City of Philadelphia
Health and Opportunities

Office of Supportive Housing

SOCIAL WORKER/CASE MANAGEMENT PERFORMANCE STANDARDS

(Revised 2008)

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Office of Supportive Housing

Section 1: Policies and Procedures

Section 2: HMIS Standards

(Instructions on Use of HMIS to Implement OSH Policies and Procedures)

Section I
Policies and Procedures

Guiding Principles of Social Work

(Excerpt from the National Association of Social Workers Code of Ethics)

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living. Social workers promote social justice and social change with and on behalf of clients. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

Social Workers have an ethical duty to their consumers to:

- Promote the well-being of clients
- Respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.
- Provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent.
- Understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- Respect the clients' right to privacy.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

1. **Value:** *Service*
   Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*

2. **Value:** *Social Justice*
   Ethical Principle: *Social workers challenge social injustice.*

3. **Value:** *Dignity and Worth of the Person*
   Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*

4. **Value:** *Importance of Human Relationships*
   Ethical Principle: *Social workers recognize the central importance of human relationships.*

5. **Value:** *Integrity*
   Ethical Principle: *Social workers behave in a trustworthy manner.*

6. **Value:** *Competence*
   Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise*

GOAL/MISSION

The mission of the Office of Supportive Housing (OSH) is to assist individuals and families to move toward independent living and self-sufficiency.

OSH accomplishes its mission by providing comprehensive case management, protective, preventive, and referral services, emergency housing, emergency food distribution, and relocation services to adults and families in need of temporary shelter and affordable housing. The daily goal is to assist homeless or near-homeless individuals and families, with respect and dignity. Case management services are a critical component of every long-term emergency housing program. The case manager, in concert with the recipients of services, develops a plan of action and coordinates assistance to address the needs of adults and families in a systematic manner that will assure access to an array of services and benefits. Its services are designed to ensure continuity of services and responsiveness to client needs.

The case manager engages the consumer, the emergency housing provider, and supportive services providers in a process designed to maximize the individual's and family's self-sufficiency and self-determination. In addition, the case management process entails a partnership among the case manager, the emergency housing provider, the supportive service providers, and the consumer in evaluating the consumer's progress toward attaining objectives, the reassessment of needs through ongoing contact and follow-up by OSH with resource agencies to assure the appropriate services are being obtained.

The components of the case management process include:

- An assessment of the consumer's needs,
- Development of a realistic plan of action (service plan) which will enable the consumer to regain independence,
- Provision of assistance in identifying and obtaining health care, housing and other services,
- Advocacy to overcome barriers to receiving required services.

INITIAL PHASE

Initial Contact

The social worker/case manager is to initiate contact with the consumer within three to five days after referral to the assigned facility and/or assignment of the case. Any/all social worker/case managers assigned to an emergency housing facility are required to work with any/all consumers housed in the same facility. The social worker/case manager is to begin working with the consumer (unless otherwise informed by OSH) at the time the consumer is admitted into the facility. This includes issuing POS extensions, unless an intake has not been completed (and the consumer has to return to the intake worker), and any appropriate intervention/problem solving/service plan activity necessary to move the consumers toward self-sufficiency.

Purpose of Contact:

- To introduce social worker/case manager to consumer.
- To arrange the first interview/service encounter.

(The initial contact is to be documented on the Activity Form in HMIS, the Homeless Management Information System.)

First Interview/Service Encounter

The social worker/case manager is to conduct the first interview with the consumer within five to ten days of initial contact.

Purpose of first interview/service encounter:

- To familiarize and orient the consumer to the rules and expectations of emergency housing.
- To review any issues related to the consumer's eligibility for emergency housing that are outstanding.
- To initiate an assessment of the consumer's needs and develop a service plan that will incorporate a review of the consumer's family support system and an identification of strengths for and barriers to the achievement of established goals.
- To obtain consumer's signature for the Authorization to Release Information and the CARES (Cross Agency Response for Effective Services) form, if there is no signed consent in the system.
- To review Client Service Agreement signed at intake, and ensure that a signed copy is contained in the consumer's record.

Process: The social worker/case manager will conduct an interview where the following points are covered:

- Review of the emergency housing rules and regulations
- Review of expectations as found in the OSH Emergency Housing Standards

  - Cooperation with Service Plan
  - Income Disclosure, Savings, Fees, and Limits
  - Personal Conduct
  - Participation in needed treatment or services

- Assess the consumer's needs including a brief social history indicating prior living arrangements and current reasons for homelessness and information for each household member in emergency housing concerning, but not limited to, the following:

- Physical and Mental Health Status
- Substance Abuse History
- Criminal Justice History
- Involvement with the Department of Human Services
- Domestic Abuse Issues
- Financial Status: income, personal resources, and delinquencies (especially utilities and rental balances)
- School/education status of children
- Veteran's Status
- Medications
- Employment and Training Needs/Requirements

The assessment is to be recorded on the Client Master form in HMIS. A summary of the social worker/case manager's impressions is to be recorded in HMIS on the Activity Sheet under Initial Client Assessment.

- Review consumer's information in CARES (if there is a consent) to ensure development of a comprehensive service plan.

- Develop a service plan which outlines clear goals, time frames and responsibilities. The service plan is at the core of the work between the consumer and the case manager and is to address issues which impair and/or inhibit the consumer from achieving self-sufficiency. All service plans and updates are to be completed in HMIS

    - The plan is to be written in conjunction with the consumer and should be based on the assessment conducted in the initial interview.
    - The plan is to document all goals which will lead the consumer to self-sufficiency and is to be developed within 30 days of assignment to the case manager.
    - Each service plan should include at least one goal related to consumer's future housing.
    - The service plan is to be reviewed with the consumer in bi-weekly meetings. The progress of each goal is to be noted in the HMIS Goal/Status section of the Service Plan module.
    - Service plans are to be updated every 90 days, at a minimum and are to be reviewed by the supervisor.

Once the plan is completed, the service plan is then forwarded to the case management supervisor for review. The service plan is to be signed by both consumer and case manager and put in the case record. The case management supervisor will monitor the service plan to ensure that the goals are reviewed and updated regularly.

CONTINUING PHASE

The social worker/case manager will meet, face to face, with each consumer on a bi-weekly basis and record the meetings in HMIS on the Activity screen.

Purpose of the Continuing Phase:

- To monitor the consumer's adjustment to placement.
- To assess any problems which were not recognized in earlier interviews.
- To explore with the consumer various housing options.
- To monitor consumer's compliance with the service plan (adhering to the rules & regulations, participation in programming, paying emergency housing fees & savings).
- To offer information and referral services to other appropriate resources.
- To support, encourage, and advocate for the consumer with achieving independence and self-sufficiency

Process: During the bi-weekly meetings with the consumer, the social worker/case manager will perform the following:

- Assess the consumer's adjustment to placement as reflected in the consumers' psychosocial functioning.
- Review consumer's progress in following the service plan and document status of each goal in HMIS.
- Assist the consumer with developing a housing plan.
- Assist the consumer with completing applications for transitional and permanent housing, including PHA and alternative housing referrals, after the consumer has resided in emergency housing for 30 days).
- Offer supportive counseling to consumers with an emphasis on developing a productive self-sufficient life style.
- Refer consumers to employment, training, and other programs as needed.
- Review CARES dashboard to coordinate services and supports identified on integrated service plan.
- Review consumer's compliance with the OSH Fees and Savings policy.

The social worker/case manager will maintain good working relationships with emergency housing staff and other contracted supportive services personnel.

Consumer Progress Reviews (CPR)

All providers are to establish a schedule for Consumer Progress Reviews (CPR). The purpose of the meeting is to bring all parties together to review the progress of the consumer. The participants should include the consumer, case management staff, Behavioral Health and Dept. of Human Services staff, if appropriate, emergency housing staff, and the OSH QMU social worker, when possible. The team is to discuss the present status of the consumer and any progress or challenges. The CPR should be designed to address both accomplishments and completion of goals, as well as address barriers and challenges for the consumer, when necessary. This process can assist the consumer in moving forward toward self-sufficiency. If the consumer is facing challenges in meeting their goals, then these are to be discussed and a plan formulated to address them. If necessary, the consumer can be placed on a compliance contract that contains specific steps and timeframes for completion.

CLOSING PHASE

Planned Departures

Once the consumer has made significant progress in resolving their presenting problems and is ready to move into transitional or permanent housing, the social worker/case manager will continue to meet with the consumer bi-weekly to assist with the transition toward independent housing. This includes reviewing the consumer's pattern of compliance with OSH requirements, policies, and working towards goal achievement. If there is a signed CARES consent, the case manager is to coordinate the discharge plan with all agencies that are involved with the consumer.

Purpose of planned departure meetings:

- To review with the consumer the progress which he/she has made since entering emergency housing
- To clarify the responsibilities which living independently entails and address concerns about possible failures/pitfalls to develop a plan of action, if confronted with that situation.
- To assist the consumer with accessing services which support the consumer and the housing plan
- To foster a sense of competence and achievement so that the consumer can maintain their own housing
- To identify and begin developing linkages with the supports necessary to ensure successful post-emergency housing.

Process: During the bi-weekly interviews with the consumer, the social worker/case manager will perform the following:

- Assist the consumer with securing furniture and other housing furnishings and equipment.

- Discuss the responsibilities around budgeting for maintaining a household and establishing appropriate priorities.
- Refer the consumer for appropriate after-care services
- Conduct a closing interview where the consumer's new address is recorded, and the after-care plan is reviewed.

Unplanned Discharges

Despite best efforts to help consumers stabilize their life situations, instances will arise when it is necessary to terminate emergency housing services for a consumer. Consumers can be denied services from OSH for behavior deemed inappropriate by the intake worker/case manager after consulting with their respective supervisors or the on-duty supervisor. Agreement on action must be obtained from the Consumer Service Team (case management staff and other support service providers). The decision to terminate services, the date of termination, the reasons for the decision, and the duration of the denial of services should be given by the case manager, in a meeting with the consumer, and followed up with a written report in HMIS.

Those inappropriate behaviors which are grounds for immediate eviction include the following:

- Physical violence or threats of violence towards other consumers or staff.
- Terroristic threats towards other consumers or staff.
- Possession of a weapon
- Destruction of property
- Possession, sale, or distribution of drugs and alcohol
- Persistent verbal abuse
- Refusing reasonable mandatory searches conducted by contracted facilities' security services.

If inappropriate behavior stems from substance abuse or mental health problems, workers will refer the client to appropriate services; continued emergency housing will be provided to clients who are willing to receive such services and who demonstrate efforts to improve their behavior. In some cases, however, terroristic threats may indicate severe mental illness, and it may be advisable to seek immediate mental health intervention.

Prior to any eviction, if a consumer is noncompliant, the case manager is to provide appropriate interventions to assist the consumer to come into compliance and to move toward self-sufficiency. These interventions could include a referral to behavioral health services or to other supportive services and/or making a compliance contract with the consumer. If there is continued noncompliance, the consumer should be brought to a Consumer Progress Review meeting with all appropriate staff and agency representatives who are involved with the consumer, to discuss the issues and the barriers that are preventing the consumer from moving forward. The consumer should be an active participant in the decision making process during the review. The consumer should be placed on a contract with clear procedures to help eliminate the causes for the noncompliance. This process can be repeated to assist the consumer with coming into compliance, with the third contract being the final contract. The outcome of this process is to be documented in HMIS.

