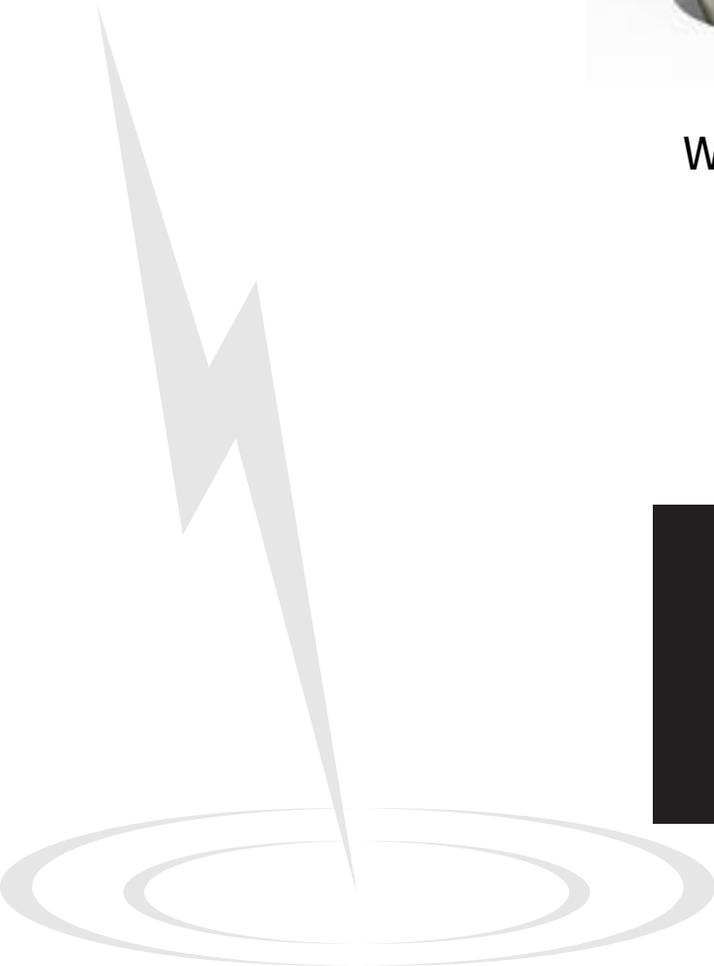


Excellence in
**Housing-Based
Case Management**



WORKBOOK



“Working to Achieve Excellence in Housing-Based Case Management” is an interactive training program to assist housing support workers improve their delivery of case management. The focus is on excellence – respecting that excellence is a pursuit, not a destination in and of itself.

Through this training you will:

- ***Increase awareness and access to tools to be proactive in working with those that may disengage from the case management process;***
- ***Challenge some dominant myths in case management service delivery;***
- ***Improve your communication with clients***
- ***Increase your accountability in service delivery***
- ***Likely feel improved results in your professional performance.***

Acknowledgements

OrgCode Consulting would like to thank consumers, service providers and other professionals that have provided access to materials, knowledge and tools contained within the document, provided commentary on our approach and helped improve each version of our training related to case management excellence.

Disclaimer

OrgCode Consulting Inc. assumes no responsibility for how these resources and tools are used. OrgCode Consulting Inc. further assumes no responsibility for harm to or from clients, workers or the community stemming from the use of this resource or associated tools directly or indirectly. The use of these resources or associated tools and its consequences are independent of OrgCode Consulting Inc.

