EXCELLENCE IN HOUSING

SAMPLE CRISIS PLAN FORM

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Sample Crisis Plan Form

Version _____   Date _____

Date_____

Emergency: CALL 911

Name:	Date of Birth:
Address:	
Health Card Number/Version:	
Emergency / Medical Contacts:	
1.	Telephone:
2.	Telephone:
3.	Telephone:
Support Worker Name:	Telephone:
Support Worker Back-up or Team Leader Name:	Telephone:

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:	
The signs that I am about to go into crisis are:	

Sample Crisis Plan Form

Version _____   Date _____

The signs that I am in crisis are:	
If you notice I am doing and/or saying _____ 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:

EXCELLENCE IN HOUSING

THE HONEST MONTHLY BUDGET

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The Honest Monthly Budget

Version _____   Date _____

The things that I have to spend money on are:		The formal ways I get money are:	
Rent		Job	
Utilities		General Welfare	
Food		Disability	
Arrears		Pension	
Repairs		Inheritance	
TOTAL		**TOTAL**	
Other money that comes in goes toward:		**The informal ways I get money are:**	
Child Support		Binning/Bottle Collecting	
Debts		Odd Jobs	
Cigarettes		Treasure Hunting	
Coffee		Baby Sitting	
Alcohol		Sex Work	
Other Drugs		Drug Running/Dealing	
Health Stuff		Day Labour	
Household Supplies		Theft/Pawning	
Girlfriend/Boyfriend		Friends/Family	
Kids		Selling Prescription	
Other Friends		Gambling	
Cable		Medical Research	
Socializing/Partying/Night Out		Panhandling	
Sex		Selling Crafts	
Bus		Busking/Street Entertainment	
Taxis		Honorariums	
Gambling		Non-Medical Research	
Legal Stuff/Fines		Other	
Other Bills			
TOTAL			

All the ways I spend money   =   _____

All the ways I get money   =   _____

Difference (+ or -)   **=**   _____

RISK ASSESSMENT & AREAS OF HIGHER ACUITY

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RISK ASSESSMENT TOOL

Managing risk is a response to a specific assessment. A risk has to be defined and characterized before steps can be taken to minimize the risk. While workers may assist individuals and families in helping them reduce risks, it is the individual/family member that is responsible for their own actions. Workers do not have the power to control their clients. But they can shed light on areas where behaviours may be problematic, and do so in a respectful and engaging way that is of assistance to the client. Areas of higher acuity in the SPDAT can help focus where frontline workers invest time to reduce risks.

The first Risk Assessment Tool should be completed within 14 days of a family being housed. It can be very useful in gathering information for the Move-in or 30 day SPDAT, in addition to the assistance it provides in minimizing risk.

The focus is on the behaviour. Not the individual or family as a whole. A risk assessment is **not** a process of determining if someone is a "good" or "bad" person/family. It is about helping to create a series of steps that can be taken to reduce the likelihood of harm to self or others for the client.

The risk assessment encompasses the potential risks to clients, workers and the community. The community can encompass a shared living environment, others in the same program or even the general public.

It is recommended that all workers that engage with this client group are adequately trained in safely working alone, impacts of mental illness, impacts of brain injury, impacts of substance use and have knowledge of trauma.

After assessing risk, the goal is to create a risk minimization plan. Minimizing risk occurs through technology, processes or people. For example, technology can include the likes of electronic medical alerts that advise when a person has fallen or cameras at entrances and exits of buildings. Processes can include the likes of going for a walk when feeling particular emotions or confronted with specific situations or a guest policy that minimizes congestion in common areas. People can include the likes of certain clients always being visited by more than one worker at a time. There is nothing "cookie cutter" about the ways in which the technology, processes or people are used. They are specific to each situation and each person and each specific risk.