Protocol Process

If a consumer continues to be noncompliant, despite all interventions that have been put in place to assist them, including placing them on several contracts, the consumer can be given a Notice of Protocol Restriction (the process known as protocoled), which restricts them from services from OSH contracted sites. The case management/emergency housing provider must make sure that there is documentation to support the request that the consumer is to be restricted and the consumer must be informed of his/her right to appeal the protocol decision. In addition to giving the consumer the Notice of Protocol Restriction, which must be signed by both the case manager and the supervisor, the case manager must complete the Protocol Violation Form in HMIS. If the consumer requests an appeal, the Consumer Request for Appeal form must be completed and signed by the consumer. Consumers may remain in emergency housing during the appeal process, be transferred to another facility, or be discharged and make their own arrangements while waiting for their appeal hearing, depending on the nature of the infraction. (See page 8 for behaviors that are grounds for immediate termination)

The first line of appeal is the case manager, and the next level is with the case management supervisor. If the supervisor concurs with the case manager, the consumer can appeal to the emergency housing director. If the emergency housing director upholds case management's decision, the next appeal level is with the OSH Shelter Services Administrator. The case manager will submit all pertinent/ relevant information to the OSH Administrator, who will schedule an appointment for the hearing. If the Administrator upholds the decision to terminate services, the final level of appeal is to the OSH Operations Director. Decisions made at this level are final. If the Administrator grants the appeal and the consumer is allowed to remain in an OSH contracted site, a final contract is drawn up with specific expectations and timeframes. If the consumer violates the contract, the consumer may be discharged and there is no further appeal process.

For all discharges, the case manager is to close/transfer the case in the HMIS within 10 days, utilizing the Close Out screen in HMIS. The following tasks are to be completed as part of this process.

- Review all consumer record screens and ensure that all information is accurate.
- Review the latest service plan and put in the last status on all goals and action steps.
- Review the case management checklist and ensure that all completed tasks have been checked.

- Complete the close out screen with the alerts, if necessary, and re-entry instructions if the consumer returns to OSH for re-placement.
- The case management supervisor, prior to approving the closing, is to review the record to ensure all information has been documented appropriately.

Transfers within Emergency Housing

The social worker/case manager is responsible for assessing and making appropriate dispositions/referrals for consumers whose needs cannot be met within their facilities. If the consumer's needs can be better met at another OSH contracted site, the social worker/case manager will begin the transfer process to locate an appropriate placement, and review status with his/her supervisor, before making the referral.

- The social worker/case manager will contact OSH to complete a placement request with the Placement Coordinator through HMIS.
- Case Managers are to complete a transfer summary in the HMIS Activity Sheet and update all case notes in HMIS within 24 hours of transfer.
- In the event that the social worker/case manager can place the consumer at a site that is willing to switch one of their consumers to the discharge site (swap consumers), a request for placement need not be made to the Placement Coordinator.

RECORDKEEPING REQUIREMENTS

The social worker/case manager is responsible for ensuring that they maintain case records for all consumers; both an electronic record in the Homeless Management Information System (HMIS) and a hard copy record.

HMIS Electronic Records

Case managers are required to document all contact with consumers in HMIS, documenting all pertinent information that will help the case manager work comprehensively with the consumer.

The following Case Management tasks are to be documented and completed in HMIS:

1. Case management assignment
2. Initiating the initial contact with the consumer
3. Consumer Assessment Form
4. All meetings with consumers
5. Initial and updated service plans
6. Service plan approvals
7. All housing plans
8. Updated Human Services Development Form (Title XX forms)

9. Protocol violation forms
10. Case closings

Hard Copy Case Records

The following items are to be included in the hard copy record:

1. Proof of Identification for each household member (birth certificates, SS#, MA/Medical coverage, etc.)
2. Income verification for each household member (SSI, DPA/TANF, employment, child support, etc.)
3. Signed copy of the Human Services Development Fund forms – to be completed/updated every 6 months. (This form was previously known as the Title XX eligibility form). It must be signed by the consumer upon intake and updated every 6 months
4. Copies of all housing applications submitted, including transitional housing.

Section II: HMIS Standards
Instructions on Use of HMIS to Implement OSH Policies & Procedures

Introduction

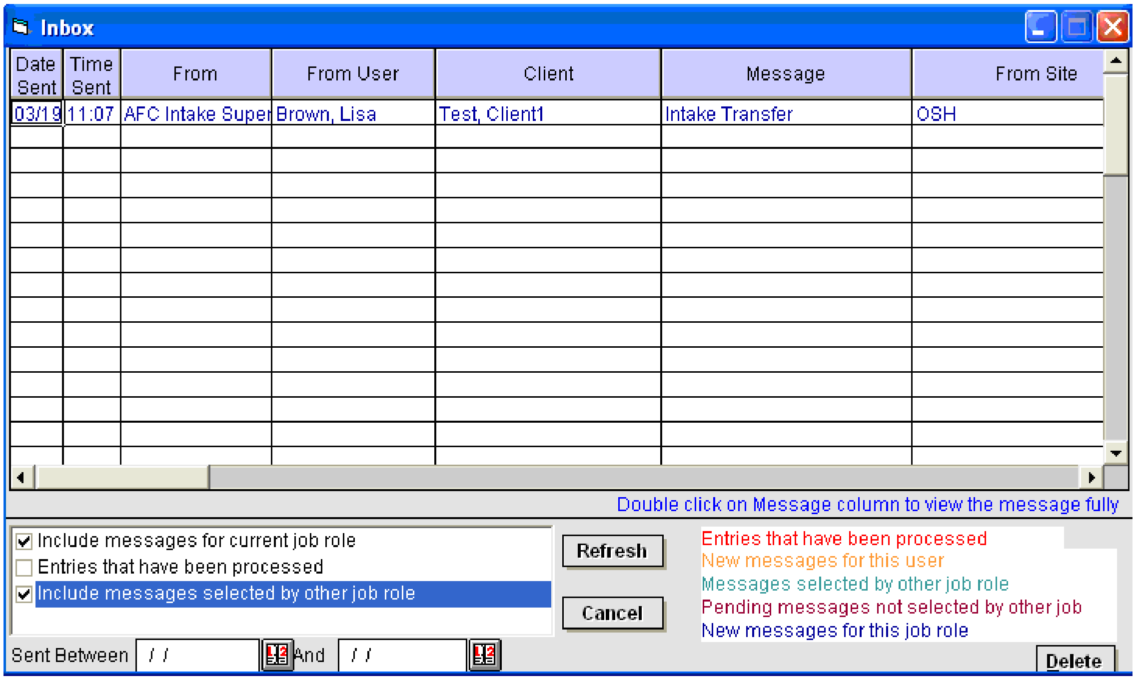
The purpose of this document is to illustrate and explain the use of Philadelphia's Homeless Management Information System (HMIS) to case managers and case management supervisors of OSH-funded emergency housing programs. The document combines instructions on the use of HMIS with OSH-mandated case management standards to provide clarity to users on exactly what is required and how to achieve this. The document is structured to provide step-by-step instructions on the HMIS at each step of the clients' flow through emergency housing – from admission to exit.

1. Admission into Emergency Housing

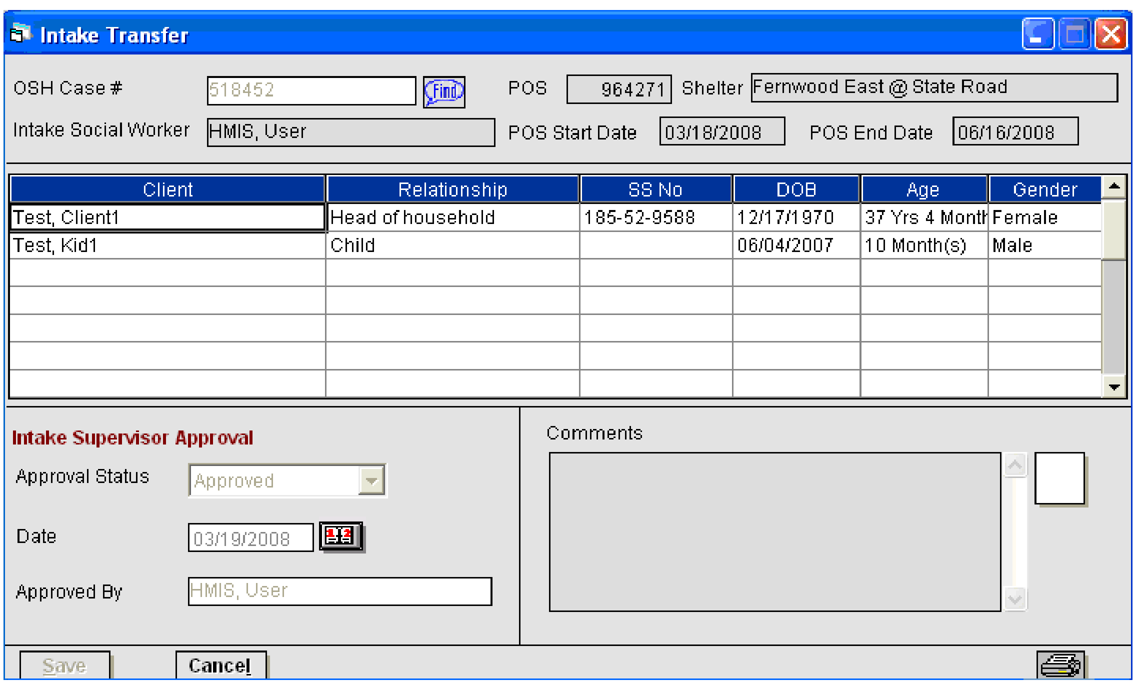
Emergency Housing providers are required to provide case management services to clients when clients are placed into their emergency housing programs through the use of a *"Case-managed POS."* When a client is issued a case-managed POS by OSH intake centers, there are two ways in which case management supervisors at the emergency housing programs are informed of this:

(a) When a case-managed POS is created at an OSH intake center, the OSH intake supervisor is required to approve the transfer of the case to the case managed emergency housing program. When this process has been completed, a message is sent to the case management supervisors at the chosen emergency housing program informing them of the transfer of the client to their site.

Screen shot of INBOX displaying message received by Emergency Housing Program CM Supervisor once the Intake Supervisor has approved the case transfer from Intake

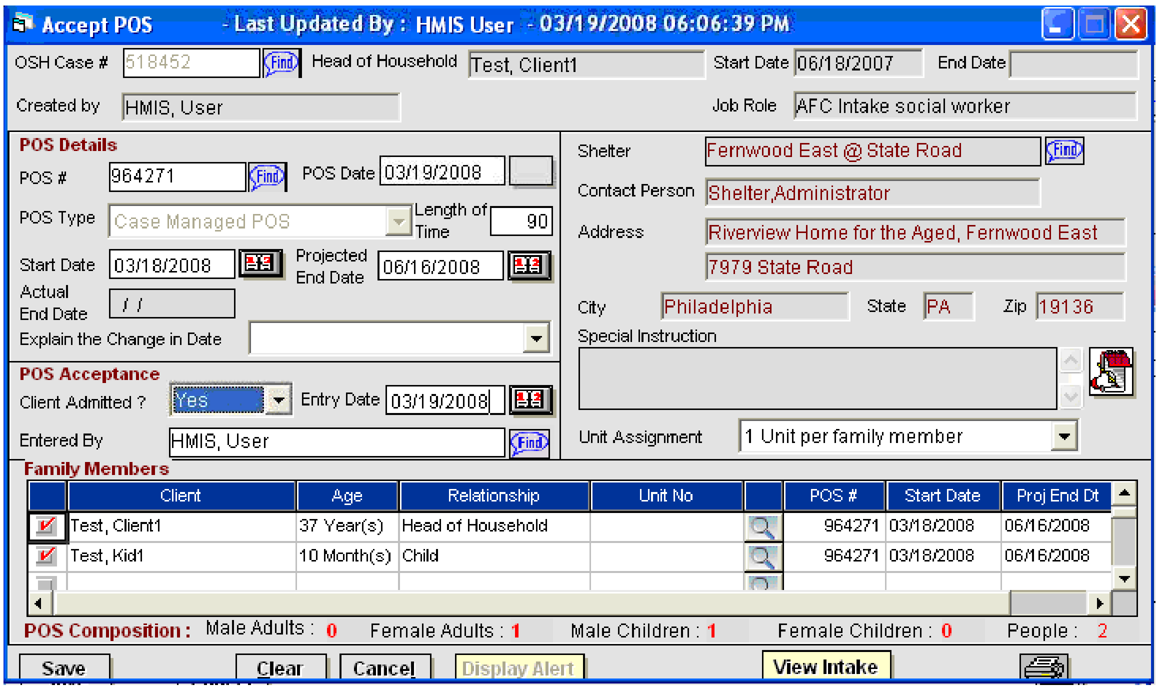


Screen shot of INTAKE TRANSFER screen that opens up when Supervisor clicks on Inbox

