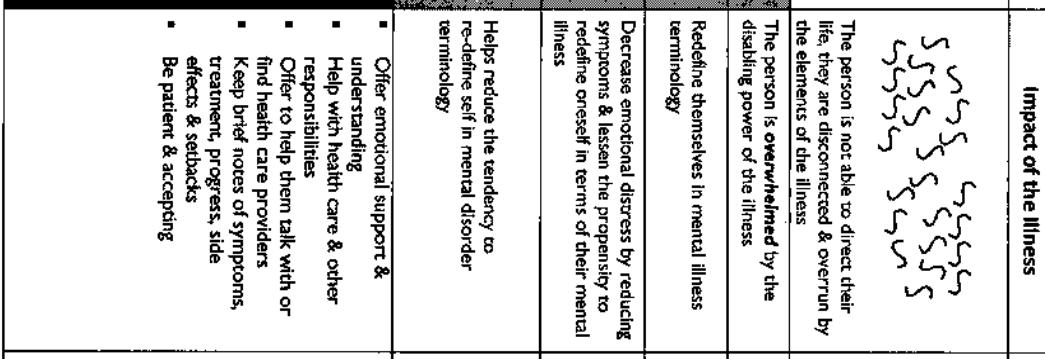


## Housing Sam Opinions Quiz

Statement	Agree	Disagree	Don't Judge Me! Not Sure
Sam has a fundamental right to housing.			
Once Sam is housed he won't need intensive services and supports.			
Sam can recover from mental illness and/or substance use disorders.			
Sam can have meaningful relationships.			
Sam must be housing ready in order to successfully stay housed.			
Sam chooses to be chronically homeless.			
Sam must achieve sobriety before he can be housed.			
Sam must be mentally stable before he can be housed.			
Sam must be on medication in order to be housed.			
Sam must participate in detox and/or inpatient substance abuse treatment before he can be housed.			

## FIVE STAGES OF RECOVERY

Impact of the Illness	Life is Limited	Change is Possible	Commitment to Change	Actions for Change
<b>Pat Deegan's Flower Example</b> Directed Process of Healing by Patricia E. Deegan, PhD © 2001	 <p>The person is not able to direct their life, they are disconnected &amp; overrun by the elements of the illness</p> <p>The person is <b>overwhelmed</b> by the disabling power of the illness</p> <p>The person has <b>given into</b> the disabling power of the illness</p> <p>The person is <b>questioning</b> the disabling power of the illness</p> <p>The person is <b>challenging</b> the disabling power of the illness</p> <p>The person is <b>moving beyond</b> the disabling power of the illness.</p>	<p>The person has <b>given into</b> the disabling power of the illness.</p> <p>Identify so strongly with the negative stigma of the illness that they cannot see any possibility</p> <p>Will be afraid to take the necessary risks &amp; remain in the 'Life is Limited' stage</p> <p>Will not get the necessary skills, resources &amp; supports they need to do</p> <p>Helps the person see that he/she is not so limited by the illness &amp; in order to move on, they will need to take some risks</p> <p>Involves taking small steps that don't necessarily move toward a goal, but does break the pattern of doing nothing; person needs support in taking risks</p> <p>Helps the person make changes in life by building relationships &amp; activities outside of MH system; must not overwhelm the person or they may start to doubt ability to change</p>	<p>The person is <b>beginning to</b> direct their own life but has not fully incorporated life roles</p> <p>The person is the <b>director</b> of their life, but their mental illness is now viewed as only one role they have</p> <p>The person is <b>the director</b> of their life and has reframed their mental illness as "life challenges"</p> <p>Begin to doubt their ability to function on their own &amp; to be responsible to their own actions</p> <p>Helps the person trust in their own decision making ability &amp; take more and more responsibility for their life</p>	<p>Groups, Case Manager, Therapist, Respite Care, Social Security, Medications, Hopes &amp; Dreams, Friend, Mental Illness, Student, Family Connections, Peer Mentor, Executive, Hopes &amp; Dreams, Mental Illness, Life Challenges, Peer Mentor, Employee, Positive Relationships, and Positive Relationships.</p> <p>The person is the <b>director</b> of their life and has reframed their mental illness as "life challenges"</p>
<b>Role of MH Services</b>	<p>Decrease emotional distress by reducing symptoms &amp; lessen the propensity to redefend oneself in terms of their mental illness</p>	<p>Helps instill hope, a sense of possibility &amp; to rebuild a positive self-image</p>	<p>Helps the person see that he/she is not so limited by the illness &amp; in order to move on, they will need to take some risks</p>	<p>Helps the person identify their strengths &amp; needs in terms of skills, resources &amp; supports</p>
<b>Role of Peer Support</b>	<p>Helps reduce the tendency to re-define self in mental disorder terminology</p>	<p>Offers support &amp; encourages hope by helping the individual see possibilities that could make a difference in their life</p>	<p>Encourages person to take risks by moving out of their comfort zone; small risks build momentum to conquer larger risks</p>	<p>Involves taking small steps that don't necessarily move toward a goal, but does break the pattern of doing nothing; person needs support in taking risks</p>
	<ul style="list-style-type: none"> <li>Offer emotional support &amp; understanding</li> <li>Help with health care &amp; other responsibilities</li> <li>Offer to help them talk with or find health care providers</li> <li>Keep brief notes of symptoms, treatment, progress, side effects &amp; setbacks</li> <li>Be patient &amp; accepting</li> </ul>	<ul style="list-style-type: none"> <li>Believe in the ability to get well to get well with patience &amp; time; instill hope by focusing on their strengths</li> <li>Work to separate the symptoms of the illness from the person's true personality</li> <li>Help them rebuild a positive self-image</li> <li>Recognize when one's having symptoms &amp; realize that communication may be more difficult during these times</li> <li>Do your best not to rush, pressure, hover or nag</li> </ul>	<ul style="list-style-type: none"> <li>Empower the individual to participate in wellness by taking small steps toward a healthier lifestyle (maintain sleep patterns, good nutrition, physical activity, keeping appointments, etc.)</li> <li>Offer reassurance that the future can &amp; will be different.</li> <li>Remind them they have the power to change; help them to identify things they want to change</li> <li>Encourage &amp; support their efforts</li> </ul>	<ul style="list-style-type: none"> <li>Help identify things they enjoy or feel passionate about &amp; help identify ways to bring these things into their lives.</li> <li>Help identify things they are dissatisfied with &amp; want to change</li> <li>Help identify skills, wants &amp; ideas that can help them reach their goals</li> <li>Help figure out what keeps them well</li> <li>Help them use the strengths &amp; skills they have</li> <li>Encourage them to keep their expectations reachable &amp; realistic</li> <li>Help find additional resources &amp; supports to help them reach their goals step-by-step</li> <li>Continue to support them as they set new goals &amp; focus on life beyond their illness</li> <li>Help identify &amp; overcome negative or defeatist thinking</li> <li>Encourage them to take it easy on themselves &amp; enjoy the journey</li> </ul>

