

Housing First for shelter & outreach



Presented by the Greater Vancouver Shelter Strategy

Tools for Implementation



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How to Use the Tools

These tools are developed to support organizations in implementing Housing First programs, particularly in Metro Vancouver. Organizations should decide for themselves whether the tools are helpful, and how to use them, in their own situation.

The case management and prioritization tools can be used by any organization considering the implementation of Housing First. The prioritization tool can also be used by homelessness organizations that do not implementing Housing First. The identification and HIFIS tools relate to specific requirements of the Housing First funding provided under the Homelessness Partnering Strategy (HPS).

More specific information of how to use each tool, is found in the Purpose of the tool.

Case Management Tool

This tool can help answer the following types of questions:

- How well do our current case management practices align with the case management practices outlined within the Housing First paradigm?
- How do I better understand the elements involved in case management under a Housing First paradigm?
- Have we included all of the essential components of case management that are expected under Housing First fidelity assessments?

Identification Tool (HPS Specific)

This tool can help answer the following types of questions:

- What are the definitions related to eligibility under Housing First services funded by HPS?
- Are there any additional criteria that informs the identification of clients eligible to receive services under HPS funded Housing First programs?
- How can we navigate the requirements for eligibility to effectively identify eligible clients?
- Are there any strategies to improve and/or simplify identification?
- Are there some case scenarios that we could use to practice identification?



Prioritization Tool

This tool can help answer the following types of questions:

- After we have identified clients who are eligible for Housing First under HPS funding, how do we prioritize our service delivery to most effectively serve our clients?
- How do we determine the housing type/support level that would best serve our clients?
- What prioritization tool best meets the needs of our organization?
- What are the limitations of the prioritization tools?

HIFIS for HPS Housing First Tool (HPS Specific)

This tool can help answer the following types of questions:

- What are the indicators that will be used by HPS to assess the effectiveness of Housing First programs?
- What HIFIS data entry will be required to record services to HPS Housing First clients and how do we complete this data entry?
- What reports are available to assist with HPS Housing First reporting requirements? How are these reports accessed/used?

These tools will be updated from time to time as updated information becomes available.



Case Management in Housing First

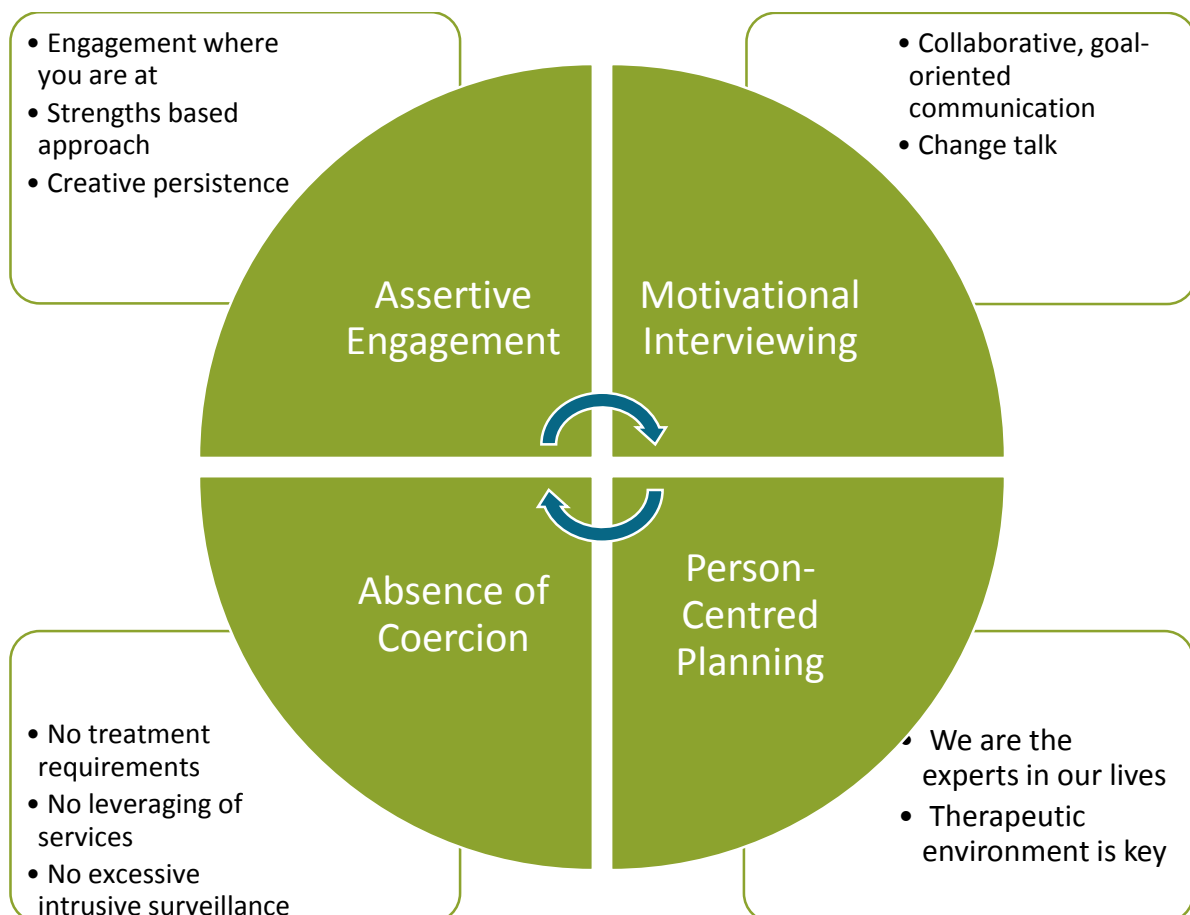
Purpose

This resource provides an overview of the key components of a case management approach from a Housing First perspective.

If preparing to deliver a Housing First program:

- Review each of the elements of the case management approach
- Determine how well each of these elements align with your organization's current skills and practices
- Seek training for any areas in which there is lower alignment or skill level
- Use the fidelity considerations to ensure that all essential case management components are incorporated into the design of a Housing First Program
- Use the case study to workshop with staff about the practical application of these elements

Overall Model



The engagement model for case management in Housing First consists of four different elements. While each of these elements exists as their own entity, for the purposes of Housing First none is intended to be delivered independently and each works to reinforce and enhance the others.

Assertive Engagement

Assertive engagement approaches client engagement from the perspective that clients are willing to make changes and that it is the responsibility of clinicians, case workers and support staff to adapt their engagement to create an environment that is conducive to change.¹

Assertive engagement has been described as, neither passively neglecting the individual, nor aggressively trampling their human rights to enforce treatment. This means not allowing people to fall through the cracks while balancing the knowledge of when to stand by.²

	Non-AE Assumptions	AE Assumptions
Staff Responsibility	To identify opportunities and provide resources for change	To adapt to create an environment conducive to change
Client Responsibility	To take advantage of the resources and opportunities provided	To make changes that they are comfortable and interested in making
Interpretation of resistance to change	The client is unwilling to make the change	The client is willing to make changes but needs a safe environment to feel comfortable to change

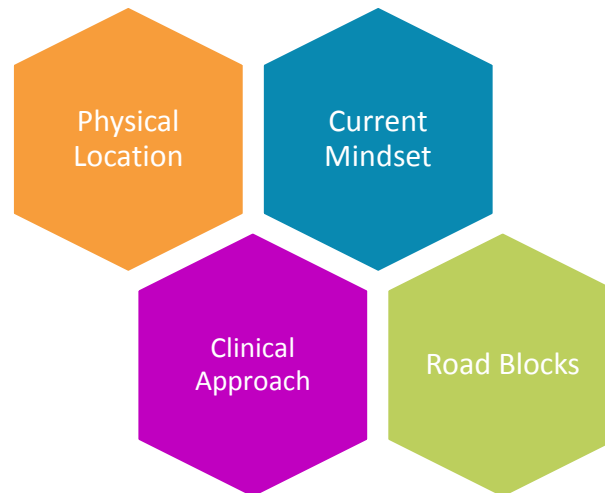
¹ Lyon, Seth, *Assertive Engagement*, Community Services Division, Department of County Human Services Multnomah County.

² Community Mental Health Services, 2008, *Resource Manual Assertive Case Management: A Proactive Approach*, Department of Health and Human Services, Tasmania, Australia.

