



The Open Door Program

Policy Manual



Open Door Program Policy Manual

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DHS Agency Background

Overview of the Illinois Department of Human Services (DHS)

The Illinois Department of Human Services (DHS) is the largest state agency in Illinois, with over 13,000 employees and hundreds of programs designed to provide needed services to individuals and families. DHS was created in 1997 to provide Illinois residents streamlined access to integrated services, especially to those who are striving to move towards economic independence and self-sufficiency.

Under the direction of the Secretary, DHS is responsible for a wide variety of human service programs, administered through five program divisions including: Division of Alcoholism and Substance Abuse (DASA), Division of Developmental Disabilities (DDD), Family and Community Services (DFCS), Division of Mental Health (DMH), Division of Rehabilitation Services (DRS).

DHS Mission

To assist Illinois residents to achieve self-sufficiency, independence and health to the maximum extent possible by providing integrated family-oriented services, promoting prevention and establishing measurable outcomes in partnership with communities.

DHS Guiding Principles

DHS is guided by the principle that there is "No Wrong Door" for any customer. This dictates that there be a seamless service delivery approach that is:

- Customer Centered
- Pro-active
- Innovative
- Collaborative
- Performance and Outcome Driven
- Dynamic Efficient and Effective
- Solution Oriented
- Technology Sensitive

DHS History

When DHS' was developed, the collective vision for the new agency was for it to be a dramatic departure from the existing system of separate and siloed human service agencies. In the initial stages of the restructuring process, it was widely understood that the organizational change would be gradual. Only with resolve and commitment from DHS staff and DHS partners would the newly integrated agency achieve its goals—to improve the lives of Illinois residents and better utilize the agency's scarce resources.

In 2005, as the restructuring process continued, DHS launched the "Smart Path... to a unified DHS" campaign designed to ensure that DHS provides the highest quality social and human service to the residents of Illinois by integrating DHS' programs with its functions. The Smart Path campaign focused on developing and strengthening collaboration and integration activities so that the agency could maximize its resources and improve efficiencies.

Region 1 serves Cook County, Region 2 serves Northern Illinois, Region 3 serves North-Central Illinois, Region 4 serves Central Illinois, and Region 5 serves Southern Illinois.

Developing the Open Door Program

Background—Open Door

In 2005, DHS launched the “Smart Path... to a unified DHS” campaign in an effort to move the Department closer to the desired model of integrated service provision. The Smart Path campaign focused on developing and strengthening collaboration and integration activities so the agency could maximize its resources and improve efficiencies in partnership with local communities. One result of this campaign was Open Door, a pilot project launched by DHS, in partnership with the Michael Reese Health Trust.

Embracing a “No Wrong Door” principle, Open Door was designed to offer a single entry point to serve customers with urgent and/or multiple needs. While Open Door did not enroll customers in programs, it assisted customers in locating available services, and completing program enrollment applications. The program was built on the philosophy to support the whole person by meeting the customer’s immediate needs and identifying and addressing additional, less urgent needs.

The Open Door pilot office began serving customers on the west side of Chicago in December of 2007. Four additional sites were opened around the state: Villa Park in March 2009, Rock Island in February, 2010, and Charleston, Marion, and West Frankfurt in February, 2011.

Open Door Mission

To embrace an innovative public/private partnership model of integrated services to promote maximum independence for the most vulnerable individuals and families in the state by streamlining services and providing access to multiple programs delivered in a holistic, strength based, cultural and linguistically appropriate one-stop welcoming environment.

Open Door Guiding Principles

Open Door sites are based on a customer centered model. While staff do not enroll customers in programs, through an integrated intake process the staff are trained to assist customers in locating available services, identifying program availability and eligibility requirements, providing short-term case management and when necessary providing client subsidies to meet customer’s emergency needs. Open Door strives to support the whole person by meeting the customer’s immediate needs and identifying and addressing additional, less urgent needs.

Staff strives to be:

- | | | |
|-------------------------|-----------------------------|-------------------------------|
| -Customer-Focused | -Outcome-oriented | -Linguistically Appropriate |
| -Culturally Component | -Accountable | -Innovative and Flexible |
| -Open and Collaborative | -Informed by Best-Practices | -Efficient and Cost-Effective |
| -Integrated | -Customer Confidentiality | |

Open Door Program Objectives:

- Comprehensive case management, direct assistance, triage services or referrals to assist persons in crisis or at-risk persons with multiple needs;

- Completion of an Intake to determine the needs of the customer and case management activities that includes immediate and supportive services to customers facing an emergency;
- Assistance to customers with multiple needs to navigate the social service system, and providing additional case management as requested by the customer in order to reach their goals;
- Direct assistance through client subsidies and other immediate services in order to enable customers to obtain urgently needed necessities such as food, clothing, prescription medication, transportation, and temporary housing;
- Triage services in order to resolve and stabilize a customer in crisis. A customer crisis includes persons: in need of detoxification; requiring immediate prescription medication or medical assistance; suffering from severe hunger, homelessness, inadequate or inappropriate clothing, domestic violence; or an individual experiencing an immediate mental health situation;
- Referrals for individuals to the appropriate DHS division, state or local agency, or community service provider to meet the customer's immediate needs and long-term goals;
- Partnerships with community providers for the provision of appropriate services, including health care, mental health services, substance abuse treatment, and urgent care services;
- Use of Intake and database systems in order to effectively track customers' outcomes.

