

**PREVENTING HOMELESSNESS
AND INTEGRATING RESOURCES:**

**DEVELOPING A HOMELESS PREVENTION PROGRAM
FOR FAMILIES**



Phase One of a Pilot Project in Lucas County, Ohio

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FOCUS
Toledo, Ohio

Executive Summary

This handbook is written for those who are currently operating or anticipate the operating of a community-based homeless prevention program for families. The suggestions and recommendations are drawn from the experiences that Family Outreach Community United Services (FOCUS) had designing and operating a homeless prevention project in Lucas County, Ohio.

This handbook contains two types of information: 1. presentation of the project as developed and implemented, and 2. description of appropriate case-management and homeless prevention services to families. Information is presented within recommended operating principles, staffing patterns, coordinated service delivery and program operations. It also contains recommended approaches to working with families, sustaining relationships with families and developing collaborative strategies with community partners that are most likely to support a project's efforts to prevent families from becoming homeless.

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Introduction

Beginning in January 2008, Preventing Homelessness And Integrating Resources (hereafter referred to as PHAIR) was conceived of and implemented in Lucas County, Ohio. PHAIR was conceptualized as a way to reach those households with dependant children who, as renters, were now facing eviction and the increasing likelihood of homelessness.

“The lack of affordable housing in Ohio affects 1 in 3 renter households and is the primary contributor to homelessness among families. For families that become homeless, the impact is far ranging, affecting child and parent health, family functioning, school performance, and community stability. Programs and resources to prevent homelessness are available in most Ohio communities; however, homelessness prevention resources are insufficient to meet the temporary and long-term housing assistance of low-income families resulting from the insufficient supply of affordable housing.”
(Community Research Partners, Final Evaluation Plan, February 2008)

Within the past several years, communities throughout Northwest Ohio – in fact, throughout the nation –have noted the increasing number of families seeking shelter. These families are often new to “the system” - they have not been in a shelter in the past but did access emergency assistance in a haphazard fashion prior to shelter in order to save their existing housing. Gaps in service, inadequate funding and lack of coordination among service providers impede effective and cost-efficient services to these families.

The following program assumptions were made by the PHAIR program based on previous literature review and the experiences of other homeless prevention services throughout the country:

1. An early intervention program should be designed as a first step in identifying participants who have successfully maintained rental housing prior to crisis.
2. Identification of potential participants should take place with and through already existing community services; outreach to these services to explain and promote PHAIR was vital to identification of referrals of at-risk families.
3. Partnerships with these community services should be established before participants were referred; partnering agencies should accept a role in working with families that are referred to PHAIR.
4. A clear pathway from referral to screening through assessment should be established that supports a comprehensive evaluation of the families’ potential to maintain rental housing: a paradigm of emergency assistance without family participation or case-management services would not support change and/or sustainability.
5. Effective early intervention calls for establishing a relationship between the case-manager and family members that provides a trusting foundation for the identification to barriers and challenges to the family’s ability to remain housed.
6. All individuals constantly interact with any number of systems in their environments on an on-going basis, bringing unique characteristics and methods of coping to the

presenting problem. Unless the case-manager has a balanced view of both the family and the family’s context, important information and constructive opportunities for change may be lost.

7. Advocacy should include attention to the system barriers that prevent families from maintaining rental housing and/or obtaining affordable rent housing.

Background

The Family Homelessness Prevention Pilot Project (Pilot) is a state-funded program that uses Temporary Assistance for Needy Families (TANF) and Ohio Housing Trust Fund dollars to provide limited direct client assistance (DCA) and intensive, home-based case-management to Ohio households facing literal homelessness. The Pilot was administered by the Ohio Department of Development’s (ODOD) Office of Housing and Community Partnerships (OHCP), in partnership with the Ohio Department of Job and Family Services’ (ODJFS) Office of Family Stability. The following nonprofit organizations, including PHAIR, participate in the Pilot:

Organization	County
Family Outreach Community United Services (FOCUS): Preventing Homelessness And Integrating Resources (PHAIR)	Lucas
Community Action Commission of Fayette County (CAC) & Pickaway County Community Action Organization (PICCA)	Fayette and Pickaway
Communities in Schools/Community Shelter Board (CIS/CSB)	Franklin
Salvation Army of Cincinnati	Hamilton
YWCA Dayton	Montgomery

