SSP Re-engagement Reference Guide Community Visit

<u>Definition of a community visit for Re-engagement:</u>

A community visit (outside of the ODHS office) is a visit, which may include meeting in the participant's home, on their porch or in their yard, a nearby park, or other neutral location where the participant is comfortable.

Intent:

The intent of a community visit is to provide services and options to participants, as well as gather information related to engagement in JOBS services. These visits should be strengths based and considerate of participants concerns. They are meant to be a tool to aid the participant and department on making informed decisions on future case progression.

Process:

Please follow the process and safety expectations of your local or district office while conducting any in person visit.

Strengths based strategies:

- The department should notify the participant of the visit in advance.
- Participants should be given the opportunity to meet in a neutral location within their community, other than their place of residence or meet at the local office.
- If a participant is not home or the department is unable to make contact during the visit, resources should be mailed to the participant and **not** left at the participant's residence.

Expectations of the Family Coach / Department:

Visits should be conducted thoughtfully and prepared for in advance.
The Family Coach should review TRACS, EDMS, ONE and Family
Assessment Collection Tool (FACT) prior to the visit and prepare
appropriate resources for the family. Sufficient time should be allowed
to have a productive conversation with the participant, assessing their

needs, providing resources, and developing a plan that meets their goals.

Visits should have a specific goal which is participant focused. There should be a clear reason for conducting the visit. For example, to deliver resources or community partner information, receive information on the family's current situation. In person visits are an opportunity to meet with participants to ensure that the department understands their current situation and provides appropriate resources to the family.

Next steps:

- Review information gathered at in person offsite visit with the reengagement review team.
- Document this information in TRACS using the Re-engagement page.

Narration:

Example: Community Visits attempted –

Jan XX, XXXX, Family Coach (FC) and Engagement Specialist (ES) conducted a visit at Billy's residence. Billy was not home at the time. During the re-engagement staffing there were concerns about Billy's current participation in substance use that could impact his ability to engaged in services. Billy did not appear to be home at time of visit. FC called Billy, who reported that he was at the store. FC let Billy know that it was very important to talk to him. Billy agreed to stop by the DHS office on his way home. (At time of narration, Billy has not contacted the FC). FC mailed resource information to Billy.

Example: Community Visits attempted –

Jan XX, XXXX, FC and ES conducted a visit with Tyler's at the community center. Upon approaching the center, they noticed the center was closed due to a power outage. FC attempted to call Tyler to go to another location, there was no response. FC returned to office and mailed resource packet to Tyler.

Example: Community Visit conducted -

Jan XX, XXXX, FC and ES conducted a visit at Annie's residence. They meet with Annie on her front porch. At RE- staffing it was determined that follow up was needed as Annie had reported some ongoing MH challenges. It was unknown to the department at that time if Annie had engaged in MH services. Upon arriving at the house, it took several minutes for Annie to come to the door. Annie was on crutches and her right leg was in a cast. FC and ES sat on porch with Annie who indicated that she was rushing to her JOBS class and had slipped coming down the stairs and broke her leg. She said that she had received the reengagement staffing notice and had been meaning to call her worker but had a lot going on. She stated that she has a doctor visit follow-up on Thursday and would know more about her abilities at that time. Annie signed a 3010 for her ongoing doctor. FC shared information about FS&C. Annie stated that she as was hoping to get back to see the contractor soon. FC suggested to make a case plan with small steps to get back into contractor services. Annie agreed to call worker on Friday morning and provided an update on her medical situation. She also agreed to meet with a FS&C advocate. FC mailed an updated PDP.