## Assertive Community Outreach Housing Checklist

<b>Building a Foundation</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Ask client: What is a case worker and what do they do? Opportunity to clarify case worker role Emphasize that "honesty is the currency of success".	<input type="checkbox"/>	<input type="checkbox"/>	
Ask client: Are you comfortable having home visits? Opportunity to mention the role of the case worker does not end when the client is housed.	<input type="checkbox"/>	<input type="checkbox"/>	
Ask client: Are you prepared to complete a treatment plan with me every 3 months? Show the client a typical treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	
Ask client: Are you prepared to complete a Daily Living Assessment (DLA) with me every 3 months? Show the client a typical DLA.	<input type="checkbox"/>	<input type="checkbox"/>	
Ask client: Are you prepared to have labs drawn when requested by doctor or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	
Ask client: What does it mean to be a good tenant? Opportunity to share from your own experiences as a tenant (ex: pay rent on time and in full; not disturbing others in the building; keeping noise down; follow terms of lease; engage appropriately with landlord/manager; take care of the apartment).	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Housing Preparation</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Complete Housing Application (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Apply for housing funds (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Client has ID	<input type="checkbox"/>	<input type="checkbox"/>	
Client has birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Client has social security card	<input type="checkbox"/>	<input type="checkbox"/>	
Discussion and/or role play the move. Opportunity to talk about packing, labeling boxes, bags, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Discussion and/or role play what it is to be a good tenant. (ex: pay rent on time and in full; not disturbing others in the building; keeping noise down; follow terms of lease; engage appropriately with landlord/manager; take care of the apartment)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

## **HOUSING HOUSEHOLD ITEMS CHECKLIST**

### **LIVING ROOM**

- Couch
- Chair/Recliner/Rocker
- Coffee Table/End Table
- TV & Stand
- DVD Player
- Lamp(s)

### **KITCHEN**

- Dishes (plates, glasses, bowls, cups)
- Eating Utensils (forks, spoons, knives)
- Silverware Organizer
- Pots & Pans (2 or 4 quart pan, frying pan, cookie sheet, etc.)
- Cooking/Baking Utensils (spatula, large spoon, ladles, whisk, colander, etc.)
- Mixing Bowls
- Measuring cups/spoons
- Dish Drying Rack
- Microwave
- Toaster
- Coffee Maker
- Can Opener
- Dish Soap
- Sponge
- Aluminum Foil/Plastic Wrap
- Plastic Storage Bags
- Trash Can
- Trash Bags
- Kitchen Towels
- Oven Mitts

## **MISCELLANEOUS**

- Paper Towels
- General Cleaning Supplies
- Bucket/Mop
- Laundry Soap
- Laundry Basket/Bag
- Trash Bags
- Vacuum
- Broom/Dustpan
- Extension Cords/Surge Protector
- Flashlight & Batteries
- Fan
- First Aid Kit

Have you ever served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Are you eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/> Refused
What are/were your approximate dates of US military service? Beginning month: _____ Year: _____ Ending month: _____ Year: _____	What was the character of your discharge? <input type="radio"/> Honorable <input type="radio"/> Other than honorable <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Refused

Script: *I am going to ask you some questions about all the times you have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.*