Scope of the Project

The PHAIR Project provides rental assistance, security deposit assistance, utility assistance, case-management and approved supportive services to families who are in imminent danger of eviction and of becoming homeless. Supportive services must directly relate to the prevention of homelessness. These services are provided in an effort to stabilize families in their existing homes or to assist individuals and families with securing and sustaining affordable housing. The households must document to the case-manager evidence of at least one of the following conditions:

- loss of employment;
- medical disability or emergency;
- loss or delay of some form of public benefit;
- substantial change in household composition that impacts ability to remain housed;
- rental eviction notice; or
- some other condition which constitutes a hardship comparable to the other conditions enumerated above.

The households must also be able to demonstrate an ability to meet prospective rental/utility obligations after assistance has been granted based on current or anticipated income. Payments

for Homeless Prevention services must be made to a landlord, utility company or other vendor who provides housing or utilities to an applicant for assistance.

Glossary of Terms

The following terminology is used in the PHAIR Project:

* **Case-Management:** Coordinating the acquisition, delivery and use of supportive services. Case-management must include individual assessments that are used to develop individual service plans. PHAIR Project case-managers are identified as Homeless Prevention Specialists.

* **Financial Counseling:** Budgeting/financial planning to ensure that participating households have the ability to maintain their rental and/or a utility obligation after assistance has been granted, thereby reducing the probability of a recurrence of the crisis situation.

* **Follow- up:** Screening program participants at three and six months after exit year to determine whether they are housed in the same location, a different location, are homeless or are unable to be located.

* **Service Coordination:** Screening households that receive Homeless Prevention assistance to determine their need and eligibility for other assistance. Based upon that determination, assisting with referral and application as well as connection to identified service. Follow-up and connection of the household with community services may include telephone calls, joint meetings and transportation provided by the Homeless Prevention Specialist.

* **Housing Placement/Inspection:** Locating and/or arranging initial inspection of rental property on behalf of participants to assure that the housing is decent and adequate for the household and meets health and safety standards prior to tenant occupancy.

* **Outreach:** Identifying and contacting allied service providers in the community and informing them of available services through PHAIR.

* **Self-Sufficiency Matrix:** A measurement tool of individual scales, each measuring observable change in the following identified aspects of self-sufficiency:

1. Income
2. Employment
3. Shelter
4. Food
5. Childcare
6. Children's Education
7. Adult Education
8. Legal
9. Healthcare
10. Life Skills
11. Mental Health
12. Substance Abuse
13. Family Relations
14. Transportation/Mobility
15. Community Involvement
16. Safety
17. Parenting Skills

The Matrix is used by the Homeless Prevention Specialists in working with participants to self-assess their own strengths and areas for improvement, and to document a participant family's progress towards meeting self-sufficiency.

Administrative Policies and Staffing

Program Administration

FOCUS, located in Toledo, Ohio developed the PHAIR service delivery model as a new program within its systems of housing services and support. FOCUS is responsible for the oversight and program implementation to ensure that the PHAIR project's operations are consistent with the intent of funding and of sufficient quality to meet the program's objectives.

Program Director

The Director of the PHAIR project directly supervises the work of the Homeless Prevention Specialists in case-management activities. The Director is designated as the primary resource person for the program. The Director works to ensure that:

1. Each participant family has a well developed, individualized plan for service delivery.
2. Emphasis is placed on the strengths of the family in securing and sustaining safe and affordable rental housing.
3. Regular contacts and connections are made with appropriate community services in order to partner in providing resources and support as identified in the Individual Service Plan for each participant family.
4. Each family's Individual Service Plan emphasizes action, assistance and advocacy that lead to long-term housing stability and self-sufficiency.

Homeless Prevention Specialists

The Prevention Specialists are responsible for screening all referrals and evaluating referrals for enrollment in the program. At enrollment, the assigned Homeless Prevention Specialist meets with the family and, with input from the family, identifies strengths and needs within the Self-Sufficiency Matrix. The Homeless Prevention Specialist also assists families by encouraging and supporting successful approaches to obtain needed services.

