

THE JONAH PROJECT

MODULE 7
CARE PLANS





ASSESSMENT TEAM GOALS

For Facilitators & Advocates

24 Hours

1. Emergency Medical Care
2. Bedding
3. Dietary Restrictions
4. Personal Care Items
5. Interpreter Needs
6. Clothing
7. Introduction to House Leader(s)
8. Review/Discuss House “Safety Plan”

72 Hours

1. Complete Initial Interview
2. Schedule Medical Appointment (HIV/TB)

Day 20+

1. Facilitate Access to Counseling / Mental Health Resources
2. Orientation to Neighborhood & Public Transit
3. EBT Application; I.D. & Personal Documents Assistance
4. House Meeting / Church Gathering
5. Assign Advocate



DAILY PLAN

Our “Daily” plan will be a simple set of goals for short-term (less than 3 weeks) residents or residents in the early stages of residency and adjustment. The Daily Plan will give us some simple, achievable goals based on an individual’s needs. Both the resident’s House Leader(s) and assigned Advocate should be on the same page with this plan, so please ask your Director if there are any questions or concerns about the goals for a resident. Once a Daily Plan is constructed, it should be reviewed and approved by the Director of Advocacy. It should give the resident an area to explore and stretch themselves, and area to experience comfort, and an area to help them to heal...but it should not be a long list (about 3-5 items).

Daily Plan items should be simple and uncomplicated, such as:

- Eat 3 meals a day
- Take medications as prescribed
- Contact one other Jonah member or someone who is part of a healthy sphere of influence
- Set a small goal to achieve by the end of the week

Sample Daily Plan for “Beth,” a 17 y/o High School Junior who is a brand new resident struggling in school and showing signs of an eating disorder:

- Eat 3 meals a day
- Try to stay engaged for the entire school day
- Set an appointment with a tutor for one class, and keep the appointment
- Help another resident with a chore
- Try and write one diary entry about something you felt today



CARE PLAN

Our “Care Plan” will typically apply to residents that are longer than 20 days. Care Plans would apply to all residents regardless of housing type, including Host Housing. Care Plans should cover about a month and include short term goals as well as plans for the next stages of life, including:

- Mental Health or Wellness
- Physical Health or Diet
- Education and/or Job Training
- Counseling/Mentoring/Spiritual Development
- Personal Development

A sample care plan for “Beth” after she has been a resident for approximately 3 weeks might be:

- Eat 3 meals per day
- Obtain grade report from each teacher with notes on what is needed to improve (extra credit?)
- Apply for EBT card and replacement Social Security card
- Spend 20 minutes reading previous diary entries
- Think of a way to show another resident or student love—then do it!
- Walk or jog for 20 minutes when you feel anxious, or do your PTSD exercises
- Attend 100% of your classes this month
- Call an eye doctor and set an appointment to be seen for glasses/contacts



Care Plan - Stage 1

Rest & Resources

It may have been a long time since a survivor has had the opportunity to safely rest and they will need to do so for their physical, mental as well as spiritual and emotional well-being. During this stage of the survivor's healing, the approach will be to meet the immediate need as well as construct our "Care Plan." This is where we will begin after relocation if a resident is staying long-term at one of Jonah's housing options, or if we have become their "assigned" advocate.

During Stage 1, we will focus on areas that meet physical and personal needs, while the survivor will attempt to engage and progress in the following areas:

- Accessing Medical or Mental Health Care and Following Prescribed Treatment.
- Meeting Personal Clothing and Hygiene Needs.
- Connecting With Advocates, Family or Counselors, As Appropriate.
- Disconnecting From Negative Spheres of Influence, including Social Media.
- Engaging In Personal And/Or Group Counseling & Discussion.
- Practicing Safe Travel & Communication Habits.
- Completing Of Any State or Federal enforced Rehabilitation or Sentence.
- Discuss The Concept Of Freedom And Explore Making Free Choices.
- Creating And Discussion A Personal Vision.



Care Plan - Stage 1

Rest & Resources

The purpose of **Stage 1** is to begin assisting the survivor with seeing themselves as valuable and a member of the Community or family. This is why black-out periods or isolation can sometimes be harmful or trigger unsafe behaviors and unhealthy coping mechanisms. It is vital that a survivor feels a connection and builds relational trust, so engagement rather than performance is the goal.

When the individual is able to comfortably manage the areas in **Stage 1**, they typically will find a natural transition or desire to proceed to Stage 2. In cases where a resident is not yet ready to engage in Stage 2 Restoration, they will be able to take their time and progress according to their individual needs.

Stage 1 will address meeting physical and personal needs, how the survivor is feeling about their time with Jonah Project, their personal safety, and their ability to work through communicating their needs. The focus during Stage 1 is REST and access to RESOURCES.

