



Palm Beach County Continuum of Care Housing Focused Case Management Standards



Table of Contents

Overview	3
Guiding Principles - Housing Focused/Client Centered/Trauma Informed/Equity.....	3
Case Notes	3
Intake Summary	4
Home Visits	4
Housing Plan/Individual Service Plan/Action Plan (Sample Plan -Appendix 4)	5
Emergency Shelter Plan	5
Permanent Housing Plan.....	5
Exit Plan.....	5
Exit Summary	6
Supervision and Training.....	6
Post Placement Follow Up	6
Other Tools available for Case Management	7
History of Standards Review	7
Appendix 1 – Client Centered Principles.....	8
Appendix 2 – Trauma Informed Care.....	10
Appendix 3 – Home Visit Safety.....	11
Appendix 4 – Support in Domains.....	15
Appendix 5 – Exit Plan Questionnaire.....	22
Appendix 6 – Crisis Plan.....	27

Overview

Housing Focused Case Management will be reflected in the following:

- Case Notes
- Intake Summary
- Housing Plan
- Exit Planning
- Home Visits
- Exit Summary
- Supervision and Training
- Post Placement Follow Up

Guiding Principles - Housing Focused/Client Centered/Trauma Informed/Equity

Case management services are essential to achieving the core purpose of securing placement, as rapidly as possible, and includes necessary follow up supports for all clients to achieve stable, permanent housing. The core of Housing Focused Case Management builds on client's strengths instead of deficits. Delivering services effectively requires that case managers coordinate effectively with outside agencies. Supports can be provided through both formal linkages to community based service providers and to non-professionals who can offer informal help. Staff priorities should focus on the most crucial tasks necessary to help individual clients secure/sustain housing placement (e.g. housing and mainstream benefits applications, securing identification, viewing apartments, etc.).

Case Management should be Client Centered using an approach that enables staff to work alongside clients helping them to formulate a plan to effectively achieve their individual goals (Appendix 1). Case management should also be Trauma Informed, recognizing the long term impacts of prior traumatic experiences and delivering services in a way that is sensitive to those experiences and impacts (**Appendix 2**). In addition, as part of a Trauma Informed approach, case management should recognize the ways in which participant cultural differences and social inequities may impact participant perspectives and experience (**Appendix 2, Point 6**).

Case Notes

In general, case notes should tell the story of the client(s) and the efforts of the Case Manager and the Client to address housing barriers and assist the household in remaining housed. Case notes should be documented in a timely manner in order to ensure consistency in service provision and data quality.

In addition, a client chart must contain clear and concise notes related to the following:

- SPDAT Reviews - Intake, Move In, 30 days, 90 days, 180 days, 270 days, 365 days as well as changes in life circumstances
- Housing plan development with client(s) and reviews
- Reasons for not achieving benchmarks
- Objectives of the meeting(s)

- Steps to maintain lease requirements, maintain housing stability and achieve service plan goals- i.e. Crisis Plan, Risk Assessment, School Enrollment or Child Care Plan
- Resource & referral information- i.e. mainstream benefits, employment, mental health, substance use, health care, transportation, SOAR Application
- Identify successes
- Incident report

Some additional topics to consider discussing and documenting in the client’s case notes may include: helping negotiate with a landlord or property manager, process to ensure timely rent payment, role playing before any stressful conversation with a landlord, increasing or maintaining income from benefits and/or employment, accessing needed mental health, medical, and/or substance use treatment and support, negotiating accessing activities of daily living and building a social support network.

Intake Summary

Each case shall include an intake summary to include but not be limited to:

- Thorough assessment of the underlying issues of homelessness
- Referral source
- Disability status for all members of household
- Underlying physical and/or mental health conditions
- Homeless / Chronic Status
- Household composition
- Demographics including race, gender, date of birth, veteran status, etc.
- Income and benefits (a detailed listing of all HUD-designated categories of income and non-cash benefit sources can be found in the CMIS database)
- Health insurance status and information
- Client’s strengths as identified on the SPDAT

Home Visits

Home Visits should be scheduled and provided as defined by program and agency standards and based on the client's needs and schedules. Staff must align their schedules to enable completion of tasks needed to obtain/sustain housing. This will enable staff to work individually with clients on critical housing focused case management tasks during or after business hours, accompany clients to important appointments, and plan on-site programming that builds motivation, develops a housing focused culture, and teaches critical skills. For additional information regarding safety best practices before and during home visits, see **Appendix 3**, adapted from the Crisis Prevention Institute’s Pathway to Prevention: How to Stay Safe During Home Visits.

Housing Plan/Individual Service Plan/Action Plan (Sample Plan -Appendix 4)

There shall be two types of plans:

- Emergency Shelter
- Permanent Housing

Case plans should not repeat past goals without adding strategies that address the reasons previous goals were not achieved.