During home visits, and in other contacts, the Specialist assesses and clarifies family needs and works to refine and revise the Individual Service Plan to guide the family towards self-sufficiency. Home visits and on-going contacts with participant families are vital in:

- Developing rapport and trust based in a professional helping relationship;
- Identifying and re-visiting Matrix identified strengths and challenges;
- Assisting families to identify questions and concerns; and
- Sharing information and connecting families with community services

Records

FOCUS has on file its by-laws, policies and procedures and a current organization chart. The agency maintains policies concerning the hiring, termination, evaluation and discipline of staff, as well as policies on non-discrimination in hiring, service delivery, sexual harassment and written job descriptions of employees' duties and responsibilities.

Participant Information and Data

Each organization funded through the Family Homelessness Prevention Pilot Project reports monthly on the number of households that have been referred, screened and enrolled for services. Characteristics of households served and the supportive services provided are tracked through the Homeless Management Information Systems (HMIS) that provides a web-based reporting system for the Homeless Prevention Program (HPP). Specific data elements for the HPP were constructed within HMIS and the content is protected from access or use by other HMIS related providers.

Participant Files

PHAIR maintains participant files with regard to rental/mortgage assistance, utility assistance, security deposits, supportive services, case-management, participant intake forms, assessment forms, participant outcomes/follow-up, life skills data and other information involving the participants that is relative to the plan for services. Hard copies of case-management notes are kept in a binder/participant file and electronic copies of the same notes are maintained in a password protected electronic file on the FOCUS server.

Follow-up

The Homeless Prevention Program requires a three and six month follow-up after the participants exit the program to help determine if participants are maintaining independent living and self-sufficiency. Based on the results of that contact attempt, each household is then placed into one of four follow-up categories: contact was made and the household is still living in the same location; contact was made and the household is living in a different location; contact was made and the household is now homeless; or a contact attempt was made and the household was unable to be located.

Program Budget and Financial Support for Services

The Homeless Prevention Program budget establishes how funds will be used in program implementation during the grant period. Up to \$1,000 is allotted for each participant family. These funds can be expended for rent and utility deposits and/or expenses supported through the identified needs of the Individual Service Plan. All funds from The Family Homelessness Prevention Pilot Project that are expended for participant families are documented within case notes and HMIS. In addition, any funds that are accessed through community services to support the participant's housing stability are also documented in case notes and HMIS.

Homeless Prevention Program Outcome Expectations

Program performance measures are derived from a program's description and stated goals and are specific measurable outcomes. By assessing performance on these outcomes, the HPP is able to identify opportunities for program improvement.

Grantees included proposed program outcomes for the 21 months of their pilot programs in their proposals to the ODOD.. Across the five grantees, these include:

- No less than 85% of the families served by the pilot will remain in housing during the 21-month pilot.

- No less than 80% will remain in stable housing seven months after leaving the pilot.
- No less than 80% will remain in permanent housing for at least seven months after leaving the pilot.
- No less than 80% will be eligible for emergency cash assistance.
- No less than 75% will achieve individualized goals that will help reduce their risk of becoming homeless.
- No less than 60% will increase employment income.
- No less than 50% will be linked to mainstream services, including credit counseling.
- No less than 40% will obtain other public non-cash benefits.

Program Procedures for Service Delivery

Over the past decade a number of communities across the country have implemented programs that are designed to serve families facing homelessness. Successful programs share some or all of the following best practices, which have been incorporated in the PHAIR project.

- Strong collaboration with community partners in order to identify those families who are facing eviction and who have strengths and resources to work in partnership with case-management to remain housed.
- Systematic use of comprehensive screening assessment protocols, addressing family strengths and motivation to succeed, as well as identified needs.
- Clear identification of an accountable agency and case-management staff, responsible for providing home-based, individualized case-management.
- Individual service planning for participants built on a “goals and outcomes” strategy, rather than traditional needs assessment, with multiple target outcomes including employment progress, health stabilization, parenting, etc.

Referral to PHAIR

There are 3 ways that families may connect with the PHAIR program:

1. Community partner completes referral sheet and faxes to PHAIR.
2. Telephone contact made by prospective client (self-referral); referral sheet completed by Prevention Specialist.
3. Walk-in to FOCUS; referral sheet completed by Prevention Specialist.

Screening for Eligibility

All referrals are contacted by a Homeless Prevention Specialist within three (3) working days in order to collect data regarding urgency of need and likelihood of sustainability.

