Case Study

This is a modified case from the Everett Housing Authority Hope Options program sent to me by my field supervisor, Christine. Dimitri is a 67-year-old man who has been living in his car for the past month, his former landlord sold the house and moved away, leaving Dimitri homeless when the new owners took over. Dimitri had received a 60-day and a 30-day notice to vacate; however, he chose to ignore said notices, he says he got confused and did not know what to do about the notices. He has been experiencing depression and anxiety because of this and feels hopeless. A nursing student he befriended at the public library referred him to Hope Options. Dimitri receives $660.00 a month from SSI. The student has shared that Dimitri complains of pain in his right leg, thirst, and frequent urination, but has not seen a doctor in years. Dimitri says he wants to be back in a small home and the thought of living in a nursing home terrifies him, he used to be socially active but is ashamed of living in his car so he severed contact with his friends when he became homeless. Dimitri had to get rid of almost everything he ever owned so he could live in his car, he shares that after spending one night at a shelter he cried for days.

Population Overview

The aging population encounters many challenges: health issues that range from chronic pain, diabetes and arthritis to respiratory disease and cognitive impairment among others. For these people added obstacles such as financial insecurity and housing instability can create a critical situation, thus the need for an intervention and ongoing case management. The need for programs that support the multiple needs of older and vulnerable people increases day by day, according to the U.S. Census Bureau (USCB, 2014) the number of people 65-years-and-older in 2012 was 43.1 million, by 2050 those numbers will reach 83.7 million (USCB). With growing numbers of older people, the expectation is that the number of elder homeless will rise.

Service plan for Dimitri

My priority as a human service professional is the client, Dimitri. Coordinating services that will empower him while stabilizing his living situation as he regains his independence, dignity and health is vital. As Woodside and Mc Clam (2013) describe:

The first step is Assessment, identifying the problem during the first contact:

\*Dimitri is in dire need of housing, medical attention and mental health services when permanent housing is found he will need money for rent deposit and some furnishings.

 The second step, Planning, involves developing the service plan:

\* Locate temporary housing

 \*Procure needed furniture

 \*Sign client up for subsidized housing wait lists through Everett Housing Authority or

Housing Authority of Snohomish County

\*Refer client to mental health provider

\*Double check client's Medicare coverage with the Social security Administration (If he is getting SSI, chances are he has already signed up for Medicare) and if necessary, apply for Medicaid

\*Find a primary care doctor for client

\*Apply for food benefits through DSHS

\*Apply for client sufficient funds to cover apartment deposit when subsidized housing is a go

\*Weekly meetings until client has established medical and mental health referrals, then bi-weekly meetings to monitor medical and Mental Health services until client has stabilized, bi-weekly phone calls until subsidized housing is approved and ready, then touch base with client every other month and assist with housing paperwork when the time comes for reviews

\*Setting long-term goals with client: obtaining a part-time job or reconnecting with far away relatives

Implementation requires monitoring the delivery of services and it focuses on problem resolution (2013). Developing an intervention in this way will ensure proper follow up and continuity of services, which will increase intervention success.

Local Services for Dimitri

Everett Housing Authority Hope options Program

Provides housing assistance and mental health case management for seniors

Housing Authority of Snohomish County

Provides subsidized and low-income housing throughout Snohomish County

Saint Vincent de Paul

Provides clients with clothing or furniture through vouchers from Hope Options

Compass Health/Sunrise Health

Provides people with mental health and/or substance abuse services,

Social Security Administration

Determines initial eligibility for Medicare, administers the Supplemental Security Income (SSI) a needs-based program for the aged, blind or disabled among other functions.

DSHS

Provides cash assistance, basic food, medical benefits and long-term care among other services.

Client Specific Funds through Hope Options

Provides financial assistance to people 65 and up within Snohomish County.

Models of case management suitable for Dimitri

A model of case management that would work for this client is the Critical Time Intervention model (CTI). According to Herman and Mandiberg (2010) This model has worked in cases where clients suffered from severe mental illness and were about to be discharged from a hospital, prison, shelter or another institution, it is meant to prevent homelessness (Herman and Mandiberg, 2010). The model needs modification so it can apply in Dimitri's circumstances since he has been experiencing situational depression and anxiety, both of which are mood disorders that could resolve with counseling and there is no institution discharging him. He is in immediate need of housing and other services in order to stabilize his living situation and his health. The article by Herman and Mandiberg details that a specially trained CTI caseworker supervised by a mental health professional delivers this model. The model consists of three stages and its implementation lasts about nine months. The first phase, "Transition to the Community" includes the assessment of the client's needs and circumstances and the development of a service plan that will connect the client with services and community support. This is also when we teach the client crisis-resolution skills. The "Tryout Phase" or phase two monitors the services and intends to re-set the client's ties to friends, family, and the community. Here, the client is encouraged to act on his own to solve problems and to be responsible of following up with the service plan; the caseworker is able to intervene in case of a crisis. In the third phase "Transfer of Care", the client and the caseworker create a plan to achieve long-term goals, such as obtaining a job (Herman and Mandiberg, 2010).