Both Plans should include:

- Frequency of follow up visits
- Reflect client's goals as identified on the SPDAT with clear timeframes
- Presenting needs
- Resolving barriers i.e. obtaining identification, securing or increasing mainstream benefits or employment income, locating an affordable, subsidized or supportive housing unit
- Identify temporary housing, if applicable
- Clarify the roles of the client and the case manager
- Updates as needed to include establishing new goals

Emergency Shelter Plan

- Target date for housing placement
- Actions to be accomplished
- Set benchmarks towards obtaining housing i.e. steps needed to support progress in client's efforts to obtain permanent housing, target dates for completing mainstream benefits applications, securing identification, submitting a rental assistance application, developing a budget

Permanent Housing Plan

- Utilize SPDAT to establish actions steps/goals
- Set benchmarks for remaining housed
- Identify two components considered to be risks to their housing i.e. those issues that may cause the client to lose their housing and identify action steps to reduce/eliminate the risks

Exit Plan

Exit Planning begins at the onset of case planning to provide the client with a realistic guideline to maintain housing without case management and financial support. **(Appendix 5)**

Exit Plans shall include a review of the following:

- Making rent payments
- Housing stability
- Skills to maintain housing i.e. employment, benefits
- Support network
- Savings

Exit Summary

Exit summaries shall include but not be limited to:

- Reason for exit
- Accomplishments related to Service Plan goals
- Attainment of income (for example, earned income, SSDI, SSI, TANF, child support, survivor's benefits) and non-cash benefits (for example, SNAP benefits, Medicaid)
- Review of housing status
- Destination
- Savings
- Services provided
- Review of Exit Plan, including continuing resources, scheduled appointments to maintain, medications (if applicable)

Supervision and Training

The role of the supervisor is to ensure case management is aligned with housing placement and sustaining housing placement.

This can be achieved by:

- Align staff and client schedules as needed
- Case plan review and approval as per program and agency guidelines
- Progress Note review
- Ongoing case staffing
- Case management observation
- Case review form
- Provide or arrange for training as required by contracts and other organizational requirements
- Proactively encourage self-care and wellbeing for case managers.
- Provide support and resources to address signs of burnout or trauma experienced by case managers and other support staff.

Post Placement Follow Up

Housing plans may include follow up services, including warm transfers, and connections to community based service providers who will provide ongoing supports. This encourages consistency in the client-case manager relationship by extending the length of time case managers remain engaged with clients even after they move or cases are closed. Post placement follow up may depend on contract requirements.

Other Tools available for Case Management

1. Support in Domains (Appendix 4)
 - a. 3 Strengths & 2 Risks
 - i. Utilize the SPDAT to identify two domains considered to be strengths
 - ii. Identify two areas considered to be a risk to their health and safety and identify ways to reduce the risk
 - b. 1 Strength & 2 Opportunities
 - i. Utilize SPDAT to identify one domain considered to be a strength
 - ii. Identify two domains that are seen as an opportunity for improving their quality of life
2. Crisis Planning (Appendix 6)

NOTE: Appendixes are provided as examples or guidance and not mandatory

History of Standards Review

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Adopted by Homeless & Housing Alliance Membership – March 26, 2015

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Client Centered Principles

Client Centered: Places the person at the centre of the service response to ensure it is designed to meet individual needs. Clients are actively involved in developing the case plan and identifying the service responses required.

Proactive Prioritize: acting in advance to ensure early identification of needs, risks and potential barriers, rather than a focus on reactive responses.

Strengths based: Identifies and builds on client capacities including coping mechanisms, resilience and support systems.

Logical: The process of case management is a step by step structured approach which is reasonable and considered.

Partnership: Successful partnership benefits client through clarity of purpose, good leadership, respectful relationships, commitment to collaboration and participation, and a sensitive approach.

Partners can include:

- the client
- family of the client
- informal and friendship networks
- community
- other SHS
- other agencies both government and non-government.

Systemic: Makes links to the broader SHS system and keeping the 'big picture' in mind to maximize client outcomes.

Outcomes driven: The work is focused on outcomes and achieving client goals through monitoring, reviewing and accountability.