Open Door Program Partners

The Open Door Program was developed to function as a partner to DHS local offices, DHS contract providers, and other community service providers to effectively provide services to people with emergencies or multiple needs. Each regional Open Door Program is a public/private partnership that provides a link between local DHS offices and community service providers. Ultimately, the Open Door Program provides DHS with an actual portrayal of what can be accomplished through mutual collaboration.

The success of the public/private relationship allows the Open Door Program to call upon a wide array of partners to assist in providing immediate care when the service is unavailable through the DHS system of service. Thus, it is the goal of DHS to build upon the public/private model and partner with other community leaders throughout the State of Illinois to open additional Open Door programs in each DHS region.

DHS Administrative Staff

DHS Administrators play an integral role in the Open Door Program. Administrators serve as the main broker of relationships between the Open Door Program staff, divisional staff, and community providers that allow for direct linkages of customers to services. The Administrators work with the Open Door Program staff to assist in developing the referral process, cultivate linkages to external resources and provide programmatic consultation and expertise.

Open Door Program Community Partners

DHS local offices, its service providers, and other social service agencies serve a vital role in the Open Door Program. A crucial component of Open Door is its ability to fill service gaps that prevent vulnerable individuals from meeting their basic needs. This often requires collaborative relationships with other social service groups to make immediate referrals for customers who need urgent assistance.

Advisory Committees

Each Open Door Program is guided by a Steering Committee comprised of Open Door Program staff, DHS administrators, and the Open Door Program's external partners. The Advisory Committee's role is to participate in the Open Door Program's planning and development process.

Open Door Program Staff

The Open Door Program staff exhibit a strong working knowledge of its target population needs, knowledge of social casework methods, theory, techniques and principles. In order to make appropriate referrals, Open Door Program staff also has an in depth understanding of social service benefit programs and public services, including available Federal, State and local resources.

The Open Door Program staff works directly with the customers to help them meet their immediate physiological needs. The staff tracks data on customer outcomes, and provides regular reports on the Open Door Program status. The staff are the "eyes and ears" that provides information regarding the types of needs that customers have, service gaps in the

community, and insight into programmatic improvements that are necessary to fully address the needs of the Open Door Program customers.

The Open Door Program staff at each Open Door site connects customers to appropriate service providers and direct assistance when the situation deems necessary.

DHS Program Divisions

The Department of Human Services is comprised of five program divisions that provide a myriad of human services. Open Door Program staff is equipped to facilitate linkages to the different divisions including Division of Alcoholism and Substance Abuse (DASA), Division of Developmental Disabilities (DDD), Division of Family and Community Services (DFCS), Division of Mental Health (DMH), and Division of Rehabilitation Services (DRS).

Division of Alcohol and Substance Abuse (DASA)

DASA funds a broad array of services throughout the State of Illinois, via contracted agencies, for the prevention, intervention, treatment, and rehabilitation of alcohol and other drug abuse and dependency.

Division of Developmental Disabilities (DDD)

The Division of Developmental Disabilities (DDD) provides services and supports for individuals with developmental disabilities and their families.

Division of Mental Health (DMH)

DMH is responsible for assuring that children, adolescents, and adults throughout Illinois have access to State and Federal funded mental health services. Through collaborative and interdependent relationships with system partners, DMH assures the provision of a recovery-oriented, evidence-based, community-focused, value-dedicated and outcome-validated mental health service system.

Division of Rehabilitation Services (DRS)

DRS assist customers with disabilities find employment. DRS works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living opportunities.

Division of Family and Community Services (DFCS)

The Division of Family and Community Services helps customers access programs and services within DHS and from other community partners.

Open Door Program Service Provision Guidelines

There are three hallmark components of the Open Door Program.

1. Providing immediate assistance to customers in an emergency.
2. Providing individualized case management to assist customers with multiple needs navigate the service delivery system.
3. Enabling the customer to link to the appropriate DHS Division or community service program in a timely and streamlined manner.

The Open Door Program is designed to offer a single entry point for customers with urgent or multiple needs in order to remove any barriers that prevent them from accessing services. In emergency situations, the Open Door Program staff offer client subsidies or other triage services to meet the customer's most immediate needs and in some instances to stabilize them.

Open Door Program Criteria

Open Door Program customers are eligible to receive assistance if they meet one or more of the items listed below:

- Medical Crisis—Customer requires assistance filling critical medical services or medical prescriptions.
- Mental Illness—Customer requires assistance connecting to local community mental providers.
- Homelessness/Pending Eviction—Customer requires assistance being referred to a homeless shelter or requires advocacy support regarding landlord or mortgage disputes.
- Hunger—Customer requires immediate hunger relief in the interim of receipt of food stamps or requires a referral to a local food pantry.
- Clothing—Customer requires appropriate clothing from onsite clothing closet or referral to offsite clothing closet.
- Substance Abuse—Customer requires immediate referral to inpatient or outpatient substance abuse provider.