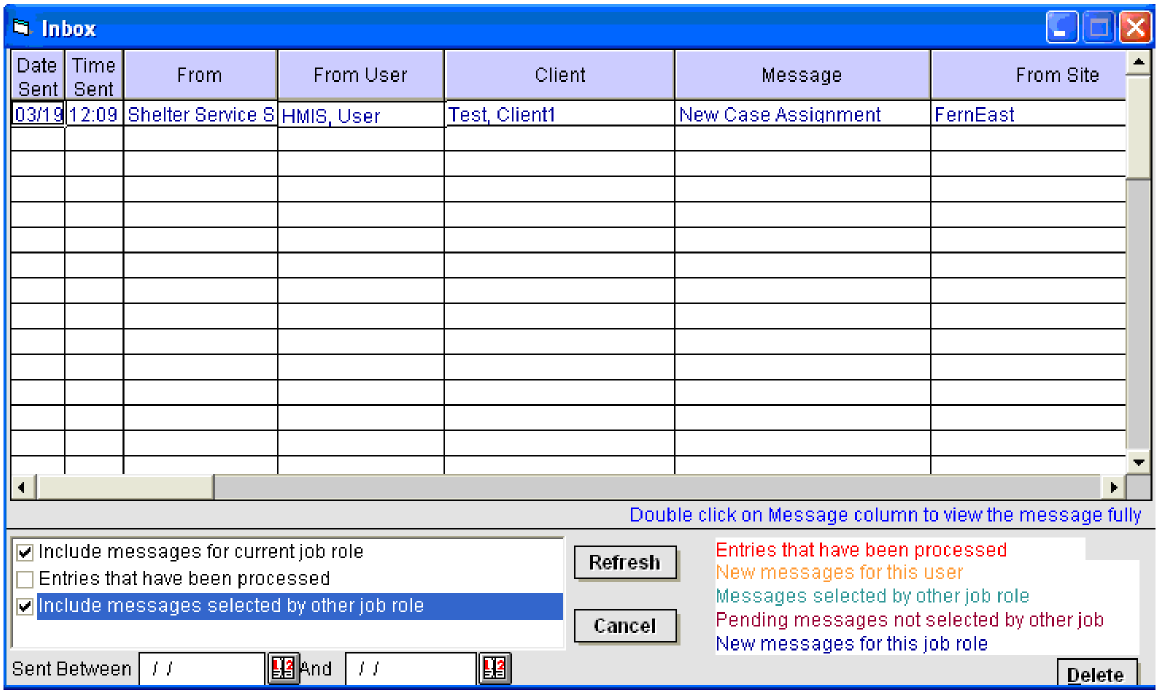


(b) The Emergency housing program staff records the client's admission into their program by accepting the POS on the Accept POS screen. This task confirms the client's arrival and admission into the emergency housing program. It also confirms to OSH the utilization of the POS and this action updates the vacancy numbers for the emergency housing program. In the event that the Accept POS screen is not used, the same task is completed when the client's attendance is marked on the Attendance screen. Once the task has been completed, a message is sent to the case management supervisors to inform them that a New Case Assignment needs to be completed on this client.

Screen shot of ACCEPT POS screen to be used when client arrives at Emergency Housing Program



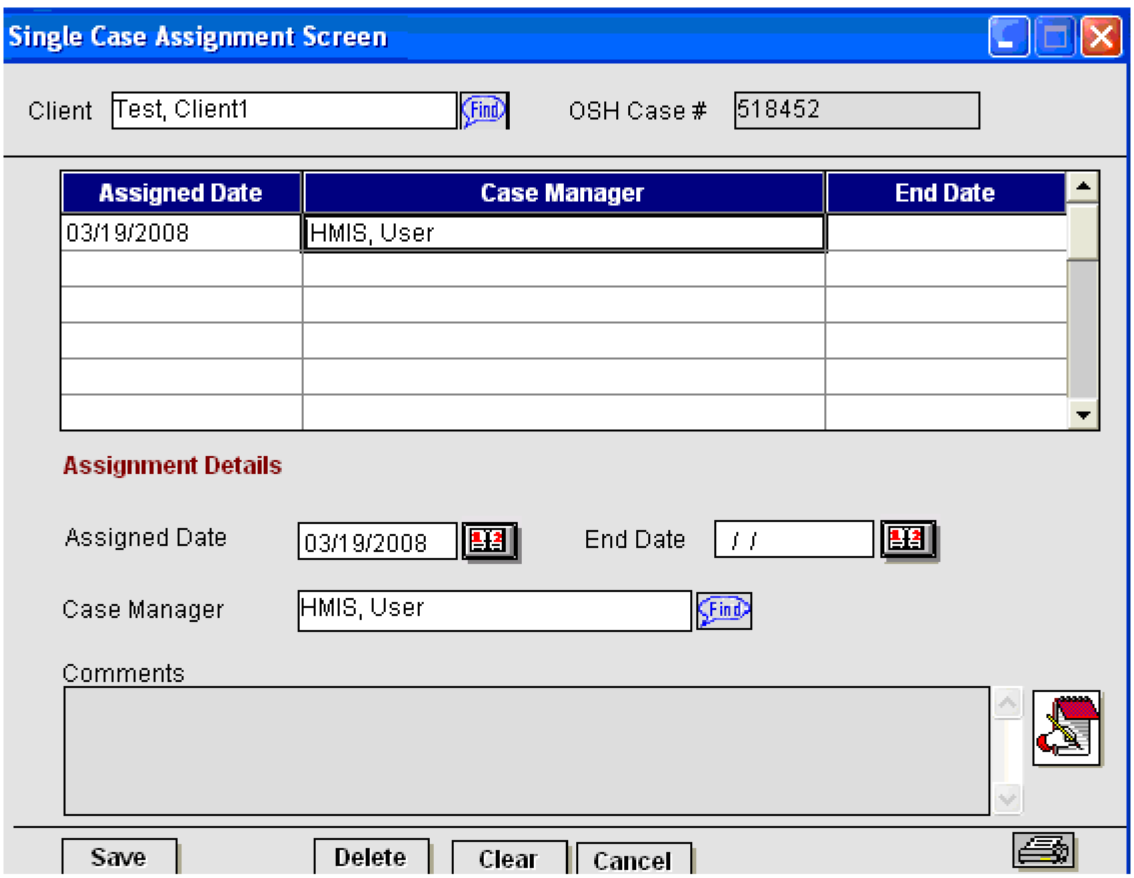
Screen shot of INBOX displaying message received by CM Supervisor once the client has been accepted into the Emergency Housing Program



2. Case Assignment

The case assignment process is to be completed within three days from the date of admission into the emergency housing program. As soon as the client is admitted into the program, a case management checklist is created for this client. This checklist displays the tasks that are required to be completed by the case management supervisors and case managers with due dates on each task. When the client is first admitted, this checklist is updated with the first task to be completed by the supervisor, which is to assign the case to a case manager. When the supervisor double clicks on his/her inbox entry (displayed on the screen shot above), the Single Client Assignment screen is displayed. The supervisor can then choose the case manager to be assigned and save the screen. When the screen is saved, the system will request confirmation from the supervisor that the case assignment task on the checklist has been completed.

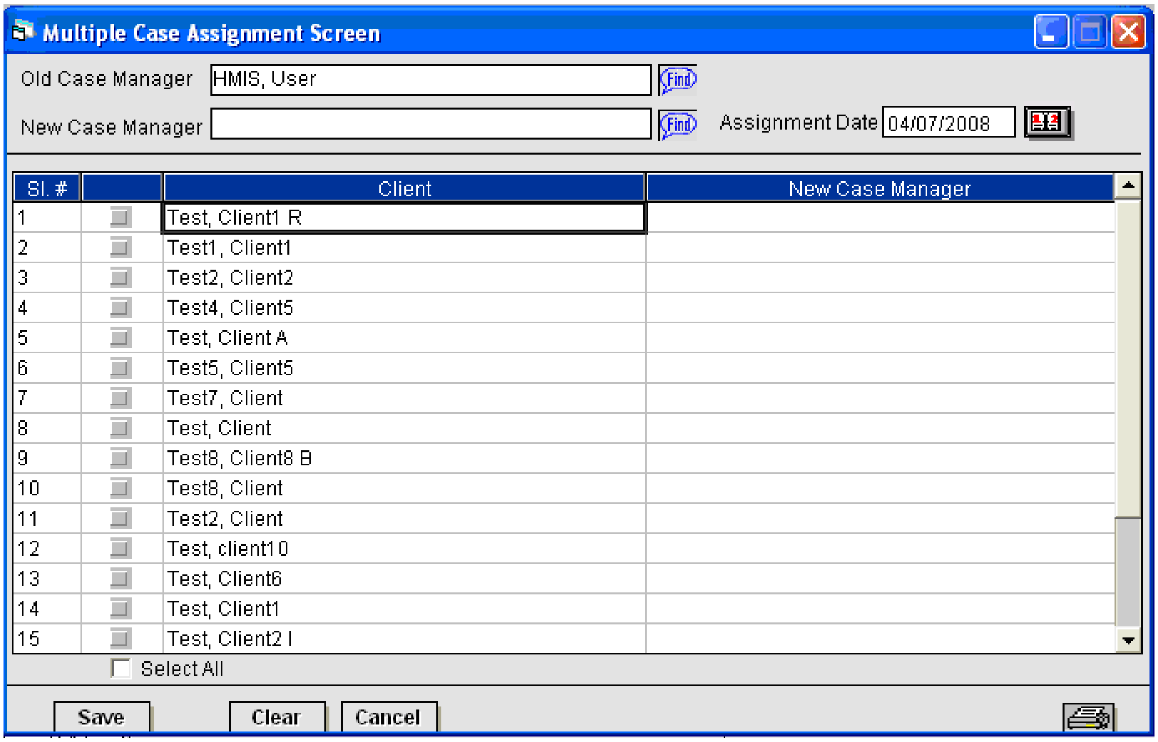
Screen shot of SINGLE CASE ASSIGNMENT Screen to be used by supervisors to assign cases to case managers.



Once the case assignment has been made, the case manager receives an entry in his/her inbox informing him/her of the assignment.

Note about Case Assignments: Case management supervisors are also provided with a Multiple Case Assignment Screen that allows them to assign or re-assign clients to a new case manager. This screen can be used when existing case managers leave and/or existing cases need to be re-assigned to other case managers.

Screen shot of MULTIPLE CASE ASSIGNMENT Screen to be used to look at all clients currently assigned to a case manager and re-assign them to other case managers



3. Case Management Checklists

As soon as the case manager assignment is recorded, the case management checklist is automatically updated to show the tasks that are required to be completed by the case manager and displaying the due date of each task. Supervisory tasks, including approvals and quality reviews, are also added to the checklist at this time. The list of tasks that are required, as per the case management standards, are described in the table below.