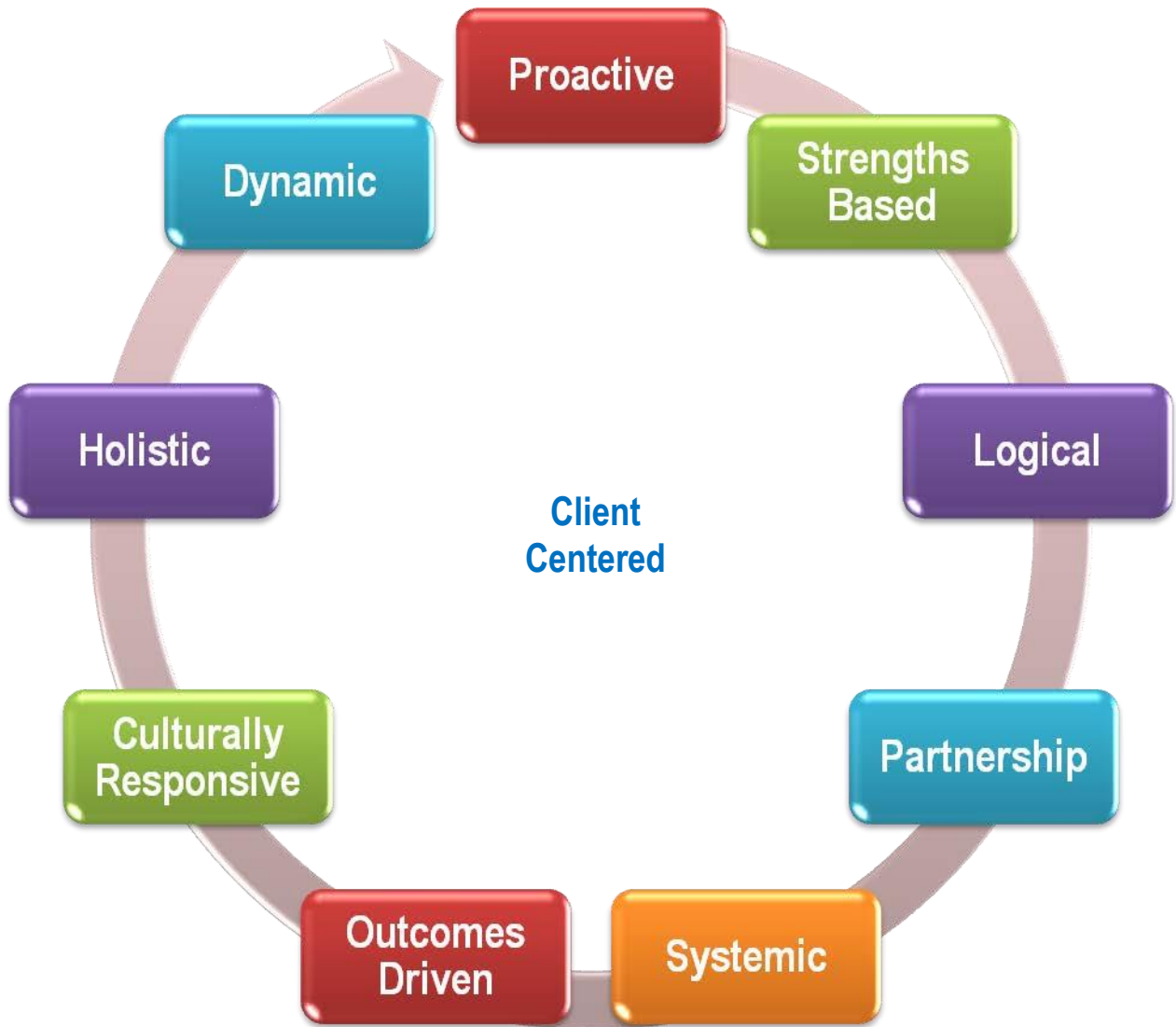
Culturally responsive: An inclusive approach that is respectful and relevant to the client and their cultural identity. Culture refers to a range of personal and community factors including race and/or ethnicity, geography, identity, age, ability, gender, sexuality, family, spiritual beliefs, language, history and economic status.

Holistic: The process of taking into account all factors relating to a client's wellbeing including (but not limited to), psychological, physical, cultural and social.

Dynamic: Revision of goals and outcomes are undertaken throughout the process of case management allowing responsiveness to the individual's changing circumstances and progression through case plan objectives. Knowledge gained by working with clients and service systems is used to advocate at both individual and system levels.

Adopted from the Government of South Australia- Department for Communities and Social Inclusion, Case Management Framework

Client Centered Principles of the Case Management Framework



Trauma Informed Care from SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

The six key principles fundamental to a trauma-informed approach include:

1. **Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
3. **Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”
4. **Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”
5. **Empowerment, Voice and Choice:** Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action that they need to heal and move forward. They are supported in cultivating Self-advocacy skills. Staff are facilitators of recovery rather than controllers at recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.
6. **Cultural, Historical and Gender Issues:** The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

**Home Visit Safety, From Crisis Prevention Institute (CPI) *Pathway to Prevention:*
*How to Stay Safe During Home Visits***

