RESTORE HOPE TRAINING TEAM

Mistake or No Mistake?

A live game of scenarios, votes and group discussion — the most common assessment mistakes across the initiative, and how to avoid them.

RH Training Academy · Day 1 · Hot Springs Convention Center · September 9, 2026

MEET THE TEAM

Meet the Training Team

There are four of us, and one of us is probably already in your calendar.

Tristen DeWitt

Quality & Training Lead

COMPETING PRIORITIES

Training pipeline. Shadowing calendar. How the whole initiative fits together.

STATUS

“I will snooze this and get it to you hopefully next week.”

received Thursday, August 13

Trudy Smith

Training Specialist — Iowa

AT TEN, I WANTED TO BE

A mom.

IN MY BAG

A clay something my granddaughter made.

Kayla Gammage

Training Specialist — Tennessee, Canada, Michigan

HILL I’LL DIE ON

Adding items to cart is shopping. Checking out is optional.

RECENTLY GOOGLED

“Is there a polite email equivalent of a passive-aggressive sticky note?”

Jaimi Matlock

Training Specialist — Arkansas

FOOD OPINION

Cheese goes UNDER the meat in a taco. My husband is wrong about this.

IN MY BAG

A tiny rubber penguin.

We are not the compliance police.
We are the people who make sure you never have to guess.

YOUR TRAINING TEAM

What We Actually Do

Everything on this list exists so that the work you do in HopeHub holds up.

01

Shadowing

We sit in on intakes and updates, then send you written feedback on what went well and what to adjust.

02

Role Plays

Practice the hard parts of the conversation before you have it with a participant.

03

Quality Assurance

We review your assessments against the Restore Hope standards so problems get caught early, not at your one-year review.

04

Restore Hope Model Case Management Training Series

Case management training in the Restore Hope Model — the approach the whole initiative is built on.

Nothing in the next forty minutes is a test. If you leave this room unsure about something, book us.

THE PLAN

How the Next 40 Minutes Work

GAME 1 · 20 MIN

Thriving Scale

We put a scenario on screen with the official definitions beside it. Your table talks it through, writes a number on your board, and holds it up. Then we show the answer and why.

1 2 3 4 5

GAME 2 · 15 MIN

Restore Hope Standards Jeopardy

Four categories: the message board, care teams and consents, tasks and referrals, and documenting it right. Your table confers and answers out loud. Candy, not cash.

Easy Medium Hard

ONE GROUND RULE

Everything in here came out of real initiative data, but no real participant and no real provider is named anywhere. Nobody is being called out. If you have made one of these, so has everyone else in this room.

Every mistake in this session happened more than

1,000 times

last year, in every region.

GAME ONE

Thriving Scale Showdown

Read the scenario. The official definitions are on the same slide.

Table discussion — one minute.

Write your number. Hold it up.

We reveal the answer and the reasoning.

Seven scenarios, ordered by how often the mistake actually happens.

TABLE REFERENCE · PRINT ONE PER TABLE

The Thriving Scale

Thirteen care areas, every one of them scored, every time.

1	2	3	4	5
In Crisis	At Risk	Situation Stabilizing	Stable	Thriving

THE 13 CARE AREAS

Childcare · Dental · Education · Employment · Financial Stability · Food · Housing
Legal · Mental Health · Physical Health · Recovery · Safety · Transportation

RULE ONE

A participant must meet every criterion at a level before being rated there. Having transportation does not mean a valid license is no longer needed.

RULE TWO

“Not applicable” means the care area does not apply to them. It does not mean “nothing in place right now.”

Definitions quoted verbatim from The Initial Assessment script.

SCENARIO 1 · FINANCIAL STABILITY

#2 MOST COMMON

What is the score?

Derrick works full time and brings home about $1,850 a month. Rent, utilities and groceries are covered every month — nobody in the house is going without anything essential.

He has overdrawn his account twice this year, both times after losing track of what had already cleared, and he has nothing set aside. “I honestly don’t know where it goes,” he tells you.

Talk it over at your table.

Write your number on the board and hold it up.