Risk Assessment and Areas of Higher Acuity
Version _____ Date _____

DIMENSION 1: OBSERVED & KNOWN BEHAVIOUR	YES	NO
Does any family member 12 years of age or older demonstrate self-neglect? (e.g., inability to meet one's needs of daily living; practice good hygiene; etc.)		
Does any family member demonstrate anti-social behaviours?		
Does any family member threaten violence or engage in other aggressive behaviour (e.g., posturing, challenging, demonstrate toughness by punching or kicking inanimate objects, etc.)		
Are any family members violent (e.g., engage in physical altercations which may include domestic violence, use weapons, etc.)		
Has any family been heard making racist, homophobic, sexist and/or other discriminatory comments towards particular groups or individuals – either verbally or in written form?		
Does any family member self-harm?		
Does any family member bully others?		
Has any family member attempted suicide at any point in the last three years or expressed suicidal thoughts within the past 12 months?		
Does any family member harass others sexually or demonstrate sexual aggression up to and including rape?		
Do any adults in the family abuse children in any way?		
Does any family member 12 years of age or older manipulate others – through physical or verbal means - for their own personal gain?		
Is any family member abused by others (internal or external to the family)?		
Is any family member harassed or bullied by others (internal or external to the family)?		
Is any family member manipulated by others (internal or external to the family)?		
Does any family member 12 years of age or older exhibit attention seeking behaviour?		
Does any family member 12 years of age or older have difficulty expressing emotion verbally, especially when angry or upset?		
Do family members respond normally to stimuli experienced in day to day life? (e.g., happiness at good life moments; laughter when there is a joke; sadness when something bad happens in life; pain when hurt)		
Do others have a negative reaction to any of the family member's behaviour?		
Does any member of the family frequently fall?		
Does any member of the family start fires?		
Does any family member intentionally destroy property?		

Risk Assessment and Areas of Higher Acuity
Version _____   Date _____

DIMENSION 2: BEHAVIOURAL INFLUENCES	YES	NO
Are any "yeses" above related to use of substances including alcohol?		
Are any "yeses" above related to compromised mental wellness?		
Are any "yeses" above related to compromised physical wellness?		
Is the individual aware of what triggers certain "yes" behaviours?		
Does the individual family member have strategies and coping skills to decrease the "yes" behaviours?		
Does the individual family member demonstrate remorse if their behaviour impacts others or hurts themselves?		
Does the individual family member accept responsibility for his/her behaviour?		
Is the individual family member aware of certain environments that effect his/her behaviour? (e.g., noise; around people using drugs; confined spaces; hot room; institutional settings; group gatherings; etc.)		

DIMENSION 3: CONFLICT WITH THE LAW	YES	NO
Has any family member ever been incarcerated for a violent offence?		
Has any family member ever been incarcerated for a sexual offence?		
Has any family member ever been incarcerated for kidnapping or confinement of an individual?		
Are there any legal restrictions in place on where a family member may (or may not) live? (may include conditions of release or parole, restraining orders, etc.)		
Is there any legal restriction on a person not with the family that limits or prevents contact with any member of the family?		
Have any of the offences or restrictions occurred within the past 10 years?		

DIMENSION 4: INTERACTION WITH HEALTH, MENTAL HEALTH, BEHAVIOURAL & ADDICTION RESOURCES	YES	NO
Does any family member have any medical condition that impacts their impulse control or cognitive functioning and reasoning? (e.g., Fetal Alcohol Spectrum Disorder; brain injury; organic brain disorders)		
Has any family member been involuntarily admitted to a mental health facility within the past three years?		
Has any family member voluntarily admitted themselves to a mental health facility in the last year?		
Has any family member ever been ordered to attend anger management classes?		
Has any family member ever been ordered to a service to address their substance use?		
Does any family member currently have a Community Treatment Order?		

Risk Assessment and Areas of Higher Acuity
Version _____   Date _____

DIMENSION 5: ALCOHOL AND SUBSTANCE USE	YES	NO	N/A
Does any family member use alcohol or substances while having a co-occurring physical health issue?			
Does any family member use alcohol or substances while having a co-occurring mental health issue?			
Does any family member use substances intravenously?			
Do substance using family members use safe and sterile products for their consumption?			
Do substance using family members safely dispose of their bottles, needles, etc. after consumption?			
Do substance using family members most frequently use alone?			
Has any family member had one or more overdose in the past 12 months?			