How to Stay Safe During Home Visits

1. Stay in touch. Set up a call-in procedure with your office.
2. Keep valuables out of sight. Carry as little as possible. It's best to put valuables in the trunk before you leave on an appointment so as not to advertise what you have and where you put it.
3. Know exactly where you're going. If you've never been in a certain location, drive around the area first. This helps you familiarize yourself with alternative routes if you need them for safety. It also gives you advance knowledge of areas that could pose more risk than others.
4. Keep a buffer zone. It's best to leave at least a car length in between you and the car in front of you whenever you stop. This provides you with some space to maneuver in if you're in danger.
5. Be strategic. Drive with your doors locked. Park in a well-lit, visible area. It's best to back your car in for leaving in a quick and less-obstructed way.
6. Dress professionally and functionally. Make sure your clothes and shoes provide you with ease of movement.
7. Set expectations. Discuss mandated reporting requirements and program expectations during your initial contact with your client(s).
8. Establish parameters. Make it clear that you have a schedule to keep and are expected elsewhere later. This puts in some parameters ahead of time in case you have to leave for any reason.
9. Be aware of others. Be mindful of others in the apartment/house for confidentiality and safety reasons.
10. Ask about pets. It's best to call ahead of time to see if there are any pets. Do you have allergies? Is the person's pet friendly or not?
11. Be aware of signs of intoxication. If someone is impaired such as with drugs or alcohol, leave. You can always reschedule.
12. Try to keep a clear path to the door. Know your means of exit. You may leave from a way different than the way you came in.
13. Guard your privacy. Do not give out personal information. It should be a conscious decision if you have pictures in your office, certain bumper stickers on your car, as well as any other potential identifiers. Note: The field has embraced the contributions of those with lived experience, which I'll address in another installment. Lived experience is not included in this tip, as this subject must be treated with the respect of more depth.
14. Be mindful of your presence on social media. Monitor your privacy settings on sites like Facebook. Also avoid sharing things that could provide others with information about you, your family, where you live, and so on.
15. These ideas are not exhaustive. However, I hope they provide ways for you and your colleagues to practice prevention and stay safe.
16. **Listen** to your internal warning signals. **Leave** if you don't feel safe.

Physically Violent Situations

17. If anyone escalates toward violence, initiate your organization's Violence Response Procedures.
18. Keep yourself safe and attend to any immediate safety concerns. We can't help others if we are hurt or in danger ourselves. Employees need to keep themselves as safe as possible so that they are in a better position to help others.
19. Assess the situation. Take a step back and try to remain as calm as possible. Evaluate the circumstances quickly. Consider the number of people involved, their physical size, and the type and number of possible weapons. Keep in mind that many common objects are potential weapons. Determine the immediacy of any dangerous factors involved in the situation. Make a quick determination of severity level.
20. Summon assistance. Summon appropriate assistance to get help on the scene quickly and efficiently. Invoke your organization's Violence Response Procedures.
21. Make the environment as safe as possible. As much as possible, direct onlookers away. Try to remove or reduce accessibility to potential weapons. Isolate the area so no one wanders into the situation inadvertently. If warranted, practical, and safe, evacuate the building or the area closest to the incident.

Violence Involving Weapons

22. If an actual, potential, or perceived weapon is involved in a violent incident, follow your organization's policies and procedures for situations involving weapons. If supported by these policies and procedures, keep the following tips in mind:
23. Avoid reaching for the weapon. Attempting to disarm a person with a weapon is extremely dangerous.
24. Focus on the individual. When threatened, we tend to focus on the weapon. Shifting your focus to the individual will remind you that the real danger is not in the weapon itself, but in the aggressor's behavior.
25. Negotiate. Communicate simple, clear, and reasonable requests in an attempt to solicit affirmative responses (e.g., "May I sit down?" or "Do you mind if I take a deep breath?") The more the aggressor responds affirmatively, the less likely she is to engage the weapon.
26. Step back. Try to negotiate permission to take at least three steps away from the individual. If allowed, the increased distance can reduce both anxiety and weapon accuracy if it is engaged.
27. Buy time. Time is an asset. The longer you can talk to an aggressive individual, the less likely he is to engage the weapon.

Effective Communication Strategies

28. Guidelines involved in effectively communicating with a person in crisis when working alone are similar to those important in any crisis situation:
 - Treat the person with dignity, respect, and courtesy.
 - Listen actively to the person.
 - Speak directly to the person.
 - Remain calm.
 - Offer assistance but do not insist or be offended if your offer is not accepted.
 - Do not overassist or be patronizing.
 - Reduce background noise if possible.

- Be prepared to repeat what you say.
- Don't pretend to understand if you do not. Ask the person to repeat what was said.
- Recall the Integrated Experience.
- Be aware of how your own personal space, body language, and paraverbals may affect the individual in crisis.
- Be patient, flexible, and supportive. Take time to understand the individual and make sure the individual understands you.
- Focus on the person's strengths and adapt your communication skills to the person's needs.
- Allow the person time to say or do things at her own pace.
- If warranted, provide reasonable accommodations according to current laws and policies.

Staying Safe During Site Visits

29. By planning ahead and avoiding unnecessary risks, many crisis situations can be avoided. When crisis moments do occur, the planning and practicing you've done will be essential to taking appropriate, practical steps to keep yourself and others as safe as possible.

30. Site visits might present a number of unique challenges:

- You are providing a service on someone else's "turf," where you may not be familiar with the neighborhood, the site itself, or the people who are present.
- Most significantly, you are often alone and without the benefit of having a team available should a crisis situation arise.
- Prevention and planning are the keys to safe and successful site visits.

