



EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

Training Frontline Staff

Permanent Supportive Housing



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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Training

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Training Frontline Staff

This workbook will help program leaders teach their staff members about the principles, processes, and skills necessary to deliver effective Permanent Supportive Housing.

It covers the following:

- The basic elements of Permanent Supportive Housing;
- The theory behind the Permanent Supportive Housing model;
- The core processes that programs follow; and
- The types of services that program staff provide.

Use this workbook as both a training manual for group sessions and a basic desk reference.

Permanent Supportive Housing

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Permanent Supportive Housing KIT, which includes eight booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Tools for Tenants

Using Multimedia to Introduce Your EBP

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Training Frontline Staff

How Program Leaders Should Use This Workbook

Training Frontline Staff introduces Permanent Supportive Housing staff to the basic principles and skills they need to deliver effective services.

Because being part of a team and learning how to process information together is an essential part of Permanent Supportive Housing, we recommend that you conduct group sessions rather than simply giving staff members the workbook to read on their own.

To make the content easy to manage, we divided the training into six modules.

The Six Modules in Training Frontline Staff

- 1** Core elements of Permanent Supportive Housing
- 2** Outreach and engagement
- 3** Helping people find and acquire housing,
- 4** Connecting Tenants to Benefits and Community-Based Services
- 5** Directly Providing Supports for Housing Retention
- 6** Addressing Additional Special Needs



How to Complete this Six-Session Training

- Arrange delivery times to allow ample time for both delivery of materials and activities.
- When possible, copy and distribute the module's reading materials to participants before the session so that they can read them beforehand. You'll find each module on the KIT's CD-ROM.
- Copy the exercises for each module so that you can distribute them during each session. You'll also find them on the CD-ROM.
- Discuss the information in the module in an interactive format, relating it to the state and local context of the participants. Meaningful embedded questions to the participants will help them process, remember, and apply the material.
- Use the suggested exercises, having participants complete them individually or in small groups according to the directions. Always review and process the exercises afterward to be sure objectives are achieved.



Prepare program-specific information

In addition to the materials in this workbook, prepare to give staff information about local program policies and procedures, as available. These might include the following:

- Eligibility guidelines for tenants;
- Intake procedures;
- Building policies and procedures (where applicable);
- Forms such as goal plans or housing preference questionnaires;
- Local housing contacts;
- Local contacts for community-based services;
- Forms (such as Section 8 applications) that staff must use;
- Materials about local and state landlord-tenant housing laws;
- Local Public Housing Agency (PHA) Housing Quality Standards (where applicable);
- Local PHA affordability and unit size standards (where applicable); and
- Outcomes that the program monitors.

Prepare agency-specific information

Develop a plan to train staff about other policies and procedures that may be relevant to the agency in which the housing program operates. These might include the following:

- **Safety:** Many agencies with existing community-based programs will have materials about safety. If training in this area is not already available, plan for training in de-escalation techniques. You might also seek a local law enforcement agency to provide training in personal safety and crime prevention strategies.
- **Emergencies:** Staff members must know the procedures to follow if an emergency occurs in housing or while they are in the community.
- **Billing procedures:** Staff members must know how to document their activities and bill for services.
- **Vehicles:** Staff members must understand the policies about using and maintaining vehicles.
- **Mandated reporting:** Staff members must know how to report suspected abuse and neglect.
- **Other policies and procedures:** Consult your agency's human resource office to learn of other program, agency, or state policies that the staff should know.

Visit an existing program

After your staff completes this workbook, we suggest that new staff members observe an experienced Permanent Supportive Housing program. Being familiar with these materials before visiting a program will make the visit more productive. Rather than having to take time to explain the basics, the host program will be able to show the new staff members how to apply the basics in a real-world setting.

Recruit a consultant

After the initial training, you are responsible for ensuring that the staff follows the Permanent Supportive Housing model in their work with tenants. This task can be challenging. It is very easy to stray and do something similar to, but not quite the same as, Permanent Supportive Housing. Sometimes this happens because teams believe they are diligently following the model, but they miss some of the more subtle aspects of it. In other cases, teams start well, but, as more tenants are housed and pressure mounts on the team, they may revert to older, more familiar ways of working.

To ensure that your team follows the Permanent Supportive Housing model, you may find it helpful to work with a consultant throughout the first year of operation. An experienced consultant can provide ongoing telephone and in-person support to help you with your challenging leadership role.

For more information

The Evidence, included in this KIT, lists a number of valuable publications that can be used for training on additional topics, together with a brief summary of each of the publication's contents.



Module 1:

Core Elements of Permanent Supportive Housing

Notes to the facilitator

Prepare for Module 1:

- Make copies of Module 1: Core Elements of Permanent Supportive Housing. Your copy is in this workbook; print copies for your staff from the CD-ROM.
- Distribute this material to the participants. Ask them to read this module before meeting as a group to discuss it.
- Make copies of this exercise: *Responding to Tenant Concerns Within Single-Site Housing*. However, do not distribute the exercise until your staff meets as a group.



- Distribute information about local and state landlord-tenant laws, local Public Housing Agency (PHA) Housing Quality Standards (where applicable), and PHA affordability and unit size standards.
- Distribute the exercise to the group at the end of the module and complete it. This exercise is recommended as a small group activity, followed by concise report-outs. When reporting out, hear all group responses to one example, then move on to the next.

Facilitating the dialogue:

Some people have difficulty speaking in a group, perhaps because they are timid or soft-spoken. Conversely, some team members will be self-confident and outspoken and will need to learn to listen openly to what others have to say. One of the roles of a facilitator is to encourage people who are more withdrawn to express their views and make sure that more vocal participants give others a chance to speak.

Conduct your first session:

- When you convene your group, discuss the content of Module 1.
- Distribute your program's mission statement (if applicable), tenant eligibility guidelines, list of consumers' rights and responsibilities, and any materials distributed to tenants, along with the *Tenant Welcome Manual*, to review and discuss.

Training Frontline Staff

Module 1: Core Elements of Permanent Supportive Housing

Permanent Supportive Housing is based on the philosophy that people with psychiatric disabilities can live in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs. Permanent Supportive Housing is characterized by the following certain core elements:

- Choice of housing;
- Functional separation of housing and services;
- Decent, safe, and affordable housing;
- Housing integration;
- Access to housing; and
- Flexible, voluntary, and recovery-focused services.

Helping people with psychiatric disabilities live in the community means helping them take pride in and responsibility for their homes and helping them choose the supportive services that they need. Therefore, educating tenants and increasing their involvement in planning are important to the success of Permanent Supportive Housing.

Establishing Core Elements

Permanent Supportive Housing, as its name implies, provides people with psychiatric disabilities with a permanent home linked with a flexible array of services designed to help them keep their homes. Permanent Supportive Housing is quite different from other approaches to providing housing to people with psychiatric disabilities. Therefore, it is important that you understand the practice's basic principles and values and the research and policy bases for adopting the practice.

These principles and values are reflected in the fidelity scale in *Evaluating Your Program* in this KIT. (The practice of Permanent Supportive Housing described in this KIT is based on practices that have developed through the years at the local and state levels and should not be confused with the U.S. Department of Housing and Urban Development's Supportive Housing Program, which is a specific initiative to serve people who are homeless.)