Principles of Assertive Engagement

Engagement Where They Are At

In creating an environment in which clients feel comfortable to change, it is important that staff are mindful of where the client is coming from and actively seek to adapt their engagement to that which supports the client in feeling safe and comfortable. When planning meetings, areas to consider include:



Physical Location

Consider:

- Geographical location:
 - Where is the client most comfortable meeting?
 - Staff in a Housing First approach should be mobile and so meetings can occur at an address that suits the individual. This could be at the client's residence or elsewhere in the community.
- Surroundings:
 - How noisy or quiet is the meeting space?
 - How private or open is the meeting space?
 - How structured or informal is the meeting space?

Current Mindset

Consider:

- Daily circumstances:
 - How is the client's emotional and cognitive engagement today? Sometimes meetings may be shorter or longer depending on these elements.
 - Does the day intersect with other important events for the client (past or present)?

- Area of change:
What is the client's readiness to change in a particular area? Clients will demonstrate differing amounts of readiness in areas of potential change. Working on those that the client is ready to approach aligns with AE.

Clinical Approach

Consider:

- Meeting activity:
Is the client most comfortable sitting and talking or being more active while having meetings?
- Meeting structure:
Will a more structured or unstructured meeting suit the client?

Strengths Based Approach

A strengths-based approach values the existing resources of the client. Exploring these resources may be the first time that a client has had an opportunity to see worth in their experiences and personal qualities. It also provides a foundation on which personal goals can be built. To be successful in achieving their goals it is important for clients to be able to build on and utilize their own resources.

It can be easy to see substantial deficits in the current elements of a client's life but it is important not to overlook that these elements may currently work to sustain their existence. Effective identification of strengths ensures that a strength or resource is not inadvertently removed from a client's life without providing an alternative. For example, it can be easy to see a strong connection with the street community as a potential negative influence in supporting a client to achieve their goals. However, studies of the recent At Home/Chez Soi project in Vancouver has found that those who had heavy substance use and successfully maintained housing had a strong connection to a service provider and/or with a community of users with whom they identified.³

Potential areas of strength include⁴:

- Personal attributes
- Skills and achievements
- Interests and aspirations
- Social networks and groups
- Family services
- Other services involved in care

³ Patterson, Michelle, 2012, *The At Home/Chez Soi Project: Year Two Project Implementation at the Vancouver, BC Site*, Mental Health Commission of Canada.

⁴ Community Mental Health Services, 2008, *Resource Manual Assertive Case Management: A Proactive Approach*, Department of Health and Human Services, Tasmania, Australia.

Therapeutic Limit Setting

Therapeutic limit setting bounds the work within an Assertive Engagement approach. Therapeutic seeks not to exploit the power imbalance between a staff member and client by allowing the staff member to assert their authority in setting limits that they deem appropriate. Instead, it encourages staff and client to dialogue collaboratively, setting reasonable limits on behaviour, with necessary consequences if needed. In all cases therapeutic limit setting should work towards instilling autonomy within the client for their own personal management rather than continually depending on outside influences to change behaviour.

Foundations of Therapeutic Limit Setting⁵

Each person is accepted as an individual and treated with respect, honesty and a genuine sense of caring for that person. Accepting the person does not mean that all behaviour is accepted.

Each person has ultimate responsibility for their health and wellbeing. Generally people opt toward healthier and more productive lifestyles whenever they are able. All behaviour has motivating factors that may not always be obvious to or easily understood by the observer. Some behaviour is directed at satisfying an immediate need yet is damaging in the long term.

Supporting clients' self-esteem and self-image during a time when it may be under threat is essential. This is done through having realistic expectations, giving positive feedback and being supportive of attempts at healthy behaviour, no matter how small.

Basic Considerations

Limits should be clear and simple with a clear rationale, i.e. have some therapeutic and/or practical aim. Do not set unnecessary or controlling rules, or rules without clear reasoning.

Some actions have natural consequences and these can provide a basis for the selection of limits and add strength to their rationale.

The goal is to work toward the greatest level of independence possible.

Steps to Therapeutic Limit Setting

These should be discussed together between staff and client.

1. Define the behaviour
2. Identify the problem/risk associated with the behaviour (to self, others, staff)
3. Identify what the preferred behaviour is
4. Identify events, etc. that lead to the behaviour and what might reinforce the behaviour
5. Consider what else (e.g. emotions, conflicts) might be contributing to the behaviour
6. Establish if the client has motivation to change the behaviour
7. Identify the strategies that can be utilised
8. Identify potential difficulties in utilising strategies

⁵ Sharrock, Julie and Rickard, Nonie, 2002, *Limit Setting: A Useful Strategy in Rehabilitation*, Australian Journal of Advanced Nursing, 19 (4).

Practical Suggestions

- Limits are clearly and simply stated in a non-punitive/non-condemning manner.
- Negotiate only those limits that are negotiable.
- Offer alternative actions/options/behaviour. Example: 'I don't like it when you....I would prefer if you.....'
- If you anticipate that there is likely to be testing of limits by a patient, plan your responses in advance.

Fidelity Considerations

The fidelity tool⁶ developed to support the recent Mental Health Commission of Canada's At Home/Chez Soi Housing First demonstration study will be used to conduct fidelity assessments for all providers delivering Housing First services under the Homelessness Partnering Strategy in Metro Vancouver. This fidelity tool uses the following scale when assessing alignment with Assertive Engagement.

Assessment Criterion	1	2	3	4
Assertive Engagement. Program uses an array of techniques to engage difficult-to-treat consumers, including (1) motivational interventions to engage consumers in a more collaborative manner, and (2) therapeutic limit-setting interventions where necessary, with a focus on instilling autonomy as quickly as possible. In addition to applying this range of interventions, (3) the program has a thoughtful process for identifying the need for assertive engagement, measuring the effectiveness of these techniques, and modifying the approach where necessary.	Team only uses #1 OR #2.	A more limited array of assertive engagement strategies are used for engagement (partial #1 and #2). Systematic identification is lacking (#3 absent)	Team uses #1 and #2. Team does not systematically identify the need for various types of engagement strategies (#3 absent).	Team systematically uses assertive engagement strategies by applying all 3 principles (see under definition)

Available Resources

While none of these resources are specifically endorsed, available training resources related to Assertive Engagement include:

Org Code: Designed as a 180 minute training outlining the essential elements of assertive engagement and how it relates to change-talk, the most common defences put forward by program participants to resist change, how to discuss and deconstruct various defences, and assist the program participant consider new information or an alternate point of view.

<http://www.orgcode.com/product/assertive-engagement%E2%80%A8/>

⁶ Nelson, Geoffrey, et al., 2013, *Follow-up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-Site Report*, Mental Health Commission of Canada.

Motivational Interviewing

Motivational interviewing focuses on evoking and strengthening the client's own verbalized motivations for change within which the counsellor focuses on providing empathy on both sides of their positions of change; both their motivations for and ambivalence against change.⁷ The most recent definition of motivational interviewing is, "a collaborative, person-centred form of guiding to elicit and strengthen motivation for change."⁸

Style of Motivational Interviewing

	MI Style	Non-MI Style
Collaboration	Grounded in the view and experiences of the client, building rapport and facilitate trust, a focus on mutual understanding	Confrontation – Staff assume an 'expert' role and at times confront to impose their own perspective on the client's behaviour
Evocation	Drawing out the client's thoughts and ideas	Imposition – telling the client what to do or why they should do it
Autonomy	True power for change rests within the client and there are many ways for change to be made	Authority – Staff act as the authority figure

