEET

| GOAL | STEPS/BARRIERS | WORKER WILL: | RESIDENT WILL: |
|---|---|---|---|
| *1. get a job by Jan., 2003* | *1. Prepare resume (8/02)*<br>*2. Find job leads (9/02)*<br>*3. Practice interviews (10/02)*<br>*4. Get interview clothes (10/02)*<br>*5. Difficulty getting up early in morning – consider impact of alcohol & address (ongoing)* | *1. Provide computer access and resume writing classes, review & evaluate (8/02)*<br>*2. Provide access to newspaper and assist in job lead search (9/02)*<br>*3. Conduct mock interview and videotape for review (10/02)*<br>*4. Refer to substance abuse services as needed, provide feedback regarding behavioral observations, be prepared to see resident each morning showered and dressed by 9:00 a.m.* | *1. Write & type resume (8/02)*<br>*2. ID and search papers & other resources for job leads (9/02)*<br>*3. Practice interviewing and work to improve interview skills (10/02)*<br>*4. Make effort to get up by 8:00 M-F starting next week. If unable to do so everyday, try to stop drinking by 8:00 p.m. the night before. (following week) If unable to do so, cease drinking and/or talk with a s/a specialist. (2 wks from today) Keep 9 a.m. appt. with worker each morning – arrive dressed & showered* |
| | | | |
| | | | |
| | | | |

## SERVICE PLAN CASE STUDIES

Review the case studies and help determine a Service Plan. List the goals and objectives needed to attain these goals.

1. Bob has been living in his apartment for about a year. For the last six months he's been drinking heavily and has been involved in several fights, some involving weapons, while intoxicated. When he's sober, he's an outgoing, intelligent father of three with an impressive work history as a plumber. Bob says he wants to have the right to visit his children again, a right taken away after he involved the children in a DWI car accident five years ago. He also wants to get back to work, but says he can't stand working for corrupt bosses anymore.

2. Jill does not want to live in supportive housing and shows contempt for the service staff. "Work with the crazies and leave me the hell alone." Jill wants to move into a luxury apartment building with celebrity tenants. Jill hasn't worked in more than fifteen years and spends the majority of her time involved in law suits against various landlords and people who she says have wronged her. "I'll get a job as soon as I finish my legal work," she's been heard telling other residents.

3. April, a new tenant in the building, tells her case worker she has no goals at all. She wants to be left alone to read and write and nothing more. April receives home relief benefits and has ignored notices about re-certification.

4. Ed has a number of medical conditions requiring a complex medication regime. It can take over an hour to take the morning dosages, and many make him throw up so that he has to start all over again. He's understandably tired of taking the medications, and despite his doctor's warnings, he says he's discontinuing everything. When he was feeling better, Ed enjoyed attending concerts, art shows, and other artistic events in the community. He once helped the residence set up an art show made up of both resident and community artists' work. "I just want to feel normal again," Ed told his case worker, "and I know I never will".

# CASE MANAGEMENT SERVICES BIBLIOGRAPHY

Bachrach, L.L.: "Case Management Revisited," *Hospital and Community Psychiatry*, 43(3): 209–210, 1992
Although little consensus exists about the precise meaning of case management in the care of patients with serious mental illnesses, the concept is widely endorsed and has assumed a central role in service planning. In this article, the author expands on an earlier discussion of the semantics of case management by suggesting a conceptual approach for synthesizing various current definitions.

Brickner, P.; Scharer, L.K.; Scanlan, B.C.: *Under the Safety Net: The Health and Social Welfare of Homeless in the United States*. W.W. Norton & Company, 1990
This book investigates both the health and social welfare of homelessness in America. It contains a chapter on case management as a tool and illustrates its potential as a source of support for homeless people.

Cohen, M.B.: "Social Work Practice with Homeless Mentally Ill People: Engaging the Client." *Social Work*, November 1989
This article stresses the importance of the engagement phase in working with the mentally ill. The author focuses on specific engagement strategies in working with homeless individuals. Many of these strategies are universal and apply to engagement as a whole.