Choice of housing

The people you serve likely have similar preferences as you do in selecting housing. Surveys consistently have shown that people with psychiatric disabilities prefer living alone or with people they choose instead of living in congregate settings. They want housing that is convenient to transportation, mental health services, family, shopping, and other essentials. Further, some research studies have shown better outcomes among people who have access to housing that meets their expressed preferences (Srebnick, 1992; Livingston et al., 1991).

From the beginning, tenants' housing preferences should be explored fully. Providing access to scattered-site housing offers the best opportunity to meet tenants' expressed choice of location, although the local housing market will dictate what is available.

Functional separation of housing and services

Although the Permanent Supportive Housing approach calls for offering both permanent housing and supportive services, these two crucial components operate independently. This means that the people who provide support services such as case management, helping people find housing, and advocating for tenants should not perform property management functions such as reviewing rental applications, collecting rent, and making eviction and renewal decisions. As discussed below, separating housing provision from service provision helps ensure that tenants' rights under local and state landlord-tenant laws are respected.

In scattered-site housing using tenant-based rental assistance, in which the program helps people obtain housing on the open market and provides necessary and wanted support services, services and housing are completely separate—landlords have no relationship with the program other than a working relationship that the staff develops with them.

In other forms of Permanent Supportive Housing, in which a single agency has both property management and support service responsibilities, vigilance is needed to ensure that confidentiality is maintained and that coercion does not occur, usually by assigning individual staff members either to property management or support service duties.

Decent, safe, and affordable housing

Helping people with psychiatric disabilities live in the community requires that decent housing be made affordable. For housing to be considered affordable, tenants must pay no more than 30 percent of their income toward rent plus basic utilities. Meeting this standard allows people to have money to meet basic expenses and still have spending money.

Affordability is a challenge that your Permanent Supportive Housing program must address aggressively. People with psychiatric disabilities are among the poorest people in the nation, frequently relying on Supplemental Security Income (SSI) or other forms of income supports that place them well below the poverty line. Without housing subsidies, or financial assistance, they cannot afford housing.

Research indicates that access to housing subsidies improves housing quality, encourages engagement in mental health services, and leads to shorter hospital stays. (Newman, Reschovsky, Kaneda, et al., 1994; Hurlburt, Wood, & Hough, 1996; Depp et al., 1986). However, the availability of housing subsidies is limited and insufficient to meet the needs of all people who need Permanent Supportive Housing. In some communities, the lack of affordable housing is so severe that even people with rental subsidies such as Section 8 vouchers have a difficult time finding housing. Therefore, the success of Permanent Supportive Housing initiatives relies on continuing advocacy for additional housing subsidies and increasing the supply of affordable housing.

Housing integration

Federal guidelines require that publicly funded services for people with disabilities be provided in the most integrated setting that is appropriate to their needs. An integrated setting is one that allows people to interact with others who do not have disabilities. In holding that unnecessary segregation of people with disabilities violates federal law, the U.S. Supreme Court noted that segregating people with disabilities perpetuates stereotypes that they are incapable of living independently and denies them important opportunities. For example, people in segregated settings may face formidable obstacles to work, education, social contacts, and family life.

When the principle of “most integrated setting” is applied to Permanent Supportive Housing, a desirable level of integration may be achieved by helping people find scattered-site homes on the rental market or by developing mixed-use buildings, in which most of the units are *not* reserved for people with psychiatric disabilities. In everyday practice, you can further integration by increasing tenants’ opportunities to interact with other members of the community.

Offering care in the most integrated setting

An independent nonprofit organization developed an apartment building in an effort to provide affordable Permanent Supportive Housing to people with psychiatric disabilities. To provide an integrated environment, the organization reserves 50 percent of the units for people with psychiatric disabilities, with the remainder rented to low-income individuals and families.

The county mental health department rents office space from the nonprofit organization and employs support service staff. The department offers onsite case management and life skills training, although participation in these services is not required.

The case management service is offered to all residents, regardless of whether they have a psychiatric disability, as low-income people often need help with resource issues.

The nonprofit organization employs the building’s property manager, resulting in legal and functional separation of housing and services.

Source: Adapted from Enterprise Foundation, Beyond Housing: Profiles of Low-Income, Service Enriched Housing for Special Populations and Property Management Programs.

<http://www.enterprisefoundation.org/model>

Rights of tenancy

Housing is permanent in the sense that people have a lease, and as long as they meet the basic obligations of tenancy, such as paying rent, they are able to stay in their home. They do not need to move out their home if their service needs change.

Holding a lease also provides people with rights of tenancy under local, state, and federal laws. Tenants have a right to privacy, meaning that a landlord can only enter the property with proper notice and for specific purposes, such as making repairs.

Additionally, tenants have the right to have repairs done and they have protections against eviction. In Permanent Supportive Housing, people with psychiatric disabilities have the same rights as everyone else.

This move toward equality is based on principles of fairness and recognition that everyone needs housing, regardless of disability. Consumers' need for housing is no different from your own need for housing. Recognizing that people who have special needs do not need to live in "special" places, Permanent Supportive Housing addresses the need for housing as a universal human need by helping people find permanent housing, rather than temporary shelters in a treatment setting.

Access to housing

Part of having the same housing rights as everyone else is the ability to qualify for and keep housing regardless of whether services are accepted. Therefore, although Permanent Supportive Housing is designed for people who need services to live independently, and needed services are made available to tenants, acceptance of these services, including mental health treatments and medications, is not a requirement of receiving or maintaining housing.

Many programs have adopted a *housing-first* approach. Under this approach, programs strive to provide people with permanent housing as quickly as possible. Some people worry about the consequences of providing housing without requiring abstinence from substance use or participation in mental health treatment. However, Permanent Supportive programs use an active and persistent approach to encourage tenants to accept needed services.

Studies of housing-first Permanent Supportive Housing initiatives show that a significant percentage of tenants are likely to engage in treatment, particularly mental health treatment (Rosenheck et al., 1998). Furthermore, tenants have similar levels of substance abuse and mental health functioning compared to residents of housing in which treatment is made mandatory (Tsemberis et al., 2004).

Flexible, voluntary, recovery-focused services

Permanent Supportive Housing is distinguished from residential treatment programs and congregate housing by the flexibility of the services offered and the freedom of tenants to choose the services that they need. Your starting point should be asking tenants what services and supports would help them succeed in their desired housing, accompanied by a thorough evaluation of what they need and what they are willing to accept.

Engaging some tenants in services will require you to be persistent and patient because trying too hard can drive tenants away, while ignoring a need is also ineffective. Later modules will examine some of the strategies that you can use to engage tenants in services without using improper coercion.

Providing the services that tenants need to live successfully in the community requires you to have a great deal of flexibility. You might help a new tenant learn to cook simple meals and months later help the same person apply for jobs at a restaurant. You might help one tenant to join an AA group and another to enroll in computer classes at the local library. The key to success is to know the individual's needs, abilities, goals, and preferences.