Principles of Motivational Interviewing

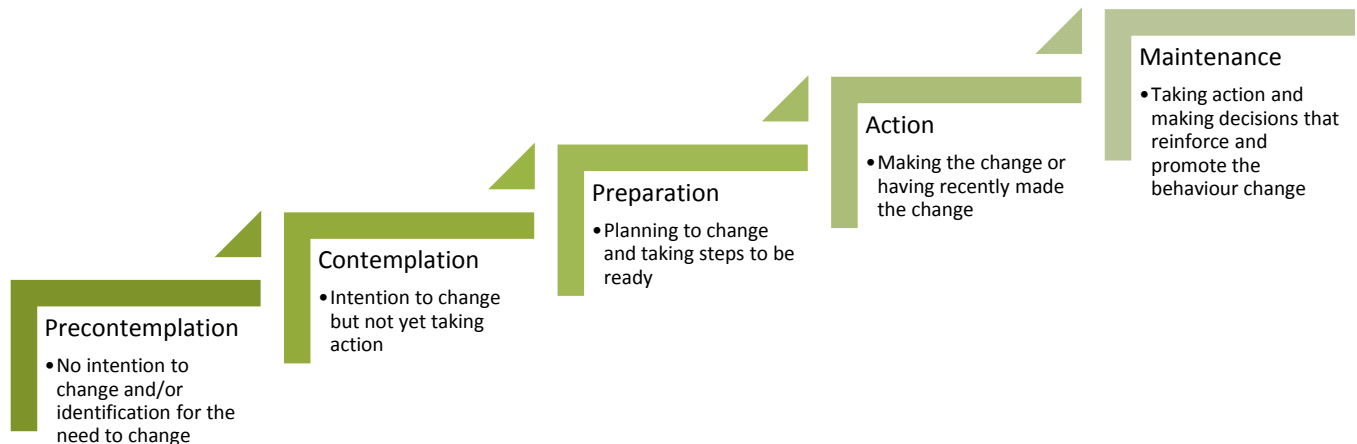
	Characteristics
Express Empathy	Seeing the world, thinking, feeling things as the client does and sharing their experiences. This assists hearing the client and promotes honest sharing.
Support Self-Efficacy	Hope that change is possible and that they have the capacity to do so is needed to take on difficult changes. Self-efficacy is supported by highlighting previous successes and existing skills and strengths of the client.
Roll with Resistance	Resistance occurs when there is a difference between the client's and the staff's perspective. Resistance is managed by not confronting it, especially early in the relationship. There is the opportunity to present potentially different perspectives without promoting a personal position.
Develop Discrepancy	Motivation for change occurs when people identify the difference between where they are and where they would like to be. Staff work to assist in fully defining the discrepancy including the contributors to each possibility.

⁷ Miller, William R. & Rose, Gary S., 2009, *Toward a Theory of Motivational Interviewing*, American Psychologist, 64 (6).

⁸ Motivational Interviewing, 2009, *An Overview of Motivational Interviewing*, www.motivationalinterviewing.org

Stages of Change

The theories of Motivational Interviewing are regularly combined with understanding of the stages of change. The stages of change are derived from the Transtheoretical Model and comprise five different stages.⁹



The stages of change recognize that individuals can move forwards and backwards between the different stages and that an individual can reside within a different stage of change depending on the particular issue.

Combining the stages of change with motivational interviewing highlights that a counsellor should employ different strategies of motivational interviewing depending on the stage of change that an individual currently sits. It also provides a possibility for effective engagement with the individual regardless of their current assessment of their need to change.

Fidelity Considerations

The fidelity tool uses the following scale when assessing alignment with Motivational Interviewing.

Assessment Criterion	1	2	3	4
Motivational Interviewing. Extent to which program staff use motivational interviewing in all aspects of interaction with program participants.	Program staff are not at all familiar with motivational interviewing.	Program staff are somewhat familiar with principles of motivational interviewing.	Program staff are very familiar with principles of motivational interviewing, but it is not used consistently in daily practice.	Program staff are very familiar with principles of motivational interviewing and it is used consistently in daily practice.

⁹ Noordman, Janneke, de Vet, Emely, van der Weijden, Trudy & van Dulmen, Sandra, 2013, *Motivational interviewing within the different stages of change: An analysis of practice nurse-patient consultations aimed at promoting a healthier lifestyle*, Social Science & Medicine, 87, pp. 60 – 67.

Available Resources

While none of these resources are specifically endorsed, available training resources related to Motivational Interviewing include:

Justice Institute of British Columbia: Topics include understanding and facilitating change; overview of strategies for working with clients at each level of readiness for change; use of empathic counselling skills; working with resistance, ambivalence, and developing change plans.

<http://www.jibc.ca/course/ad204>

Change Talk Associates: Introduction to Motivational Interviewing is a two-day knowledge and skills-based training. Participants will gain familiarity with MI core elements, communication style and strategies to increase motivation, decrease resistance, and initiate and guide change conversations across a range topics.

http://changetalk.ca/?page_id=190

Person-Centred Planning

Person-centred planning highlights the role of the clinician in supporting the effectiveness of therapy. Particularly, it argues that the approach of the therapist is key to intervention success. The two critical elements of a therapists approach are described as non-judgemental and unconditional positive regard.¹⁰ The impact of this approach is to assist to build a safe environment in which the client feels comfortable to explore change.

A non-judgemental approach allows the client to freely explore and then act on their own feelings.¹¹ This is especially important if an individual has experienced substantial amounts of criticism and judgement about their life decisions, situation or preferences, as may have often been the case for those who are marginalized. If a client perceives judgement about their own plans and choices then they are far more likely to withdraw from the therapeutic relationship.

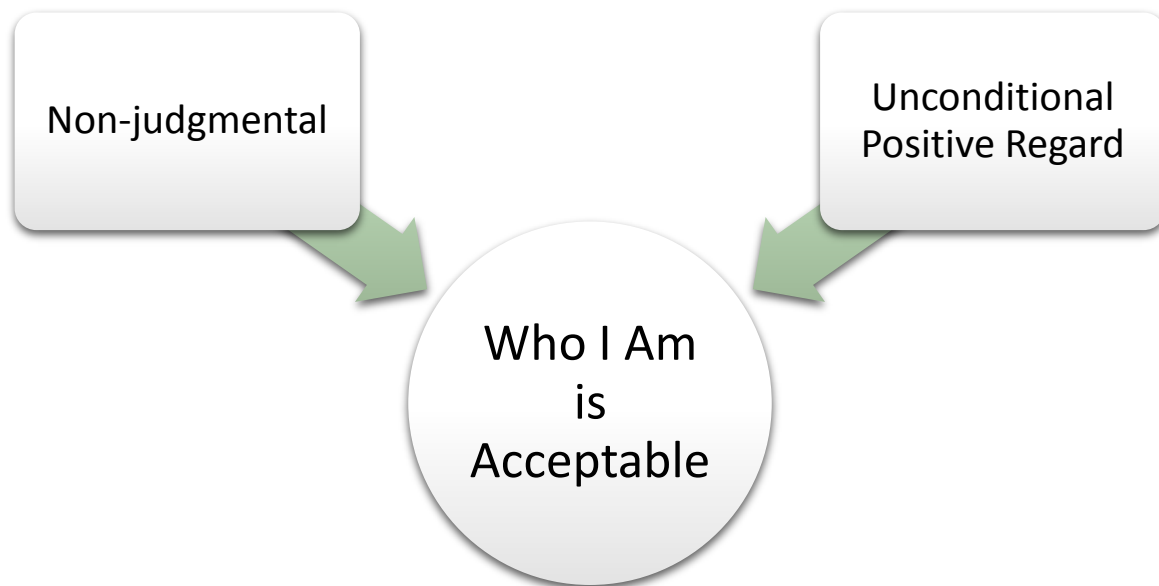
Unconditional positive regard reinforces a safe environment with the stability of relationship between counsellor and client. It does not ignore the fact that a counsellor may experience judgement about the decisions or actions of the client, however, these judgements are not communicated. Instead, the person is the target of the unconditional positive regard, regardless of their behaviour. This perspective can be supported by combining some of the previously discussed tools such as therapeutic limit setting, recognizing that not everything is acceptable, but still maintaining a positive regard to the person they are supporting. Consistent meetings between a regular staff member and the client is one way to communicate the

¹⁰Johnston, Martin, 1999, *On becoming non-judgmental: some difficulties for an ethics of counselling*, Journal of Medical Ethics, 25, pp. 487 – 491.

¹¹Gibson, S, 2005, *On judgment and judgmentalism: how counselling can make people better*, Journal of Medical Ethics, 31, pp. 575 – 577.

impacts of unconditional positive regard. Regardless of the opinions or behaviours of the client, the therapeutic relationship remains intact.

Effective presentation of a non-judgemental approach with unconditional positive regard supports the client to recognize the value of themselves, their beliefs and their decisions; that who they are is acceptable. Recognizing one's own value enhances motivation for change by realizing that they are worthy of the benefits of change and of making the effort to change. This can also be an unfamiliar concept for those who are highly marginalized.



Fidelity Considerations

The fidelity tool uses the following scale when assessing alignment with Person-Centred Planning.

Assessment Criterion	1	2	3	4
Person-Centred Planning. Program conducts person-centred planning, including: 1) development of formative treatment plan ideas based on discussions driven by the participant's goals and preferences, 2) conducting regularly scheduled treatment planning meetings, 3) actual practices reflect strengths and resources identified in the assessment.	Less than 54% of treatment plans and updates satisfy all 3 criteria.	55 – 69% of treatment plans and updates satisfy all 3 criteria.	70 – 84% of treatment plans and updates satisfy all 3 criteria.	At least 85% of treatment plans and updates satisfy all 3 criteria.