The case management checklist is created each time a client is assigned to a case manager. If a current client is re-assigned to a new case manager, all of the tasks listed on the case management checklist will need to be completed by the new case manager.

The table below defines the schedule of the tasks on the Case Management Checklist. The "1st Due Date" column shows the number of days in which the task needs to be completed (counting from the day the client is admitted to the emergency housing program). The "Frequency" column shows if and how often the task needs to be repeated.

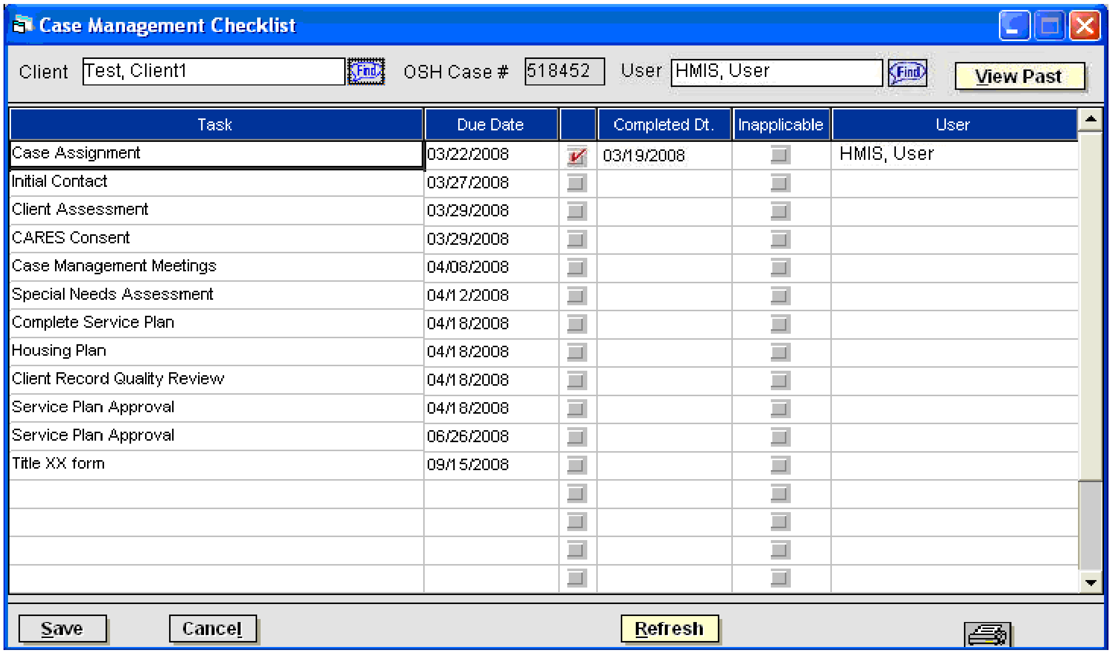
Explanation of the Case Management Checklist

Task	**1st Due Date**	**Frequency**	**Staff Person**	**Explanation**
Case Assignment	3	One time only	Supervisor	Task to be completed when client is admitted into program or existing case manager is no longer assigned.
Initial Contact	8	One time only	Case Manager	Case manager to make initial contact with the client to schedule initial assessment within five (5) days of case assignment. This task must be manually updated on the checklist.
Client Assessment	18	One time only	Case Manager	This task requires that the case manager complete one or more interviews with the client to collect information about the client. During these meetings the Client Master screen and all of the connected sub-screens must be reviewed and updated with the latest information collected from the client. Each of these meetings needs to be recorded on the Client Activity screen by choosing the "Initial Assessment" activity code. Once the client assessment has been totally completed, case managers should check off the COMPLETED flag on the pop-up screen that is displayed every time the activity screen is saved.

Task	1st Due Date	Frequency	Staff Person	Explanation
Special Needs Assessment	18	One time only	Case Manager	The case manager is required to review and complete the questions on the last pages of the Client Master screen that determine the special need status of the client. This task is automatically updated on the checklist when all questions regarding special needs have been entered and the screen is saved.
CARES Consent	24	One time only	Case Manager	The case manager is required to request a release of information from the client to place the client's data on the City's data warehouse system (CARES). Once this consent has been collected, the case manager should manually update this task on the checklist.
Case Management Meetings	24	Bi-weekly	Case Manager	Once the initial tasks above have been completed, the case manager is required to meet with the client once in two (2) weeks for the length of the client's stay in the emergency housing program. The case manager should record each of these meetings on the Client Activity screen by choosing the "Case Manager – Client Meeting" activity code.
Complete Service Plan	30	Quarterly	Case Manager	Case managers are required to create a NEW service plan every time they are assigned a case. Once the service plan has been completed, the plan must be submitted to the supervisor for approval. This task will automatically be updated on the checklist when the service plan is submitted to the supervisor using the Approval Screen connected to the service plan.
Service Plan Approval	35	Quarterly	Supervisor	The supervisor needs to approve the service plan submitted by the case manager within five (5) days. This task is automatically updated on the checklist once the Supervisor enters an "Approved" Status on the Approval Screen connected to the Service plan.

Task	1st Due Date	Frequency	Staff Person	Explanation
Housing Plan	30	One time Only	Supervisor	Case managers are required to create a housing plan for clients within 30 days from the date of admission. This can be achieved by (a) submitting a transitional housing application to the OSH clearing house or (b) Creating a Housing Long Term Goal on the service plan. The system will automatically update the checklist when either of these tasks have been completed by the case manager on the HMIS and been approved by the supervisor.
Client Record Quality Review	30	Quarterly	Supervisor	This assessment is designed to evaluate the quality of data entered on the client's case. The HMIS automatically updates this task once this assessment has been completed and saved by the supervisor.
Title XX Form	180	Half-yearly	Case Manager	Case managers are required to generate the Title XX form from the HMIS. This task is automatically scheduled six (6) months from the date the last Title XX was created. This task is automatically updated by the system once the Title XX screen is saved.

Screen shot of CASE MANAGEMENT CHECKLIST screen



Case Management Checklist

Client Test, Client1 Find OSH Case # 518452 User HMIS, User Find View Past

Task	Due Date		Completed Dt.	Inapplicable	User
Case Assignment	03/22/2008	✔	03/19/2008		HMIS, User
Initial Contact	03/27/2008				
Client Assessment	03/29/2008				
CARES Consent	03/29/2008				
Case Management Meetings	04/08/2008				
Special Needs Assessment	04/12/2008				
Complete Service Plan	04/18/2008				
Housing Plan	04/18/2008				
Client Record Quality Review	04/18/2008				
Service Plan Approval	04/18/2008				
Service Plan Approval	06/26/2008				
Title XX form	09/15/2008				

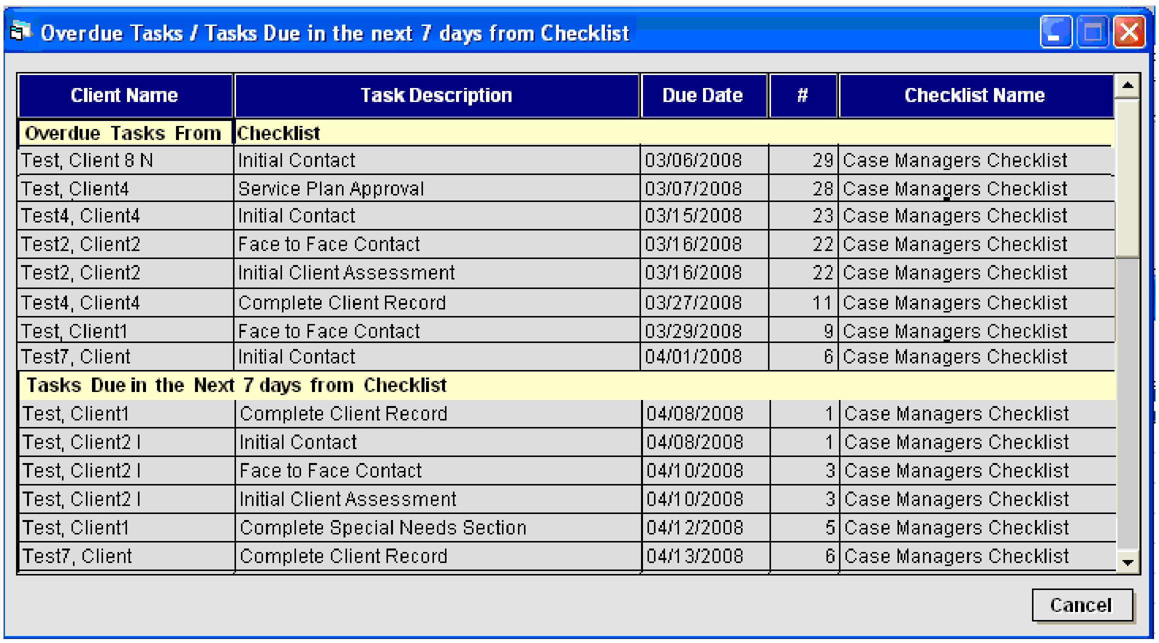
Save Cancel Refresh

Case Management Checklist Monitoring Tools

A. Task Reminders

The HMIS contains screens that display all tasks that are overdue or are due to be completed. Users are presented with the number of pending and overdue tasks as soon as they logon to the system. They can also access the detail of these tasks by clicking on the links that are placed conveniently on the screen.