Most Permanent Supportive Housing programs rely on some mix of providing services directly to consumers and linking them to services in the community. Of course, choice in services has meaning only if services are available when and where tenants need them. Successful programs meet tenants' needs by doing the following:

- Employing evidence-based practices;
- Tailoring services toward recovery, improved functioning, and life satisfaction rather than symptom reduction; and
- Providing services in natural settings, such as at tenants' homes or workplaces, rather than at an office to which they must travel.

Being part of a Permanent Supportive Housing team requires patience, persistence, and flexibility. Above all, it requires a belief in the idea that Permanent Supportive Housing works and that people with psychiatric disabilities have the same right to live in a home of their own as everyone else does. As a staff member in a Permanent Supportive Housing initiative, you have the opportunity to support people on their individual journeys to recovery.

Example 1

A group of outspoken tenants has formed and is aggressively pressing building management and social services staff for changes. The group's top priorities include the following:

- Swift action against drug activity in the building, including sting operations and evictions;
- More intervention by social services to address "unacceptable behavior, such as yelling and screaming, wandering the halls" and other disruptive activities; and
- More services and attention such as job training and education.

Management and social service staff are surprised by the aggressive style of the group and are not sure if their viewpoints represent the rest of the tenants.

- 1. What structures should be in place to help determine whether these concerns are representative?**

- 2. How would you respond to the concerns in a way that empowers tenants and ensures that all are heard?**

Example 2

Only a handful of the tenants in the building have been attending the tenants' meeting. The current agenda involves additions to the core set of house rules staff established for the building. One outspoken tenant attends every meeting (as well as every activity and group), and many decisions end up being made by him. Staff members do not feel his opinion represents the majority within the building and suspect that he also turns off other tenants who might be interested in attending some meetings.

- 3. How would you go about finding out why most tenants are not attending the meeting? What are some possible reasons for their lack of interest?**

- 4. How might you respond to this situation?**

Example 3

Some tenants in the building have signed a petition stating, "Our home is being institutionalized by the posters that are placed in the lobby, elevators, and hallways. These posters most often list activities and services offered in the building and some have even been warnings about practicing safe sex and using condoms. We find them offensive and embarrassing."

5. Who would you involve in responding to this petition?

6. What policies should exist to address such educational communications?

Source for examples: HUD Supportive Housing Training Series, *Community Building in and Around Supportive Residences*.

Module 2:

Outreach and Engagement

Notes to the facilitator

Prepare for Module 2:

- Make copies of Module 2: Outreach and Engagement. Your copy is in this workbook; print copies for your staff from the CD-ROM.
- Distribute this material to the participants. Ask them to read this module before meeting as a group to discuss it.
- Make copies of this exercise: *Outreach and Engagement for Prospective Tenants*. However, do not distribute the exercise until your staff meets as a group.



- Distribute the exercise to the group at the end of the module and complete it. This exercise is recommended as a small group activity, followed by concise report-outs. When reporting out, hear all group responses to one example, then move on to the next.

Facilitating the dialogue:

Some people have difficulty speaking in a group, perhaps because they are shy or soft-spoken. Conversely, some team members will be self-confident and outspoken and will need to learn to listen openly to what others have to say. One of the roles of a facilitator is to encourage people who are more withdrawn to express their views and make sure that more vocal participants give others a chance to speak.

Conduct your second session:

- When you convene your group, discuss the content of Module 2.
- Distribute your program's mission statement, tenant eligibility guidelines, intake procedures, and safety guidelines. (You may have already distributed the first two when you taught Module 1; please be sure they have these copies with them or additional copies are available for reference.)

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Module 2: Outreach and Engagement

Permanent Supportive Housing is suitable for people who need significant supports to choose, get, and keep housing. Many people move into Permanent Supportive Housing after being institutionalized or living on the streets. However, people living in such circumstances might be unaware of housing opportunities or be unwilling to accept your help.

The relationships that you develop through initial outreach to potential tenants and ongoing engagement in services are crucial to the success of Permanent Supportive Housing.

Conducting outreach to potential tenants

As a Supportive Housing worker, you need to prepare a foundation so your work can go well. To build a solid foundation for effective service provision, you must do the following:

- Actively engage people;
- Develop a positive helping relationship; and
- Create an alliance between you and program participants that will support their success.

Effective Permanent Supportive Housing does not involve trading access to housing for accepting treatment or coercing people to accept treatment by threatening the loss of housing. Some research has shown that for people who have refused treatment and other services, providing access to housing improves the likelihood that they will engage in services (Rosenheck et al., 1998), while other research shows that housing-first approaches are as effective at improving mental health functioning and substance abuse as alternatives requiring abstinence and treatment (Tsemberis et al., 2004).

Effective Supportive Housing program staff works with tenants in partnership. In this partnership each person has something to contribute and the relationship is based on mutual respect. Permanent Supportive Housing should be consumer-directed. This means that participants are given the information, tools, and assistance they need to make important decisions about housing and support services; that people drive their own rehabilitation and recovery process; and that workers focus on meeting consumers' expressed needs, preferences, and goals.

A positive helping relationship or therapeutic alliance is the foundation for effective Permanent Supportive Housing. The relationship that develops between you and the people you want serve is crucial to the tenants' personal success in their living situation, your success as a worker, and the success of your program. Together, you can create an alliance for success.

This relationship is important not only during your initial outreach efforts, but also *after* a person receives housing. Because Permanent Supportive Housing is based on voluntary services, active engagement often is needed to connect people with services that will support recovery. A true alliance for success doesn't just happen—it takes a lot of focused attention and skills on the worker's part.

The following material and activities explore important processes of engagement and relationship building that will allow you to create a positive alliance and promote the success of your program and the people you serve.

Identifying people for outreach

Only a select group or target population is eligible to receive Permanent Supportive Housing. The practice described in this KIT is designed for a target population of people with serious mental illnesses who need assistance to live in the community.

The practice is effective for people who have been homeless, as well as for people who have spent time in hospitals, correctional facilities, nursing homes, group homes, and other institutional or congregate settings. (In contrast, many "Supportive Housing" programs receiving federal funding are designed specifically for people who are homeless.) Generally, eligibility is based on need for supports, rather than simply a need for affordable housing.

When conducting outreach, it is important to know the eligibility criteria for your program, as well as other alternatives to which you might refer people who are not eligible.

People who are eligible for Permanent Supportive Housing programs may come to the program from many situations such as the following:

- Some may have been institutionalized in psychiatric hospitals or nursing homes either for a short or long period of time.
- Some are literally homeless and have been living in shelters or on the street, or they may have been staying in short-term transitional settings or in longer term Safe Haven-style programs.
- People may come to the program from custodial settings such as board and care homes.
- They may be living in supervised congregate settings such as group homes or residential treatment programs, where their lives may have been highly structured. In such settings a package of services often is tied to the housing.
- Some may have been living with their family of origin and may have never established a household of their own.
- Some may be fleeing abusive relationships and staying in temporary safe houses.
- Some people may have been incarcerated in jails or prisons, or they may be diverted from entering a local jail by entering the program.
- People may be in living in substandard housing or lack the skills and supports they need to maintain residential stability.