DIMENSION 6: SITUATIONAL RESPONSE	YES	NO
Does any family member have a consistent negative response to men?		
Does any family member have a consistent negative response to women?		
Does any family member have a consistent negative response to younger workers (approximately under the age of 30)?		
Does any family member have a consistent negative response to older workers (approximately 55 years of age and older)?		
Does any family member have a consistent negative response to people of a specific race or ethnicity?		
Does any family member have a consistent negative response to people engaging with them one on one?		
Does any family member have a consistent negative response to people when meeting with two or more workers at a time?		
Does any family member have a consistent negative response when in a particular environment (e.g., at a doctor's office; in their apartment; on the bus)?		
Does any family member have a consistent negative response to behavioural issues being discussed?		

DIMENSION 7: POPULATIONS AT RISK	YES	NO
Is any family member a probable or imminent risk to themselves?		
Is any family member a probable or imminent risk to other people that they live with or near?		
Is any family member a probable or imminent risk to visitors of the other people they live with or near?		
Is any family member a probable or imminent risk to housing support/case management staff?		
Is any family member a probable or imminent risk to the general public?		

Risk Assessment and Areas of Higher Acuity
Version _____ Date _____

RISK MINIMIZATION PLAN

The worker and the client should work together to develop a risk minimization plan for those elements of the risk assessment where there was a "yes".

The risk minimization plan is an iterative process – it is unlikely to be created in one sitting. It is often through a series of conversations that the risk minimization plan becomes fully developed. The development of the plan can lead to contemplation of changes in the individual's life and may have elements that become integrated into the individual service plan.

For each area where there is a perceived risk:
- try to define what exactly the risk is
- try to determine exactly when the risk is most likely going to result in harmful action
- try to figure out what process, technology or people can be put into place to minimize the risk
- focus on changing the behaviour – not the person
- use a strength-based approach to highlight how the individual can be successful in altering their behaviour

RISK MINIMIZATION WORK PLAN

What Exactly is the Risk?	Who is at Risk?	In which situations is the Risk most likely going to result in negative action?	What process, technology or people need to be put into place to reduce the Risk?

EXCELLENCE IN HOUSING

EXIT PLANNNG

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Exit Planning

Version _____ Date _____

Family Name:	Head(s) of Household:
Address:	
Health Insurance:	
Emergency / Medical Contacts:	
1.	Telephone:
2.	Telephone:
3.	Telephone:

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

_____

_____

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:

_____

_____

Exit Planning

Version _____   Date _____

Signs our housing is unstable are:

_____

_____

If our housing is unstable we will:

_____

_____

We are confident that we have the skills to:

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

Comments:

_____

_____

Exit Planning

Version _____ Date _____

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:

Name:_____

Phone:_____

Name:_____

Phone:_____

Name:_____

Phone:_____

Name:_____

Phone:_____

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_____

Participant Signature: _____   Date: _____

Intensive Case Manager Signature:_____ Date:_____

EXCELLENCE IN HOUSING

READINESS RULER

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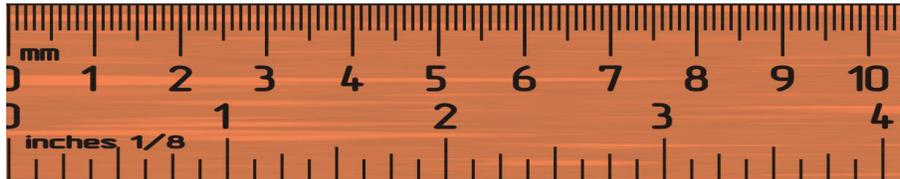
Readiness Ruler
Version _____   Date _____