Absence of Coercion

Absence of coercion respects the recovery principle of self-determination by the client. Housing First limits its participation expectations of clients to a weekly visit with a regular staff person. Beyond this, clients are not required to meet any other conditions to receive the services that they need. It is essential that trust is not undermined by using access to services as a means of manipulation to see desired behaviour or decisions. Absence of coercion also means:

- Participants choose the type, sequence, and intensity of services on an ongoing basis
- Participants with psychiatric disabilities are not required to take medication or participate in psychiatric treatment
- Participants with substance use disorders are not required to participate in treatment
- Participants are not subject to excessive, intrusive surveillance

Assessment Criterion	1	2	3	4
Absence of Coercion. Extent to which the program does not engage in coercive activities towards participants.	Program routinely uses coercive activities such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive surveillance of participants.	Program sometimes uses coercive activities with participants and there is no acknowledgment that these practices conflict with participant autonomy and principles of recovery.	Program sometimes uses coercive activities with participants, but staff acknowledge that these practices may conflict with participant autonomy and principles of recovery.	Program does not use coercive activities such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive surveillance with participants.

Additional Fidelity Considerations for Service Delivery

These additional fidelity considerations are provided to capture the full range of fidelity considerations for Housing First that are associated with case management. These elements should be included within the case management design for a Housing First program.

Assessment Criterion	1	2	3	4
Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g. physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure).	Delivered or brokered interventions do not target a range of life areas.	Programs is not systematic in delivering or brokering interventions that target a range of life areas.	Program delivers or brokers interventions that target a range of life areas but in a less systematic manner.	Program systematically delivers or brokers interventions that target a range of life areas.
Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honouring day-to-day choices as much as possible (i.e. there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing self-determination).	Program directs participants decisions and manages day-to-day activities to a great extent that clearly undermines promoting participant self-determination and independence OR program does not actively work with participants to enhance self-determination, nor do they provide monitoring or supervision.	Program provides a high level of supervision and participants' day-to-day choices are not very meaningful.	Program generally promotes participants' self-determination and independence.	Program is a strong advocate for participants' self-determination and independence in day-to-day activities.

Case Management Case Study

Eva is a woman in her mid-50s. You met Eva in the course of your regular evening outreach as she works the streets to obtain money for accommodation and maintain her substance use. Conversations with Eva can be challenging as she is easily distracted and finds it difficult to continue on the same topic of discussion for a sustained period of time. She is also quick to disengage and become non-responsive if she feels threatened by the direction of the conversation; this includes conversations about accessing mental health services, seeing medical professionals and applying for disability payments. Eva also has some issues with her feet that, if left untreated, could lead to the need for amputation.

Use the above case study to answer the questions below. Please feel free to use the specifics of the community that you work in to support your answers.

Questions

1. What does engaging Eva where she is at, as prioritized within Assertive Engagement, look like?

2. Consideration of a person's strengths is highlighted within Assertive Engagement, Motivational Interviewing and Person-Centred Planning. Using insight from these elements what strengths does Eva display? How could these strengths support Eva in maintaining housing and moving to greater self-sufficiency?

3. What strategies might you use to initially further your engagement with Eva? Considering perspectives from both Assertive Engagement and an Absence of Coercion, how could these strategies be built upon over time?

4. Does Eva's current situation suggest that she might be interested in immediate accessing to housing? Considering perspectives from Motivational Interviewing, how might you engage her around this subject?

5. How could perspectives from Person-Centred Planning support conversations with Eva that help her to make the changes she wants to make?

6. Where might the opportunities for trust building with Eva?

7. What kind of supports might Eva be interested in? How could you introduce these to her (Consider the perspectives of all of the elements)?

8. Where might limit setting be helpful in engaging with Eva? How would you engage in this? How would you ensure that limit setting is not coercive?

9. How could you utilize regular case reviews to support your work with Eva?

Client Eligibility Identification

Purpose

This resource was designed to help organizations effectively assess client eligibility for Housing First services that are funded under the Homelessness Partnering Strategy (HPS).

If delivering a Housing First under HPS funding:

- Review HPS definitions of homelessness, including chronic and episodic homelessness
- Confirm other inclusionary and exclusionary criteria for HPS funding
- Use the assessment follow chart to consider all factors of eligibility for clients, including communicating to them the possibility that they will be found to be ineligible
- Use the camera month tool and case study to practice identifying eligible clients
- It provides information on the key definitions associated with eligibility and details on key inclusionary or exclusionary criteria

HPS Housing First Criteria

HPS Housing First funding has specific criteria for client eligibility. Only clients meeting this eligibility criteria can be served with funding under HPS Housing First. The first criteria that is defined by HPS Housing First is homelessness classification.

Homelessness Classification

HPS Housing First funding must be used to support those who are chronically and episodically homeless. These can be defined as follows.

Homeless

Individuals who do not have a place of their own where they could expect to stay for more than 30 days and for which they paid rent.

Chronically Homeless

Individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).

Episodically Homeless

Individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation for a certain period, and after at least 30 days, would be back in the shelter or place).

It is important to contrast these definitions with those who are at imminent risk of homelessness. While these individuals can be supported under non-Housing First HPS funding, they cannot be supported under HPS Housing First funding.

At Imminent Risk of Homelessness

Individuals or families whose current housing situation ends in the near future (i.e. within one to two months) and for which no subsequent residence has been identified. They are unable to secure permanent housing because they do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or a public or private place not meant for human habitation.

Housing Selection

Requires Provincial Assistance

Where permanent housing is contingent on accessing provincial assistance (e.g. disability benefits or provincial housing subsidy), HPS will support the connection as long as the client is confirmed as eligible for both HPS and provincial assistance at the outset, or before HPS will reimburse associated costs.

Housing Type

HPS Housing First agencies may only serve clients who chose locations where they can be permanently housed. This excludes clients who choose to be housed in temporary or transitional housing. There is one exception to this, as outlined below.

The HPS Housing First approach focuses on finding sustainable long-term permanent housing solutions for Housing First clients. However, in exceptional circumstances, providers may use interim housing to support their Housing First programs, with the assurance that the person will be placed in permanent housing. For example, during the client assessment phase, the community could place a client in interim housing until a permanent unit is available. In these cases, the Housing First client must only stay in such housing on a temporary basis (maximum of 3-4 months) until they are able to secure permanent housing. Confirmation of the Housing First client's placement in permanent housing is a requirement before HPS will reimburse associated costs.

Pre-existing Clients

HPS Housing First funds may also be used for Housing First clients that have been housed through Housing First programs before April 1 2014, and have a history of chronic and episodic homelessness. Note: although the services provided to existing Housing First clients count towards Housing First funding targets, these clients should not be included in outcome tracking for Results Reporting as they were Housing First clients prior to 2014.