Screen shot of OVERDUE/PENDING TASK LIST screen

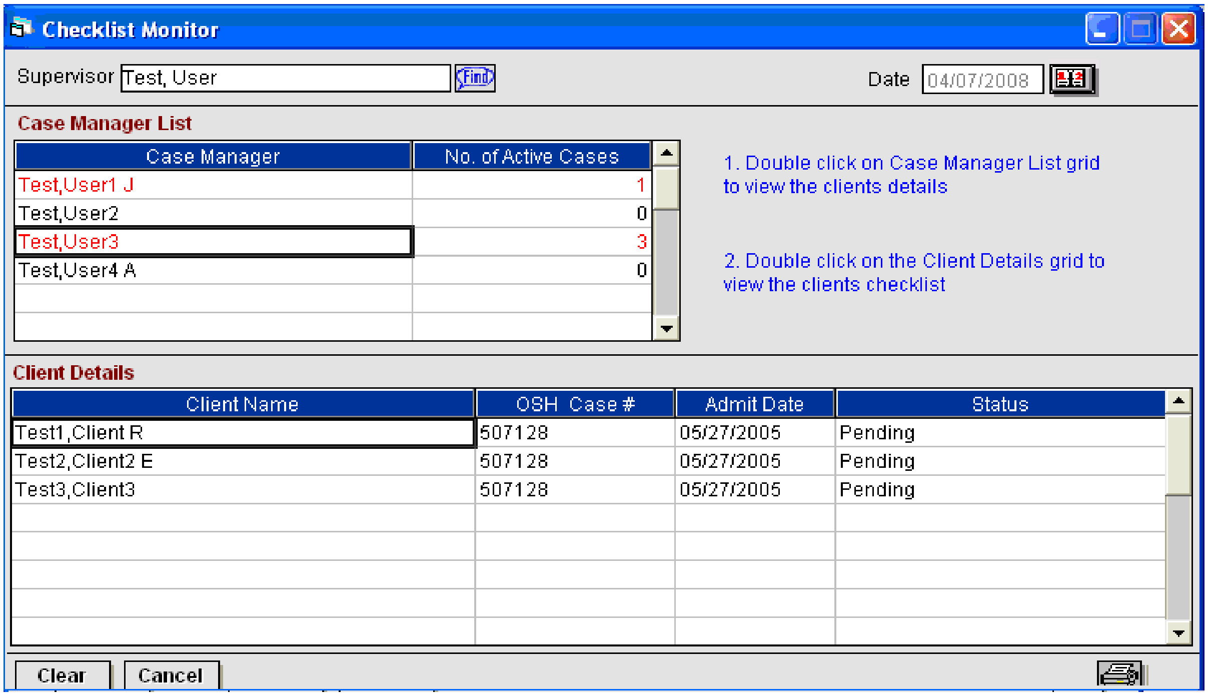


Client Name	Task Description	Due Date	#	Checklist Name
Overdue Tasks From	Checklist			
Test, Client 8 N	Initial Contact	03/06/2008	29	Case Managers Checklist
Test, Client4	Service Plan Approval	03/07/2008	28	Case Managers Checklist
Test4, Client4	Initial Contact	03/15/2008	23	Case Managers Checklist
Test2, Client2	Face to Face Contact	03/16/2008	22	Case Managers Checklist
Test2, Client2	Initial Client Assessment	03/16/2008	22	Case Managers Checklist
Test4, Client4	Complete Client Record	03/27/2008	11	Case Managers Checklist
Test, Client1	Face to Face Contact	03/29/2008	9	Case Managers Checklist
Test7, Client	Initial Contact	04/01/2008	6	Case Managers Checklist
Tasks Due in the Next 7 days from Checklist				
Test, Client1	Complete Client Record	04/08/2008	1	Case Managers Checklist
Test, Client2 I	Initial Contact	04/08/2008	1	Case Managers Checklist
Test, Client2 I	Face to Face Contact	04/10/2008	3	Case Managers Checklist
Test, Client2 I	Initial Client Assessment	04/10/2008	3	Case Managers Checklist
Test, Client1	Complete Special Needs Section	04/12/2008	5	Case Managers Checklist
Test7, Client	Complete Client Record	04/13/2008	6	Case Managers Checklist

B. Checklist Monitor – Supervisory Tool

The Checklist Monitor provides supervisors with a drill down tool that displays the number of cases assigned to each case manager. Once a case manager is selected from the list, it then displays all the clients assigned to that case manager with the task completion status for each client. Supervisors can then drill down to a specific client to view the status of the case management tasks on that client.

Screen shot of CHECKLIST MONITOR screen



4. The Client Record

Case managers are required to complete the Client Master Information screen and all of the linked sub-screens at the bottom of the Client Master Information screen. The grid on top of the client master screen displays one line for every episode of the client through the HMIS continuum. The active episode will be colored **black** for first time clients, **blue** for returning clients and **red** for closed out episodes.

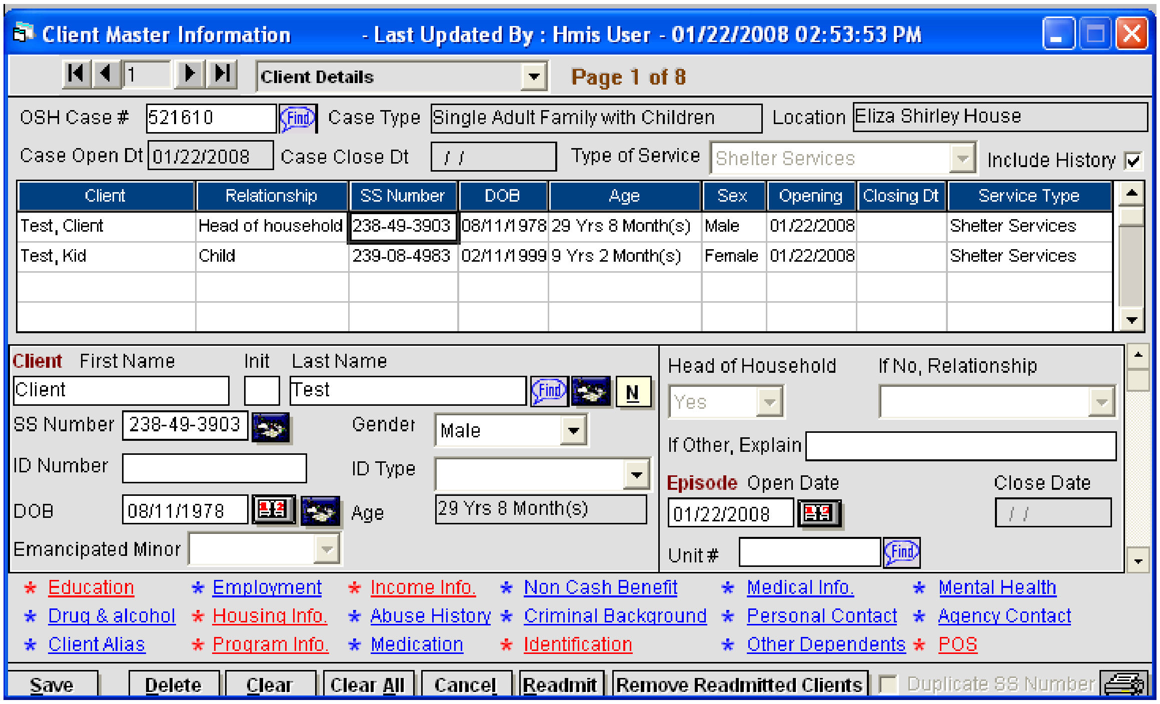
Users should update information on the current episode by clicking on the **blue** or **black** lines that contain the client's name. Information can be changed on the section below. Users may also notice that information has already been pre-filled into the Client Master Information screen even for new clients. This information has been transferred from the Reception Interview conducted at intake.

Most of the linked screens at the bottom of the Client Master Information screen allow multiple entries to be made on each screen. Each entry is displayed on a row on the grid that is found on the top of each screen. The purpose of these screens is to display historical data presented by clients at different times. The grid is also used to display multiple active entries for clients in areas like income, program participation etc.

Case managers must ensure that all the fields on these screens have the most up-to-date information on the client. When the information on the client has changed from the information that is presented on theses screens, users should add new entries on the screen rather than overwriting the old entries. However, if the screen does not have a grid on top, then users should overwrite the old data with new data. If information from past entries is no longer valid, the users should fill out the end date field wherever applicable.

The screens that have end date fields associated with them will automatically have the end date filled out with the client's close out date when a client record is closed on the HMIS. (This is so the information is not treated as current for reporting purposes.) Case managers must therefore carefully review the historical information on each screen. If information on previously entered records is accurate but has an end date in the associated End Date field, simply delete the end date to have the data considered current.

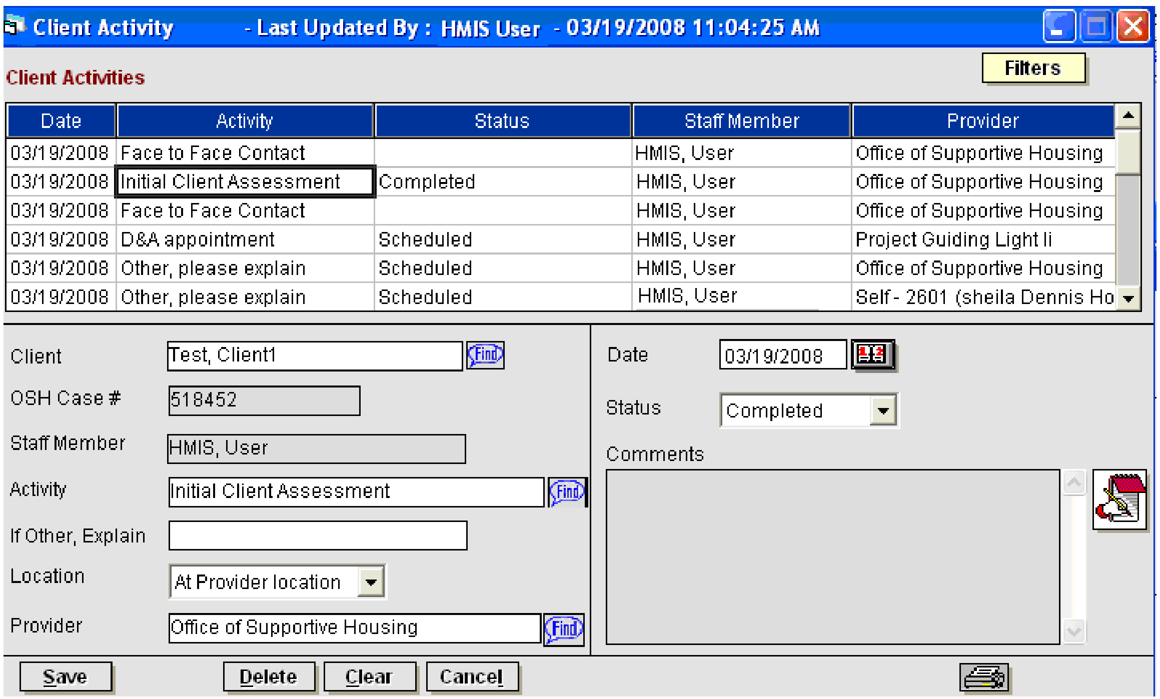
Screen shot of CLIENT MASTER INFORMATION screen with related linked screen displayed in red. Red indicates that data has been entered on the screen. Blue indicates that there is no data on the screen.



5. Client Activities and Client Notes

The client activity screen allows case managers to record specific activities that take place between case managers and the client. The client activity screen is also used to enter progress notes that are created during case management meetings with the client. Case managers can view past activities and enter new activities on the screen. General progress notes should be entered on the comment section of the activity screen, while notes relating to specific areas of client profile should be entered on the relevant areas of the Client Master Information screen and the sub screens attached to it. The Status dropdown on the activity screen allows case managers to record when activities are scheduled, completed, cancelled or postponed.

Screen shot of CLIENT ACTIVITY screen



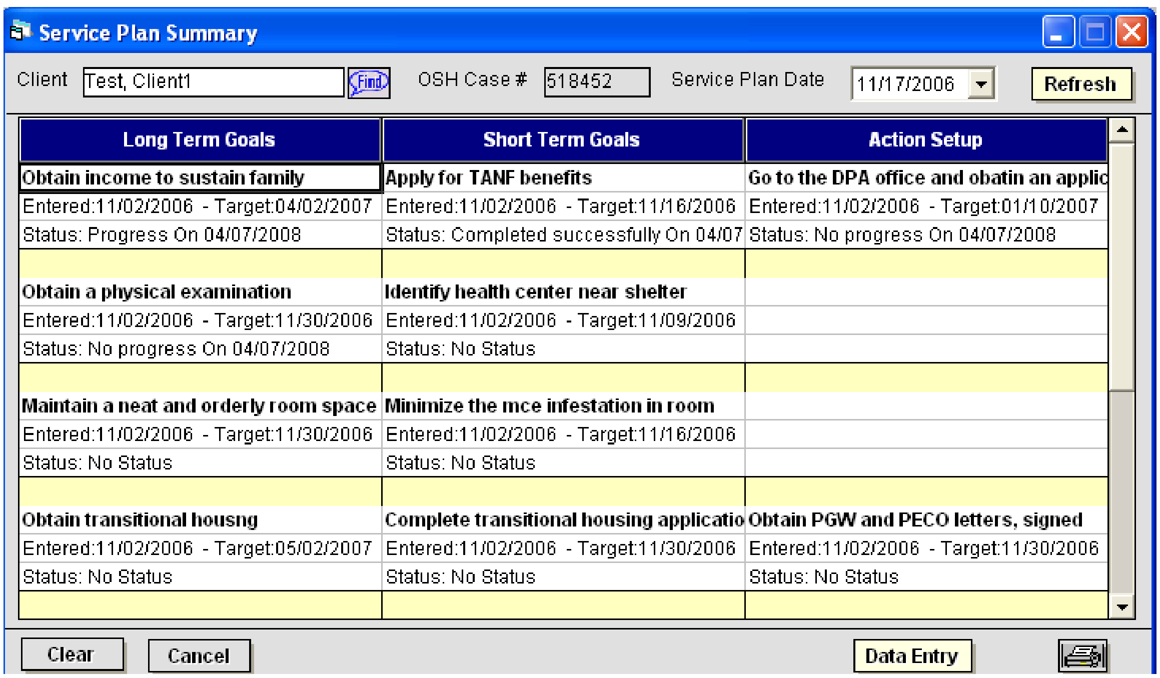
Initial Activity Codes to be installed on HMIS