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Five Essential and Sequential Steps

Five Essential and Sequential Steps in Case Management

Stages of Case Management

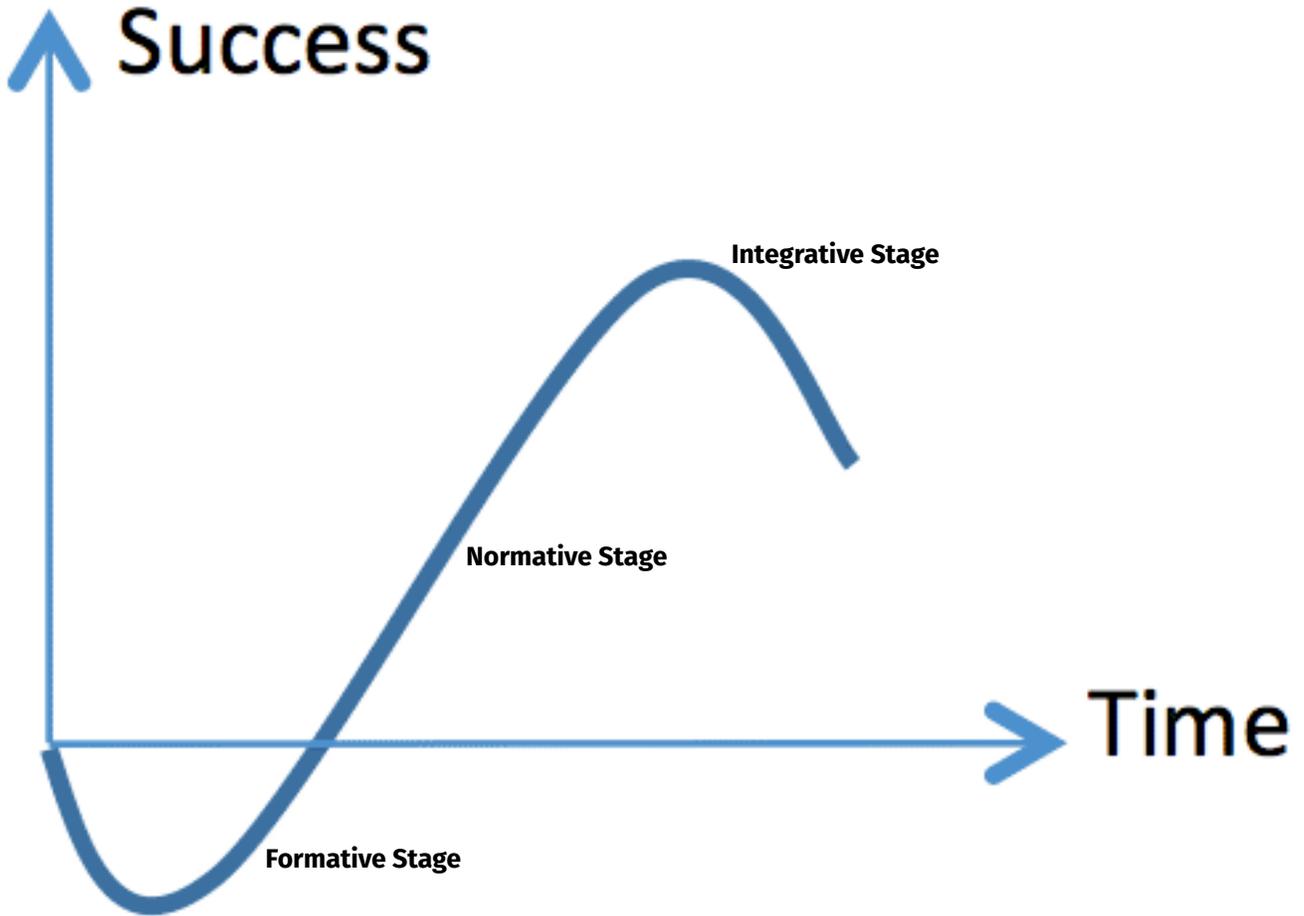


Stages of Awareness



Five Essential and Sequential Steps

Pathways to Change



Home Visits

Home Visits: Setting the Stage for Success

Start of the Visit

- Be pleasant
- Outline objectives
- Outline time

“Hi [name] good to see you today and we have [XX] minutes for our visit. As we talked about on [date of last visit] we agreed that we would talk about:

A.

B.

C.

At the end of dealing with those objectives for today we will select some objectives for our next visit.”