A given Permanent Supportive Housing program may target one or more of these “special needs” or “at-risk” populations, choosing to serve only people in certain situations, subpopulations, categories, or particular life circumstances. For example, some Permanent Supportive Housing programs are funded to serve only people with psychiatric disabilities who are literally homeless. Others also may serve people who are precariously housed, such as those doubled up in apartments or in temporary living situations who have no place to go if they leave that setting, or those who face preset time limits in housing and who will become homeless when that period is up. A few programs have the mission to serve all people with psychiatric disabilities who have a need for safe, decent, affordable housing.

Gaining access to people who need Permanent Supportive Housing

Because you simply cannot wait for people to seek out Permanent Supportive Housing, it is necessary to reach out to potential participants to inform them about Permanent Supportive Housing and actively engage them. *Outreach* means seeking people out, wherever they are, and making a personal connection with them, making them aware of the opportunity to gain housing and support services, and starting to develop a positive helping relationship.

Outreach can involve going out on the streets to seek out people who are literally homeless who are potentially eligible for Permanent Supportive Housing. It also can mean going into settings such as jails, custodial residential facilities, board and care homes, or institutions to seek out people who are feeling stuck in such settings, and assessing their eligibility and interest in Permanent Supportive Housing.

Outreach often involves gaining access to people who are in closed social settings such as institutions, jails, residential programs, or board and care homes. To reach people who are in such settings, you often will need to form a positive working relationship with the staff at the settings where potential program participants currently live, congregate, or receive services. In other words, often you must first conduct outreach to staff to get access to the people you wish to serve.

Keep in mind that financial interests are at stake. Operators of boarding homes or other residential facilities do not want to lose their residents and might try to thwart your efforts. Part of your work involves finding effective ways to educate management and staff, and to advocate for the rights of people with psychiatric disabilities to live in less restrictive settings.

Common barriers to engagement

To be a successful outreach worker, you must be proactive and very persistent. This means, in your role as an outreach worker, you must keep actively seeking out and approaching people. While some people will be enthusiastic and interested in hearing about or participating in Permanent Supportive Housing right away, others will not be interested in receiving help from a formal program, in participating in any kind of mental health program, in receiving supportive services, or even in talking to you or to anyone whom they see as representing the mental health system.

People may not be initially interested in having a relationship with you for many reasons:

- Some people fear or mistrust mental health services because they had very bad experiences in the mental health system in the past.
- Many, if not most, people who are eligible for Supportive Housing have experienced trauma in their lives, and some have been re-traumatized in the mental health system.
- Some may fear that if they ask for help they may be evaluated, judged, taken to a hospital, and treated against their will.

As a worker, you will want to emphasize that Permanent Supportive Housing services are completely voluntary, and no forced treatment is involved. Others may resist Permanent Supportive Housing because of the process they must go through to prove their eligibility:

- Some people do not want to admit to having a history of a mental disorder and initially may refuse to discuss their psychiatric problems.
- Some people will not accept services or supports based on their psychiatric history, a labeled diagnosis, or disability, and some will refuse to undergo any kind of formal psychiatric assessment to determine whether they have mental health problems or disorders.
- Many people do not want to go through a lot of bureaucratic red tape or paperwork to get housing or other kinds of assistance; successful programs often completely avoid formal assessments and extensive paperwork during the early stages of outreach and engagement.

Moving and changing one's life in major ways can be difficult, exhausting, and fearful experiences for any of us, whether or not we have a psychiatric disability. Changing our life in major ways is difficult. People may not be enthusiastic about moving out of their comfort zone, even if their current situation looks really dismal by typical social standards. For some, the process of change is especially daunting:

- Some people you contact will have settled into their current situation and don't see their lives as ever being different or better.
- Some may feel so resigned or hopeless about their situation that they do not feel motivated or interested in anything.
- People can become institutionalized within a board and care home, nursing home, residential program, or state hospital and become afraid to try to live more independently outside the congregate setting.
- Some people have become habituated to the condition of living on the streets or in shelters. They have found ways to adapt to the condition of homelessness.

With patience, experience suggests that you can reach even those people who have been institutionalized or homeless for long periods of time. Most effective is housing that has few barriers to entry (called *low-demand housing*).

Concerns about money may also be a barrier. People living in custodial settings have very few personal resources (almost all their money is paid to the facility for their room and board and care); they know they could never pull enough resources together to establish an independent household without help, so they have stopped thinking about such options and no longer see themselves being able to move out or get their own place.

Some people have severe psychiatric symptoms that are very challenging to contend with. Psychiatric symptoms can include hearing distressing voices, having unusual thoughts and sensations, or having intense feelings of paranoia. Some people have negative symptoms and lack a sense of personal motivation. Sometimes people are taking so much medication that they cannot function very well.

To be successful, *low-demand housing* (also called *Housing First*) must have these three components:

- It avoids complex application processes such as multiple site visits, interviews, extensive documentation, and waiting lists;
- It does not require that applicants be "housing ready" (in terms of medication, sobriety, money management, etc.); and
- It has no or few conditions that impinge on residents' autonomy (such as requirements for treatment, money management, or curfews).

The first component (*simplified intake*) is particularly crucial in reaching a chronically homeless target population, while the latter two components are reflected in the fidelity scale as key elements of Permanent Supportive Housing for people with psychiatric disabilities generally.

Encouraging Referrals

Outreach to potential tenants is not the only type of outreach that is necessary for a Permanent Supportive Housing program to be successful. Even though the need for Supportive Housing is clearly great, you cannot sit back and wait for professionals to refer people to your program.

Common barriers to referral

Many barriers to referrals exist. One barrier is that professionals often think Permanent Supportive Housing lacks the kind of structure and staffing levels that are needed to meet the needs of people with serious psychiatric disabilities. Many mental health professionals think that people have to go through preparatory programs or spend periods in time-limited transitional settings before they can be successful at living in Permanent Supportive Housing. This was the old model of thinking about residential services based on a linear residential continuum. In the linear continuum model, people would move to a series of new “residential placements” as their functioning improved; each program would provide a lessening degree of structure and supervision, until people ultimately could achieve independent living.

Some professionals hold other beliefs that can keep them from supporting evidence-based models of Permanent Supportive Housing. These include the following:

- Many professionals believe that people with psychiatric disabilities require high levels of onsite staff supervision to live successfully in the community.
- Some professionals believe people must be in clinical remission or free of distressing psychiatric symptoms before living in their own residence in the community.

- Some providers think people have to have a high level of skills to live in their own apartment, or that they must be able to manage successfully all the tasks of running a household before they can be housed in a normal living situation.
- Some providers believe that people should have to achieve a certain period of sobriety before they receive access to housing.
- Some providers want to exclude people’s family, friends, or significant others from service planning.

However, research and experience show that even people with significant psychiatric and substance abuse disorders can successfully live in their own homes when given access to voluntary, flexible supports (Siegel et al., 2006; Tsemberis & Eisenberg, 2000).

Educating providers

Part of your role is to educate other mental health professionals and residential program providers about the benefits and outcomes of Permanent Supportive Housing. This is a key part of your work because you must actively seek out and strongly encourage referrals to your Permanent Supportive Housing program.