31. Before the Visit:

- Gather as much information as possible about the site and the people you are visiting.
- Obtain clear, specific directions to the site. Know exactly where you are going.
- If possible, make the visit during daylight hours.
- Leave a list with your office of where you will be, and call in at designated times.
- Establish a procedure for your office to follow if you don't call in.
- Request backup support if you don't feel safe.

32. Traveling to the Site:

- Keep valuable items out of sight or don't bring them at all.
- Drive with your vehicle doors locked.
- Park in a well-lit, visible area.
- Don't get out of the vehicle if you feel unsafe.
- Carry as little as possible into the home.

33. During the Site Visit:

- Establish the goal of the visit. State the goal to involved parties in advance.

- Keep in mind that you are at work. All policies, guidelines, and laws applicable to your workplace are likely applicable to the site you visit.
- If possible, keep a clear path to an available exit. Avoid positioning yourself in a way in which you would be trapped if you needed to make a quick exit.
- Unless absolutely necessary, avoid entering rooms that are away from the main exit.
- Respect people's personal space. Recall that personal space may extend to possessions.
- Safeguard your privacy. Avoid giving out personal information, such as your personal address or telephone number.
- Pay attention to your internal warning signals. Leave at any time if you don't feel safe.
- Be aware of your paraverbal communication. Paraverbal communication refers to the tone, volume, and cadence (rate and rhythm) of your speech. Many identical statements can have completely opposite meanings, depending on your paraverbals. For example, the question, "What's wrong?" could be stated in a caring, supportive way or in an angry, impatient way. Be sure that your paraverbal communication is consistent with the message you want to send.
- Speak at an even rhythm and allow silence. Be sure to allow enough time for the individual to respond to one statement or question before you go on to the next. Some individuals may take longer to process the information you give them.
- Don't argue. If an individual is confused about the facts of a situation, don't argue with him. Instead, try to understand how he is feeling. Often, fear and confusion are at the root of behavior. Offering reassurance will be more beneficial than trying to correct misperceptions. For example, instead of saying "No one is trying to hurt you," you might say, "It sounds like you're frightened." If it is safe to do so, try to ignore verbal outbursts and insults.

EXCELLENCE IN HOUSING:

Support in Domains

OrgCode Consulting, Inc. is pleased to share this document as part of a collection of the most requested resources from our **Excellence in Housing** training series. These documents are intended for professionals who have been properly trained on these tools and practices.

For more information about this resource, training, or other available resources, please visit us online at:

www.orgcode.com

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Support in Domains

Using the SPDAT Domains to Set Goals

Using the SPDAT presents many opportunities for setting goals. Included within this booklet are three recommended methods to use the SPDATs to get results.

Note that all three of these methods require the user to be fully trained on the SPDAT and to be using the SPDAT as an assessment tool.

Professional Development

You can use the SPDAT to identify areas where you, as a case manager, could use further training. If you notice, for instance, that your clients are consistently failing to improve in certain components, this could be a sign that you could use training in how to provide effective support within that area.

3 Strengths & 2 Risks

You can use the SPDAT to sit down with clients and ask them to identify three components they consider to be strengths and two they consider to be risks to their housing. The risks are seen as things that may cause the client to lose their housing. You can use this assessment to help you client make goals about what areas in their life they would like to work on next.

1 Strength & 2 Opportunities

You can use the SPDAT to sit down with clients and ask them to identify one domain that they consider to be a strength and two domains that they see as an opportunity for improving their quality of life. The opportunities are seen in a positive light. You can use this assessment to help you client make goals about what areas in their life they would like to work on next.

Support in Domains

Worker:	Version:	Date:
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Professional Development

Thinking about your work as a case manager, identify which areas of support you have the most knowledge. How has your knowledge in these areas been **effective** in assisting the clients you work with?

Domain	Component	Got it	Don't got it
Wellness	Physical Health & Wellness	<input type="checkbox"/>	<input type="checkbox"/>
	Mental Health & Wellness and Cognitive Functioning	<input type="checkbox"/>	<input type="checkbox"/>
	Medication	<input type="checkbox"/>	<input type="checkbox"/>
	Abuse and/or Trauma	<input type="checkbox"/>	<input type="checkbox"/>
	Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
Risks	Risk of Harm to Self or Others	<input type="checkbox"/>	<input type="checkbox"/>
	Interaction with Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>
	Involvement in High Risk and/or Exploitive Situations	<input type="checkbox"/>	<input type="checkbox"/>
	Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>
	Managing Tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Socialization & Daily Functioning	Meaningful Daily Activities	<input type="checkbox"/>	<input type="checkbox"/>
	Administration and Money Management	<input type="checkbox"/>	<input type="checkbox"/>
	Social Relationships and Networks	<input type="checkbox"/>	<input type="checkbox"/>
	Self-care & Daily Living Skills	<input type="checkbox"/>	<input type="checkbox"/>
History of Housing	History of Housing & Homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Family Unit	Needs of Children	<input type="checkbox"/>	<input type="checkbox"/>
	Stability/Resilience of Family Unit	<input type="checkbox"/>	<input type="checkbox"/>
	Involvement in Children's Services/Family Court	<input type="checkbox"/>	<input type="checkbox"/>
	Size of Family	<input type="checkbox"/>	<input type="checkbox"/>
	Parental Engagement	<input type="checkbox"/>	<input type="checkbox"/>