Activity Codes
Initial Assessment
Case manager - Client meeting
Client Progress Review
Client Contract
Mental Health Service Appointment
Drug & Alcohol Service Appointment
Other Activity
Appeal Hearing

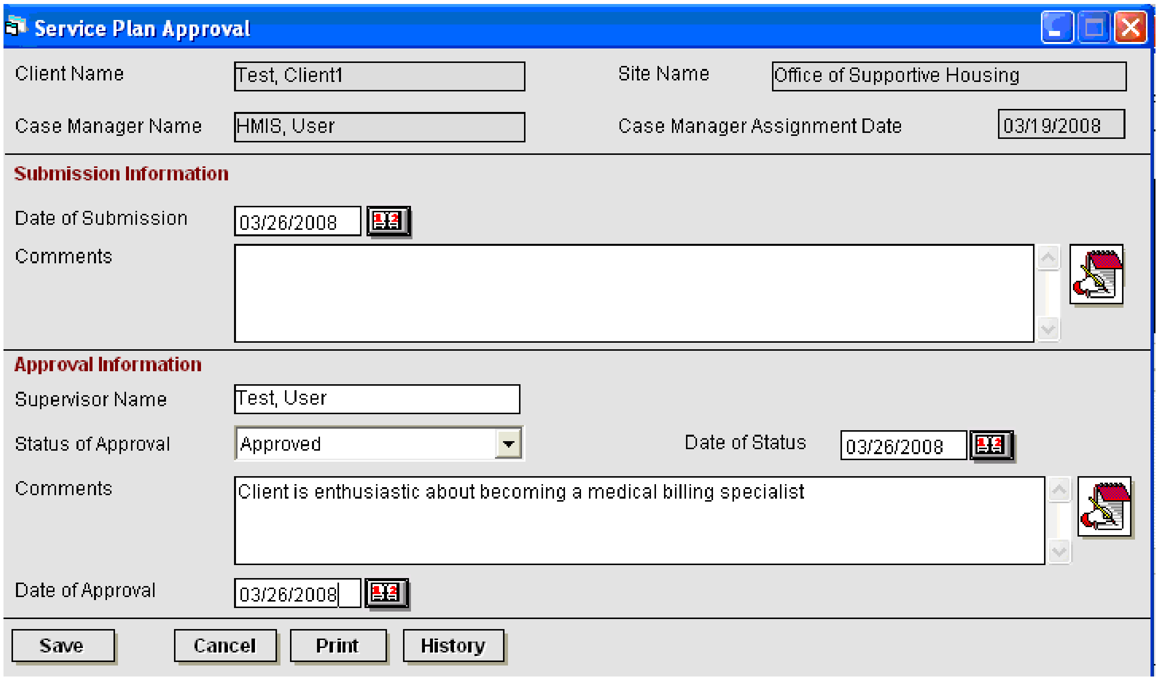
6. Service Plan

The Service Plan screen allows case managers to record a mutually agreed upon plan that is created with the client. The plan is structured by creating long-term goals, short-term goals that relate to each long term goal, and action steps that relate to each short term goal. Case managers are required to create a new service plan for clients that are assigned to them. However, case managers will be provided the capability of viewing past service plans created by previous case managers and bringing forward all entries from the previous service plan that have not been marked as complete. They can then choose to delete any entries that are not relevant to the new plan. Once the service plan has been established, the case managers can submit it to the supervisor for approval. They can also update the status of each entry on the service plan every time they meet with their clients.

Screen shot of SERVICE PLAN SUMMARY screen



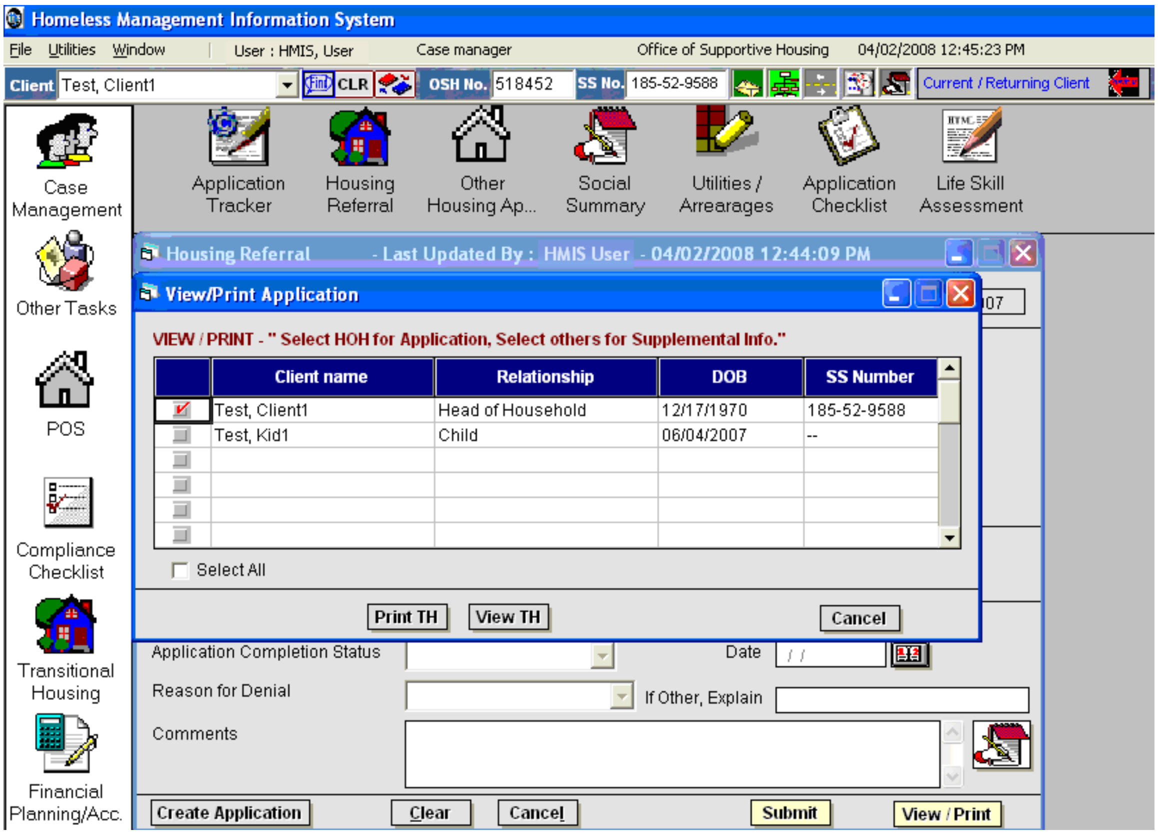
Screen shot of SERVICE PLAN APPPROVAL screen



7. Transitional Housing Applications

Case managers at shelters are responsible for working with their clients to put together a housing plan to move out of shelter to more permanent and self-sustainable housing. Case managers can work with the OSH Transitional Housing unit to secure placements for their clients. To do this, case managers are required to submit transitional housing applications to the OSH Clearinghouse. Case managers can use the options displayed below to create the application form.

Screen shot of TRANSITIONAL HOUSING APPLICATION screen



Once the application form has been successfully completed, the form will be automatically forwarded to the Case Management supervisor who will review the form and then submit it to the TH unit at OSH. Only Case Management supervisors can forward the form to the TH unit.

Case managers and supervisors can review the progress of their clients' application forms by looking at the application tracker screen on the HMIS to view the latest status of a client's application at the provider site to which the application form has been submitted.

Note: If a client is currently in shelter, case managers are to use the HMIS to submit the application. The TH unit will not be able to process manually created applications through the HMIS for active clients.

8. Client Record Quality Review

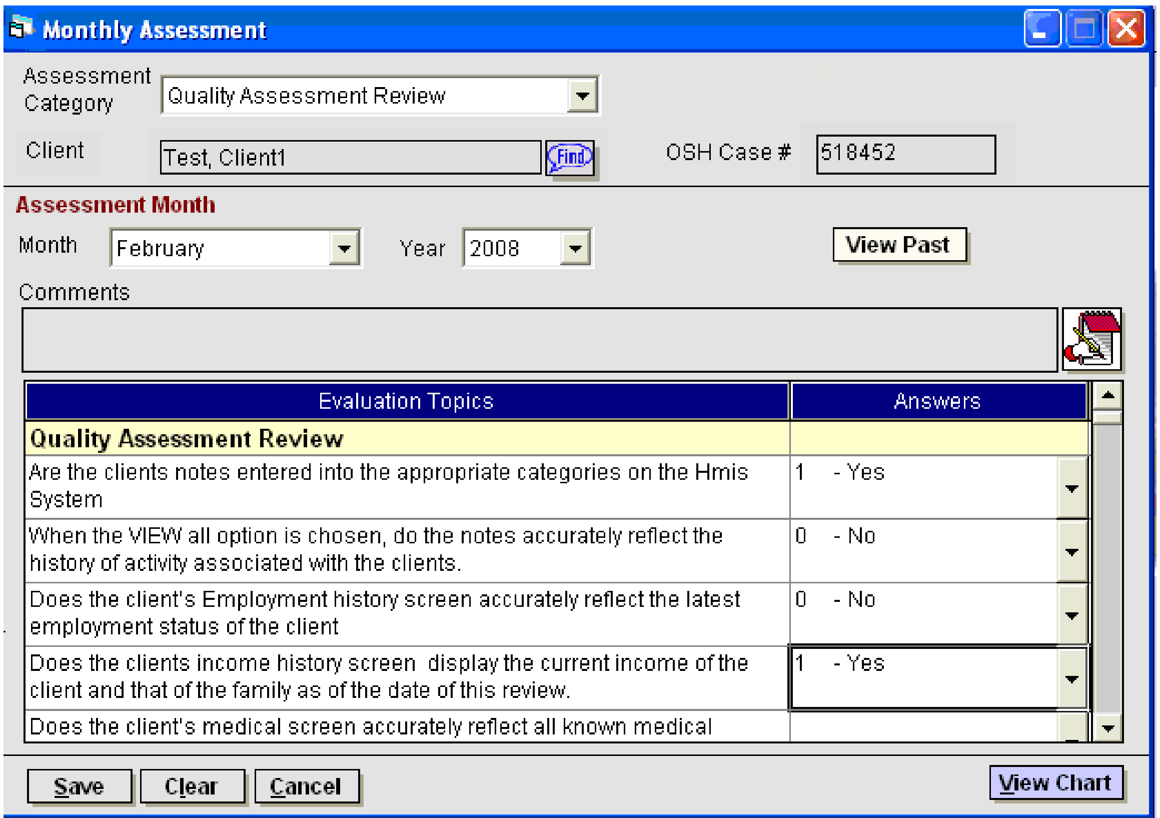
Important decisions may be made on the client's care based on the information that is entered into the HMIS. It is important for the data on the HMIS to be both complete and accurate. In order to ensure that the quality of data is maintained on the HMIS, supervisors are to fill out an assessment that is designed to ensure that critical areas of the HMIS record have been completed and are accurate. The following questions have been designed to ensure that supervisors review the relevant screens of the HMIS that contain important information relating to client progress and outcomes. This review is to be completed every three months. This gives supervisors the capability of assessing any degradation in the quality of information collected on clients over an extended period of time. The results of this outcome can be viewed on a scorecard and can be graphically displayed.