Emergency Services

When the situation deems necessary, the Open Door Program is equipped to provide immediate relief to those who are not able to access basic human necessities such as food, clothing, medication, transportation, housing, employment and other services due to a myriad of barriers. Open Door Program staff use client subsidies and/or onsite resources to provide direct assistance or referrals to community partners that have the ability to treat urgent needs. These resources help resolve a crisis that might otherwise prevent or quickly unravel an Open Door Program linkage effort.

Examples of Immediate Physiological Needs (IPN) that would necessitate direct assistance, including use of client subsidies include:

- Severe hunger or threat of starvation;
- Lack of appropriate clothing;
- Need for prescription medication or immediate medical care;
- Need for mental health or substance abuse service or care;
- Need for 911 Services;

- Urgent need for Transportation, especially to address a medical issue or seek employment;
- Identification such as state identification cards, birth certificates, social security cards.

One-Time Assistance

In non-emergencies, the Open Door Program staff provides referrals or helps customers navigate the service delivery system by enabling him/her to link to the appropriate DHS Division or community service program in a timely and streamlined manner.

By providing immediate aid and coordinated assistance to its customers, it is the hope that services provided by the Open Door Program apprehends a current crisis, prevents further crises, and/or assists customers in movement toward linkage and self-sufficiency in a timely manner.

Case Management

Case management is offered to Open Door Program customers who need more than one-time assistance. Customers who receive case management have a myriad of urgent needs and require extensive coordination of services. Case management, as a definition, refers to the practical level of providing services and coordinating the efforts of multiple service providers to ensure that all of the immediate needs of the customer are met.

Open Door Program case management requires the following:

- Knowledge of the nature of the customer's needs;
- Knowledge of social service casework methods, theory, techniques and principles
- Understanding of benefit programs and public services, particularly those available through Federal, State and local governmental agencies
- Functional understanding of program eligibility requirements and procedures;
- The ability to work cooperatively with other organizations to provide services and assistance to the customer.
- The ability to ensure, through facilitation and coordination activities, that appropriate service provision is provided to the customer in a streamlined and efficient manner so that the customer's needs are met quickly yet completely.
- The ability to address the customer's 'front-end needs' and refer the customer to the appropriate service provider(s) for the purpose of addressing his/her long-term needs.
- The ability to conduct follow-up activities with the customer such as advocating on behalf of the customer, and facilitation of referrals and linkages to community providers for the continuance of service provision.

On average, Open Door customers require 30-60 days of case management until his/her immediate needs are addressed. The provision of Open Door case management does not eliminate the responsibility of other service providers to provide services to shared customers or Open Door customers; rather Open Door case management complements and integrates the common services provided to these customers whose needs are so substantial that it requires an extraordinary level of service attention.

Open Door case management does not carry liability if the referral does not have positive outcomes.

Assessment and Case Management Process

During the case management process, Open Door Program staff works directly with the customer to address his/ her most pressing needs while identifying and linking the customer to appropriate services. The assessment process includes steps 1- 3 and steps 5 and 7. Depending on the severity and complexity of the case, the case management process also includes steps 3- 4 and step 6.

1. Pre-Screening—Open Door Program staff conducts a pre-screening assessment to determine the appropriateness of the case.
2. Intake/Initial Assessment Meeting—Open Door Program staff asks the customer to provide basic data and the reason for request of services.
3. Initial Interview—Open Door Program staff gathers initial information to be able to identify the customer’s needs and degree of an assessment.
4. Individualized Service Plan—Open Door Program staff works with the customer to develop short- and long- term goals.
5. Outcome and Case Closure—Open Door Program staff determines and documents if the customer was successful or not successful in meeting his/her goals.
6. Follow Up—when necessary, Open Door Program staff provides post services including referrals, direct assistance, and assistance applying for appropriate services.
7. Documentation and Reporting—Open Door Program staff completes case notes and statistical reports on an ongoing basis which illustrates case progress, services requested, and services provided.

1. Pre-Screening— Open Door Program staff conducts a pre-screening assessment to determine the appropriateness of the case.

- a. The customer completes an Open Door Program Intake Form so that the Open Door Program staff can properly identify the customer’s most crucial needs and determine how to address his/her needs in the most efficient and effective manner.
- b. The customer provides the Open Door Program staff with his/her identification card and any other pertinent documents that will assist the staff in providing aid to the customer. All acceptable forms of identification must be current and may include:

-State Identification card	-Social Security card	-Driver’s license
-Birth certificate	-Utility Bill	-Paycheck stub
-Medical prescription(s)	-Housing lease	-Eviction notice
-Medical record(s)	-Correctional facility release records	

- c. The Open Door Program staff makes an initial determination if the customer meets the requirements to be eligible for enrollment in appropriate Federal, State or local services or programs.

2. Intake/Initial Assessment Meeting—Open Door Program staff asks the customer to provide basic data and the reason for request of services.

- a. The Open Door Program staff reviews the customer’s Open Door Program Intake Form and asks the customer the necessary questions to understand the full nature of the case.