Education includes sharing the evidence from research that shows Permanent Supportive Housing is a highly effective intervention, even for people who have been described as “most difficult to serve.”

Part of your job is to educate the many mental health professionals who are unaware that research shows the following:

- Spending time in preparatory settings does not increase the chances that people will go on to succeed in housing (Mares et al., 2004).

- The vast majority of people with serious and prolonged psychiatric disabilities can and do succeed in normal housing when the housing is linked to supportive services. This is true even if they enter the program directly from the streets or an institution, and it is true even if they have an active substance abuse problem (Tsemberis et al., 2004).
- In some studies, housing linked to supportive services has been found to help people with psychiatric disabilities function better (Hough et al., 1994; Lehman et al., 1994; Shern et al., 1994).
- Housing linked to supportive services can reduce the number and duration of psychiatric hospitalizations (Culhane et al., 2002).
- Housing linked to supportive services even results in reductions in substance abuse for many people over time (Cheng et al., 2007).
- Consumers consider Supportive Housing to be an important basis for promoting recovery (Onken et al., 2002, Coursey et al., 1997).

It is also important to educate mental health staff to recognize that people with psychiatric disabilities have the right to full community integration. *Community integration* means people have the right to live and work among people without disabilities—and to have access to housing, transportation, and jobs—without experiencing discrimination based on disability. Federal policy now demands that people should not be socially segregated simply because they have a disability.

This KIT contains a number of tools that can be used to educate mental health providers about the value of Permanent Supportive Housing. *The Evidence* summarizes research about the effectiveness of the practice, and a brochure provides a solid overview of the practice.

Building ongoing relationships

Engagement is an ongoing process. Tenants live in Permanent Supportive Housing because they need supports to maintain housing, but participation in services is voluntary. For many tenants, their willingness to accept services is predicated on their trust in the program and their relationship with staff. Therefore, you must devote significant attention to maintaining working relationships with tenants.

Communicate effectively

One foundation for a good helping relationship is effective communication skills. Effective communication involves many skills, but here we will concentrate on just a few aspects—active listening, empathic understanding, and unconditional positive regard.

Active listening means that you work hard to really hear what people are saying. Active listening usually involves being able to listen carefully and reflect back to people in words and gestures that you truly understand what they are saying to you.

Often you will need to “listen” to more than the words people are saying. Body language and unspoken messages can be important. Sometimes people with psychiatric disorders have unusual ways of communicating (patterns of speech that relate to psychiatric symptoms), but this is not common. People may appear withdrawn at first and say little or even nothing at all. Sometimes people communicate messages symbolically because they are trying to communicate something without using words. People may test you to see if you really care by overtly acting in a way that is troubling or bizarre. At times, behaviors that look like symptoms have another meaning, as the story below illustrates.

Building relationships through communication

When Debbie began working for the homeless outreach team, she tried to approach an older woman who lived in a tent in a homeless campsite along the river. The woman's "home" was made out of plastic drop cloths propped up on moss-covered tree limbs.

The woman dressed in several layers of filthy clothing that smelled strongly of urine. At first, the woman wasn't responsive to Debbie's attempts to talk with her, but Debbie kept going back. She found out from another person at the campsite that the woman's name was Delores, and that most people stayed away from her because, as the woman said, Delores was a "screamin' space case." After a few months of being visited by Debbie, Delores finally agreed to go with Debbie to look at a vacant rent-subsidized studio apartment.

The day after Debbie moved Delores into the small studio apartment, Debbie went to visit her. A much younger woman dressed in a grey pantsuit was in the apartment. When she told the woman, "Sorry, I'm actually looking for Delores," the woman replied, "You're lookin' at her!"

She went on to tell Debbie that she had dressed in layers of dirty clothing while she was homeless because it kept her from being raped. She called it her "body armor" to "keep the sexual predators away." She said she wanted people to leave her alone, and they avoided her when she acted "really, really crazy."

She said the first things she did when she got her own place was to put her old clothes down the garbage chute in her building, take a half-hour shower, and dig out an outfit from the stash of clothes she kept in a black plastic garbage bag.

"I may be a crazy lady, but I ain't stupid," she told Debbie.

Empathic communication means that you can enter into and share people's emotions, feelings, or experiences. Empathy is not being superior or taking pity on people, but having a sense of fellowship, compassion, and mutual sharing. Empathy is a deeply felt sense of caring and understanding.

Unconditional positive regard conveys the idea that you truly respect, accept and care about people, no matter what they look like, how they are living, what resources they have or do not have, or what their life experiences have been.

Provide tangible assistance

Workers in many successful Permanent Supportive Housing programs found that they needed to begin to form a relationship based on supplying people with something they want to have or engaging in an activity they want to do.

By providing some form of concrete, tangible, or real assistance—such as practical help with a task, a ride, a snack, a cup of coffee, a food voucher, or a pair of clean cotton socks—you begin to form a helping relationship.

Taking the time it takes

In a program serving a rural county, identifying people who are homeless and have a serious mental illness is difficult. Numerous people live in abandoned sheds, vehicles, or tents, without running water or electricity.

One way to identify people who need Permanent Supportive Housing is through the county's mental health clinic, but due to the stigma associated with mental illness, many people avoid seeking help.

Outreach workers identify people who might need assistance in a number of ways, including developing relationships with jails, the Food Stamp office, school social workers, churches, and even employers of temporary workers.

Outreach workers often identify people who need assistance by word of mouth, and they drive around in cars loaded with food, water, sleeping bags, and propane tanks.

Knowing that people might hesitate to leave their current "home"—even if it is not fit for human habitation—outreach workers are patient and try to determine what is really important to the person. They build relationships with people by providing survival items, while at the same time building a foundation for convincing them to accept housing assistance.

Join in positive activities

Some Permanent Supportive Housing programs are very flexible. Outreach workers take part in almost any kind of activity that people want to do, so long as the activity helps form a positive helping relationship that may lead to engaging them in the program.

Building relationships by joining in activities

At one program serving tenants in a rural area, promoting socialization is a major concern. Though many people have expressed a desire to live in their own homes, they often end up living in relatively isolated places.

Helping tenants adjust to community living begins with getting to know them. Staff members ask what people like to do with their time and then facilitate their involvement in an activity they value, often taking part in the activity along with the people. Workers might go fishing, swimming, or shoot hoops with people; they spend time visiting lawn sales, drinking coffee, and knitting with the people they are getting to know.

A small amount of flexible funds (about \$20 per month per participant) is made available to the Supportive Housing workers to engage in such activities with tenants so that the costs didn't come out of their own pockets.

Build trust

Trust is a crucial part of establishing helping relationships. Engagement involves *building trust* between you and the people you seek to serve. Being trustworthy involves the following:

- Showing up when you say you will;
- Following up on things you were asked to find out about;
- Hanging in with people over the course of time, not giving up on them and disappearing from their lives;
- Doing whatever it is that you told people you would do for them;
- Holding information in confidence if you are asked to. (Later we will talk about a few exceptions in crisis situations.)

Effective outreach takes time. Trust builds slowly, through many small actions and interchanges.

What builds trust?