1. Telephone contacts made to discuss eligibility criteria of program based on HPP funding guidelines that include all of the following:
 - a. renter status;
 - b. Lucas County residency;
 - c. children in household;
 - d. income guidelines; and
 - e. willingness to participate in case-management.

2. If family does not meet criteria, Prevention Specialist may refer to another appropriate community agency for services. If family is not eligible for PHAIR program services, referral source is notified of outcome of screening. Referral information and reason for non-enrollment entered in HMIS.
3. If family meets criteria, Prevention Specialist schedules appointment to meet with client. The purpose of this visit is to assess factors that indicate urgency of need and sustainability. The following factors indicate highest risk of homelessness and strongest potential for sustainability are the screening criteria identified in PHAIR Screening/Enrollment form:

Identification of Risk of Homelessness

- a. Documentation of eviction notice and/or notice from landlord of non-payment of rent;
- b. Assessment of status of current residential stability (living with family/, friends, living in hotel/motel as temporary housing);
- c. History of eviction that limits ability to locate housing;
- d. History with HUD/ LMHA that impacts ability to locate housing; and
- e. Other factors that limit ability to locate housing (size of family, disability status, poor credit history, negative referral from landlord, etc.).

Identification of Sustainability

- a. Assessment of financial stability through basic budget review that collects information about family finances and ability to afford housing;
 - b. Assessment of strengths of family that support long-term commitment to payment of housing;
 - c. Assessment of family relations that could provide support to family's ability to achieve and maintain sustainability in housing; and
 - d. Assessment of community involvement that supports family's ability to achieve and maintain sustainability in housing. The Homeless Prevention Specialist reviews and completes consent forms in order to contact landlord, employers and community service providers.
4. "Pending" participants identified through this assessment as at highest risk of homelessness and with the potential of sustainability are prioritized for enrollment to the PHAIR project.
 5. Information collected through Screening/Enrollment form for each referral is entered into data elements in HMIS database under PHAIR tab.
 6. Prevention Specialist consults with Program Director to determine potential for enrollment of the family based on screening criteria of PHAIR Screening/Enrollment form. If family is not to be enrolled for PHAIR services, family and referral source are notified. Referral information and reason for non-enrollment is entered into HMIS.

7. If screening indicates appropriateness for enrollment and Homeless Prevention Specialist is unable to enroll due to program capacity, client and referral source is notified of “pending status.” Family will be contacted as a Homeless Prevention Specialist is able to manage new participants within prescribed caseload of grant guidelines. Referral information and reason for immediate non-enrollment due to program capacity is entered into HMIS.

Enrollment

At this point in the process, families are enrolled into the PHAIR Project. At a face-to-face meeting, the Homeless Prevention Specialist, in partnership with client:

1. Completes Self-Sufficiency Matrix during a home visit with the family and uses this tool to identify issues for service plan.
2. Completes an Individualized Service Plan and comprehensive budget review (Participant Actual Monthly Budget form) that supports long-term financial viability.
3. Reviews and completes HMIS consent form.
4. Reviews and completes any other consent forms in order to coordinate services to family as identified through Individual Service Plan. This includes consent to consult with landlord and coordinate services to stabilize housing situation.
5. Family information (universal data elements and program-specific data elements) is entered into HMIS.

Assessment and Self-Sufficiency Matrix

Self-sufficiency is difficult to assess because of conceptual confusions, lack of agreement regarding the instruments employed and differences concerning the key information to indicate self-sufficiency. In general, self-sufficiency refers to the global functioning of the household as determined by the person’s objective living conditions and the subjective sense of well-being the person feels about those same conditions.

The PHAIR Project uses the Self-Sufficiency Matrix (Appendices; Forms) as a tool that obtains information about objective level of living conditions and the family’s personal opinion about them. The Matrix is an important tool in engaging the family; the Housing Prevention Specialist conducts semi-structured interviews to introduce the Matrix instead of questionnaires in order to allow for exchange of ideas and negotiation of an Individual Service Plan (Appendices; Forms) based on the family’s self-identified strengths and challenges.

Supportive Services

The supportive services provided through the Homeless Prevention Program are those deemed necessary to move people to self-sufficiency. Supportive services can only be offered to the extent that they directly relate to the prevention of homelessness or repeated episodes of homelessness. There are two categories are required services and supplemental services.