- b. If it is determined that the customer is experiencing a crisis or other urgent situation, the staff provides immediate assistance through the use of client subsidies or referral to a community service provider.
 - c. If it is determined that the customer has met the criteria to enroll in the Open Door Program, an initial interview is scheduled to take place within five to ten business days following the intake meeting.
 - d. If the customer has a valid address, an appointment notice confirming the details of the appointment is given or sent to the customer's place of residence.
3. Initial Interview—Open Door Program staff gathers customer's initial information to be able to properly identify the customer's needs and degree of an assessment.
- a. The Open Door Program staff provides an overview of the Open Door Program via review of the Open Door Program Participation Agreement.
 - Individuals enrolled in the Open Door Program are required to sign the Open Door Program Pilot Participation Agreement.
 - The Open Door Program staff informs the customer that a referral from the Open Door Program does not guarantee approval of services.
 - The Participation Agreement states that enrollment in the Open Door Program does not waive requirements or extend benefits beyond what one is eligible to receive. All customers who are enrolled in the Open Door Program are still required to meet the eligibility criteria for DHS and other Federal, State, and local programs just as anyone else who is applying for services.
 - The customer may revoke the Participation Agreement at any time at which point the case will be closed. Cases may be closed via written or verbal notification.
 - The customer and staff both signs and dates the Participation Agreement, which is saved in the customer's hard file, and noted in the electronic file.
 - b. If necessary for providing proper services to the customer, the Open Door Program staff gathers categorical information on the customer addressing the following topics:

-General background	-Education	-Family history
-Social history	-Disability and Impairments	
-Employment history	-Criminal/legal history	
 - c. The Open Door Program staff presents the customer with viable referral sources that would have the greatest probability in addressing the customer's immediate needs.
 - d. If medical documentation or other pertinent records need to be obtained from an outside agency, the Open Door Program staff requests that the customer sign the Universal Release of Information Form providing approval of release of records to the Open Door Program.

- e. If an Open Door Program customer is being referred to a DHS local office, DHS contract agency or community service provider for enrollment of services, the Open Door Program staff coordinates with the provider to facilitate the linkage.
 - After initial contact with the referral source has been established, the Open Door Program staff provides the referral source with the customer's necessary documentation and within two workdays the Open Door Program staff follows up with the agency to make sure that the customer's information was received.
 - f. Open Door Program staff determines whether the customer needs one time assistance or ongoing assistance.
 - g. Upon conclusion of the initial interview, the Open Door Program staff documents the conversation via case notes, including planned services and referrals. The applicant's name, along with requested services and referrals are entered in the daily tracking system.
4. Individualized Service Plan (ISP)—The Open Door Program staff works with the customer to develop short- and long- term goals.
- a. Upon conclusion of the initial interview, if necessary, the staff and customer jointly develop an ISP that establishes informed goals designed to address the customer's short- and long-term needs. Included in the plan are names of referral agencies and agreed upon action steps.
 - b. By meeting with the customer on a regular basis, the Open Door Program staff is able to monitor the customer's progress toward establishing his/her individualized service goals, and the need for continuing services.
 - c. The Open Door Program staff is responsible for enabling the customer's continuity, accessibility, and the most effective delivery of services as prescribed in the customer's ISP including facilitating and/or coordinating activities among multiple service providers.
 - d. If it is determined that the customer is eligible for enrollment in other DHS services or benefit programs, the Open Door Program staff makes the appropriate referral.
 - e. The ISP includes a copy of the assessment of the customer's treatment/habilitation needs, a description of the services recommended for treatment/ habilitation, the goals of each type of element of service, the role of the family in the implementation of the plan, when indicated; an anticipated timetable for the accomplishment of the goals, and the name of the Open Door Program staff responsible for the implementation of the plan.
5. Outcome and Case Closure—Open Door Program staff determines if the customer was successful or not successful in meeting his/her goals.
- a. The customer is responsible for meeting his/her established ISP goals and complying with the directions, instructions and/or prescriptions of identified service providers.
 - b. Success is measured on the customer's ability to meet the goals identified in the ISP.
 - c. Once the customer meets his/her goals the case is closed. If requested, the Open Door Program staff is available to provide additional services to the customer.

- d. When the customer is nearing case completion or has reached his/her desired goals, the staff asks the customer to complete the Open Door Program Service Satisfaction Survey.
6. Follow Up—when necessary, Open Door Program staff provides post services including referrals, assistance applying for appropriate services, and direct assistance.
 - a. The Open Door Program staff assists the customer in identifying appropriate providers to care, screen and assist in the eligibility process for enrollment in DHS programs, public or private community service programs, facilitation of the linkage of customers to service provider(s), and provision of case management, if appropriate.
 - b. Depending on the individual case, the staff follows-up with the customer periodically or as mutually agreed.
 - c. If a customer is receiving services from another DHS service or community provider and is suddenly confronted with an issue that cannot be addressed by the program in which he/she is enrolled, the Open Door Program staff provides additional assistance to the customer.
 - d. The Open Door Program staff conducts follow-up case management as needed to ensure the customer's needs continue to be addressed.
7. Documentation and Reporting—Open Door Program staff completes case notes and statistical reports on an ongoing basis which illustrates case progress, services requested, and services provided.
 - a. The Open Door Program staff conducts regular case reviews to ensure quality assurance, case file accuracy, evaluation of service provision and the planning for continuous improvement.
 - b. Data reports are provided to the Office of the Assistant Secretary on a monthly basis. Included in the reports are requested services, case outcomes, and expenditure reports.
 - c. Any interactions and meetings that occur with Open Door customers are noted in his/her case notes.