Which areas of support provide an opportunity for you to improve your skill set as a case manager? What specifically would you like to make improvements upon? _____

Support in Domains

Client: Maria	Version: 2	Date: October 15
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3 Strengths & 2 Risks Worksheet *Sample*

Which **3 components** of the 20 below are your **greatest strengths**? (Which 3 components don't you think present any risks to your housing?)

Which **2 components** out of the 20 below present the **greatest risks** to staying housed?

Domain	Component	Strength	Risk
Wellness	Physical Health & Wellness	<input type="checkbox"/>	<input type="checkbox"/>
	Mental Health & Wellness and Cognitive Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Medication	<input type="checkbox"/>	<input type="checkbox"/>
	Abuse and/or Trauma	<input type="checkbox"/>	<input type="checkbox"/>
	Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
Risks	Risk of Harm to Self or Others	<input type="checkbox"/>	<input type="checkbox"/>
	Interaction with Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>
	Involvement in High Risk and/or Exploitive Situations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Legal Involvement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Managing Tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Socialization & Daily Functioning	Meaningful Daily Activities	<input type="checkbox"/>	<input type="checkbox"/>
	Administration and Money Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Social Relationships and Networks	<input type="checkbox"/>	<input type="checkbox"/>
	Self-care & Daily Living Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
History of Housing	History of Housing & Homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Family Unit	Needs of Children	<input type="checkbox"/>	<input type="checkbox"/>
	Stability/Resilience of Family Unit	<input type="checkbox"/>	<input type="checkbox"/>
	Involvement in Children's Services/Family Court	<input type="checkbox"/>	<input type="checkbox"/>
	Size of Family	<input type="checkbox"/>	<input type="checkbox"/>
	Parental Engagement	<input type="checkbox"/>	<input type="checkbox"/>

3 Strengths

Why do you consider these areas to be strengths to work off of to help keep you and your family housed?

I'm really good at stretching a dollar as far as I can. I know how to cook and clean and take care of myself, and I keep a level head. If I could get a job, I could make this work.

Support in Domains

Client: *Maria*Version: *2*Date: *October 15*

2 Risks

What do you feel is necessary to **work on with these two components right away** so that you and your family are more likely going to stay housed? *If I get arrested again, that'll be my third strike and I'll be locked up for a really long time, then I won't be able to keep my housing.*

What do you need to do for **yourself** and what type of support do you need **from me**? *I need to stop hanging around with Carla and Smoky. I need help meeting new people and getting a real job so I don't need the money.*

Are there any **skills or strategies** that have helped you in the areas that you don't think presents risk that would be **helpful** to consider here? *One of the reasons I'm so good at budgeting is because I can tell myself no, I don't need that. I have willpower. I can use that to tell Smoky that I don't want to be one of his girls anymore.*

Give a **timetable** for when you don't think this will be an issue anymore. *I'll tell them this weekend, but Carla will want to get high with me and then I make bad choices. If I say no enough times, maybe they'll lay off in a few weeks.*

Support in Domains

Client:	Version:	Date:
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3 Strengths & 2 Risks Worksheet

Which **3 components** of the 20 below are your **greatest strengths**? (Which 3 components don't you think present any risks to your housing?)

Which **2 components** out of the 20 below present the **greatest risks** to staying housed?

Domain	Component	Strength	Risk
Wellness	Physical Health & Wellness	<input type="checkbox"/>	<input type="checkbox"/>
	Mental Health & Wellness and Cognitive Functioning	<input type="checkbox"/>	<input type="checkbox"/>
	Medication	<input type="checkbox"/>	<input type="checkbox"/>
	Abuse and/or Trauma	<input type="checkbox"/>	<input type="checkbox"/>
	Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
Risks	Risk of Harm to Self or Others	<input type="checkbox"/>	<input type="checkbox"/>
	Interaction with Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>
	Involvement in High Risk and/or Exploitive Situations	<input type="checkbox"/>	<input type="checkbox"/>
	Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>
	Managing Tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Socialization & Daily Functioning	Meaningful Daily Activities	<input type="checkbox"/>	<input type="checkbox"/>
	Administration and Money Management	<input type="checkbox"/>	<input type="checkbox"/>
	Social Relationships and Networks	<input type="checkbox"/>	<input type="checkbox"/>
	Self-care & Daily Living Skills	<input type="checkbox"/>	<input type="checkbox"/>
History of Housing	History of Housing & Homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Family Unit	Needs of Children	<input type="checkbox"/>	<input type="checkbox"/>
	Stability/Resilience of Family Unit	<input type="checkbox"/>	<input type="checkbox"/>
	Involvement in Children's Services/Family Court	<input type="checkbox"/>	<input type="checkbox"/>
	Size of Family	<input type="checkbox"/>	<input type="checkbox"/>
	Parental Engagement	<input type="checkbox"/>	<input type="checkbox"/>

3 Strengths

Why do you consider these areas to be strengths to work off of to help keep you and your family housed?