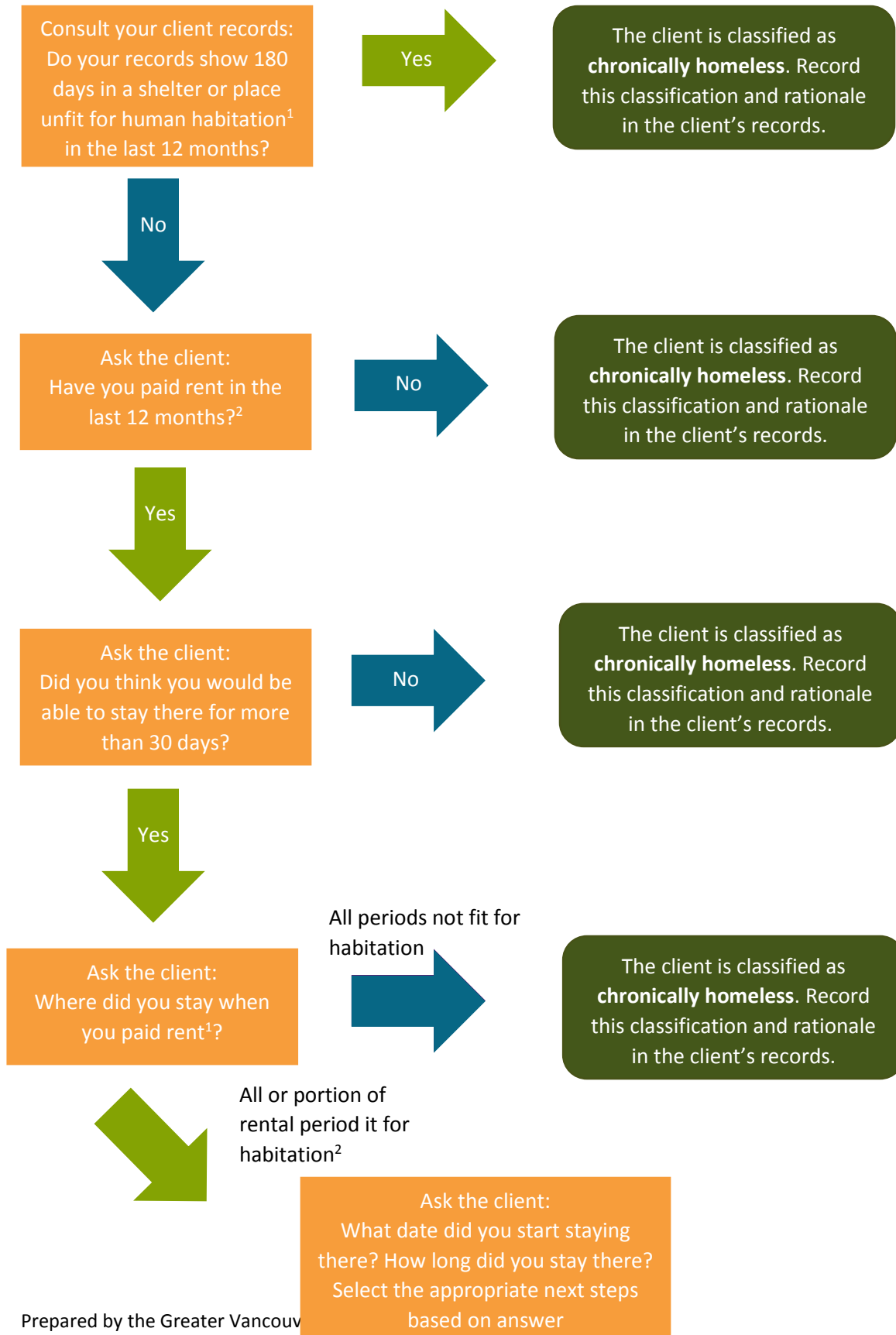
Individuals who are already placed in transitional housing at the time of the implementation of a Housing First approach are not considered Housing First clients as these clients are considered to be housed. As such, HPS funding toward the clients already housed in transitional housing does not count toward reaching Housing First investment targets.

Rental Supplement Eligibility

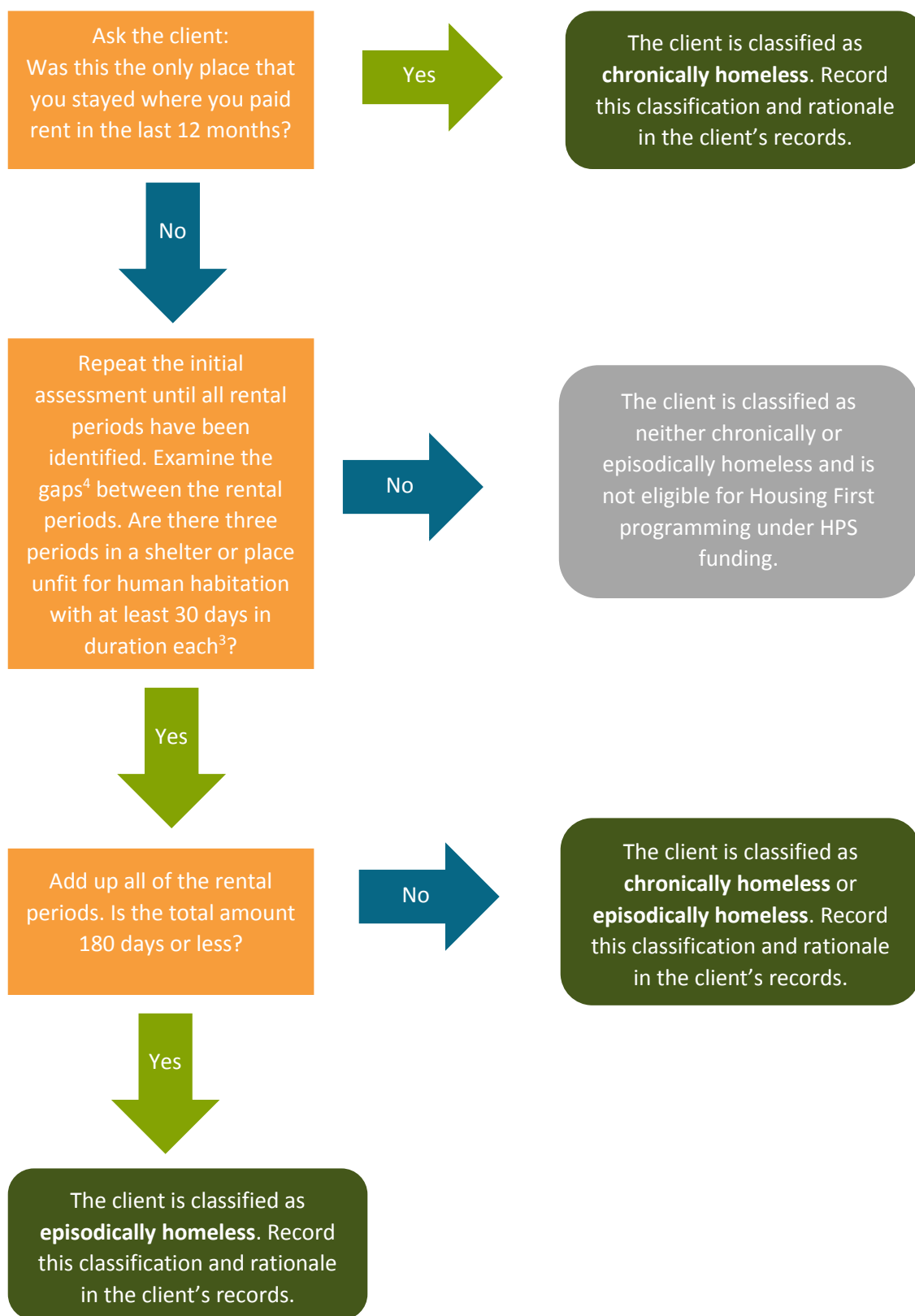
Short term emergency housing funding is available for up to 4 months only in cases where the client is confirmed as eligible for HPS funding and long-term provincial housing assistance or disability benefits, and will be connected to the provincial system before the end of four months. These conditions must be met before HPS HF-funded agencies may claim reimbursement for emergency housing funding.