Open Door Program Case Load Management

Caseload

Each Open Door Program staff maintains a manageable caseload. The determined caseload is determined by the following formula calculation:

Caseloads should not exceed 100. At any given time the number of active cases that are permissible to be case managed is 25 customers. The maximum number of one-time assistance customers is 75.

Acceptable Breakdown:

Number of daily scheduled appointments: Average of 3 customers

Number of daily walk-in appointments: Average of 3 customers

Average length of time per appointment: Average of 1-½ hours

Number of appointments per week: Average of 20-25 appointments

Waiting List

A waiting list is established when caseloads exceed the capacity of the Open Door Program. Customers on the waiting list are served based on date of scheduled appointment and on case severity.

Case Closure

The Open Door Program case closure process begins after a 30-day period of inactivity or when the customer's needs are met. A notice of impending case closure is sent to the customer indicating to the customer that he/she has 30 days to reengage with the Open Door program. After an additional 30 days of inactivity, the case is closed and a case closure letter is sent. The notice of impending case closure must indicate the reason for closure.

Notice of Impending Case Closure

The closure notice includes the following:

1. Date of impending case closure
2. Name and contact information of the Open Door Program staff contact
3. Reason(s) for case closure which may be one of the following:
 - Customer met the goals listed in ISP;
 - The customer was successfully connected to a DHS agency or community service provider, and the agency is assuming the case management lead;
 - The customer has become institutionalized;
 - The customer has failed attempts in making scheduled appointments with the Open Door Program staff contact

Case Reviews

Open Door staff meets monthly to conduct customer case reviews. Case review meetings ensure that case files include all appropriate documentation and that Open Door service provision is administered properly and completely. Upon completion of the case review, the review form is signed and dated and placed in the customer's case review file. During each case reviewed at the case review meeting, the staff checks for quality assurance, case file accuracy, and, when necessary, evaluation of service provision and the planning for continuous improvement. During

each customer review, the staff should be able to summarize the services requested by the customer, services and/or referrals provided to the customer and the status of the case- if it is closed, active, or inactive the reason why it is pending closure.

Case Audits

A team of selected members of the Open Door Steering Committee members meets twice annually to conduct Open Door regional program reviews. Each audited case has a corresponding case audit checklist and the committee reviews each section of the audit. The audits are performed to verify the effectiveness of the Open Door staff team. The Open Door case audits are performed to ascertain the validity and reliability of documented information; and to provide an assessment of Open Door’s system of control. The goal of an audit is to express an opinion on the staff conducting the audit and the level of the audit’s accuracy. The audit seeks to provide only reasonable assurance that the statements are free from material error.

After the audit is complete, the supervisor signs and dates the checklist and includes it in the customer’s case folder. The audit review team consists of the Open Door supervisor and selected members of the Open Door Steering Committee.

Reporting System

Open Door Program data reports are provided to the Office of the Assistant Secretary on a monthly basis. Data tracked in the reports includes requested services, case outcomes, and expenditure reports. Open Door Programs that are funded by Title XX federal support provide status reports to the Office of the Assistant Secretary in addition to the Title XX Department.

Each Open Door Program is mandated to use the Open Door Program reporting system that is designed to track services provided through case-management. Customer data to be tracked includes:

- a. Customer first name and last name
- b. Date of initial meeting/intake meeting
- c. Requested Service(s)
- d. Referral Source
- e. Case Status
- f. Time In/ Time Out
- g. Financial Services/Justification
- h. Provided Services/Outcome
- i. Case Notes (as needed)

Hard Files

The following components are to be included in each customer’s hard file:

• Intake Form	• Copies of external records (referrals, medical records, release forms, etc...)
• Signed Open Door Program Participation Agreement	• Universal Release Form
• Client Subsidy Documentation	• Closure Letter (when applicable)
• Identification cards or documents	
• Progress Notes	

Open Door Program Client Subsidy Guidelines

Client subsidies are provided to customers in cases of emergency. When individuals do not have financial means to purchase basic necessities, like bus passes, state issued identification cards, clothing, or food it can be very challenging to address their current situation. Client subsidies allow Open Door Program staff to help the customer move towards resolution expeditiously, eliminate gaps in the service delivery system, and quickly stabilize customers in crisis. The thoughtful use of client subsidies is one of the most critical functions of the Open Door Program.

Income Verification

Income verification allows the Open Door Program staff to verify the customer's source of income. Since the Open Door Program only provides assistance to people who have very minimal to no financial means, the Open Door Program staff take precautionary measures to verify that the customer who is requesting services truly is in need of assistance and does not have any other means of support. Open Door Program staff must conduct income verification on every customer requesting financial assistance to prevent abuse of these services.