- Ask TV, radio, etc. to be turned off
- Ask them to hold non-urgent calls and texts. And leave your own phone alone!
- Ask that there be no guests during visits (perhaps some exceptions for family members)
- Be on time & stay on time
- It’s okay to acknowledge, “I know this may be hard for you...”
- It’s okay to note discrepancies and establish an honest environment
- Be present... listen... embracing the silence and awkward pauses
- Empathy, not sympathy
- Embrace your role as a change agent in your tone

During the Visit

- Update half way through
- Keep things on track
- Ask probing questions
- Use active language
- Never provide advice

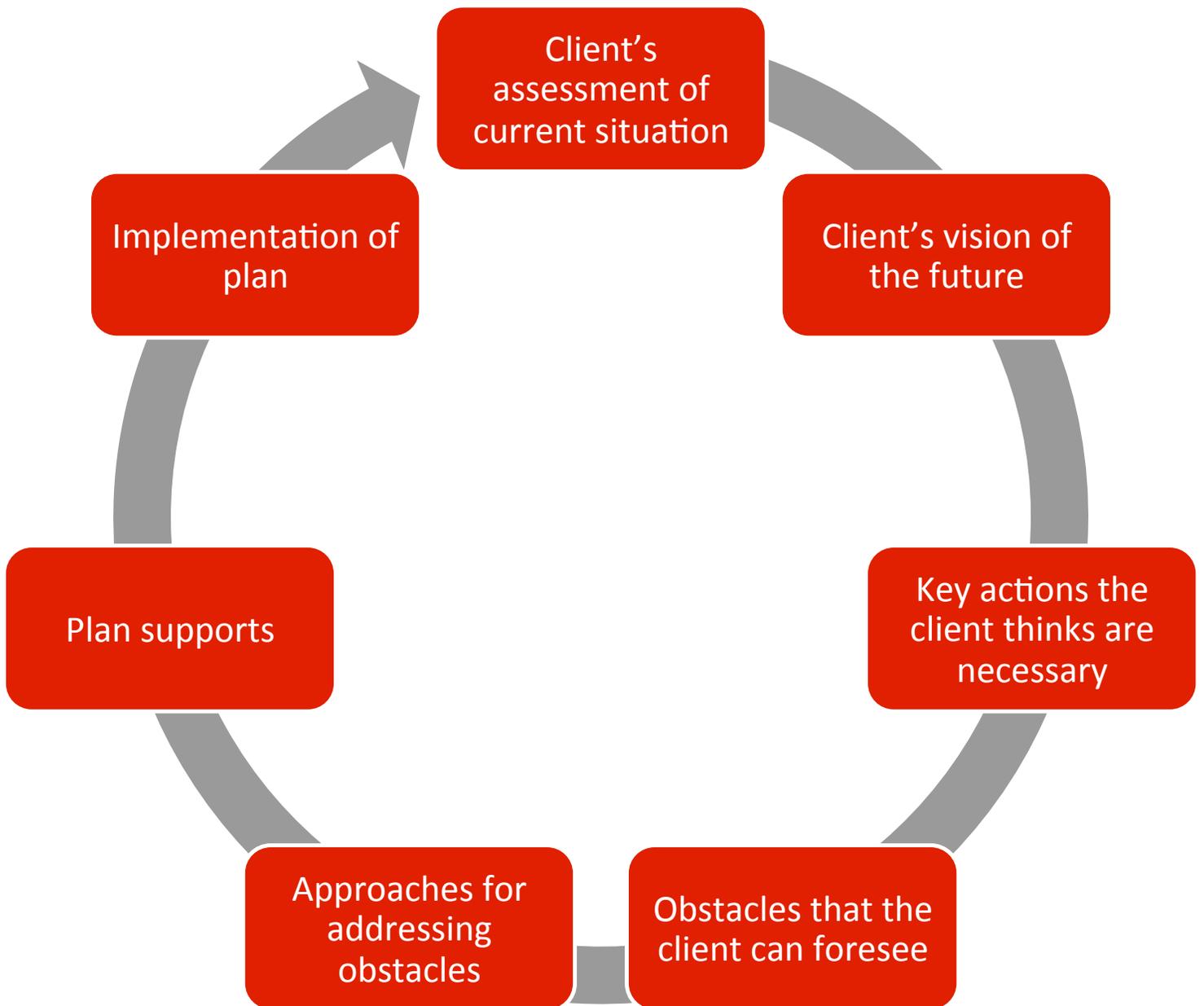
Home Visits

- Manage your own time (usually 4-6 home visits per day, maximum)
- Manage your safety
- Avoid idle chit-chat

End of the Visit

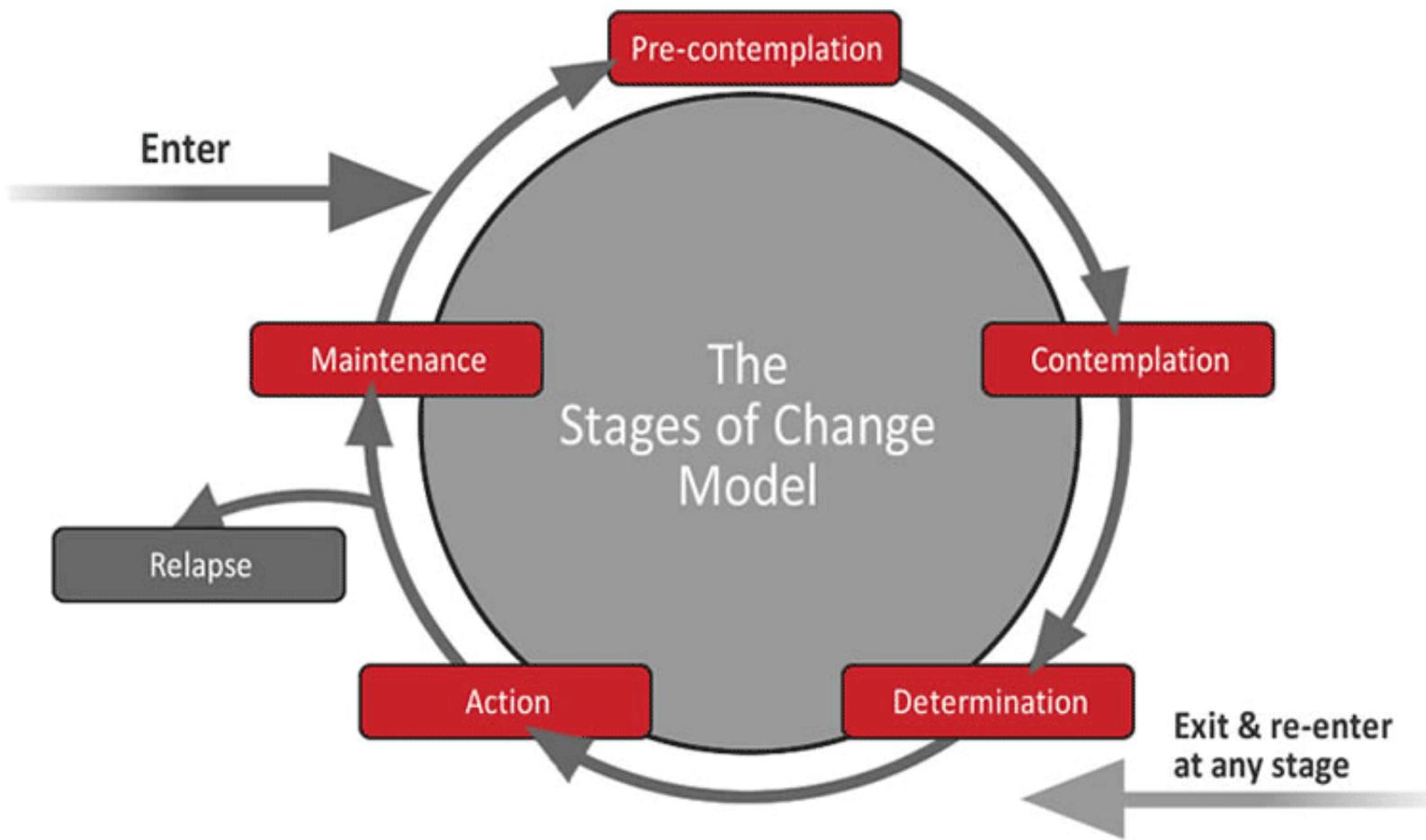
- Summarize what was discussed.
- Establish objectives for next visit
- Note in the calendar the date and time of the next visit
- Find something positive to acknowledge, however small