Assessment Tool

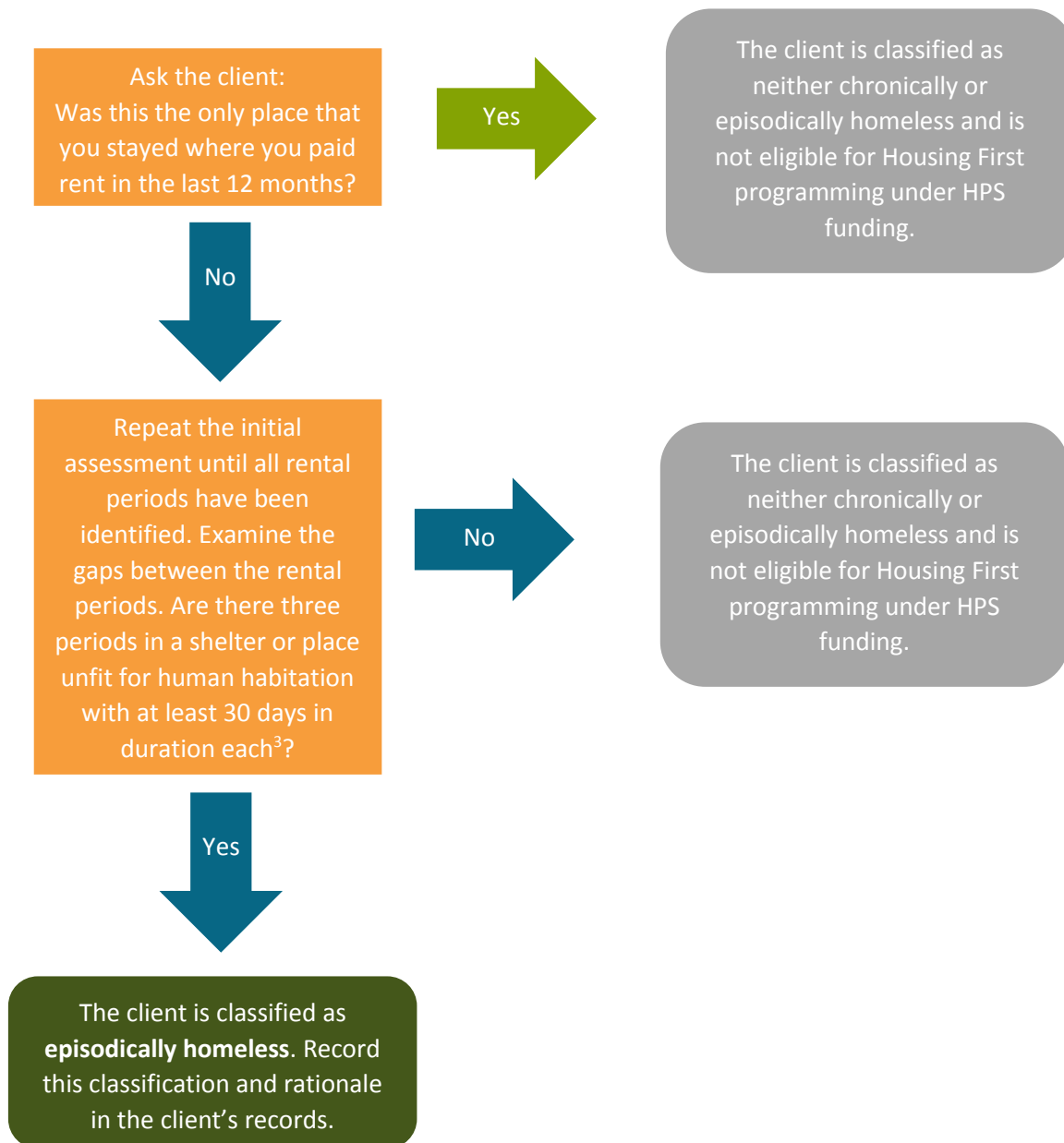
Initial Assessment



If the period of time that was fit for habitation was 180 days or less



If the period of time was fit for habitations was more than 6 months



Instructions to improve recall

A system that relies on the memory of an individual can often be inaccurate. As such, it is important to enhance the accuracy of their recall as much as possible. Memory can be enhanced by providing orienting cues that can help trigger recall.⁵

Use of key events/times

- Known periods of engagement with the organization
e.g. “You stayed with us in September, where did you go after that?”
- Key dates – birthday, holidays, etc
e.g. “Your birthday in June. Where were you staying when it was your birthday?”
- Links to other recalled events
e.g. “So you remember that you were in the hospital until the end of June. Where did you go after you left the hospital?”

Use of senses/experiences

- Utilizing senses to trigger recall.
e.g. “I want you to think about last winter. Try to imagine what this last winter was like – feel the cool wind that comes off the mountains; listen to the rain falling, or feel it fall on your skin; see the snow falling around you and look to see if the snow is sticking; imagine the smells that you notice in winter; how were you feeling during winter – were you happy, sad, angry, etc?” Then prompt the client to think about where they were staying at this time and go through ask where they were staying for each of the specific months.

Notes

1. Remind clients that they may not have paid the rent directly but that it may have come through Income Assistance, Persons with Disabilities or Persons with Persistent Multiple Barriers payments or through rental supplements
2. Not fit for habitation means people living in public or private spaces without consent or contract and people living in places not intended for human habitation. [Canadian Homelessness Research Network. Canadian Definition of Homelessness. Homeless Hub] It includes
 - Public space, such as sidewalks, squares, parks, forests, etc.
 - Private space and vacant buildings (squatting)
 - Living in cars or other vehicles
 - Living in garages, attics, closets or buildings not designed for habitation
 - People in makeshift shelters, shacks or tents
3. If there are three gaps of one month each between rental periods, continue to answer 'yes' to this question if there are any additional gaps, regardless of their duration.]
4. The time between the last rental period and the current date is considered a gap.
5. The theory of encoding specificity argues that the processes of creating and recalling memories are related. If the environment associated with creating the memory can be replicated at the time of recall, memory can be improved. [Tulving, E., Thomson, M. (1973). Encoding specificity and retrieval processes in episodic memory. Psychological Review. 80(5): 352-373.] At times, it is not possible to replicate the environment when the memory was created. An alternative is to use imagination to recreate a mental image of the environment to support memory recall.

Practice Case Studies

Assume that you are assessing all clients on January 1 and that all information list relates to the previous year. Assume that you have all of the information required to classify all clients. You can utilize the strip of months to help you view the rental periods. How would you classify each of the following clients?

1. According to your records, Cesar stayed at your shelter from June 30 to August 15. Your records say that he stayed at Craig Road Shelter before arriving at your shelter and that he moved to the Nellis Shelter after he stayed at your shelter. He says that he stayed at Craig Road for about two weeks and he stayed at the Nellis for just over two months. Cesar has never applied for Income Assistance or any other provincial income support, he's never received a rent supplement from any organization and he hasn't done any paid work for more than 6 months.

J	F	M	A	M	J	J	A	S	O	N	D
---	---	---	---	---	---	---	---	---	---	---	---

2. Your records indicate that you met Lauren on April 4, at which time she was homeless. You worked with her until June 1, when she moved into her own place. She was receiving Income Assistance and you provided her with a rent supplement for 5 months until she said she was able to cover the rent herself. Lauren says that she lost her place about two weeks ago.

J	F	M	A	M	J	J	A	S	O	N	D
---	---	---	---	---	---	---	---	---	---	---	---

3. Mickey says that he's been homeless all his life. However, in February he found a place and had it until the end of June when it wasn't working out and he decided that because the weather was warm enough he could just stay outside. When it started to get colder he began working with Summerlin Housing Group. They moved him into their transitional housing program on August 5 but he only stayed two months and then left.

J	F	M	A	M	J	J	A	S	O	N	D
---	---	---	---	---	---	---	---	---	---	---	---

Note: If considering using the calendar line for actual use, the list of the months would be adjusted to reflect the previous 12 months from the current date.

1. Chronic – has not paid rent in the last 12 months
2. Neither – has been housed for more than 180 days cumulative and does not have three 30 day periods of homelessness
3. Episodic – three 30 day periods of homelessness: Jan, Jul; Oct to Dec

Client Prioritization

Purpose

This resource was developed in response to the recognition of the need to assist service providers in directing services to those who need it most, as is valued under a Housing First approach.

If seeking to deliver improved client/service prioritization:

- Review the tools provided using the available links
- Consider the costs and benefits of using each tool as outlined
- Determine which tool will best serve your organization

Communities may benefit from developing a consistent method of using these prioritization tools to provide consistent service to clients and assist in communication throughout the community.

At this time, neither tool provides the capability of distinguishing between recommending service under Intensive Case Management or Assertive Community Treatment, the typical client support approaches found within Housing First programming.

Vulnerability Assessment Tool (VAT)

Tool and Background:

[http://www.desc.org/documents/09.11.2012.DESC.Intro to Vulnerability Assessment Tool.in cl%20VAT%20&%201-page%20validity.pdf](http://www.desc.org/documents/09.11.2012.DESC.Intro%20to%20Vulnerability%20Assessment%20Tool.in%20cl%20VAT%20&%201-page%20validity.pdf)

The VAT was developed by the Downtown Emergency Service Center (DESC) in Seattle Washington as “a structured way of measuring a homeless person’s vulnerability to continued instability”.¹² It provides 10 different items measured on unique scales to assess the relative vulnerability of clients completing the tool. These elements include:

- survival skills,
- ability to meet basic needs,
- indicated mortality risks,
- medical risks,
- personal organizational capacity,
- mental health status,
- substance use,
- ability to communicate,
- social behaviours,
- length of time homeless

The VAT is intended to allow services providers to identify those at highest vulnerability or those who are the highest services users and prioritize service to them.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Tool: <http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf>

Manual: <http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf>

The VI-SPDAT resulted from the combination of two tools, the Vulnerability Index developed by Community Solutions and the Service Prioritization Decision Assistance Tools developed by OrgCode.

¹² DESC, *Vulnerability Assessment Tool: for determining eligibility and allocating services and housing for homeless adults*.

The VI-SPDAT covers five domains:

- General Information
- Historing of Housing and Homelessness
- Risks
- Socialization and Daily Functions
- Wellness

The VI-SPAT recommends partnering its use with the Service Prioritization Decision Assistance Tool (SPDAT) which provides a more in depth analysis of a client's current situation.