Quality Assessment Review

S. No.	Question	Answer
1.	Are the clients notes entered into the appropriate categories on the HMIS system?	Yes/No
2.	When the VIEW all option is chosen, do the notes accurately reflect the history of activity associated with the clients?	Yes/No
3.	Does the client's Employment history screen accurately reflect the latest employment status of the client? (Please check terms of employment.)	Yes/No
4.	Does the client's income history screen display the current income of the client and that of the family as of the date of this review? (Check verification within last 6 months.)	Yes/No.
5.	Does the client's medical screen accurately reflect all known medical problems of the client?	Yes/No
6.	Does the client's medical screen accurately reflect the medical insurance coverage for the client and dependants?	Yes/No
7.	Does the medication screen accurately record the current medications that are prescribed for the client?	Yes/No
8.	Does the Drug & Alcohol screen accurately reflect the client's present status?	Yes/No
9.	Does the mental health information screen accurately reflect the client's existing mental health problems?	Yes/No
10.	If the client has suffered any domestic abuse, is this adequately documented in the domestic abuse screen?	Yes/No/Not applicable
11.	Does the Referral Screen accurately reflect all the active programs that the client is currently enrolled in?	Yes/No
12.	Do the referrals made on behalf of the client	Adequately Addressed

	adequately address the needs of the client and family as represented by the above screens?	Partially Addressed Not sufficiently Addressed
13.	Does the Service Plan created for the client adequately address the needs of the client and the family as represented by the above screens?	Adequately Addressed Partially Addressed Not sufficiently Addressed
14.	Are the plans/ referrals and activities of the case manager aimed at moving the client into transitional or other housing options?	Adequately Addressed Partially Addressed Not sufficiently Addressed

Screen shot of QUALITY ASSESSMENT REVIEW screen



9. Client Close Out

It is very important on the HMIS to close out the client's HMIS record in a timely manner. This makes it possible for the HMIS to generate accurate counts of clients who are actively being served by the City's homeless system. It is also important for case managers to collect exit information from clients to assess the impact of the homeless services provided at the time of exit. This leads to meaningful outcome reporting of the homeless programs.

Since some of the homeless population is transient and departures are not always communicated to case managers, the HMIS assists case managers in first identifying clients who are missing from their housing units and then provides timely reminders to close the case after a certain amount of time has elapsed. As a final step, measures have been put in place to automatically close inactive client cases. Please note that this only occurs after case management has fulfilled its responsibility in closing out cases.

Case managers are requested to perform the following actions before closing out the client:

- ✓ Review all client record screens and ensure that the latest information is accurate.
- ✓ Review the latest service plan and put in the latest status on all goals and action steps.
- ✓ Review the case management checklist and ensure that all completed tasks have been marked off.
- ✓ Fill out the close out screen completely with the appropriate alerts and re-entry instructions should the client come back to another shelter or intake.

Automatic Close-out Procedures

The following policies/guidelines are being instituted on the HMIS to foster improved data gathering related to client discharges from the system:

- OSH requires that shelters close the cases of clients who have been placed in shelters but do not show up on more than three consecutive nights without any prior permission or any explanation.

- The HMIS system will automatically send entries to the inbox of the case managers informing them to close the case once the system detects that the client has been marked with an unexplained absence for more than three days. These reminders will be sent weekly until the case is actually closed. After 30 days, the computer will automatically close out the client's case.

- The Supervisor and Site Administrator will receive alerts informing them that a case is to be closed by the computer three days before the case is actually closed.

- The HMIS automatically closes out all records from the client history screens when the client is closed out.

- The HMIS automatically closes out the latest case assignment of the client when the client is closed out.

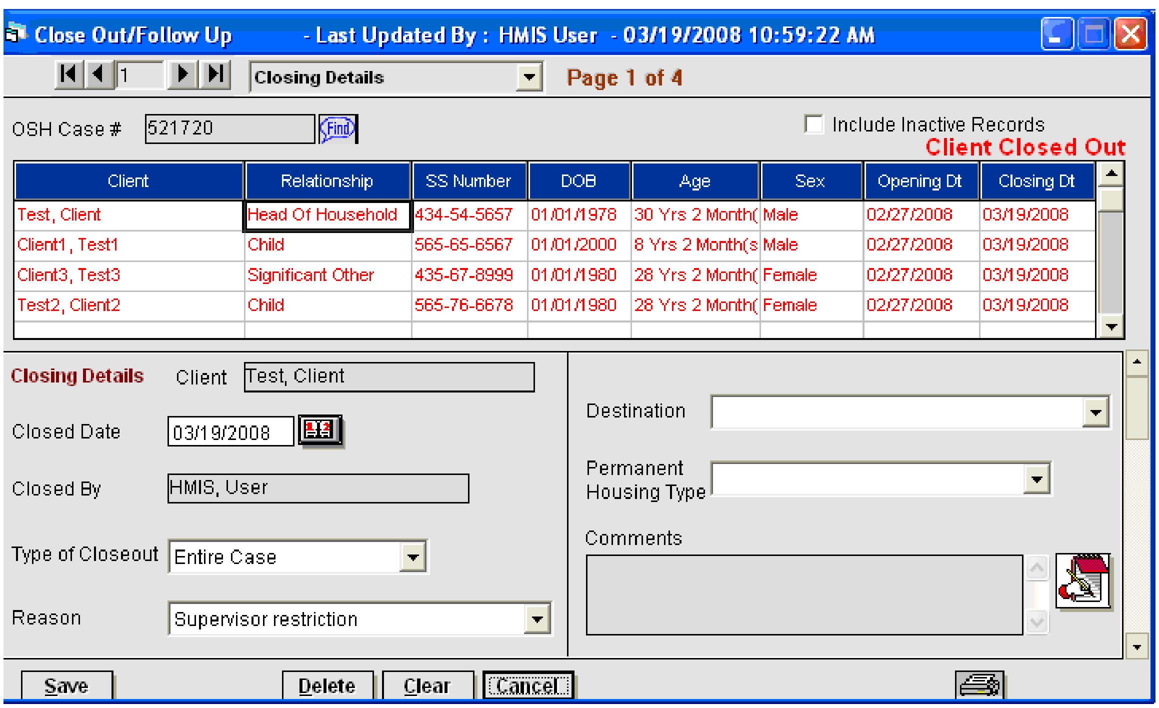
- The HMIS automatically closes out all Checklists of the client when the client is closed out.

Client Transfers

Case managers are instructed not to close out clients if the client is being transferred to another shelter. In such cases, the case manager is requested to perform the following actions:

- ✓ Use the Transfer POS function on the HMIS.
- ✓ Review all client record screens and ensure that the latest information is accurate.
- ✓ Review the latest service plan and put in the latest status on all goals and action steps.
- ✓ Review the case management checklist and ensure that all completed tasks have been marked off.
- ✓ Close out the Case assignment record of the client.

Screen shot of Close Out/Follow Up screen



10. Dashboards

The HMIS contains a comprehensive reporting system designed to provide all levels of users with reports and information that can assist them in the management of their duties and areas of operation. The reporting system contains ad-hoc report creation tools, summary breakdowns, custom reports and dashboards.

To assist the Case Management staff of the Emergency Housing programs, the Office of Supportive housing will provide the following two dashboards to all program administrators and case management supervisors to monitor the profile of their clients, the efficiency of their programs, and compliance with case management standards.

The following dashboards display the numbers that are displayed to users with a description of each number. Many numbers are also displayed with their corresponding percentages. Users can also choose to display the detail behind the numbers and also look at graphs over different periods of time.

Client Profile Dashboard **This dashboard will be displayed for (a) All current clients (b) All clients served for a user specified reporting period.**
Number of Clients All clients are included on this count: Singles and Families.
Case Type Breakdown Married/Paramour Couple – No Children Married/Paramour Couple with Children Multi-Adult Family with Children Other Multi Adult – No minor children Single – No Children Single Adult Family with Children
Age Breakdown Over 65 50 – 64 40 – 49 30 – 39 21 – 29 18 – 21 13 – 17 5 – 12 1 – 4 Infants
Gender Breakdown Male Female Transgendered
Presenting Problem Breakdown Voluntarily Left Friend / Relative Needs Legal Assistance Evicted by Friend / Relative

Abuse / Neglect by Other Person(s)
Eviction
Self-neglect
Released by Medical Institution
Needs Nursing Home Placement
Released by Mental Health Institution
Physically Disabled – Needs Housing Assistance

Client’s Disability Breakdown

Physical Disability
Development Disability
Mental Health Issues
Substance Abuse
Domestic Violence
HIV/Aids

Multiple Episode Breakdown

This breakdown displays the number of times that clients have re-entered the homeless continuum after leaving the system for a period of 90 days or more. This includes clients who have left transitional housing and returned to shelter.

First Episode
2 – 3
4 – 6
7 – 9
Greater than 10

Length of Stay Breakdown of Adults

Less than 7 days
7 days to 1 month
1 to 3 months
3 to 6 months
6 to 12 months
More than 1 year

Monthly Family Income Breakdown of Clients

No income
$1 - $150
$151 - $250
$251 - $500
$501 - $1,000
$1001 - $1500
$1501 - $2000
$2001 +

Number of Clients Whose Income Has Been Verified

This number is based upon the number of clients whose income records have been verified within the last six months. The verification date and source of verification can be entered on the HMIS.

Client Employment Breakdown

Less than 40 hours a week
20 to 40 hours a week
Less than 20 hours a week
Not Employed

Number of Clients Who Are Actively Participating in Programs
Breakdown of programs in which clients are participating Outreach Case management Life skills (outside of case management) Alcohol or drug abuse services Mental health services HIV/AIDS-related services Other healthcare services Education Housing placement Employment assistance Childcare Transportation Legal Other
Breakdown of Reasons for Leaving for Closed out Clients Left for a housing opportunity before completing program Completed program Non-payment of rent/occupancy charge Non-compliance with project Criminal activity / destruction of property / violence Reached maximum time allowed in project Needs could not be met by project Disagreement with rules/persons Death Other (please specify) Unknown/disappeared
Destination of Closed-out Clients Permanent Housing Transitional Housing Institution Emergency Housing Program Other Unknown

Emergency Housing Program Case Management Dashboard **This dashboard displays operational numbers that allows administrators and supervisors to look at performance and compliance of the case management tasks on the HMIS.**
Number of Clients on a Case-managed POS This number only includes Heads of Household of family cases and all single clients.
Case Manager Breakdown This number is based on Heads of Household of family cases and all single clients. It displays the case load of each case manager. It is based on entries made on the Case Assignment screen.
Clients Not Assigned Breakdown. This breakdown displays all the clients who are on a case-managed

POS who have not yet been assigned to a case manager. The time breakdown reflects the number of days elapsed since the date of admission.

Less than 3 days
4 – 10 days
11 – 30 days,
Greater than 30 days

Number of Clients Who Have Overdue Tasks
This breakdown displays the number of clients for whom case management tasks have not been completed with the due date of the tasks being more than seven days ago.