Stimulating Positive Change



Stages of Change

Stages of Change



Crisis Planning

Crisis Planning Tool

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 Planning

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

Risk Assessment

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 in helping them reduce risks, it is the individual 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.

The focus is on the behaviour. Not the individual. A risk assessment is not a process of determining if someone is a “good” or “bad” person. 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

Risk Identification

Dimension 1: Observed & Known Behavior	Yes	No
Does the individual demonstrate self-neglect? <i>e.g., inability to meet one's needs of daily living; practice good hygiene; etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual demonstrate self-neglect? (<i>e.g., inability to meet one's needs of daily living; practice good hygiene; etc.</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual demonstrate anti-social behaviours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual threaten violence or engage in other aggressive behaviour? (<i>e.g., posturing, challenging, demonstrate toughness by punching inanimate objects, etc.</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual violent? (<i>e.g., engage in physical altercations which may include domestic violence, use weapons, etc.</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual made racist, homophobic, sexist and/or other discriminatory comments towards particular groups or individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual self-harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual bully others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual attempted suicide at any point in the last three years or expressed suicidal thoughts within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual harass other sexually or demonstrate sexual aggression up to and including rape?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual abuse children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual manipulate others – through physical or verbal means – for their own personal gain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual abused by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual harassed by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual manipulated by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual bullied by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual exhibit attention seeking behaviour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual changed their routine in the past month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have difficulty expressing emotion verbally, especially when angry or upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual respond normally to stimuli experienced in day to day life? (<i>e.g., happiness at good life moments; laughter when there is a joke; sadness when something bad happens in life; pain when hurt</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do others have a negative reaction to the individual's behaviour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual frequently fall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual start fires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual destroy property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual at risk of eviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk Assessment

Dimension 2: Behavioral Influences	Yes	No
Are any “yeses” above related to use of substances including alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any “yeses” above related to compromised mental wellness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any “yeses” above related to compromised physical wellness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual aware of what triggers certain “yes” behaviours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have strategies and coping skills to decrease the “yes” behaviours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual demonstrate remorse if their behaviour impacts others or hurts themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual accept responsibility for his/her behaviour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dimension 3: Conflict With the Law	Yes	No
Has the individual ever been incarcerated for a violent offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual ever been incarcerated for a sexual offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual ever been incarcerated for kidnapping or confinement of an individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any legal restrictions in place on where the individual may (or may not) live? (e.g., may include conditions of release or parole, restraining orders, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any legal restriction on another person that limits or prevents contact with the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of the offences or restrictions occurred within the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dimension 4: Interaction With Health, Mental Health, Behavioral, & Addiction Resources	Yes	No
Does the individual have any medical condition that impacts their impulse control or cognitive functioning and reasoning? <i>e.g., Fetal Alcohol Spectrum Disorder; brain injury; organic brain disorders</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual been involuntarily admitted to a mental health facility within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual voluntarily admitted themselves to a mental health facility in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual ever been ordered to attend anger management classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual ever been ordered to a service to address their substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual currently have a Community Treatment Order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk Assessment