Comparisons

	VAT	VI-SPDAT
Time to complete	Can easily be completed in one session	May take multiple sessions to complete
Level of intrusiveness	Limited levels of intrusiveness	May be considered intrusive by some
Training requirements	Required to receive training by DESC	Available manuals are sufficient for training
Data sharing obligations	Provide feedback and/or de-identified data	Not required
Prioritization focus	Prioritizes highest vulnerability or service use but not service type	Assists in matching clients with most appropriate support and housing interventions
Support by HIFIS	Can be programmed but no reporting capability	Full data entry and reporting expected to be available from current beta

Considerations for Selection

Both tools have intellectual property claims by their developers and as such cannot be altered for use. Therefore, the issue at hand is selecting an appropriate tool, rather than seeking to amend a tool for use. Selection of use is about finding a tool that best meets the needs of the community.

Priority: Service Level Identification

Tool to use: VI-SPDAT

Considerations:

- Service providers need to be prepared to manage assessments that are either lengthy (potentially more than one day if needed by the client) and could be draining
- If assessments span multiple days, it may impact the amount of time required to place an individual in housing, i.e. if it takes three days to determine that a client should be receiving Housing First services, this will increase the amount of time required to find housing
- If assessments do take a greater span of time then a specific plan must be established to appropriately accommodate clients while they are being assessed, with the recognition that interim housing may be more helpful for individuals than shelter accommodation
- While the VI-SPDAT categorizes clients as recommended for Housing First Assessment, it does not distinguish between clients recommended for Assertive Community Treatment and Intensive Case Management. This is particularly important for providers delivering HPS Housing First services as they will only be funded to deliver ICM services.
- If the VI-SPDAT is used across the community, effort should be made to analyze scores and determine whether assessment scores can be differentiated to recommended ACT or ICM treatment. This would likely require consultation with the creators of the VI-SPDAT.

Priority: Speedy Assessment

Tool to use: VAT

Considerations:

- As training is required to use this assessment, it would benefit the community if Metro Vancouver trainers could be trained to trainer assessors in many organizations
- Alternative recording methods may need to be developed but this could be completed with relative ease through the use of an Excel spreadsheet
- It is understood that BC Housing is currently using this tool in some of their sites and the above steps may already have been completed in some capacity
- If the VAT is used, plans should be made to collectively share data with DESC
- The VAT makes no recommendations for service delivery type and if it is to be used, additional work would be required to determine how to recommend this

Recommendations

- If one tool is to be selected, then a determination needs to be made on the available community investment in supporting the tool. If no funds are available to support training, development of spreadsheets and data sharing then the VI-SPDAT is likely the only option. If support is available, then determination rests with what best suits community need.
- If recommendation of service delivery type is key for the community then VI-SPDAT should be used.
- A potentially study that could assist in final selection of an assessment tool would assess the relative construct validity of each test in how well the tests assessed the needs of the clients served, including capacity to recommend treatment by ACT or ICM teams. Secondly the study could test the convergent validity of each of the tests. If it was demonstrated that the VAT has similar convergent validity to the VI-SPDAT then the community would likely benefit from a shorter assessment tool and could employ the VAT.
- It is also noted that neither tool has been tested for effective assessment for homeless youth. Alternate assessment means may be necessary for this population.

HIFIS for HPS Housing First

Purpose

This resource outlines the key performance indicators required by organizations delivering Housing First services with funding through the Homelessness Partnering Strategy (HPS). It also outlines how these indicators are recorded and reported in the Homeless Individuals and Families Information System (HIFIS) based on the current functionality of the system.

If requiring assistance with data entry for HPS Housing First indicators:

- Use the links provided to access information at the web-based HIFIS page
- Use this guide to walk-thru each of the indicators' data entry steps
- In BC, contact hifiscc@lookoutsociety.ca with direct questions about HIFIS
- Direct any questions regarding funding requirements and baseline measures to your contract management staff

HPS Housing First Indicators

Within the HPS Housing First funding there are two areas of approved sub-activities; accessing services through case management and connecting clients to and maintaining permanent housing. The outcomes of case management activities are housing stability and economic and social well-being. The outcome for connecting clients to and maintaining permanent housing is housing stability. For each outcome there are a number of indicators, as shown below.

Case Management

Housing First Housing Stability Indicators
clients remained housed @ 6, 12, 24 months
days it took to be placed in permanent housing
clients who were re-housed
clients who successful exited from HF program
clients who returned to homelessness

Economic and Social Well-Being Indicators
clients who had change in income source
clients who started employment
clients who started education program
clients who began volunteer work
clients who engaged in social participation
clients who engaged in cultural or recreational activities

Connecting Clients to and Maintaining Permanent Housing

Housing First Search & Placement Indicators
clients placed in permanent housing
clients remained housed @ 6, 12, 24 months
days it took to be placed in permanent housing
clients who were re-housed
clients who successful exited from HF program
clients who returned to homelessness

HPS Housing First Data Entry

Resources on entering information into HIFIS can be found at hifis.ca and accessing the Quick Links on the right hand side for the HIFIS 3 Training Resource Centre. Information on entering clients into the system can be found by clicking Basics in the left hand menu bar. Information related to the entry of the above indicators can be found by clicking on Beyond the Basics in the left hand menu bar and selecting Caseworkers.

There are three main areas within HIFIS that will be utilized to record HPS Housing First related information. These are Housing Placement, Case Management and Financial Profiles and can all be found by accessing the Front Desk area. Entry for the HPS Housing First indicators maps as follows:

Indicator	HIFIS Area
# clients placed in permanent housing	Housing Placement
# clients remained housed @ 6, 12, 24 months	Housing Placement
# days it took to be placed in permanent housing	Housing Placement
# clients who were re-housed	Housing Placement
# clients who successfully exited from HF program	Unknown
# clients who returned to homelessness	Unknown
# clients who had change in income source	Financial Profiles
# clients who started employment	Case Management
# clients who started education program	Case Management
# clients who began volunteer work	Case Management
# clients who engaged in social participation	Case Management
# clients who engaged in cultural or recreational activities	Case Management

Housing Placement

HIFIS page: http://hifis.hrsdc.gc.ca/formation-training/avancees-beyond/module_2/housing_placements.shtml

HIFIS Video walk-thru: http://hifis.hrsdc.gc.ca/formation-training/avancees-beyond/module_2/demo-simulation/demo-new_hp_record.shtml

The below information assumes that these resources have been accessed and the user is familiar with the related functionality. It is assumed that the appropriate Program will be recorded for each entry.

Clients Placed in Permanent Housing

This indicator will require information entry in the following areas:

- ② Date Housing Secured
- ⑤ Building Information
- ③ Moved In date

Clients Remain Housed

This indicator will require the above information to be entered and a new entry created in the ④ Follow-up tab in this area. Information on how to access a report on which clients require follow-up can be found in the HPS Housing First Reporting section.

Days it Took to be Placed in Permanent Housing

This indicator will require information entry in the following areas:

- ① Date Search Started (a required field)
- ② Date Housing Secured
- ⑤ Building Information
- ③ Moved In date

Clients Who Were Re-Housed

This indicator will require information entry in the following areas:

- ③ Moved Out date for previous housing
- Add new Housing Placement record with:
 - ② Date Housing Secured
 - ⑤ Building Information
 - ③ Moved In date

Financial Profiles

HIFIS page: http://hifis.hrsdc.gc.ca/formation-training/avancees-beyond/module_2/financial_profile.shtml

The below information assumes that these resources have been accessed and the user is familiar with the related functionality.

Clients Who Had a Change in Income Source

This indicator will require information entry in the following areas:

- ④ Starting a new Income record
- ① Source of Income
- ② Start date
- When a new income source is acquired:
 - ③ End date of the previous income (if applicable)
 - Adding a new record with ① Source of Income and ② Start date

Case Management

HIFIS page: http://hifis.hrsdc.gc.ca/formation-training/avancees-beyond/module_2/case_management.shtml

Lookout Video walk-thru: <https://www.youtube.com/watch?v=btOxzROg5RM>

The below information assumes that these resources have been accessed and the user is familiar with the related functionality. It is assumed that the appropriate Program will be recorded for each entry.

All indicators associated with the case management area can be entered in the same fashion. The information must be entered is:

On identifying the goal:

- ① Relevant Goal
- ② Current Status: Open
- ③ Date Opened

On completing the goal:

- ② Current Status: Closed - Success
- ④ Date Closed

The screenshot shows the 'Case Management - Editing' window. It has a 'List' tab and a 'Details' tab. The 'Details' tab is active, showing various fields for a case. Four numbered callouts are present:

- 1: Points to the 'Goal (Desired Outcome)' dropdown menu, which currently shows 'Volunteer Work'.
- 2: Points to the 'Current Status' dropdown menu, which currently shows 'Open'.
- 3: Points to the 'Date Opened' field, which shows '14-07-2014'.
- 4: Points to the 'Date Closed' field, which shows '--'.