Support in Domains

Client:	Version:	Date:
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2 Risks

What do you feel is necessary to **work on with these two components right away** so that you and your family are more likely going to stay housed? _____

What do you need to do for **yourself** and what type of support do you need **from me**? _____

Are there any **skills or strategies** that have helped you in the areas that you don't think presents risk that would be **helpful** to consider here? _____

Give a **timetable** for when you don't think this will be an issue anymore. _____

Support in Domains

Client:	Version:	Date:
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1 Strength & 2 Opportunities

Which **1 domain** of the 5 below is your **greatest strength**? (Which 1 area do you think presents the least risk to you becoming homeless again?)

Which **2 domains** out of the 5 below that you feel are the areas where there are the **greatest opportunities** to make improvements in your life to help you and your family stay housed?

Strength	Opportunity	Domain	Component
<input type="checkbox"/>	<input type="checkbox"/>	Wellness	Physical Health & Wellness
			Mental Health & Wellness and Cognitive Functioning
			Medication
			Abuse and/or Trauma
			Substance Use
<input type="checkbox"/>	<input type="checkbox"/>	Risks	Risk of Harm to Self or Others
			Interaction with Emergency Services
			Involvement in High Risk and/or Exploitive Situations
			Legal Involvement
			Managing Tenancy
<input type="checkbox"/>	<input type="checkbox"/>	Socialization & Daily Functioning	Meaningful Daily Activities
			Administration and Money Management
			Social Relationships and Networks
		Self-care & Daily Living Skills	
<input type="checkbox"/>	<input type="checkbox"/>	History of Housing	History of Housing & Homelessness
		Family Unit	Needs of Children
			Stability/Resilience of Family Unit
			Involvement in Children's Services/Family Court
			Size of Family
Parental Engagement			

1 Strength

Why do you consider this area to be a strength? _____

How does knowing this is an area of strength help you and your family stay housed? _____

Support in Domains

Client:	Version:	Date:
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2 Risks

What do you feel is necessary to work on with these two domains **before other areas**? _____

Are there **specific components** of the domains that you think present greatest risks to you and your family for not remaining housed? _____

What do you need to do for **yourself** and what type of support do you need **from me** to best support you in these domain areas to help ensure you do not become homeless again? _____

What are some specific **actions you'd like to take** and in what timeframe? _____

EXCELLENCE IN HOUSING:

Exit Planning

OrgCode Consulting, Inc. is pleased to share this document as part of a collection of the most requested resources from our **Excellence in Housing** training series. These documents are intended for professionals who have been properly trained on these tools and practices.

For more information about this resource, training, or other available resources, please visit us online at:

www.orgcode.com

Disclaimer:

OrgCode Consulting Inc. assumes no responsibility for how these tools are used or the validity of the assessments that are made by frontline workers when using the tools. OrgCode Consulting Inc. assumes no responsibility for harm to or from clients, workers or the community stemming from the use of these tools directly or indirectly – up to and including death.

The use of these tools and its consequences are independent of OrgCode Consulting, Inc. Workers and organizations assume all risk associated with or as a result of the use of the tools. By downloading and making use of these tools, in whole or in part, you agree to indemnify and save harmless, OrgCode Consulting, Inc., its owners, employees, associates, and families of all employees. It is further recommended that individuals should receive training in the use of the tools.



Exit Planning

Client:	Version:	Date:
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About Us

Family Name:	
Head(s) of Household:	
Address:	
Health Insurance	

Emergency/Medical Contacts

Role/Relationship	Name	Telephone Number
Emergency	Emergency Services	9-1-1
1.		
2.		
3.		

Our Plan to Maintain Housing

I will continue to **pay our rent** by making sure we do the following things:

I will make sure that **we don't get kicked out of the apartment** by doing/not doing the following things:

We are **ready to live with greater independence** and without Housing Program supports because:

Exit Planning

Client:	Version:	Date:
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The areas in our life that **we are still working on** are:

We are going to **work on these areas by:**

Signs that our housing is **becoming unstable** are:

If our housing is becoming unstable **we will:**

Signs our housing **is unstable** are:

If our housing is unstable **we will:**

Exit Planning

Client:	Version:	Date:
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We are confident that we have the skills to:

Task	Yes	No	N/A
Clean the apartment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Go grocery shopping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pay rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Speak with landlord	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do laundry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pay other bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Be responsible tenants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Set goals & take action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Problem-solve with a level head	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Keep emotions in check when frustrated/angry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Follow crisis plan when necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Make appointments and keep them	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Follow doctor instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Follow psychiatrist instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Take medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Refill medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have fun without creating problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fill the days with things that make us happy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Invite guests over and know when to ask them to leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Seek out help when we need it	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Keep our apartment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Exit Planning

Client:	Version:	Date:
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Our Support Network

The following people are considered to be part of my support network, and we recognize that our Housing Program support worker will no longer be part of my support network:

Role/Relationship	Name	Telephone Number

Should we ever receive an eviction notice or be told by my landlord that we need to leave, we will:

We would like our exit plan shared with our support network and other social service organizations, as deemed appropriate by my worker.