The Open Door Program uses the State On-Line Query (SOLQ) system to verify identification, check employment history, and enroll customers in State and Federal programs such as Social Security, Temporary Assistance for Needy Families (TANF), SNAP/LINK assistance programs, and medical assistance. SOLQ provides direct on-line access to Social Security Master Benefit Records, for verifying Social Security Numbers, and eligibility status related to SSI and SSA benefit data including Medicare.

Through the PACIS data system, public benefits and employment status can be verified. This database provides employment wage verification per quarter.

Client Subsidies Overview

Client subsidies are used to assist customers cover the cost of necessary items including:

- Medication
- Transportation
- Shelter
- Food
- Identification
- Clothing
- Other forms of assistance

If a customer requests direct assistance for any of these items through a client subsidy, Open Door Program staff obtain acceptable supporting materials (listed in the manual section *Client Subsidy Policies and Protocol*) that validate the request. Depending on the circumstance, failure to provide proof of need will result in determination of ineligibility and the customer will not be granted with financial assistance.

If the customer meets the eligibility requirements needed to receive financial assistance, the Open Door Program staff draft a justification statement detailing the customer's situation and the rationale for support. The justification statement is included in the customer's case file. Client subsidies are not provided to the customer without being accompanied with a justification for services.

The maximum amount of financial assistance available per customer per fiscal year is \$500.00. Financial assistance exceeding \$500.00 requires supervisor approval.

Client Subsidies Policies and Protocol

If a customer requires financial assistance to pay for needed items, the Open Door Program staff determines how to help the customer via the lowest possible cost. The Open Door Program staff asks the customer to provide an explanation as to why he/she requires financial assistance. The Open Door Program staff request that the Open Door Program customer provide a valid form of identification. Depending on the circumstance, failure to present a valid form of identification could result in the customer not receiving client subsidies.

The following steps should be adhered to when allocating Open Door Program client subsidies:

1. If the customer has in his/her possession valid identification, the Open Door Program staff request the customer provide to them two forms of documentation. The following is a list of acceptable forms of identification:

-State Identification card	-Social Security card	-Driver's license
-Birth certificate	-Utility Bill	-Paycheck stub
-Medical prescription(s)	-Housing lease	-Eviction notice
-Medical record(s)	-Correctional facility release records	

2. After the customer provides two pieces of acceptable documentation, the Open Door Program staff copies the documents to be placed in the customer's file.
3. If the customer is eligible for receipt of assistance in the form of a client subsidy, a justification is drafted detailing the customer's situation and the reason why support is necessary. The justification also includes supporting case documentation including the customer's ISP and progress notes.
4. After drafting the justification, an invoice form is completed and included in the customer's file. Noted information on the invoice form includes the date the client subsidy is being given to the customer, the customer's name, and description of allocation with its corresponding cost. If several items are being provided, each item is to be noted separately. The total amount being allocated should be listed on the bottom of the invoice form.
5. When a customer proves to be financially stable, financial assistance from the Open Door Program commences.

Housing/Rental Assistance Overview

If a customer is requesting financial assistance for housing/rent, the customer provides an explanation as to why he/she requires financial assistance. Open Door Program staff explore the possibility of meeting the customer's housing expense through other established funds available in the community such as Emergency Shelter Grants, Homeless Rapid Re-Housing Program, HUD funded programs, or TANF Crisis Assistance. If the customer is potentially eligible for one of these programs, if necessary the Open Door Program staff assist the customer complete a

program application. Open Door Program client subsidies towards housing are typically used in partnership with other sources to meet the customer's needs.

For example, if a family's monthly rent is \$500.00 and TANF crisis assistance is able to provide \$250.00, the Open Door Program will supplement the remaining amount. Failure to provide valid proof of need for housing or application for other housing benefits assistance will result in the person being denied Open Door Program assistance. Examples of valid proof of need include the following documents:

- Eviction notice
- Letter from housing shelter
- Letter from landlord or housing manager verifying the customer's pending eviction.
- Letter from City of Chicago Department of Human Services
- Employment pay stub (within 1 month of employment)

Customers receiving Open Door Program funds for housing assistance are automatically eligible to receive Open Door case management. When issuing housing assistance, it is crucial for the Open Door staff to develop an IEP with the customer and work with the customer so that the customer can meet his/her short-term goals. Housing assistance is provided to Open Door customers on a short-term basis; not a long-term basis. Therefore, Open Door staff works with the customer to develop a plan of action so that upon receipt of housing assistance, the customer is able to independently fund the costs for his/her housing.

Housing/Rental Assistance Protocol

- The Open Door Program customer explains why he/she needs housing assistance.
- If possible, the Open Door Program customer provides the Open Door Program staff two forms of identification.
- If the Open Door Program customer is requesting rental assistance, he/she is required to present proof of need. Examples include a copy of the eviction notice, a letter written by the landlord including the landlord's contact information.
- All funds assisting in rental assistance/housing are issued only to customers with open cases with an Individualized Service Plan (ISP).
- Only under severe crisis situations will financial assistance be provided to persons who do not have a long-term plan for maintaining housing. Otherwise, Open Door Program staff should assist the customer to obtain temporary housing or a homeless shelter.