Dimension 5: Alcohol & Substance Use	Yes	No	N/A
Does the individual use alcohol or substances while having a co-occurring physical health issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the individual use alcohol or substances while having a co-occurring mental health issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the individual use substances intravenously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the individual use safe and sterile products for their consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the individual safely dispose of their bottles, needles, etc. after consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the individual most frequently use alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has the individual had one or more overdose in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Dimension 6: Situational Response	Yes	No
Does the individual have a consistent negative response to men?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response to women?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response to younger workers (approximately under the age of 30)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response to older workers (approximately 55 years of age and older)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response to people of a specific race or ethnicity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response to people engaging with them one on one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response to people when meeting with two or more workers at a time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response when in a particular environment (e.g., at a doctor's office; in their apartment; on the bus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a consistent negative response to behavioural issues being discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dimension 7: Populations at Risk	Yes	No
Is the individual a risk to themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual a risk to other people that they live with or near?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual a risk to visitors of the other people they live with or near?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual a risk to other clients that are involved with the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual a risk to staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual a risk to property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual a risk to the general public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk Assessment

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 Worksheet

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?

Exit Planning

Exit Planning Tool

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

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

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

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

Honest Monthly Budget

Honest Monthly Budget

Things that I have to spend money on:		Formal ways I get money:	
Rent		Job	
Utilities		General Welfare	
Food		Disability	
Arrears		Pension	
Repairs		Inheritance	
TOTAL		TOTAL	

Other money that comes in goes toward:		Informal ways I get money:	
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		TOTAL	

All the Ways I Spend Money:		All the Ways I Make Money:	
GRAND TOTAL		GRAND TOTAL	

Difference Between What I Spend and What I Make:	
---	--

Personal Guest Policy

Personal Guest Policy Tool

In general, my visiting hours are:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Guests ARE allowed							
Guests are NOT allowed							

I make exceptions for the following people:

Name	Is allowed to visit...		
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Other: _____

These are my house rules:

Here's how I will deal with things if someone breaks my house rules:

Here's why having and following a guest policy is important to me:

Readiness Rulers

Readiness Rulers

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.

Using This Tool

There are two approaches to using the Readiness Rulers.

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.

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.

Conversation Prompts

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?

Readiness Rulers

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):

- 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?

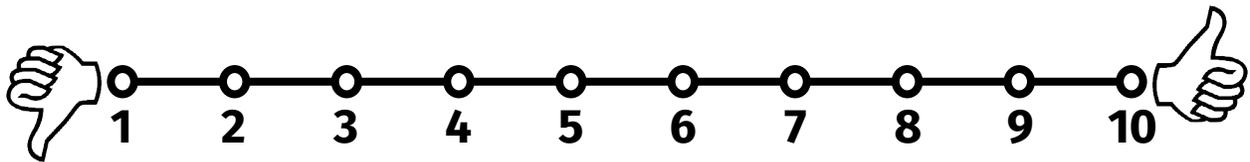
Readiness Rulers

Readiness Ruler Worksheet

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

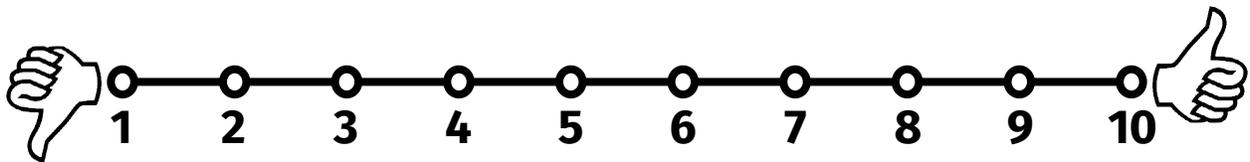
Importance

On a scale of 1 to 10, with 1 meaning “not important at all”, and 10 meaning “couldn’t be more important,” here’s how important making these changes are to me:



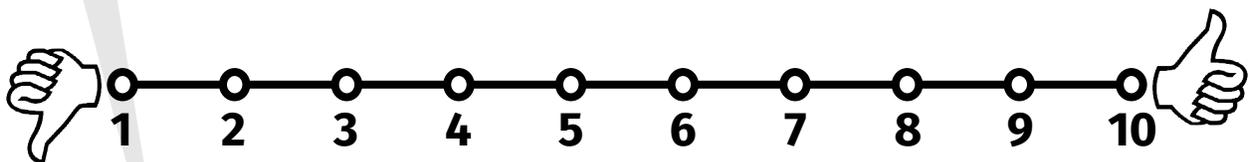
Readiness

On a scale of 1 to 10, with 1 meaning “not ready at all”, and 10 meaning “couldn’t be more ready,” here’s how ready I am to start making these changes:



Confidence

On a scale of 1 to 10, with 1 meaning “not confident at all”, and 10 meaning “couldn’t be more confident” here’s how confident I am that I can make these changes:



A Week of Meaningful Things To Do

A Week of Meaningful Things to Do

Instructions for Intensive Case Managers

“A Week of Meaningful Things to Do” is a tool that Intensive Case Managers can use when delivering Housing

First to help clients focus beyond the present moment. It is not mandatory, but can be helpful especially:

- In the early days of the relationship
- To help clients understand your role as an Intensive Case Manager
- To get clients to focus not just on those appointments related to the case plan (for example, dates and times you intend to visit; doctor’s appointments; meetings with an employer or welfare, etc.) but also activities that they can engage with outside of those appointment times to reduce social isolation, increase community integration, and (re)build social networks;
- To help clients reflect on those activities that are the best part of their day and those parts where things could have been better.

Some clients will also want to use the calendar to help organize chores and get into routines such as noting what day garbage has to be taken out, a good day to do laundry, etc. If they choose to do so, these types of activities are best placed in the “Appointments” section.

To use the tool

1. Suggest and promote the tool and its benefits to the client;
2. Explain how the tool works;
3. Write the days of the week across the top. The column on the far left should either be the day that you are completing the tool or the first day after the use of the tool;
4. Use open-ended questions related to activity suggestions for the client to consider. Activities should include those things that would provide the client fulfillment physically, intellectually, spiritually, socially, emotionally and/or recreationally. You may want to use prompts like “What is a physical exercise or sport you’d like to do this week and when do you want to do it?”
5. Know when some specific events are occurring in the community that you can offer as suggestions for them to respond to such as “There is a fall fair on Saturday that is free and has a band coming on at 6pm. What do you think about that?” or “On Tuesday mornings there is coffee club at the Kinsmen Recreation Centre where seniors meet up. How do you feel about doing that and meeting up with some other seniors in your neighbourhood?” or “The Running Room has free group runs on Wednesday evenings and Sunday mornings. What do you say to strapping on your running shoes and trying one or both of those runs next week?”;
6. Try to encourage the client to come up with at least one activity each morning, afternoon and evening;
7. De-brief the tool with the client, preferably on the afternoon of the 7th day it is used;
8. Use the “Other Notes and Reminders” for work related to these activities (not for case notes).

A Week of Meaningful Things To Do

Some helpful hints

- Take your time.
- Write out the answers for your client the first few times.
- Helping clients to get out of their apartment and reduce social isolation is one of the goals, but is not a requirement.
- If it works, provide them blank sheets to do it by themselves in the future.

A Week of Meaningful Things To Do

Days of the Week:								
Morning	Appointments:							
	Other things I plan to do:							
Afternoon	Appointments:							
	Other things I plan to do:							
Evening	Things I plan to do:							
What was the best thing about the day?								
What could have been better about the day?								

A Week of Meaningful Things To Do

Other Notes and Reminders for the Week Ahead:

Client

Signature _____

Date _____

Intensive Case Manager

Signature _____

Date _____