The form also includes fields for 'Last Name' (Client), 'First Name' (Test), 'Middle Name', 'D.O.B.' (1-01-1970), 'Gender' (Male), 'Service Provider' (Abri de Tournesol), 'Caseworker' (Admin, Admin), and 'Program'. There is a 'Contributing Factor(s)' table with columns for Date, Time, Caseworker, Activity, Task, Hours, Minute, Pres, and Con. The bottom section has tabs for 'Sessions', 'Documents', and 'Comments'. The 'Comments' tab is active, showing fields for 'Activity', 'Description/Task', 'Date', 'Time', 'Expended Time' (Hours and Minutes), and a 'Completed' checkbox. The status bar at the bottom indicates 'Created By: Admin, Admin' and 'Modified By: Admin, Admin' on '14-07-2014 13:43:28'.

HPS Housing First Reporting

Resources on HIFIS reports can be found at hifis.ca and accessing the HIFIS 3 Training Resource Centre on the right hand side of the page. Information on accessing and creating reports can be found by clicking Beyond the Basics in the left hand menu bar and selecting Reports.

Indicator	HIFIS Report
# clients placed in permanent housing	Housing Placement – Summary
# clients remained housed @ 6, 12, 24 months	Housing Placement – Statistics*
# days it took to be placed in permanent housing	Housing Placement – Summary
# clients who were re-housed	Housing Placement – List
# clients who successfully exited from HF program	Unknown
# clients who returned to homelessness	Unknown
# clients who had change in income source	Unknown
# clients who started employment	Case Management Goals/Activities
# clients who started education program	Case Management Goals/Activities
# clients who began volunteer work	Case Management Goals/Activities
# clients who engaged in social participation	Case Management Goals/Activities
# clients who engaged in cultural or recreational activities	Case Management Goals/Activities

*Requires use of the Housing Placement Follow-up List to complete required data

Housing Placement – Summary

Select the ① Reporting Period, relevant ② Service Providers and ③ Program [currently not functional] from the list provided and click the ④ check mark. In the pop-up screen that is generated, click on Sections and select Housing Placement Outcomes and Length of Time to Successful Placement, and the appropriate options for the other areas [Metro to advise on selecting 'Move-In Date' or 'Date Secured' as the appropriate Successful Placement calculation].

The screenshot shows the HIFIS Report Manager interface. The main table lists various report titles, their last modified dates, and checkboxes for 'N', '\$', and 'Fav.'. The 'Housing Placement - Summary' report is highlighted. To the right, the 'Reporting Period' section shows dates from 12-06-2000 to 12-06-2014. Below this, the 'Service Providers' list includes '240010001AC - House Of Hope', '240010001AA - Abri de Tournesol', and '240010001AB - The Food Bank'. The 'Programs' section is currently empty. At the bottom, the 'Report Language' is set to 'English', and the 'Report Watermark' is set to 'Logo'. A red checkmark is visible in the bottom right corner of the interface.

Report Title	Last Modified	N	\$	Fav.
Goods and Services - Site	28-01-2014	✓		
Goods and Services - Summary	28-01-2014		✓	
Group Activity - Summary	28-01-2014			
Household Composition	28-01-2014			
Housing and Placement History - Individual	28-01-2014	✓		
Housing Placement - List	28-01-2014	✓		
Housing Placement - Statistics	21-01-2014			
Housing Placement - Summary	05-02-2014			
Housing Placement Follow-up List	28-01-2014			

Reporting Period

From: 12-06-2000 To: 12-06-2014

Service Providers

- 240010001AC - House Of Hope
- 240010001AA - Abri de Tournesol
- 240010001AB - The Food Bank

Programs

Client

Report Language: English

Report Watermark: Logo

Housing Placement Follow-up List

Select the ① Reporting Period, relevant ② Service Providers and ③ Program [currently not functional] from the list provided and click the ④ check mark. In the pop-up screen that is generated, click on Columns and select useful information to be displayed. Select which types of follow-ups to show and the date range required for the follow-up, as well as whether overdue follow-ups should be displayed.

The screenshot shows the HIFIS Report Manager interface. The main table lists various reports. The 'Housing Placement Follow-up List' is selected. On the right, there are filters for Reporting Period, Service Providers, and Programs. At the bottom, there are options for Report Language, Age Brackets, Report Order, and Report Watermark. A checkmark icon is highlighted in the bottom right corner.

Report Title ^	Last Modified	N	\$	Fav.
Housing Placement - List	28-01-2014	✓		★
Housing Placement - Statistics	21-01-2014			★
Housing Placement - Summary	05-02-2014			★
Housing Placement Follow-up List	28-01-2014			★
Housing Status at Admission	05-02-2014			★
HPS Results Reporting	28-01-2014			★
Identification Card	28-01-2014	✓		★
Income Change - Individual	28-01-2014	✓	✓	★
Income Change - List	28-01-2014	✓	✓	★

Reporting Period

Date: 14-07-2014

14-07-2014 → 14-07-2014

Service Providers

- 240010001AC - House Of Hope
- 240010001AA - Abri de Tournesol
- 240010001AB - The Food Bank

Programs

Active Programs Only

Activities

Client

Optional Heading

Report Language: English

Age Brackets

Report Order

Report Watermark

Logo

Checkmark icon

Utilize the displayed information to complete follow-ups and record this information in the Case Management area as described in HPS Housing First Data Entry.

Housing Placement – Statistics

Select the relevant ① Service Providers and ② Program [currently not functional] from the list provided and click the ③ check mark. In the pop-up screen that is generated, select the appropriate options [Metro to advise on selecting 'Move-In Date' or 'Date Secured' as the appropriate Successful Placement calculation].

HIFIS Report Manager

Report Title ▲	Last Modified	N	\$	Fav.
Goods and Services - Site	28-01-2014	✓		☆
Goods and Services - Summary	28-01-2014		✓	☆
Group Activity - Summary	28-01-2014			☆
Household Composition	28-01-2014			☆
Housing and Placement History - Individual	28-01-2014	✓		☆
Housing Placement - List	28-01-2014	✓		☆
▶ Housing Placement - Statistics	21-01-2014			☆
Housing Placement - Summary	05-02-2014			☆
Housing Placement Follow-up List	28-01-2014			☆

Reporting Period

Date Month Year

Service Providers

240010001AC - House Of Hope
240010001AA - Abri de Tournesol
240010001AB - The Food Bank

Programs

Active Programs Only

Activities

Client

Optional Heading

Right-Click for editing options and spell-checker(s)

Report Language: English Age Brackets: Report Order: Report Watermark:

Logo

Case Management Goals/Activities - Summary

Select the ① Reporting Period, relevant ② Service Providers and ③ Program [currently not functional] from the list provided and click the ④ check mark. In the pop-up screen that is generated, click on Columns and select Completed at minimum. Select Group by Goal.

The screenshot shows the HIFIS Report Manager interface. The main table lists various reports, with 'Case Management Goals/Activities - Summary' selected. On the right, the 'Reporting Period' is set from 12-06-2010 to 04-07-2014. Below this, 'Service Providers' are listed, including '240010001AC - House Of Hope', '240010001AA - Abri de Tourmesol', and '240010001AB - The Food Bank'. The 'Programs' section is currently empty. At the bottom, the 'Report Language' is set to 'English', 'Age Brackets' is empty, 'Report Order' is 'Goal', and 'Report Watermark' is empty. A 'Logo' checkbox is also present. The interface includes a 'Show' section with radio buttons for 'All Reports', 'Available Only', 'Recently Modified', and 'Favorites Only'. A 'Legend' section is also visible. The bottom right corner features a toolbar with icons for report generation and a checkmark icon highlighted by a red box and a blue circle with the number 4.

Report Title ▲	Last Modified	N	\$	Fav.
Calls and Visits - Individual	28-01-2014	✓		
Calls and Visits - List	28-01-2014	✓		
▶ Case Management Goals/Activities - Summary	28-01-2014			
Case Management Sessions - List	28-01-2014	✓		
Client Billing - Individual	28-01-2014	✓	✓	
Client Billing Individual - Form	28-01-2014	✓	✓	
Client List	28-01-2014	✓		
Client List - Children	28-01-2014	✓		
Client List - Deceased	28-01-2014	✓		

Reporting Period

From: 12-06-2010 To: 04-07-2014

Service Providers

- 240010001AC - House Of Hope
- 240010001AA - Abri de Tourmesol
- 240010001AB - The Food Bank

Programs

Optional Heading

Report Language: English Age Brackets: Report Order: Goal Report Watermark:

Logo: ☐