People with psychiatric disabilities trust people who show the following qualities:

- People listen to me;
- People believe in me;
- People show genuine interest in me;
- People value me as a person;
- People see me as a whole person, not just as someone with a psychiatric disability, a diagnosis, or a psychiatric label;
- People see past my current appearance or circumstance (for example, if I am using drugs or having an especially tough time) to me, the real person; and
- People seem to believe and act as though they know I will have a positive future.

Listen to people's stories

Effective programs encourage workers to take time to listen to people's personal stories. Listening to people's life stories or narratives means the following:

- Expressing interest in people's lives and what they have been through;
- Learning how people came to their current life situations;
- Discovering how people have made it, or survived so far, and appreciating their ability to rebound from adversity; and
- Listening for hints about the hopes and dreams that people have for the future.

Some people will not want to tell you their personal stories or change the stories that they tell you, revealing a little more as their trust in you grows. A few people may have fixed false beliefs or delusions about their life circumstances and current situation. In such cases, you can acknowledge what people believe, without endorsing or agreeing that the beliefs reflect a verifiable, shared reality.

Take the time required for engagement

Getting to know someone and building an authentic trusting relationship always takes time. It is not unusual for outreach and engagement to take several weeks or even several months, especially if people have been homeless or socially isolated from others for a long time.

In addition to engagement in housing, ongoing engagement in services is critical to ensure that a tenant has access to supports needed to retain housing. A seeming paradox of the Permanent Supportive Housing model is that the model is only appropriate for people who need clinical services and other supports to live in the community,

yet these services and supports are voluntary. For Permanent Supportive Housing to be successful, staff must take an active role in engaging tenants in needed services. Programs use a variety of models of service provision, including Assertive Community Treatment (ACT) and intensive case management. The common thread is that outreach is active, persistent, and ongoing.

As you develop a service plan in alliance with tenants, it is important to help them identify their need for services and other supports. Here are some general guidelines for this ongoing outreach:

- **Convey positive regard.** Learn details about people's lives and recall these in future conversations. Let tenants know you are glad to see them.
 - **Be friendly but firm.** Maintain eye contact, address tenants by name, and avoid lecturing.
 - **Let tenants set the pace of the conversation,** and to the extent possible, allow them to control the interactions.
 - **Ask open-ended questions** rather than questions that can be answered "yes" or "no."
 - **Use reflective listening.** Repeat or rephrase what tenants say to you. Try to describe your understanding of how tenants feel so that you demonstrate understanding.
 - If tenants are experiencing delusional beliefs, **do not deny them or join in them.** Try to focus instead on how they feel and what you can do to address those feelings.
 - **Allow tenants to set goals** and discuss services in terms of these goals.
- **Be predictable and consistent in interactions.** Respect tenants' wishes if they do not want to talk to you but let them know that you will continue to follow up.
 - **Work up to difficult topics.** For example, discussing substance abuse before an ongoing relationship is established can prevent that relationship from forming.
 - **Keep your personal judgments** (on topics such as substance abuse) **to yourself** rather than letting them interfere with developing a treatment alliance. Focus on tenants' goals and help them identify how their unmet treatment needs might interfere with those goals.
 - **Recognize that engagement in services takes time and persistence.** Celebrate small achievements along the way.

One of the primary methods of engaging tenants in needed services voluntarily is using motivational interviewing. The basic principles of motivational interviewing (Miller & Rollnick, 2002) are as follows:

- **Express empathy.** Using techniques such as reflective listening, convey a sense of non-judgmental concern about people's well-being.
- **Develop discrepancy.** Allow people to identify the need for changing current behavior to reach self-identified goals.
- **Roll with resistance.** Do not argue or confront people. Instead, modify your approach so that resistance is minimized.
- **Support self-efficacy.** Help people believe they have the ability to change.

Caring for yourself as a worker

Outreach and engagement are physically and emotionally demanding, and this work can sometimes have an element of risk. As a worker, you will be going into unfamiliar places, approaching people you don't know, and involving yourself in the lives of people who initially may not appreciate your interest and assistance.

You'll develop an empathic relationship with people who frequently have been traumatized, discriminated against, and socially isolated. Some successful programs say they try to recruit people who are caring, but who are not too naïve about who they will meet and what kind of situations they will encounter. They try to hire people who are practical and positive, and who have some “street smarts.”

Protect yourself

Outreach activities can take workers into settings and situations that can be unfamiliar, uncomfortable, or even potentially unsafe. You must be aware of safety issues to function well in your job. Outreach workers can be exposed to health risks, verbal abuse, and even the potential for physical violence.

Some lessons outreach workers learned include the following:

- Prevent and avoid problems if you can.
- Do not intentionally violate people's “personal space” or boundaries.
- Rely on your “gut feelings.” If a situation makes you feel anxious or unsafe, move out of it as soon as possible.

- Learn ways to defuse and de-escalate tense situations.
- Learn what to do if an emergency arises.
- Get more skills in techniques such as nonviolent physical intervention.
- Go into places or situations that may potentially be unsafe only when accompanied by another team member.

Avoid burnout

Outreach work is demanding and can lead to burnout. *Burnout* is a debilitating psychological condition and physical exhaustion brought about by unrelieved work stress.

Some people seem to be more immune to burnout than others are. Even the most compassionate people can feel positive feelings draining away or experience “compassion fatigue” if they are working too hard and not seeing enough rewards for the effort they are expending.

Burnout happens for many reasons:

- The stories people tell about their lives often are full of trauma.
- Resources often are limited.
- Salaries often are quite low.
- People's needs are very great.
- Red tape often is very frustrating.
- You cannot control many things that could make a difference in the lives of people you serve.
- You may begin to feel powerless or discouraged as a helper.

Signs of burnout include the following:

- Having less energy;
- Emotional and physical exhaustion;
- Feeling disconnected from others;
- Feeling more pessimistic;
- Avoiding work tasks; and
- Beginning to feel that your work lacks meaning and purpose.

It's much better to learn to take really good care of yourself *before* you start experiencing burnout. Much work in Permanent Supportive Housing involves teaching people about self-care and helping people identify and use their own strengths and positive coping methods. But we as helpers sometimes can forget, ignore, or neglect our own need for self-care.

A big part of learning to avoid and prevent burnout involves personal self-care. As a Supportive Housing worker, you should take time to develop a personal plan for your own self-care.



Exercise: Outreach and Engagement for Prospective Tenants

The following program resources will serve as references for this activity:

- Your program's mission statement;
- Eligibility guidelines for tenants; and
- Intake procedures.

Apply the concepts and guidance you have just heard to your specific Permanent Supportive Housing program by considering the following questions in small groups. If more than one program is represented in the class, your instructor may assign you to work in program teams.

- 1. Where have you conducted outreach to people who might be eligible for your Permanent Supportive Housing program? What other places might you consider?**

- 2. What are the three most common barriers you have encountered among providers? Among prospective tenants?**

- 3. What have been the most effective strategies you have found to overcome these barriers? What others might you try?**

- 4. Tell one success story that led to successful engagement of an eligible tenant. What are the "lessons learned" the group sees in this example?**

Be prepared to report out briefly the most important findings from this discussion.