FINANCIAL STABILITY — OFFICIAL DEFINITIONS

1 **IN CRISIS**
No income and needs assistance to meet basic needs

2 **AT RISK**
Insufficient or unreliable income to meet basic needs

3 **SITUATION STABILIZING**
Sufficient income to meet basic needs BUT inadequate money management skills

4 **STABLE**
Sufficient income AND adequate money management skills, AND is able to manage debt and spending without any assistance

5 **THRIVING**
More than sufficient income AND is able to save money for emergencies

3 Situation Stabilizing

1 2 **3** 4 5

Ranks #2 overall and #17 — the same error running both ways.

WHY

He has sufficient income and his basic needs are being met, which rules out 1 and 2. What is missing is money management — and that is the entire content of the 3 definition.

THE RULE, IN BOTH DIRECTIONS

Score 1 requires no income at all — if household income is recorded, a 1 is impossible. And 4 and 5 both require managing without assistance — if you have recorded that bills can't be paid, 4 and 5 are impossible.

THE COMMON MISTAKE

Reading financial stress as financial crisis.

SCENARIO 2 · HOUSING

#6 MOST COMMON

What is the score?

Marisol and her two children have been staying at a local shelter for the past three weeks. Shelter staff have told her she can stay up to a year if she needs to.

It is crowded and noisy, but nobody is asking her to leave.

Talk it over at your table.

Write your number on the board and hold it up.

HOUSING — OFFICIAL DEFINITIONS

1 — IN CRISIS

Being evicted from housing OR already lost housing and is currently living outdoors, in an emergency shelter, or couch surfing

2 — AT RISK

Currently in a living situation that is stable for at least two weeks (living in a transitional home, living in a shelter, or participating in a housing program, etc) OR housing has major livability, safety, or maintenance issues

3 — SITUATION STABILIZING

Renting a room or has housing BUT is not current on rent payments OR is not able to make future payments OR housing has major safety or livability issues

4 — STABLE

Has housing AND is current on payments AND has the ability to pay future payments. Housing has minimal livability, safety, or maintenance issues

5 — THRIVING

Paid rent on time every month for the past year. Livability issues have been or are being addressed. Is satisfied with living situation or is working to improve

2 At Risk

1 **2** 3 4 5

HopeHub blocks Housing 3–5 when status is Homeless, and 1–2 when Stably Housed.

WHY

The At Risk definition names this situation outright: a living situation stable for at least two weeks, including living in a shelter. A shelter stay is not automatically a crisis.

THE RULE TO TAKE BACK TO YOUR DESK

Can she stay at the shelter longer than two weeks from the date of the assessment? If yes, she's a 2. If no, she's a 1. Marisol has a year available to her.

THE COMMON MISTAKE

Scoring every shelter address as a 1.

SCENARIO 3 · FOOD

#7 MOST COMMON

What is the score?

Nadia receives SNAP every month. It covers most of the month, though she says the last few days get thin.

She has been to a food pantry twice this year to fill the gap.

Talk it over at your table.

Write your number on the board and hold it up.

FOOD — OFFICIAL DEFINITIONS

1 **IN CRISIS**
No income to buy food AND does not have food stamps

2 **AT RISK**
Receiving temporary food assistance

3 **SITUATION STABILIZING**
Has resource(s) for food (such as staying with family who provides food, etc.)

4 **STABLE**
Has food stamps OR sufficient income to buy food

5 **THRIVING**
Does not need food stamps; Has sufficient income for food

4

Stable

1 2 3 **4** 5

If SNAP is recorded, Food is a 4 — anything else will flag.

WHY

The 4 definition is one line and it fits exactly: has food stamps. Once SNAP is on the record, the score follows.

WALK THE OTHER OPTIONS

1 is impossible — it requires not having food stamps. 2 means temporary assistance; SNAP is ongoing, the pantry visits are the temporary part. 3 is for a food resource other than SNAP. 5 requires not needing them.

THE COMMON MISTAKE

Scoring the difficulty you heard instead of the benefit on the record.

SCENARIO 4 · PHYSICAL HEALTH

#10, #12 AND #16

What is the score?

Curtis has Medicaid. He feels fine, has no diagnosed conditions, takes no medication, and has nothing he needs medical care for right now.