A different model idea comes from Ontario, Canada. The Homelessness Intervention Programme for elderly people (HIP). Ploeg, Hayward, Woodward, and Johnston, (2008) describe the program as a joint effort by at least three people, a full-time housing outreach worker whose work was to focus on initiating contact with elderly people who were homeless or at risk for homelessness, and two assistants. These providers use a case management approach to deliver individually tailored services to vulnerable people. The approach includes meeting with the client and assessing his/her needs and issues, developing a care plan while offering assistance if required, providing referrals to agencies and appropriate supports, advocating for housing, health, and income supports as well as providing follow up over time while collaborating with different agencies and providers. In the study, Ploeg et al. (2008) describe the role of the provider as diverse, they could act as brokers referring clients to numerous agencies and professionals or they could provide direct client care (Ploeg et al.). The idea of a small team providing services and continuity of care for older individuals experiencing homelessness is excellent, there is more opportunity to gain the trust of the client and build rapport. When a program delivers linked services in a coherent manner with as little disruption as possible, transitions are smooth and clients cooperate more.

Inappropriate models for Dimitri

An intervention model not appropriate for Dimitri since he does not have a substance abuse problem is the Assertive Community Treatment (ACT) this model focuses on the homeless population, but its emphasis is on individuals with substance abuse problems. ACT is a team effort that seeks to support people as they move into a home while providing them with services within the community. Mental health, substance abuse, and basic health services are set in place and case managers provide coordination of services and support (Substance Abuse and Mental Health services Administration, n.d.).

Another case management model is the Project for Assistance in Transition from Homelessness (PATH) this project aims to provide housing and community services to individuals with serious mental illness or a co-occurring substance abuse disorder that are homeless or are at risk for homelessness. Some of the services provided along with case management are; screening and diagnostic services, training, and supportive services in a residential setting that complement mental health support and substance abuse services (Maryland Department of Health and Mental Hygiene, n.d.). Dimitri does not qualify for this because he does not have a substance abuse problem or a serious mental illness.

Ethics

Ethical concerns are always present in the work of a Human Service professional. Explaining and maintaining confidentiality are crucial steps that earn the client's trust in our abilities as case managers and as human beings. Recognizing and encouraging the client's right to use self-determination ensures our compliance with ethical standards and empowers the client. Discussing and obtaining consent from our client to receive services as well as consent to communicate with other professionals or family members is an important part of following ethical guidelines and it reinforces confidentiality. Treating every client fairly and respectfully is an ethically sound practice. A study carried out in France where case management for the elderly is new explains some ethical quandaries. Corvol et al. (2013) describe several situations such as refusal of care (Beneficence vs. respect for autonomy). For example, an elderly person who has stopped eating and going out, the case manager insisted on hospitalization but the client did not want that, in the end, the case manager convinced the client to go see a doctor and hospitalization took place, this case manager placed the life of the client before professional ethics. The case managers said, "There has to be a balance between autonomy undermined by disease and the principle of beneficence". Overall, they decided to place life over the principle of autonomy, but when life is not at stake, they will not force the situation (Corvol et al., 2013). In the United Statess this dilemma is found in the Statement 4 of the Ethical Standards of Human Service Professionals: "If harm is suspected to the client or others because of the client's behavior, the human service professional acts to protect the safety of those individuals even if it means breaking confidentiality" (Council for Standards in human Service Education, 1996). Such an action would also prompt mandated reporting. It was interesting to read the confusion as these nurses and case managers tried to make sense of confidentiality in the article from France. Some of the professionals placed value in sharing information with colleagues in order to offer the client the best care possible while other professionals seemed very reluctant to share the information they had gathered. It is not enough to have read the ethical standards a few times, it is imperative to review them often and to remain aware of what we say and what we do. In addition, The Health Insurance Portability and Accountability Act (HIPAA) ensures that individuals are not discriminated against, denied benefits or charged more for services or coverage (United Sates Department of Health and human Services, n.d.).

Laws and Policies

 As a Human Service professional, I am a mandatory reporter when there is reason to believe that abuse, abandonment, neglect, or financial exploitation of a vulnerable adult has occurred (Washington State Department of Social and Health Services, n.d.). Privacy laws are of utmost importance, the HIPAA Privacy Rule details how information is collected, used and disclosed (U. S. Department of Health and Human Services, n.d.).

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Everett Housing Authority Hope options Program

Funding comes from Snohomish County Aging and Disability Services, North Sound Mental Health Administration, and Long term Care and Aging. (Snohomish County, 2014)

Saint Vincent de Paul

Funds come from fundraising, private sponsorship and private donations (Saint Vincent de Paul, 2013)

Compass Health/Sunrise Health

Compass Health is a private, non-profit, state licensed organization (compass health, 2013)

Social Security Administration

Funds come from taxpayers (Social Security Administration, 2013).

DSHS

Provides cash assistance, basic food, medical benefits and long-term care among other services.

Client Specific Funds through Hope Options

Funded by Snohomish County Aging and Disability Services and North Sound Mental Health Administration.

Conclusion

 Advances in medicine are delaying death, this presents a set of unique needs for the aging population. Many people live longer while managing chronic illnesses. Others may be able to remain active in their old years; some experience a decline in cognitive function or live with mental illness. It is important to be able to serve this population, create new programs or modify existing models of case management so that these individuals can live with dignity and remain as independent as possible. As generalist case managers we are responsible of researching the existing models of case management and, if possible, create new ones to accommodate this growing population.

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