

## APPENDIX IV DWS OHS CASE MANAGEMENT STANDARDS

### OVERVIEW

A **housing focused model** must be followed with all projects funded by DWS-OHS. The purpose of any case management activity should be to assess the client's needs, connect and make referrals to community-based providers, and engage the client in developing an applicable housing focused service plan ([House Bill 0298](#)). Case management services must be routinely attempted with clients and program assistance may not be contingent on the client participating in such activities. A client must not be evicted or terminated from a project for failure to meet with a case manager. Both case management activities and service plans should be used as a collaboration tool between community-based providers where consent has been granted and the collaboration will help meet the needs of a participating individual.

Case managers must utilize the Utah Homeless Management Information System (UHMIS) or an approved UHMIS comparable database to record case management services and service plan progress. Service plans must be created with the client within the project-based timeframe below and entered in accordance with all applicable data standards.

Project Type	Service Plan Should be <u>CREATED</u> Within
Rapid Re-housing and Homeless Prevention	(7) days from the day the client entered the project
Transitional Housing	(7) days from the day the client entered the project
Permanent Supportive Housing	(7) days from the day the client entered the project
Emergency Shelter (Entry/Exit)	(7) days from the day the client entered the project
Emergency Shelter (Night by Night)	By the 7th bed night service the client receives during the enrollment
Street Outreach	By the 7th day of service the client receives during the enrollment

### DEFINITIONS

A **housing focused model** is a service approach that prioritizes assisting individuals and families experiencing homelessness in obtaining and maintaining housing.

Additionally, this approach is client-led and does not have preconditions and barriers to program entry, such as sobriety, treatment, or service participation requirements. A **case manager** must abide by the housing focused model and should support a client in addressing their physical, psychological and social needs. In addition, a case manager will help a client make progress towards exiting homelessness and obtaining/maintaining housing.

Case managers are responsible for working with a client to create service plans. A **service plan** is an ongoing assessment of a client's service needs (i.e., social, employment, mental health, transportation) with the overarching goal of helping a client address the needs associated with obtaining or maintaining stable housing. A service plan should be created within (7) calendar days of project enrollment. For street outreach or night-by-night emergency shelter, A service plan should be created by the seventh day the client receives a service in the project.

## **PROJECT-BASED CASE MANAGEMENT**

### **Rapid Re-housing (RRH) and Homeless Prevention (HP)**

All individuals enrolled in RRH or HP projects must have access to case management. In addition to assessing physical, psychological, and social needs, service plans must evaluate the client's ability to resume rent after program assistance ends, work towards increasing all available sources of income, and make long-term connections to mental and physical health supports, transportation, and other applicable resources that support housing stability.

Housing case managers are expected to attempt to engage the client in case management activities at least monthly, including reviewing, monitoring, and modifying service plans. When possible, case management meetings should take place in the client's home. While monthly meetings are the foundation for effective case management, projects are required to provide adequate support throughout the client's enrollment in order to meet their individual needs. Projects should maintain flexible case management schedules as indicated by project and client needs.

### **Transitional Housing (TH)**

All individuals enrolled in a TH project must have access to case management. Required service plans must assess the client's ability to resume rent after program

assistance ends, work towards increasing all available sources of income, and make long-term connections to mental, social, and physical health supports, transportation, and other applicable resources that support housing stability.

Housing case managers are expected to attempt monthly case management and engage with clients for the purpose of reviewing, monitoring, and modifying service plans. When possible, case management meetings should take place in the client's home. While monthly meetings are the foundation for effective case management, it is required that projects provide adequate support throughout the client's enrollment. Projects should maintain flexible case management schedules as indicated by project and client needs.

### **Permanent Supportive Housing (PSH)**

All individuals enrolled in a PSH project must have access to monthly case management and a corresponding service plan to help clients achieve long term goals and retain permanent housing. In addition to assessing physical, psychological, and social needs, service plans could explore move on strategies in the event that program assistance ends. During this exploration, case managers must help facilitate the client's relationship with Continuum of Care (CoC), HUD-funded multifamily housing, and mainstream community-based providers.

Case managers are expected to engage with clients at least monthly to review, monitor, and modify service plans. When possible, case management meetings should take place in the client's home. While monthly meetings are the foundation for effective case management, it is required that projects provide adequate support throughout the client's enrollment. Projects should maintain flexible case management schedules as required by project needs.

### **Emergency Shelter (ES) (Entry/Exit and Night-by-Night)**

All individuals enrolled in an ES project must have access to case management. Aside from evaluating physical, psychological, and social needs, service plans should focus on supporting the client's goals of obtaining and securing housing as quickly as possible. Though projects should maintain flexible case management schedules as required by project and client needs, weekly case management should be attempted to provide adequate support to a client throughout their enrollment. Case managers are expected to review, monitor, and modify service plans with the client at least monthly.

## **Street Outreach (SO)**

All individuals enrolled in a SO project must have access to case management. Required service plans primarily support the client's goals of obtaining and securing stable housing as quickly as possible. Service plans may include plans to temporarily stay with friends or family or enter an appropriate residential project, such as emergency shelter or a healthcare facility. When appropriate and desired by the client, service plans could also include goals related to increasing all available sources of income, long-term connections to mental, social, and physical health supports, transportation, and other needs to support housing stability.

Though projects should maintain flexible case management schedules as required by project and client needs, weekly case management should be attempted to provide adequate support to a client throughout their enrollment. Case managers are expected to engage with clients at least monthly to review, monitor, and modify service plans with the client at least monthly.

### **GRANTEE ACKNOWLEDGEMENT AND AGREEMENT**

The grantee has read and understands the case management standards referenced in this document. The grantee will abide by the OHS case management standards and acknowledges the standards are **required, not optional**. Failure to abide by the case management standards could result in contract non-compliance and subsequent applicable corrective action.

---

Signature

---

Date