He has never been assigned a primary care doctor and has no active connection to care.

Talk it over at your table.

Write your number on the board and hold it up.

PHYSICAL HEALTH — OFFICIAL DEFINITIONS

1 **IN CRISIS**

No insurance AND urgent medical need

2 **AT RISK**

No insurance; medical need is possible but not urgent or undefined

3 **SITUATION STABILIZING**

Has insurance but needs medical care and may not know where or how to access it (e.g., no PCP or hasn't used it)

4 **STABLE**

Has insurance; no current medical need, may have a PCP assigned but no recent or active connection to care

5 **THRIVING**

Has insurance, an established and actively used PCP, and no current medical need

4

Stable

1 2 3 **4** 5

Carries ranks #10, #12 and #16 together.

WHY

He has insurance and no current medical need, and no active connection to care. That is the 4 definition almost word for word.

THREE RANKED INCONSISTENCIES, ONE SCENARIO

Insurance blocks the bottom: 1 and 2 both begin “No insurance.” No insurance blocks the top: 3, 4 and 5 all require it. And no PCP blocks a 5, which needs an established and actively used PCP.

THE COMMON MISTAKE

Scoring how healthy someone seems rather than what the definition requires.

SCENARIO 5 · EDUCATION

#11 MOST COMMON

What is the score?

Renata finished high school. She is not enrolled in anything now and has been out of work for four months, which is wearing on her.

She mentions she would like to do something more one day but has nothing planned.

Talk it over at your table.

Write your number on the board and hold it up.

EDUCATION — OFFICIAL DEFINITIONS

1 — IN CRISIS

No High School Diploma or GED. Education and literacy problems present barriers to daily activities and employment

2 — AT RISK

No High School Diploma or GED. Doesn't have literacy problems that prevent them from obtaining employment. Wishes to obtain a higher paying job by getting a GED

3 — SITUATION STABILIZING

Actively enrolled in GED or other Adult Educational programs

4 — STABLE

Has a GED or High School Diploma

5 — THRIVING

Has a GED or High School Diploma AND is enrolled in or obtained a higher education degree/certificate

4

Stable

1 2 3 **4** 5

Score the care area, not the person’s overall situation.

WHY

The 4 definition is a single line: has a GED or High School Diploma. Renata has one. That settles it.

THE FIELD AND THE SCALE MUST AGREE

Scores 1 and 2 both begin “No High School Diploma or GED.” If the field says she has a diploma, 1 and 2 are impossible — however hard things are otherwise. And 5 requires enrollment in higher education on top.

THE COMMON MISTAKE

Letting unemployment or low mood pull the education score down.

SCENARIO 6 · RECOVERY

#13 MOST COMMON

What is the score?

Devon used opioids for several years. His last use was eight months ago.

He has attended a weekly recovery support group ever since and has not used since he started. He is proud of it, and says so.

Talk it over at your table.

Write your number on the board and hold it up.

RECOVERY — OFFICIAL DEFINITIONS

1 — IN CRISIS

Used drugs (other than those required for medical reasons) in the last thirty days AND is not connected to treatment or recovery services/support

2 — AT RISK

Used drugs (other than those required for medical reasons) in the last ninety days, BUT is connected to treatment or is connected to recovery services/support

3 — SITUATION STABILIZING

Has not used drugs (other than those required for medical reasons) in at least ninety days AND is actively attending treatment or is connected to recovery services/support

4 — STABLE

Has not used drugs (other than those required for medical reasons) in at least six months AND may or may not need further treatment

5 — THRIVING

Has not used drugs (other than those required for medical reasons) in over a year AND may or may not need further treatment

N/A — NOT APPLICABLE

No history of drug or alcohol abuse

4

Stable

1 2 3 **4** 5

Any use in the last twelve months makes a Recovery 5 impossible.

WHY

Eight months clears the six-month bar for 4. It does not clear the twelve-month bar for 5. The scale counts time, and only time.

THE ONE THEY WILL ARGUE WITH

Devon is doing everything right — engaged, consistent, proud of it — and a provider who wants to honor that will reach for a 5. The definition does not allow it yet. It will in four months.