Module 3:

Helping People Find and Acquire Housing

Notes to the facilitator

Prepare for Module 3:

- Make copies of Module 3: Helping People Find and Acquire Housing. Your copy is in this workbook; print copies for your staff from the CD-ROM.
- Make copies of lists of local housing contacts, Section 8 applications or other relevant application forms, and other documents such as goal plans or housing preference questionnaires. (Participants should already have copies of information about local and state landlord-tenant laws, PHA housing quality standards, and PHA affordability and unit size guidelines.)
- Distribute this material to the participants. Ask them to read this module before meeting as a group to discuss it.
- Make copies of this exercise: *Helping People Find and Acquire Housing*. However, do not distribute the exercise until your staff meets as a group.



Conduct your third session:

- When you convene your group, discuss the content of Module 3.
- Distribute the exercise to the group at the end of the module and complete it. This exercise is recommended as a small group activity, followed by concise report-outs. When reporting out, hear all group responses to one example, then move on to the next.

Facilitating the dialogue:

Some people have difficulty speaking in a group, perhaps because they are shy or soft-spoken. Conversely, some team members will be self-confident and outspoken and will need to learn to listen openly to what others have to say. One of the roles of a facilitator is to encourage people who are more withdrawn to express their views and make sure that more vocal participants give others a chance to speak.

Training Frontline Staff

Module 3: *Helping People Find and Acquire Housing*

Regardless of whether a single-site or scattered-site approach to providing housing is used, consumer choice and access to housing are core elements of Permanent Supportive Housing. You must understand tenants' legal rights and be able to determine what type of housing will best meet the needs and preferences of consumers.

If you are using a model in which you help tenants access scattered-site housing with tenant-based rental assistance, you will need additional skills and knowledge to help tenants find housing, rent it, and pay the rent.

Upholding Tenants' Legal Rights

People with psychiatric disabilities have the same right as you do to live in the community, and they have the same housing rights well. Local, state, and federal laws protect these rights, and it is important that staff of Permanent Supportive Housing programs understand them.

Permanent Supportive Housing is vastly different from some residential options typically offered by mental health systems, in which residents might have little privacy and must follow a long list of rules to stay.

Unlike these residents, tenants hold leases that give them the same legal rights as anyone else who rents a house or apartment. These rights are generally governed by local and state landlord-tenant laws, although people living in federally funded housing have certain additional rights under federal law. These laws also spell out tenants' responsibilities to their landlords and other tenants.

Additionally, as people with disabilities, tenants of Permanent Supportive Housing have rights under local, state, and federal fair housing and equal opportunity laws. Becoming familiar yourself with these laws and educating tenants about them will help ensure that tenants' rights are respected. These rights include the right to request reasonable accommodations for tenants' disabilities under some circumstances (a right we will discuss later in this module).

You can help educate tenants about their fair housing rights using materials in *Tools for Tenants* of this KIT. However, this information is meant to provide general guidance only. In situations in which you or tenants believe that their rights are being violated, seek legal counsel from the local legal assistance agency or another source.

People with psychiatric disabilities have the right to ...

- Live in the community
- Rent or buy housing on the same terms as others do (without any special conditions or agreements)
- Ask landlords and property management to make reasonable accommodations for their disabilities

The right to live in the community

People with disabilities have the right to live in the community alongside people who do not have disabilities. It is no longer acceptable to banish people permanently to institutions. Permanent Supportive Housing is intended to help people with psychiatric disabilities exercise their right to live in the community, a right grounded in federal law and policy.

- The Americans with Disabilities Act (ADA). In 1990, Congress passed the ADA, which prohibits discrimination against people with disabilities. The U.S. Department of Justice created rules based on the ADA that require states to provide services to people with disabilities in the “most integrated setting” appropriate to their needs (meaning that people with disabilities are able to interact with people who do not have disabilities).
- *Olmstead v. L.C.* In 1999, the U.S. Supreme Court reached a decision, called *Olmstead v. L.C.*, with great importance to people with disabilities. The court ruled that the state of Georgia discriminated against two women by keeping them in state hospitals after their doctors had determined that they could live successfully in the community. The Court noted that keeping people in institutions restricts important activities, such as family relationships, friendships and socializing, working, attending school, and cultural enrichment. It also observed that keeping people in institutions supports a stereotype that people with disabilities cannot be part of the community.

In 2001, the President launched the New Freedom Initiative to help people with disabilities “to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life.”

Effective Permanent Supportive Housing supports this goal, offering people with psychiatric disabilities the opportunity to live alongside and interact with people who do not have disabilities. Because they do not live in a “mental health facility,” tenants of Permanent Supportive Housing are less likely to be stigmatized by the community.

Protecting the right to live in the community

Sherri is a 20-year-old woman with psychiatric and cognitive disabilities who lived in a group home with other residents who were more than twice her age. A complaint filed with the Office of Civil Rights (OCR), U.S. DOJ, alleged that this placement denied her the opportunity to receive services in the most integrated setting appropriate to her needs.

The complaint asserted that Sherri wanted to live in her own apartment, pursue education and employment opportunities, and be around people her own age.

As a result of OCR’s intervention and assistance, Sherri was moved into an apartment and began receiving services from a community health center, including regular medication and caseworker service (OCR Docket # 01-00045).

Rights under landlord-tenant laws

When tenants rent a house or apartment, whether it is from a private landlord or a public agency, they generally sign a written lease that spells out their responsibilities to the landlord as well as their own rights. Local and state landlord-tenant laws establish many of these rights and responsibilities.

Although the laws vary from place to place, tenants generally have the following responsibilities to:

- Pay rent;
- Keep their house or apartment reasonably clean;
- Not damage their house or apartment or any common areas; and
- Not threaten other tenants or create a nuisance.

Landlords are generally required to:

- Provide a safe environment (for example, no broken windows or locks, leaking pipes, or peeling paint);
- Ensure that utilities work (although the lease will spell out who is responsible for providing heat, water, and electricity); and
- Enter the property only for specific reasons (such as making repairs) and only after notice is given.

Landlord-tenant laws typically offer various protections to tenants. Some examples of local and state laws that *might* apply in your community include the following:

- Landlords may be required to give written notice before eviction and allow tenants to challenge the eviction in court;
- Landlords may be barred from using “self-help” eviction tactics such as locking tenants out or shutting off utilities;
- Tenants may be allowed to withhold rent or move out if a landlord fails to make needed repairs; and
- The landlord’s ability to raise rents or convert rental units into condos for sale may be limited by law.

However, it is critical to remember that laws vary significantly from place to place. In situations in which tenants’ rights are in jeopardy, help them get legal advice from the local legal assistance agency or another source.

Rights of tenants in federally funded housing

In addition to the various rights they might have under local and state law, tenants have some additional rights if they live in housing that is privately owned but receives federal funding to subsidize rental by people who have low incomes. These rights are governed by HUD’s regulations and are described in the HUD publication, Resident Rights and Responsibilities, currently available at <http://www.hud.gov/offices/hsg/mfh/gendocs/mfhr.pdf>

Tenants in subsidized housing have the following rights:

- To have all repairs done in a timely manner;
- To organize tenant groups and meet with property management about concerns;

- To be informed in advance about any changes in rent, utilities, or policies, and to comment on them; and
- To remain in the unit even if property management decides to stop participating in the federal program.