Essock, S.M.: "Hope and Possibility: Integrated Treatment of Substance Abuse and Mental Illness for Homeless People with Dual Diagnosis." Hartford, CT: Connecticut Department of Mental Health and Addiction Services, 1996
This manual discusses the most recent approaches in the treatment of people who are homeless and have both substance abuse and serious mental disorders. Integrating the treatment of both types of disorders for delivery by assertive community treatment teams and case management is a relatively new and developing approach. This work-in-progress will be filled-in gradually based on continuing experiences with dually diagnosed homeless persons.

Ford, J.; Young, D.; Perez, B.C.; Obermeyer, R.L.; Rohner, D.G.: "Needs Assessment for Persons with Severe Mental Illness: What Services Are Needed for Successful Community Living?" *Community Mental Health Journal*, 28(6): 491–403, 1992

This article presents the results of a survey that asked 90 community mental health agency case managers in Ohio to assess the community support and residential needs of over 1,400 of their clients. The system-wide survey was conducted to determine what services in addition to traditional case management are most needed by clients to establish and sustain quality of life in the community. Medication monitoring, psychosocial treatment, vocational activities and therapy were rated as high priority needs.

Miller, W.; Rollnick, S.: *Motivational Interviewing: Preparing People to Change Addictive Behavior*. Guilford Press, 1991

The book reviews the conceptual and research background from which motivational interviewing was derived; provides a practical introduction to the what, when, why and how of the approach; and brings together contributions from international experts describing their work with motivational interviewing on a broad range of populations.

Minkoff, K.: "Program Components of a Comprehensive Integrated Care System for Serious Mentally Ill Patients with Substance Disorders." New Directions for Mental Health Services, no. 50, Summer 1991

This article shares the author's recommendation for the implementation of integrated care systems as opposed to the more traditional parallel or sequential systems. Using an integrated theoretical framework, a continuous and comprehensive model system of care for dual diagnosis can be designed.

Neugeboren, J.: *Transforming Madness: New Lives for People Living with Mental Illness*. William Morrow and Company, 1999

By the author of the acclaimed *Imagining Robert*, this book tells the extraordinary stories of individuals who have struggled with, and are surviving, mental illness. It humanizes mental illness and offers the reader an opportunity to witness the human side of this phenomenon.

National Association of Social Workers (NASW) Case Management Standards Work Group: NASW Standards for Social Work Case Management. NASW, 1992

Prochaska, J.; DiClemente, C.; Norcross, J.: "In Search of How People Change." *American Psychologist*, September 1992
This article focuses on the "Stages of Change" model and explores addictive behavior. The authors offer an overview of each stage of change and the intervention tools necessary to motivate a person into the subsequent stage.

Savarese, M.; Detrano, T.; Koproski, J.; Weber, C.M.: "Case Management," in Brickner, et al., eds., *Under the Safety Net: The Health and Social Welfare of the Homeless in the United States*. W.W. Norton & Company, 1990
Case management has been defined in a number of ways: (1) a process to link, expedite, facilitate, access, integrate and coordinate services; (2) a method to affix accountability and responsibility for care; (3) a way to ensure that a community is maximally responsive to the client; and (4) a mechanism to provide direct care in the absence of alternatives. These descriptions suggest that case management is a technique that can be learned and applied in the provision of health care to achieve positive outcomes.

Swayze, F.V.; Lamb, H.R.; et al: "Clinical Case Management With the Homeless Mentally Ill: Treating the Homeless Mentally Ill." *American Psychiatric Association*, 1992
Provides an overview of clinical case management for homeless people with mental illnesses. The author contends that clinical case management encompasses a knowledgeable set of treatment strategies and clinical skills in which the case manager focuses simultaneously on treatment and environment. The goals, principles and strategies for engagement are reviewed and case vignettes are presented as examples.

Tsemberis, S.: "From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities." *Journal of Community Psychology*, 27(2): 225–241, 1999
Describes a supported housing program. Following placement, Assertive Community Treatment (ACT) teams provide treatment, support and other services. Additionally, data from direct interviews with the supported housing tenants were used to identify factors that predicted client participation in, and satisfaction with, particular services received.