THE COMMON MISTAKE

Scoring the effort instead of the elapsed time.

SCENARIO 7 · CHILDCARE

#14 MOST COMMON

What is the score?

Priya’s children are 14 and 16. They let themselves in after school and manage fine on their own until she gets home.

She does not use childcare, does not want it, and answered “No” when you asked whether she needs childcare services.

Talk it over at your table.

Write your number on the board and hold it up.

CHILDCARE — OFFICIAL DEFINITIONS

1 — IN CRISIS
Does not have childcare

2 — AT RISK
Has childcare BUT it is unreliable and unaffordable

3 — SITUATION STABILIZING
Has affordable childcare (may be subsidized) BUT the childcare is limited

4 — STABLE
Has reliable and affordable childcare AND is able to fund independently

5 — THRIVING
Able to select quality childcare of their choice OR child(ren) are old enough to care for themself

N/A — NOT APPLICABLE
Does not need childcare because they do not have children in their care

5 Thriving

1 2 3 4 **5**

N/A means “not needed” — never “nothing in place right now.”

WHY

The second half of the 5 definition covers it exactly: child(ren) are old enough to care for themself. Nothing about Priya’s situation needs fixing.

TWO WRONG ANSWERS, BOTH COMMON

1 reads literally true and is wrong — it describes someone who needs childcare and lacks it. And N/A is wrong too: it means no children in their care, and Priya’s children live with her.

THE COMMON MISTAKE

Confusing “has none” with “needs it and has none.”

· SCENARIO 8 · TRANSPORTATION

SPARE · #15

What is the score?

Ray owns his truck outright, keeps it insured, and drives himself to work every day without trouble.

His license was suspended eight months ago over unpaid fines.

Talk it over at your table.

Write your number on the board and hold it up.

TRANSPORTATION — OFFICIAL DEFINITIONS

1 — IN CRISIS

No transportation AND the lack of transportation threatens job, meetings, or other connections

2 — AT RISK

Access to public transportation, BUT does not have the means to pay for it consistently OR it is limited, inconvenient or inefficient; participant does not have or has lost a valid driver's license

3 — SITUATION STABILIZING

Access to public transportation and has means to pay for it consistently OR participant has a support system such that they can catch rides with others if needed

4 — STABLE

Transportation is available and affordable for participant OR participant has a valid driver's license and transportation that is adequately insured

5 — THRIVING

Transportation is available, affordable, and convenient for participant AND participant has a valid driver's license and private transportation that is adequately insured

2

At Risk

1 | **2** | 3 | 4 | 5

Ranks 15th of 17 — which is why it is the spare.

WHY

The 2 definition ends with the deciding clause: participant does not have or has lost a valid driver's license. That caps the score regardless of the vehicle.

FROM THE TRAINING QUIZ, VERBATIM

"Participants must meet all criteria on the Thriving Scale before being rated higher. Having transportation does not mean that having a valid driver's license is no longer needed."

THE COMMON MISTAKE

Scoring what works today and missing the barrier underneath it.

GAME TWO

Restore Hope Standards Jeopardy

Four categories. Three clues each.

Table confers, someone shouts it out.

Everything in this round has a documented answer — nothing here is opinion.

Game one was the assessment. This round is the rest of the job — the board, the care team, the plan, and the clock.

THE BOARD

Four Categories

Click any value to jump straight to that clue.

The Message Board what goes where	Care Teams and Consents who gets added, and when	Tasks and Referrals what every active participant needs	Documenting It Right the clocks you are working against
Easy	Easy	Easy	Easy
Medium	Medium	Medium	Medium
Hard	Hard	Hard	Hard

Slide-jump links work in slideshow mode. Every clue has a Board button to come back.

THE MESSAGE BOARD

Easy

The CC Message Board disclaimer tells you to put sensitive and confidential entries somewhere else. Where?

Tables confer.

Board

THE MESSAGE BOARD · Easy · THE ANSWER

SOURCE: CC MESSAGE BOARD GUIDE

A private note under Coordinated Care.