1. Required Services: Supportive services that are built into the scope of the Homeless Prevention Program and are part of the service plan that every participating household receives. The required supportive services provided by the Homeless Prevention Program are limited to the following:

- a. Case-Management that includes the completion of the Self-Sufficiency Matrix;
- b. Financial Counseling;
- c. Outreach and Advocacy;
- d. Housing Placement and Inspection; and
- e. Three and Six Month Follow-up.

2. Supplemental Services provided through other funding: Supportive services not funded directly through the Homeless Prevention Program, but still offered to participating households as a supplement to housing assistance and consistent with the individualized service delivery plan. Since these services are not paid for through The Family Homeless Prevention Pilot Project, the PHAIR project networks with community providers to access services for participants. These services include, but are not limited to, the following:

- a. Mental Health Services;
- b. Substance Abuse Services;
- c. Health/Dental Services;
- d. GED/Training and/or Education Enrollment;
- e. Transportation;
- f. Employment Services; and
- g. Child Care.

Payments on Behalf of Participants

The Homeless Prevention Program costs are limited to specific categories. The following are allowable and unallowable costs within this project:

Allowable Expenses:

- a. Rent assistance;
- b. Rent Arrears;
- c. Utilities;
- d. Utility Bills and Arrears; and
- e. Security Deposits.

Unallowable Expenses:

Any costs other than rent/mortgage, utilities and security deposits are not allowed.

Payments for Homeless Prevention services must be made to a landlord, utility company or other vendor who provides housing or other services to an applicant for assistance. Payments cannot be made directly to a participant. FOCUS has the capacity to issue payments on behalf of PHAIR participants within five days of approval for assistance.

The PHAIR project complies with the grant funding cap requirements: each household is eligible for no more than \$1000 of direct cash assistance from the HPP.

Time Limitation for Accessing Program Funding

Enrolled Homeless Prevention participants are excluded from accessing direct services and financial assistance through PHAIR after exiting the program.

Program Monitoring and Evaluation

Community Research Partners (CRP) was selected to complete the evaluation component of the Pilot. CRP has contracted with Abt Associates to assist with the process. The first interim report was completed in September 2008. Interim Report 2 continues to explore and develop the themes that were presented in Interim Report 1, with an emphasis on Pilot implementation at the local level. Interim Report 2 also begins a preliminary analysis of Pilot outcomes, referencing client-level data from January 1 through December 31, 2008.

Appendixes

Self-Sufficiency Matrix

1. Matrix Survey

Intake Date ____/____/____ Staff Name: _____

Agency Name _____ Program Name: _____

2. Client Information

First Name _____ MI _____ Last Name _____ Suffix _____

Client ID _____ SS# _____ - _____ - _____

3. Self-Sufficiency Matrix

Survey Type (point in time-select one): Entry Exit 3 mos. 6 mos.

1. Income

- No income
- Inadequate income and/or spontaneous or inappropriate spending
- Can meet basic needs with subsidy; appropriate spending
- Can meet basic needs and manage debt without assistance
- Income is sufficient, well managed; has discretionary income and is able to save

2. Employment

- No job
- Temporary, part-time or seasonal; inadequate support for household; no benefits
- Employed full-time; inadequate support for household; few or no benefits
- Employed full-time with adequate pay and benefits
- Maintains permanent employment with adequate income and benefits

3. Shelter

- Homeless or threatened with eviction
- In transitional, temporary, or substandard housing; and/or current rent payment is unaffordable
- In stable housing that is safe but only marginally adequate
- Household is safe, adequate, subsidized housing
- Household is safe, adequate, unsubsidized housing

4. Food

- No food
- Household is on food stamps
- Can meet basic food needs but requires occasional assistance
- Can meet basic food needs without assistance
- Can choose to purchase any food household desires

5. Childcare

N/A

Needs childcare, but none is available/accessible and/or child is not eligible
Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available
Subsidized childcare is available but limited by co-payment
Reliable, subsidized, affordable childcare is available
Able to select childcare of choice; no need for subsidy

6. Children's Education

N/A

One or more eligible children not enrolled in school
One or more eligible children enrolled in school but not attending classes
Enrolled in school, but one or more children only occasionally attending classes
Enrolled in school and attending classes most of the time
All eligible children enrolled and attending on a regular basis