Wheeler Communication Group, Inc.: I'm Still Here: The Truth About Schizophrenia. (Video, 1996)
This 1996 hour-long documentary video focuses on the issue of Schizophrenia. People with schizophrenia describe their lives and researchers describe their challenges in this film. Wheeler Communications Group has an entire series of nonfiction film productions on the topic of schizophrenia.

# Internet Sites:

Center for Urban Community Services
http://www.cucs.org
Center for Urban Community Services (CUCS) provides a continuum of supportive services for homeless and formerly homeless people, including street outreach, a drop-in center, transitional and permanent housing programs, and vocational and educational programs. Particular emphasis is placed on specialized services for people with mental illness, HIV/AIDS and chemical dependency. This website provides information and links to a variety of resources regarding transitional and permanent housing.

Corporation for Supportive Housing
http://www.csh.org
CSH's mission is to help communities create permanent housing with services to prevent and end homelessness. CSH works through collaborations with private, nonprofit and government partners, and strives to address the needs of tenants of supportive housing. CSH's website includes a Resource Library with downloadable reports, studies, guides and manuals aimed at developing new and better supportive housing; policy and advocacy updates; and a calendar of events.

Internet Mental Health
http://www.mental health.com
This site is a free encyclopedia of mental health information promoting improved understanding, diagnosis and treatment of mental illness. Information available includes descriptions of the 50 most common psychiatric disorders, information on psychiatric medications and side effects, research information on diagnoses, and links to related sites.

National Alliance for the Mentally Ill (NAMI)
http://www.nami.org
This website is dedicated to improving the lives of people with severe mental illness, family and friends. NAMI provides up-to-date information on a variety of mental illnesses, including schizophrenia, mood disorders and personality disorders. Information includes recommended books and readings, a help line, information on membership, statistics and links to other relevant Internet resources.

National Alliance to End Homelessness (NAEH)
http://www.naeh.org
The National Alliance to End Homelessness (NAEH), a nationwide federation of public, private and nonprofit organizations, demonstrates that homelessness can be ended. NAEH offers key facts on homelessness, affordable housing, roots of homelessness, best practice and profiles, publications and resources, fact sheets and comprehensive links to national organizations and government agencies that address homelessness.

National Association of Social Work (NASW)
http://www.naswdc.org
This website is presented by the largest membership organization of professional social workers in the world, with more than 155,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. This website offers standards for Social Work Case Management and links to relevant sites.

National Clearinghouse on Alcohol and Drug Information (NCADI)
http://www.health.org
This site provides up-to-date information about new NCADI publications and campaigns. It also lists resources and referrals for those overcoming substance abuse problems. Research, surveys and statistical data, as well as forums, databases and an online calendar, are available.

National Resource Center on Homelessness and Mental Illness
http://www.prainc.com/nrc/
The National Resource Center on Homelessness and Mental Illness provides technical assistance, identifies and synthesizes knowledge, and disseminates information. Users can be linked to findings from Federal demonstration and Knowledge Development and Application (KDA) projects, research on homelessness and mental illness, and information on federal projects.

Office of the Assistant Secretary for Planning and Evaluation (ASPE)
http://aspe.hhs.gov/
The Assistant Secretary for Planning and Evaluation (ASPE) is the principle advisor to the Secretary of the U.S. Department of Health and Human Services on policy development, and is responsible for major activities in the areas of policy coordination, legislation development, strategic planning, policy research and evaluation, and economic analysis. This website links you to "A Review of Case Management for People Who Are Homeless: Implications for Practice, Policy, and Research". This paper explores in detail the case management model for working with mentally ill individuals.

Substance Abuse and Mental Health Service Administration (SAMHSA)
http://www.samhsa.gov/
This site offers information on drug abuse and mental health and provides links to other relevant Internet resources. A general profile of SAMHSA programs and services, as well as a weekly report, is provided. Also listed is a schedule of upcoming events and conferences.