WHY IT WORKS THAT WAY

The disclaimer reads: “Since all Care Team members have access to view the CC Message Board, only post information that is relevant to the entire Care Team. Please utilize a private note under Coordinated Care for all sensitive and confidential entries.” Unlock the note to the specific care team members who need it. The Standards give the example: making a child abuse hotline report.

Board

THE MESSAGE BOARD

Medium

Which privacy principle governs every single thing you post on the board?

Tables confer.

Board

THE MESSAGE BOARD · Medium · THE ANSWER

SOURCE: MESSAGE BOARD GUIDE + CONSENTS SCRIPT

The Minimum Necessary Principle.

WHY IT WORKS THAT WAY

Share only the minimum information needed for the specific purpose. Because the board is visible to every Care Team member, each post must be professional and contain only what another provider needs in order to act. Care Team members who were on the team when an assessment was submitted can already see it — so you do not need to re-summarize the assessment on the board.

Board

THE MESSAGE BOARD

Hard

A provider has stopped posting on the board altogether, worried they will share something they should not. What is wrong with that?

Tables confer.

Board

THE MESSAGE BOARD · Hard · THE ANSWER

SOURCE: CC MESSAGE BOARD GUIDE

Avoiding the board is not the safeguard. The Minimum Necessary Principle is.

WHY IT WORKS THAT WAY

The guide names this as one of the most common concerns it hears, and answers it directly: working outside the board leaves gaps in how participants receive coordinated care. The board is the foundation of communication in the Restore Hope Model — it is how providers stay connected without phoning every Care Team member individually.

Board

CARE TEAMS AND CONSENTS

Easy

Which consent form authorizes you to share a participant's file with the providers on their care team?

Tables confer.

Board

CARE TEAMS AND CONSENTS · Easy · THE ANSWER

SOURCE: STANDARDS p.6 AND p.14

The Authorization to Release Records.

WHY IT WORKS THAT WAY

It expires after two years and gives you permission to share the participant's file with other providers working directly with them. The Standards are explicit that information reaches Care Team Members only after written consent, and this is the form that grants it. Ask the participant whether there is any provider they would not want to work with — and read every consent yourself, so you can explain what it actually authorizes.

Board

CARE TEAMS AND CONSENTS

Medium

A red bar appears across a participant's profile. What does it mean, and what must you not do?

Tables confer.

Board

CARE TEAMS AND CONSENTS · Medium · THE ANSWER

SOURCE: CONSENTS SCRIPT

Consents are missing or expired — do not share that participant file.

WHY IT WORKS THAT WAY

The warning reads: “Consent forms have not been uploaded. Do not share this participant file!” Do not ignore it. Failure to comply may result in violations of privacy rules and regulations, and you and your organization could be held liable.

Board

CARE TEAMS AND CONSENTS

Hard

Your participant finished treatment months ago and no longer sees that counselor. What do you do about the care team?

Tables confer.

Board

CARE TEAMS AND CONSENTS · Hard · THE ANSWER

SOURCE: STANDARDS p.18

Ask the participant whether they want them to stay, then remove if not.

WHY IT WORKS THAT WAY

Care teams are reviewed periodically, not set once. Remove members the participant does not use, confer with the participant about providers they are no longer working with — case closed, treatment finished, moved out of the shelter — and remove anyone the participant asks you to. And never add a provider the participant does not want.

Board

TASKS AND REFERRALS

Easy

What should every active participant have on their action plan?

Tables confer.

Board

TASKS AND REFERRALS · Easy · THE ANSWER

SOURCE: STANDARDS p.19

At least one active task and one referral.

WHY IT WORKS THAT WAY

A referral should be made for each task created. Complete the action plan at the intake appointment— you can focus on the one to three care areas you are targeting first and fill in the rest later. Involve the participant in creating the plan and picking referrals, then print or email it to them.

Board

TASKS AND REFERRALS

Medium

Which thriving scale scores populate the action plan automatically?

Tables confer.

Board

TASKS AND REFERRALS · Medium · THE ANSWER

SOURCE: STANDARDS p.19

1 In Crisis, 2 At Risk and 3 Situation Stabilizing.

WHY IT WORKS THAT WAY

This is the hinge between the two games. Over-score a care area to a 4 and no task is generated, so nothing appears on the plan and nobody works on it. Additional care areas can always be added based on goals and referrals needed.