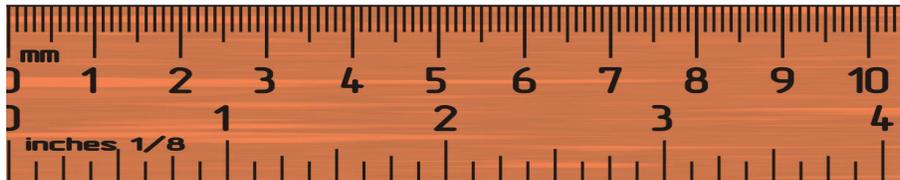I would like to make changes to the following area of my life _____

Below are 3 rulers. On Ruler #1, circle the number that indicates how important it is to make this change in your life.
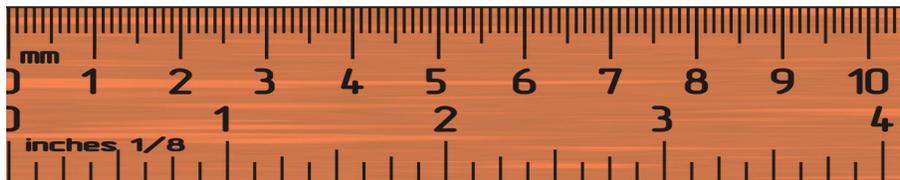
1.

On Ruler #2, circle the number that indicates how READY you are to make the change.

2.

On Ruler #3, circle the number that indicates how CONFIDENT you are to make the change.

3.

INSTRUCTIONS FOR USE

The Readiness Rulers are a visual tool to assist your client in thinking about and making change related to specific areas of their case plan.

There are two approached to using the Readiness Rulers.
1. You can ask your client which area of their case plan they would like to talk about, and insert that into the line above the first ruler. An example might be quit smoking. Most often the areas of the case plan named are the over-arching or impact goals.
2. You can arrive at a home visit and suggest in the conversation that you think it would be a good idea if they spent some time talking about (insert a goal where the client does not seem to have made much change). If the client agrees to talk about it, use the Readiness Rulers to frame that conversation.

In subsequent interactions with clients you can use the Readiness Rulers again for the same area of change. You can track progress over time on the rulers. There is no right or wrong answer in how your client marks himself/herself on the Readiness Rulers. It is a self-assessment. Once the client has completed the Readiness Rulers, the visual tool provides opportunity for you to explore how they have plotted on the rulers.

Prompts to consider using the first time a client is using the Readiness Ruler for a particular area of their case plan:

When they have marked between 0-3:

- Why did you mark yourself there?
- Why did you not mark yourself higher?
- Why did you not mark yourself lower? (assumes they have not ranked themselves zero)
- How will you know that it is time to think about changing?
- Is there anything we can set up for you that may help you think about changing?

When they have marked between 4-7:
- Why did you mark yourself there?
- Why did you not mark yourself higher?
- Why did you not mark yourself lower? (assumes they have not ranked themselves zero)
- What would be good about taking steps more towards feeling like a 10?
- What is preventing you from being more towards a 10?
- How will you know you are ready to take the next step towards a 10?
- Is there anything we can set up for you that will help you take the next step?

When they have marked between 8-10:
- Why did you mark yourself there?
- Why did you not mark yourself higher?
- Why did you not mark yourself lower? (assumes they have not ranked themselves zero)
- What is one thing you can do to help you feel like a 10? (assumes they marked 8 or 9)

Prompts to consider when using the Readiness Rulers for a second, third, fourth time (etc) relative to their previous completion of the Readiness Ruler.

If the person has moved to the right on the ruler – though not quite at 10 yet - indicating that steps are being taken to make change:
- What has happened that made you take this step forward?
- What else could help you keep going towards feeling like a 10?
- What is one thing you can work on that will help you make that step? (Name it and specify a date for completion.)

If the person has achieved a 10:
- What helped you get all the way to 10?
- How do you feel now that you are at 10?
- What can you do to stay at the 10?
- What is the next thing you need to do to make sure the change sticks?

If the person has moved backwards on the ruler:
- Change is hard. What do you need to do to move in the other direction again?
- What was working for a while? What has changed?
- What have you learned about yourself?
- How can you use what you have learned to give it another try?