Case Summary - My Devised Client

HSP 345 - Case Management and Interventions

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\* Yellow highlighted sentences were added revisions due to instructor feedback.

**Case Management Assessment (summary) - Revised**

I will be portraying the role of a Case Manager working in a long term, clean and sober transitional living facility designed to be a two year program serving homeless adult males.

Client CM is a 54 year old male who has just transferred into the transitional living program from a 3 month stay at an emergency shelter.  Prior to entering emergency shelter, CM completed a 28 day treatment at Thunderbird Recovery for addiction to drugs and alcohol. CM is also enrolled in Anger Management for a domestic violence charge with sentencing currently being held by the judge awaiting completion of treatment and yearlong DV program.  CM has been homeless for over 2 years and more than 4 times in the past 10 years. On intake application, CM self reported a mental health diagnosis of schizophrenic affective disorder, anxiety and depression. Client is compliant on his medication provided by Harborview Mental Health and has signed a Release of Information so that myself and his Mental Health provider can discuss changes in behavior and medications. Client presents as friendly, coherent, intelligent, and aware of his current situation, status and emotions. CM says that medications seem to be working and notices a big difference between being on the medication and when not on medication.  CM is currently receiving ABD (Aged Blind and Disabled) insurance and is in the process of appealing a decision for an SSDI claim due to mental health. CM listed improving income and finding permanent housing as reasons for entering program. CM as mentioned a strong desire to remain sober and plans on attending 2-3 12 step meetings per week.

My focus as client CM's case manager would be to make sure he remains accountable to legal obligations, has appropriate access to mental and physical health care and medications, avocation for SSDI process, links to available resources, access to local recovery meetings and to ultimately assist and guide CM to take appropriate actions necessary to establish self sufficiency. CM's strengths include intelligence, willingness to take steps to improve situation and the desire to work on extended sobriety.