Board

TASKS AND REFERRALS

Hard

You are building an action plan with a participant and the provider you want to refer them to is not in HopeHub yet. What do you do?

Tables confer.

Board

TASKS AND REFERRALS · Hard · THE ANSWER

SOURCE: ACTION PLANNING SCRIPT

Type the referral in manually, then ask your Coordinator to get them added.

WHY IT WORKS THAT WAY

The referral dropdown only lists organizations already in HopeHub. If yours is not there, type it in manually so the referral still lands on the action plan and the participant leaves with the name and any appointment details in one place. Then pass the organization's information to your Community Alliance Coordinator, who can have them added so it is in the dropdown next time. A missing organization is never a reason not to make the referral.

Board

DOCUMENTING IT RIGHT

Easy

You finish a participant appointment. How soon should it be documented?

Tables confer.

Board

DOCUMENTING IT RIGHT · Easy · THE ANSWER

SOURCE: STANDARDS p.20

Ideally immediately. Best practice within 24 hours. At least within two business days.

WHY IT WORKS THAT WAY

Document all contact and every attempt to contact, the participant and collaterals both. Document milestones and accomplishments. Document when referrals are made — and if the referral provider is in HopeHub, add them to the care team and tag them on the CC Message Board.

Board

Medium

How often should you be in contact with an active participant?

Tables confer.

Board

DOCUMENTING IT RIGHT · Medium · THE ANSWER

SOURCE: STANDARDS p.18-19

At least every two weeks.

WHY IT WORKS THAT WAY

Check in to see whether they are following through on the plan, and work to remove roadblocks where you can. Separately, the assessment gets updated every 30 days, at least every 90 — and if it is not updated within 120 days the participant is discharged. Attempts get documented on the board.

Board

DOCUMENTING IT RIGHT

Hard

You cannot reach a participant and want to discharge for lost contact. What does the standard actually require?

Tables confer.

Board

DOCUMENTING IT RIGHT · Hard · THE ANSWER

SOURCE: STANDARDS p.20

Three attempts over three months, plus outreach to their other providers.

WHY IT WORKS THAT WAY

Lost contact means at least three attempts across a span of three months AND reaching out to the participant's referral organization, case worker, parole or probation officer, counselor, and any organization working with them. Then share the note to the appropriate care team members and document the discharge on the CC Message Board.

Board

THE CLOSE

Why Any of This Matters

Not one of these is a paperwork problem. Each one changes what a participant actually receives.

1

Scores 1, 2 and 3 generate the Action Plan tasks.

Score a care area a 4 when it should be a 3 and no task is created. Nobody works on it. The participant does not get the service.

2

Scoring too low distorts the picture just as badly.

Marking financial stability as a crisis when someone has income and pays their bills tells the community data a crisis exists that does not.

3

The quietest mistake is the blank.

The most common inconsistency across every region last year was recording that somebody has insurance and never filling in which insurance.

4

Assessments that lapse stop progress.

Update every 30 days, at least every 90 — after 120 days without an updated assessment the participant is discharged.

5

Somebody has to fix every inconsistency by hand.

Every one of the seventeen happened more than a thousand times last year. Each is a correction someone sits down and makes later.

TAKE THESE WITH YOU

Where to Look It Up

Everything referenced this morning, in one place.

1

Inconsistencies logic table

Download from the Instructions tab of the Assessment Inconsistencies dashboard before you correct anything.

2

Consent scripts

What to say, and what each consent actually authorizes.

Consent Scripts

3

Primary Provider Standards

The expectations your work is measured against.

Primary Provider Standards

4

CC Message Board guide

What belongs on the board, what belongs in a Quick Note, and the Minimum Necessary Principle.

CC Message Board Guide

Thank you

You are the reason the model works. We are here to make it easier.

Enjoy lunch. Come find any of us afterwards.

RESTORE HOPE TRAINING TEAM

Not sure about something back at your desk? Book us.

Book With Us!