Transportation Assistance Overview

Customers who have limited resources due to unemployment, illness, homelessness, or family circumstances are eligible for direct transportation assistance from the Open Door Program in the form of bus cards or gas cards. If a customer requires transportation assistance to get to medical appointments, job interviews, transportation to and from job site during the first week of work, appointments to referral agents, and community service providers, the customer is eligible to receive transportation funds.

Transportation Assistance Protocol

If the need for transportation is not emergency driven but crucial like a medical appointment or a job interview—requests must be accompanied by verification.

Suitable forms of verification include:

- Proof of a job interview via application form
- Proof of medical or therapy appointment via appointment letter

Depending on the customer's circumstance, failure to provide adequate documentation may prohibit the customer from receiving transportation assistance.

Medical Assistance Overview

If a customer requires medical attention to treat a serious medical condition, the Open Door Program staff is permitted to take the necessary measures to connect the customer with the appropriate services. This may include transportation assistance to a medical facility, funding for mental health or substance abuse intake assessments, or temporary funding or needed medication. If possible, all requests must be accompanied by documentation including hospital papers, medical prescriptions, or other documentation justifying the requested service.

Other Forms of Assistance

For customers who request financial assistance for items such as clothing, personal items, household items, payment of utility bills and/or food, Open Door Program staff first explore outside resources of support available within the community including clothing closets, food pantries, and government programs. In the instance that other resources are not available, the Open Door Program customer provides the Open Door Program staff with an explanation and documentation as to why assistance is needed. If the request for funding is viewed as acceptable client subsidies are provided to the customer.

Resources and Information

Workplace Violence

The Workplace Violence Program Administrator addresses all questions pertaining to workplace violence. The contact information is the following:

Office of Security & Emergency Preparedness
509 W. Capitol, 1st Floor
Springfield, IL 62704
Phone: (217) 524-0543

Media/Public Relations

The DHS Community Relations Department addresses all media inquiries. The contact information is the following:

DHS Community Relations Department
401 S. Clinton, 7th Floor
Chicago, IL 60607
Phone: (800) 843-6154

Graphic Design

It is the policy of the Department of Human Services (DHS) that the Office of Communications and Public Relations (CPR) shall be responsible for the approval of all DHS brochures, flyers, posters, media announcements, videos, promotional materials and public service announcements that contain the State Seal or DHS logo. Only brochures, flyers, posters, media announcements, videos, promotional materials and public service announcements developed using the State of Illinois Publications Unification Program Guidelines and approved by CPR may be used for DHS business. Staff may not alter any of these materials nor shall staff recreate any such media on a personal computer or in any other manner, without prior written consent from CPR.

Photography

Whenever you are considering taking pictures and/or video within a DHS facility or during an agency sponsored event, please ensure that all subjects that appear in the pictures and/or video sign the agency's Media Consent and Release Form.

*Contact: Aurelio Huertas Fabrizio, Director
Office of Communications & Public Relations
Phone: (800) 843-6154 Fax: (312) 793-2351*

Media Relations

The Illinois Office of Communication and Information (IOCI) shall be primarily responsible for all communication with the media to ensure consistent interpretation of DHS policies, programs and services. Media inquiries must be forwarded to one of the DHS communications managers in IOCI, who may then need to be supplied with information adequate to answer the request or authorize a DHS employee to speak on DHS' behalf. In all cases of news media contact, employees also must report this to their supervisor. At no time is

a DHS employee or other person speaking on behalf of the agency, allowed to answer media inquiries without prior approval from the IOCI.

*Contacts: Tom Green, Communication Manager
Illinois Office of Communication & Information/ Springfield & Chicago
Phone: (217)558-1538 or (312) 814-8199
Fax: (217)558-0547 or (312) 814-0099*

Ethical and Confidentiality Standards

This section outlines the Open Door program's general ethical and confidentiality standards. However, this section is not specific to Departmental language on the application of ethical and confidentiality guidelines. When interacting with DHS divisions, State agencies, DHS contract providers and/or Open Door partners, staff must follow the Open Door program's and the referral agent's ethical and confidentiality standards.

Mandated Reporter Requirements

The State of Illinois has laws which require certain professionals to make reports of suspected abuse or neglect of children or older persons. This law applies to persons delivering professional services in the following fields:

- Social service providers
- Law enforcement officials
- Medical providers
- Adult care providers
- Educators
- Senior service providers

1. Confidential information may be released without consent to the Department of Children and Family Services (DCFS) if the staff worker has reasonable cause to believe a child is or has been neglected or abused, in accordance with the Abused and Neglected Child Reporting Act [325 ILCS 5]. "Reasonable cause" means that the available facts, when viewed in light of surrounding circumstances, would cause a reasonable person to believe that a child was abused or neglected.
2. In the event that a report is made to the Open Door Program concerning abused or neglected children, Open Door Program staff shall immediately make a verbal report, followed by a written report within 48 hours, regarding any and all information to the Department of Children and Family Services (DCFS) and shall make whatever follow-up reports are required by DCFS.
3. Mandatory reporting requirements only apply for older persons when the reporter believes that the older person is not capable of reporting the abuse him or herself. Information shall be released without consent to the Department of Aging in cases of suspected elder abuse as detailed below:
 - Confidential information may be released to the Illinois Department on Aging or one of its contracting agencies which administers the Elder Abuse and Neglect Program (Senior Protective Services) to respond to reports of elder abuse, as authorized by the Elder Abuse and Neglect Act (320 ILCS 20/1 et seq.). "Reasonable cause" means that the available facts when viewed in light of surrounding circumstances would cause a reasonable person to believe that an elderly individual was abused or neglected. (See Point 1. Concerning releasing information to DCFS)
 - Elder abuse refers to the mistreatment, abuse, neglect, or financial exploitation of any Illinois resident 60 years of age or older who lives in the community.