1. What is the total length of time you have lived on the streets or in shelters? Years: _____ Months: _____ <input type="radio"/> Refused	2. In the past three years, how many times have you been housed and then homeless again? <input type="radio"/> Refused
3. In the past six months, how many times have you been to the emergency department/room? <input type="radio"/> Refused	4. In the past six months, how many times have you had an interaction with the police? <input type="radio"/> Refused
5. In the past six months, how many times have you been taken to the hospital in an ambulance? <input type="radio"/> Refused	6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? <input type="radio"/> Refused
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital? <input type="radio"/> Refused	8. Have you been attacked or beaten up since becoming homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
9. Have you threatened to or tried to harm yourself in the last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	10. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
11. Does anybody force or trick you to do things that you do not want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	12. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.) <input type="radio"/> Shelter <input type="radio"/> Street, sidewalk, or doorway <input type="radio"/> Car, van, or RV <input type="radio"/> Bus <input type="radio"/> Riverbed or park <input type="radio"/> Other (specify): _____	
14. Is there anybody that thinks you owe them money? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
16. Do you have enough money to meet all of your expenses on a monthly basis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
18. Do you have any friends, family, or other people in your life out of convenience or necessity, but you do not like their company? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	19. Do any friends, family, or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
20. <b>(Observe only, do not ask!) Surveyor, do you detect signs of poor hygiene or daily living skills?</b> <input type="radio"/> Yes <input type="radio"/> No	
21. Where do you usually go for healthcare or when you're not feeling well? <input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> VA <input type="radio"/> Other (specify): _____	<input type="radio"/> Does not go for care
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	
22. Kidney disease, end stage renal disease, or dialysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
23. History of frostbite, hypothermia, or immersion foot	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
24. Liver disease, cirrhosis, or end-stage liver disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
25. HIV+/AIDS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
26. History of heat stroke or heat exhaustion	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
27. Heart disease, arrhythmia, or irregular heartbeat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
28. Emphysema	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
29. Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
30. Asthma	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
31. Cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
32. Hepatitis C	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
33. Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

34. <b>(Observe only, do not ask!) Surveyor, do you observe signs or symptoms of a serious health condition?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	37. Have you ever used injection drugs or shots in the last six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
40. Have you blacked out because of your alcohol or drug use in the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	41. <b>(Observe only, do not ask!) Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse?</b> <input type="radio"/> Yes <input type="radio"/> No
42. Have you ever been taken to a hospital against your will for a mental health reason? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	43. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
44. Have you ever spoken with a psychiatrist, psychologist, or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	45. Have you ever had a serious brain injury or head trauma? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
46. Have you ever been told you have a learning disability or developmental disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	47. Have you ever have any problems concentrating and/or remembering things? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
48. <b>(Observe only, do not ask!) Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?</b> <input type="radio"/> Yes <input type="radio"/> No	49. Have you had any medicines prescribed by a doctor that were not taken or that were sold, stolen, misplaced, or where the prescriptions were never filled? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual, or other type of abuse or trauma in your life which help was not sought for, and/or which has caused your homelessness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in foster care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Have you ever been in jail? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in prison? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	What kind of health insurance do you have, if any? (Check all that apply) <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> VA <input type="radio"/> Private insurance <input type="radio"/> None <input type="radio"/> Other (specify): _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Is there a phone number and/or email where someone can get in touch with you or leave you a message? If yes, what is it?
Date entered in MAACLink:	Entered by:

#### Single youth-only questions (ages 24 and under)

Did you ever become homeless because you ran away from your family home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Did you ever become homeless because you ran away from your group home or foster home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Did you ever become homeless because there was violence at home between family members? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Did you ever become homeless because you had differences in religious or moral beliefs with parents/guardians/caregivers? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Are you currently in foster care or custody of the state? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	How old were you when you tried marijuana for the first time? <input type="radio"/> Under 13 <input type="radio"/> 13-19 <input type="radio"/> 20+ <input type="radio"/> Have not tried it <input type="radio"/> Refused
Before your 19 <sup>th</sup> birthday, did you spend any time in jail or detention? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been pregnant or got someone else pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

Week of FEBRUARY 09-13

Week of FEBRUARY 09-13						
Daily:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Clock in at ACO	0800-0845 Office	Office	Office	Office	Office	
Clinical record notes on clients you've seen	0900-1200 Highest Acuity	Highest Acuity	Lower acuity	Highest Acuity	High acuity	
PATH data entry						
Mileage entry						
Clock out at ACO						
<b>Weekly:</b>						
Submit mileage						
Chart on everyone you haven't seen						
Supervision	1200-1230 Lunch	Lunch	Lunch	Lunch	Lunch	
Turn in activity log						
WIG meeting	1230-4:00 Higher Acuity	Lower Acuity	1230-1:00	WIG MEETING	Housing Stability or New Outreach	
<b>Semi-Monthly:</b>						
Zero:2016 Outreach Meeting						
ACO team meeting						
<b>Monthly :</b>						
ACO meeting						
Submit PATH						
Submit Buss Passes						
Submit expense report						
INITIALS	4:00-4:30	Documentation	Documentation	Documentation	Documentation	