Breakdown of Overdue Tasks

Case Assignments
Initial Contact
Initial Assessment
Client Meetings
Service Plan
Service Plan Review
Housing Plan
Client Record Quality Review
Title XX

Number of Clients Who Have Active Service Plans

Breakdown of days that clients have had no service plan

Less than 30 days
30 – 60
60 – 90
90 – 120
120 – 180
Greater than 180

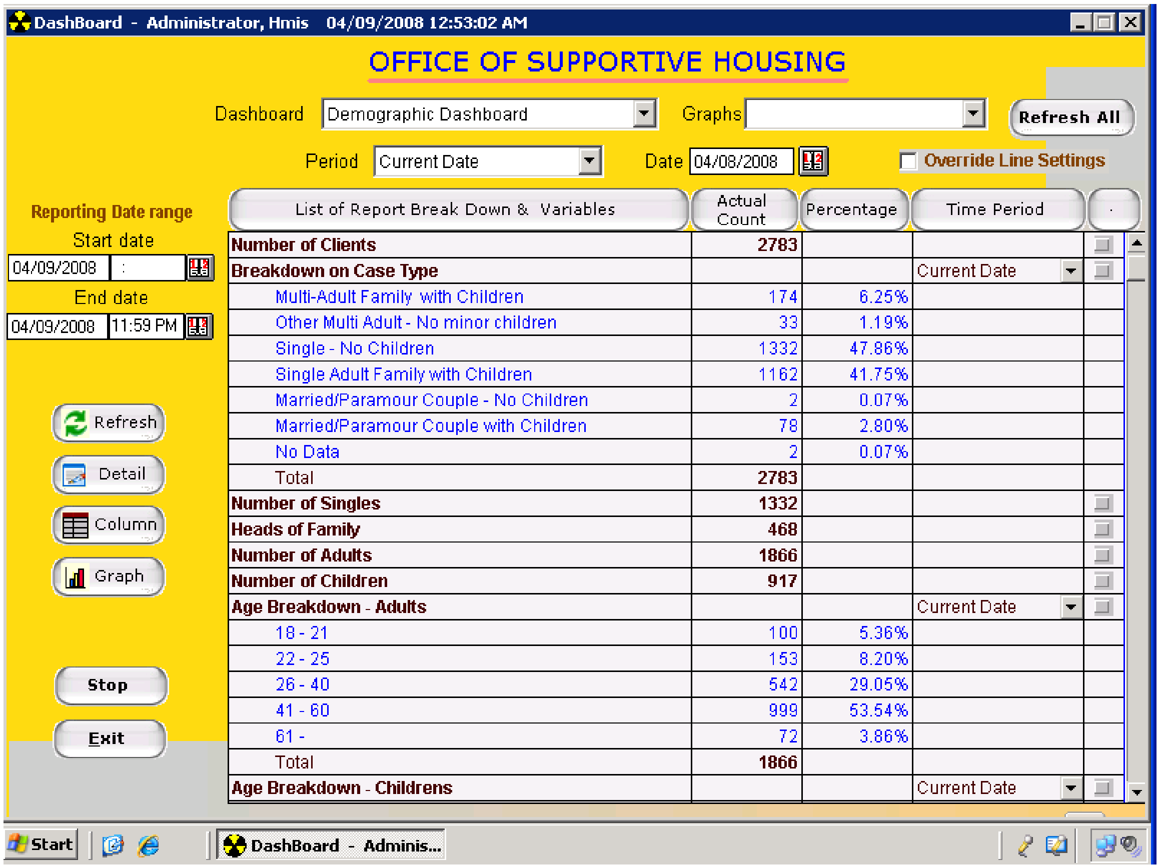
Breakdown of Scores on Latest Client Record Quality Review

35 – 42
28 – 34
21 – 27
14 – 20
7 – 13
0 – 6

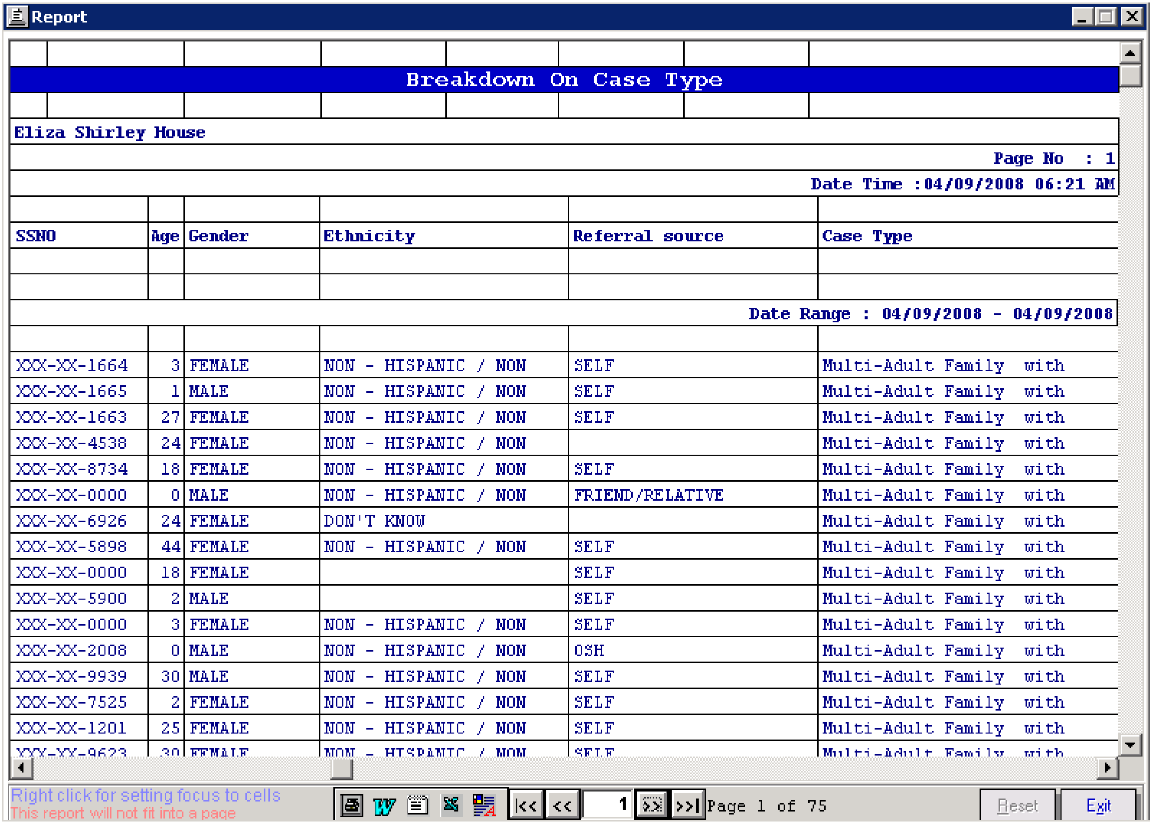
Number of clients Being Processed for Transitional Housing
This number is calculated by looking at the number of clients for whom applications have been submitted to the OSH TH Clearinghouse

Number of Clients Due to Be Closed by Computer
This number is calculated by looking at all clients who still have an open episode record and have not been at the shelter for more than three days and have been absent with no explanation.

Screen Shot of Demographic Dashboard


DashBoard - Administrator, Hmis 04/09/2008 12:53:02 AM
OFFICE OF SUPPORTIVE HOUSING
Dashboard
Demographic Dashboard
Graphs
Refresh All
Period
Current Date
Date
04/08/2008
Override Line Settings
Reporting Date range
Start date
04/09/2008
End date
04/09/2008
11:59 PM
Refresh
Detail
Column
Graph
Stop
Exit
List of Report Break Down & Variables
Actual Count
Percentage
Time Period
Number of Clients 2783
Breakdown on Case Type
Current Date
Multi-Adult Family with Children 174 6.25%
Other Multi Adult - No minor children 33 1.19%
Single - No Children 1332 47.86%
Single Adult Family with Children 1162 41.75%
Married/Paramour Couple - No Children 2 0.07%
Married/Paramour Couple with Children 78 2.80%
No Data 2 0.07%
Total 2783
Number of Singles 1332
Heads of Family 468
Number of Adults 1866
Number of Children 917
Age Breakdown - Adults
Current Date
18 - 21 100 5.36%
22 - 25 153 8.20%
26 - 40 542 29.05%
41 - 60 999 53.54%
61 - 72 3.86%
Total 1866
Age Breakdown - Childrens
Current Date
Start
DashBoard - Adminis...

Screen Shot of Detail Report



Report

Breakdown On Case Type

Eliza Shirley House

Page No : 1

Date Time : 04/09/2008 06:21 AM

Date Range : 04/09/2008 - 04/09/2008

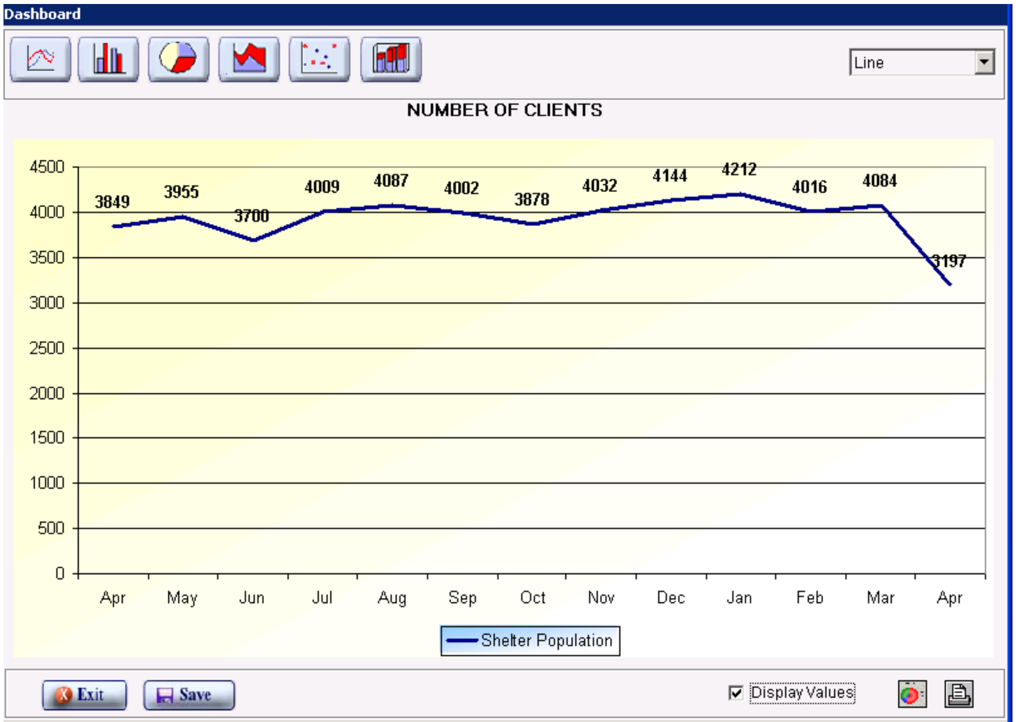
SSNO	Age	Gender	Ethnicity	Referral source	Case Type
XXX-XX-1664	3	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-1665	1	MALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-1663	27	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-4538	24	FEMALE	NON - HISPANIC / NON		Multi-Adult Family with
XXX-XX-8734	18	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-0000	0	MALE	NON - HISPANIC / NON	FRIEND/RELATIVE	Multi-Adult Family with
XXX-XX-6926	24	FEMALE	DON'T KNOW		Multi-Adult Family with
XXX-XX-5898	44	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-0000	18	FEMALE		SELF	Multi-Adult Family with
XXX-XX-5900	2	MALE		SELF	Multi-Adult Family with
XXX-XX-0000	3	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-2008	0	MALE	NON - HISPANIC / NON	OSH	Multi-Adult Family with
XXX-XX-9939	30	MALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-7525	2	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-1201	25	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with
XXX-XX-9623	30	FEMALE	NON - HISPANIC / NON	SELF	Multi-Adult Family with

Right click for setting focus to cells
This report will not fit into a page

1 Page 1 of 75

Reset Exit

Screen Shots of Line Graph



Screen Shots of Case Type Pie Graph