Yes No

Client

Signature

Date

Intensive Case Manager

Signature

Date

EXCELLENCE IN HOUSING:

Crisis Plan

OrgCode Consulting, Inc. is pleased to share this document as part of a collection of the most requested resources from our **Excellence in Housing** training series. These documents are intended for professionals who have been properly trained on these tools and practices.

For more information about this resource, training, or other available resources, please visit us online at:

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Acknowledgements:

OrgCode Consulting, Inc. wishes to thank Mary Ellen Copeland, PhD and the “WRAP” approach as the inspiration for this tool.

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Crisis Plan Sample

Client: Frank	Version: 1	Date: August 4
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About Me

Name:	Francis McNeill
Date of Birth:	June, 1968
Address:	8 Fairview Ave.
Health Card Number/Version:	555-555-1234

Emergency/Medical Contacts

Role	Name	Telephone Number
Emergency	Emergency Services	9-1-1
Contact this person 1st	Erica McNeill (sister)	555-555-9876
Contact this person 2nd	Rob Samborski (boss)	555-555-1111
Contact this person 3rd	Melissa Harken	555-555-2468
Support Worker	Rodrigo Nuñez	555-555-4321
Support Worker Back-up or Team Leader	Rachel Domino	555-555-8787

Depending on the situation, I may also use these community resources when in crisis:

Name of Community Resource	Telephone Number
Gamblers Anonymous	555-555-0005
Mental health hotline	555-555-3434

Understanding & Managing a Crisis

My definition of a crisis is: **Gambling, when I blow all my savings and go into huge debt and then get evicted and end up on the streets again.**

Things that cause me to go into crisis are: **When Melissa's mad at me, I want to buy her things to make her feel better. Or unexpected bills, whenever I feel stressed about money.**

Crisis Plan Sample

Client: **Frank**

Version: **1**

Date: **August 4**

The **signs** that I am **about to go into crisis** are: Money is tight and I start watching poker online. I start talking about my system.

The **signs** that I am **in crisis** are: I ask people for money and make up lame stories about why I need it. I disappear for hours and don't tell anyone where I've been. I talk to Ivan for any reason.

If you notice I am **doing** and/or **saying** talking about how gambling is bad for me, then **give me space**.

In the past, **to deal with a crisis effectively**, I have: Gone to meetings. Also just finding something else to do, maybe movies or a long walk (as long as I don't bring any money with me).

If I am in crisis, it is best to **contact these people**: Erica, because she can usually talk sense into me. My boss because I might totally flake out on work. Melissa, because sometimes it's her fault.

If I am about to be in crisis or I am in crisis, these are the **special arrangements** or things I need to have taken care of for me: Call my boss and tell him I'm sick. Erica has power of attorney so she can put a freeze on my bank accounts. Pay the landlord next month's rent immediately so I don't get evicted.

In the event of a crisis I would like my crisis plan shared with my support network, as deemed appropriate by my worker.

Yes No

Client

Frank McNeill

Signature

August 4, 2014

Date

Intensive Case Manager

Rodrigo Nuñez

Signature

August 4, 2014

Date

Crisis Plan

Client:	Version:	Date:
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About Me

Name:	
Date of Birth:	
Address:	
Health Card Number/Version:	

Emergency/Medical Contacts

Role	Name	Telephone Number
Emergency	Emergency Services	9-1-1
Contact this person 1st		
Contact this person 2nd		
Contact this person 3rd		
Support Worker		
Support Worker Back-up or Team Leader		

Depending on the situation, I may also use these community resources when in crisis:

Name of Community Resource	Telephone Number

Understanding & Managing a Crisis

My **definition** of a crisis is: _____

Things that **cause** me to go into crisis are: _____

Crisis Plan

Client: _____	Version: _____	Date: _____
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The **signs** that I am **about to go into crisis** are: _____

The **signs** that I am **in crisis** are: _____

If you notice I am **doing** and/or **saying** _____
_____, then **give me space**.

In the past, **to deal with a crisis effectively**, I have: _____

If I am in crisis, it is best to **contact these people**: _____

If I am about to be in crisis or I am in crisis, these are the **special arrangements** or things I need to have taken care of for me: _____

In the event of a crisis I would like my crisis plan shared with my support network, as deemed appropriate by my worker.

Yes No

Client

Signature

Date

Intensive Case Manager

Signature

Date