7. Adult Education

Literacy problems and/or no high school diploma/GED are serious barriers to employment
Enrolled in literacy and/or GED program and/or has sufficient command of English so language is not a barrier to employment
Has high school diploma/GED
Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society
Has completed education/training needed to become employable. No literacy problems

8. Legal

Current outstanding tickets or warrants
Current charges/trial pending; noncompliance with probation/parole
Fully compliant with probation/parole terms
Has successfully completed probation/parole within last twelve months; no new charges filed
No felony criminal history and/or no active criminal justice involvement in more than twelve months

9. Health Care

No medical coverage with immediate need
No medical coverage and great difficulty accessing medical care when needed.
Some household members may be in poor health
Some members (e.g. children) on Buckeye/Paramount (Medicaid, SCHIP); needs of dependents met
All members can get medical care when needed; adults on Buckeye/Paramount; needs of family met
All members are covered by affordable, adequate, private health insurance

10. Life Skills

Unable to meet basic needs such as hygiene, food, activities of daily living
Can meet a few but not all needs of daily living without assistance
Can meet most but not all daily living needs without assistance
Able to meet all basic of daily living without assistance
Able to provide beyond basic needs of daily living for self and family

11. Mental Health

Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems
Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms
Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems
Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning
Symptoms are absent or rare; good or superior functioning in wide ranges of activities; no more than everyday problems/concerns

12. Substance Abuse

Meets criteria for severe abuse; resulting problems so severe that institutional living or hospitalization may be necessary
Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities
Use within last six months; evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month
Client has used during last six months but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use
No drug use/alcohol abuse in last six months.

13. Family Relations

Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect
Family/friend may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect
Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support
Strong support from family or friends; household members support each others
Efforts
Has healthy/expanding support network; household is stable and communication is consistently open

14. Transportation/Mobility

No access to transportation, public or private; may have car that is inoperable
Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured
Transportation is generally accessible to meet basic travel needs
Transportation is readily available and affordable; car is adequately insured

15. Community Involvement

No community involvement; in “survival” mode
Socially isolated and/or no social skills and/or lacks motivation to become involved
Lacks knowledge of ways to become involved
Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues
Actively involved in community

16. Safety

Home or residence is not safe; immediate level of lethality is extremely high; possible police involvement
Safety is threatened/temporary protection is available; level of lethality is high
Current level of safety is minimally adequate; ongoing safety planning is essential
Environment is safe, yet future of such is uncertain; safety planning is important
Environment is apparently safe and stable

17. Parenting Skills

N/A
There are safety concerns regarding parenting skills
Parenting skills are minimal
Parenting skills are apparent but not adequate
Parenting skills are adequate
Parenting skills are well developed

Individual Service Plan
(Based on the Self- Sufficiency Matrix Assessment)

Participant: _____ Date: _____

Participant Goals:

Participants Strengths as identified through the *Self-Sufficiency Matrix Assessment*:
(Please circle areas of stability or protective factors)

1. Income
2. Employment
3. Shelter
4. Food
5. Childcare
6. Children's Education
7. Adult Education
8. Legal
9. Health Care
10. Life Skills
11. Mental Health
12. Substance Abuse
13. Family Relations
14. Transportation/Mobility
15. Community Involvement
16. Safety
17. Parenting Skills

How will protective factors be used to meet the Participant's goals:

Skills/Knowledge needed:

Natural/Community supports needed:

Participant: _____ Date: _____

Objective #1: (Self-Sufficiency Matrix Area _____)

Activities of Participant to achieve objective:

Services to be provided by Prevention Specialist:

Objective #2: (Self-Sufficiency Matrix Area _____)

Activities of Participant to achieve objective:

Services to be provided by Prevention Specialist:

Objective #3: (Self-Sufficiency Matrix Area _____)

Activities of Participant to achieve objective:

Services to be provided by Prevention Specialist:

Participant: _____ Date: _____

Community Providers:

Authorization to Release Info (Yes/No)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Exit Criteria / Projected Goals

Participant Signature & Date: _____

Prevention Specialist Signature & Date: _____

Project Coordinator Signature & Date: _____

Original to client CASE HPRP file:

Date

Staff Initials

Copy given to participant:

Date

Client Initials

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