- The abuse must be one of the following types and must be committed by another person on the elder. Abuse means physical, sexual or emotional maltreatment or willful confinement.
- Neglect means the failure of a caregiver to provide the older person with the necessities of life, including but not limited to food, clothing, shelter and medical care. Neglect may be either passive (non-malicious) or willful.
- Financial exploitation means the misuse or withholding of the older person's resources by another to the disadvantage of the older person or the profit of another.

Confidentiality/HIPAA

All confidential information acquired by the Open Door Program is the property of DHS and shall remain so. All contracts, grants, agreements, and other documents entered into by DHS shall so provide, and any attempt to waive this provision shall be void.

Only the Supervisor, with the consent of the customer, of the Open Door Program shall authorize the release of confidential information to division, organization, other state agency, or individual engaged in audit, evaluation, research, or staff disciplinary actions. Release of information will comply with all established HIPAA requirements. If medical information is being provided the organization, agency, or individual the information is being released to shall assure that:

- a. The information shall be managed in a manner to safeguard confidentiality; and
- b. The final product shall not reveal any personal identifying information without the informed written consent of the customer.

Open Door Program staff may share confidential information on a need-to-know basis with its trainees, interns, counselor aides, and volunteers who have been trained in HIPAA and confidentiality. Individuals with whom confidential information may be shared will vary based upon the type of information to be disclosed and the Division requested to release the information. However, each of the six divisions (DASA, DRS, DDD, DMH, HCD, CHP) and shall be bound by DHS rules concerning confidentiality in the same manner as all other DHS employees. Trainees, volunteers, aides, and interns shall sign necessary paperwork, attend necessary trainings, etc...

Confidential information may also be released without consent in the following situations:

- In order to protect the customer or others when the customer poses a threat to his/her safety or to the safety of others;
- In response to a federal law as required;
- In response to investigations in connection with law enforcement, fraud or abuse;
- Or in response to judicial order, including a subpoena.

Subpoenas

In the event an Open Door Program staff receives a subpoena, it will be forwarded to the designated administrative staff.

Release of Information

The release by the Open Door Program of any clinical, social work, psychological, psychiatric or other information of a mental health or developmental disability services nature, including, but not limited to, examination, diagnosis, evaluation, treatment, training, pharmaceuticals, aftercare, habilitation or rehabilitation, shall be governed by the laws pertaining to confidentiality. The agency, division or organization requesting customer information must have an authorization from the Open Door customer to release those specific kinds of information.

Release of Confidential Information with the Consent of the Customer

The customer, parent of a minor customer, legal guardian or personal representative, who has been so designated by the customer on DHS Form 444-4778 or via DHS Universal Release Form may request and consent in writing to the release of confidential information. The following rules shall apply to all such releases:

- a. When such a request for release of confidential information to the customer, parent of a minor customer, guardian or representative is received, confidential information contained in the customer's file may be inspected and copied only as the consent or authorization allows. Other exceptions are noted below:
 - Information which has been obtained from another individual, agency or organization and which that individual, agency or organization has specifically prohibited DHS from further releasing. In such instances, the customer shall be informed of the source of such information in order to access it directly from the originator.
 - Any medical or psychological information, as determined by the counselor, shall be released only to the customer's parent, guardian, or representative, or to a physician or licensed or certified psychologist.
- b. When the customer, parent of a minor customer, guardian or representative requests release to another individual, agency or organization, DHS, upon receiving the informed written consent, shall release the minimum necessary information to satisfy the request, and only to the extent that the other individual, agency or organization demonstrates that the information requested is necessary for its program.
- c. When confidential information is released, the Open Door Program staff releasing it shall place written case note in the folder stating the name of the first and last person to whom it was given, the date, and the reason for such release. Additionally, the receiver shall be sent a memorandum from the releasing party that the information is confidential and may be used only for the purposes for which it is released, and may not be further distributed without the written consent of both the Open Door Program and the customer. The receiver should be sent a copy of the Release of Information/Authorization for form which states as such.
- d. No confidential information shall be released over the telephone to persons outside the Open Door Program without the written consent of the customer or in situations authorized under this Section when no consent is required and the person releasing the information verifies that the person calling is who they say they are. In all telephone contacts, a notation shall be made in the case folder at the time of the release.

- e. The original file may not be removed from the control of the Open Door Program, except in compliance with a subpoena. All other releases requesting or requiring copies shall be provided through photocopies and at the discretion of the Supervisor.