This Stage will typically require a 30-Day MINIMUM of evaluation.



Care Plan - Stage 1 Advocate Checklist

Important Questions For All Stage 1 Participants

1. Talk about the vision you have for your life moving forward.
2. What is it like when you have to ask for help?
3. How are you doing with transportation needs? Public Transit?
4. Where do you feel you are making progress?
5. Where do you feel stuck?
6. Talk about your friendships.
7. What does “being free” mean to you?
8. What worries or scares you?
9. What makes you happy?
10. How do you feel about your progress with counseling, mental health, etc.?
11. What other things do you want to talk about?
12. Are there any current, immediate needs that we haven’t discussed?
13. (Discuss any areas that have been talked about in recent group session.)

Stage 1 Advocate Check List

- _____ The survivor has navigated transportation needs and services successfully and safely.
- _____ The survivor has been engaged with staff and/or Advocates and has made an effort to communicate needs and feeling.
- _____ The survivor has maintained safe distances from negative influences, including social media, as necessary.
- _____ The survivor has engaged with appropriate or scheduled mental health and/or counseling services.
- _____ The survivor has made an effort to engage in group activities and has participated in meals and gatherings with other residents or social groups which offer a positive peer influence.
- _____ The survivor has successfully completed or has shown a continuing desire to engage in any rehab or State mandated treatment, including any assigned medication schedules.

Congratulations! We hope you feel RESTED and that you have appropriate RESOURCES.
Stage 2 RESTORATION her we come!



Care Plan - Stage 2

Restoration

Stage 2 is the “final” stage of reintegration for the survivor. We call it the “**Restoration Stage.**” This will be the longest season of restoration and will stretch the survivor to engage life in a whole new way. This is also the point where the survivor may experience the most freedom they have felt in a long time. Opportunities like having a driver’s license or completing a GED, trips and family gatherings, and unrestricted travel are now possible. Advocates should be aware that managing this type of freedom may bring back (or “trigger”) anxieties that the survivor may have previously experienced. It is crucial that at Stage 2, the sphere of influence for the survivor is extremely positive and that everyone around them is working as a team to support their care plan. It is at Stage 2 that a survivor may have visitors and should be encouraged to engage in more outside activity and skill development within healthy peer groups.

Stage 2 Program Completion Requirements

1. Continuation of Care Plan and Engagement With Advocates As Planned.
2. Demonstrate An Increase In Effective Communication To Express Needs.
3. Show A Desire For Positive Spheres Of Influence And Peer Groups.
4. Ability To Discuss Their “Personal Vision” As Well As Steps Taken To Meet Vision Goals.
5. Commitment To Engage In Volunteer Work Or Part-Time Employment.
6. Progress On Understanding Current Personal Coping Skills As Well As Progress In Developing Healthy Ones.
7. Knowledge Of Ways To Stay Personally Safe And Seek Emergency Assistance.
8. Participation In A Regular Peer Group Or Activity.
9. A Desire To Walk In Freedom!

In Stage 2, the Focus is on relationships, spheres of influence, forming healthy habits and processes for life, and furthering the exploration and discussion of freedom. This stage requires 90-Days MINIMUM of evaluation. However, this stage does not have an end date, as each survivor is unique and has different needs and ways that they process and heal.



Care Plan - Stage 2

Restoration

Important Questions For All Stage 2 Participants

1. Talk about the vision you have for your life . . . Has that changed or stayed the same?
2. Tell me about your circle of friends/spheres of influence? Family?
3. Where do you feel you are making progress?
4. Where do you feel stuck?
5. What does “being free” mean to you?
6. What worries or scares you?
7. What makes you happy?
8. How do you feel about your progress with counseling, mental health, etc.?
9. What do you feel are the next steps in life for you?

Stage 2 Advocate Check List

_____ The survivor has the ability to safely access resources while traveling alone.

_____ The survivor has shown the ability to follow up on their own Care Plan and to ask for help as needed from healthy resources.

_____ The survivor has maintained safe distances from negative influences, including social media, as necessary and would be able to utilize the internet if supervised for work or education.

_____ The survivor has engaged with appropriate/scheduled mental health and/or counseling services, and has met with their Advocate and/or Pastor weekly.

_____ The survivor has made an effort to engage with other residents, advocates, and a peer group.

_____ The survivor has demonstrated a commitment to volunteer, or is in the process of employment training.

_____ The Survivor has successfully completed or has shown a continued desire to engage in all rehab/State-mandated treatment and/or medication regimen.

Sur.vi.vor

1. *A person who is still living after others have perished*
2. *Someone who has the skill to come with difficulty in life*