Because tenants’ eligibility and monthly rent are based on their income, living in this type of federally funded housing brings with it an obligation to accurately report income. Additionally, illegal drug use by tenants or a family member living with the tenant can lead to the loss of such housing.

Rights under federal fair housing and equal opportunity laws

HUD’s Office of Fair Housing and Equal Opportunity enforces several laws that specifically protect people with disabilities against discrimination, including the following:

- The Americans with Disabilities Act (ADA), discussed earlier in relation to the right to live in the community, contains additional rights that must be respected in housing funded by cities, counties, and states;
- The Rehabilitation Act (specifically Section 504 of the Act), which applies to housing receiving federal funding; and
- The Fair Housing Act, which applies to most landlords, with limited exceptions such as landlords who rent rooms in their own home.

Regardless of the type of housing or the law that applies, people with disabilities generally have the same types of protection against discrimination, which are discussed below. Housing set aside for people with disabilities is exempt from some of the laws’ requirements; for example, operators of such housing can ask if prospective tenants have a disability. Although each law offers essentially the same level of protection, be sure that you know which type of housing tenants live in so that you

know which law applies. Also be aware that your local community or state might have adopted stronger fair housing laws that give people with disabilities even more protection than federal laws.

Note that although substance abuse disorders are considered disabilities, current illegal drug use is not protected by fair housing laws. Landlords may refuse to rent to or may evict people who use illegal drugs.

All three laws require landlords and housing agencies to make “reasonable accommodations”—to be flexible with the rules at the request of people with disabilities. For example, landlords with a policy that rent must be paid in person would have to grant the request of tenants with severe social anxiety who wished to mail the rent instead. However, tenants would still have to pay the rent on time, since major changes to the way of doing business are not covered. Reasonable accommodations will be discussed in more detail later in the module.

All of these laws protect people with disabilities throughout the process of finding, acquiring, and living in rental housing. Landlords, their employees, real estate agents, property managers, and staff working in or around a building all must comply with these laws, meaning that they must not treat people with disabilities any differently than they would treat people who do not have a disability. Following are examples of protections offered by each of the three federal laws.

Federal protections when looking for housing

People with disabilities have the same right to live where they choose as anyone else. Examples of illegal discrimination include the following:

- Telling prospective tenants that a unit is unavailable if it really is available; and
- Steering tenants away from certain buildings or neighborhoods, or toward others.

Federal protections when applying for housing

When applying for housing (other than housing reserved for people with disabilities), landlords are required by law to treat people with disabilities just like anyone else who does not have a disability. Generally, this means that landlords or agents must ask applicants with disabilities the same questions they ask everyone else and must not do the following:

- Ask whether applicants take medications;
- Ask if applicants have been hospitalized or institutionalized;
- Ask to speak with applicants’ doctors or view medical records; or
- Require applicants to demonstrate their ability to live independently.

Additionally, antidiscrimination laws require landlords and housing agencies to provide reasonable accommodations during the application process. For example, if prospective tenants are unable to provide rental references because they have been homeless or living in institutional settings because of a disability, landlords might be required to allow prospective tenants to provide other references to demonstrate that they can pay rent and meet other tenant obligations (MA Commission Against Discrimination, n.d.).

Federal protections when signing a lease

Landlords are required to make reasonable accommodations based on disability. However, they cannot impose any special requirements on people with disabilities that do not apply to other tenants, such as the following:

- Requiring them to take medications or participate in treatment; or
- Requiring them to make an extra deposit to cover damage.

Federal protections after moving in

Rather than explicitly making policies that discriminate against tenants with disabilities, landlords who discriminate usually do so in subtle ways, such as the following:

- Responding more slowly to repair requests made by tenants with disabilities;
- Placing tenants with disabilities in certain buildings, floors, or parts of the building;
- Restricting the use of common areas by tenants with disabilities; or
- Being less willing to renew the leases of tenants with disabilities.

All of these forms of discrimination are illegal, although proving them might be challenging. HUD has a toll-free number that you can use to report housing discrimination: (800) 669-9777.

In your community or state, a housing agency or human rights commission might also handle complaints of housing discrimination. The blue pages of the phone book lists these agencies, if they exist, or HUD's staff might be able to provide a referral.

Finally, housing providers are not required to accommodate people whose tenancy would constitute a *direct threat to the health or safety of other individuals* or whose tenancy would result in *substantial physical damage to the property of others*. If housing providers want to terminate the tenancy of someone with a disability for these reasons, they must be able to support the action with recent, credible, and objective evidence of the “direct threat.”

Helping Tenants Choose Housing

People with psychiatric disabilities traditionally have had little choice of where they lived or the services they received. In past decades, many people were placed involuntarily in institutions where they stayed for many years, or they were moved around from setting to setting based on decisions that were made for them by others.

Hospital or program discharge and placement decisions often were directed by a treatment team or by a psychiatrist or social worker. Although treatment teams today try to respect individual choices, people with psychiatric disabilities often are given limited options.

Permanent Supportive Housing promotes choice. Making housing choices for people and making their access to resources contingent on compliance is coercive and is not a part of effective Permanent Supportive Housing.

Efforts to make mental health systems more consumer-oriented and consumer-driven support the development of Permanent Supportive Housing. Care provided by such a system takes people's own choices and ideas about what they need into account and allows these choices to drive the provision of services and supports.

Effective Permanent Supportive Housing emphasizes consumer preferences and choice in both housing options and support services.

Housing and Coercion: Why coercion is not part of Evidence-Based Practice

1. Coercion undermines the helping alliance and the ethical relationship between helpers and consumers.
2. Coercing people to accept a particular residential setting and pre-bundled set of services rarely meets people's unique needs.
3. Coercing people to live in a particular place or accept a particular service package may violate federal law and policies, which prohibits discrimination or social segregation based on disability.
4. Coercion often denies consumers the right to live as others do, including the right to take an active role in their home and community.
5. Coercive programs often engender and maintain social stigma.
6. Coercion can be especially counterproductive in helping people who have experienced trauma.

Non-coercive, consumer-driven programs can be highly effective in helping people achieve residential stability and lead satisfying lives. Use materials in the *Tools for Tenants* in this KIT to help educate tenants about the range of housing and support options that are typically available through Permanent Supportive Housing initiatives.

Encourage practical choices

Once people are engaged and have decided to participate in the Permanent Supportive Housing program, and work is underway to assess eligibility for entitlements and services, the next step is to help people make specific choices about housing and support services.

In most areas of the country, consumers' choices of services, supports, and housing can be limited by the lack of available options. Your role is to:

- Help maximize the options people have;
- Actively create personalized support services;
- And design innovative ways of getting people's needs and preferences fulfilled, even when currently available resources are limited, imperfect, or inadequate.

Plan collaboratively

As you work with the people you serve, you should help create a written plan that includes their stated preferences. Others who may have input into the plan include people working on the support team, family members (when appropriate), and other allied providers.

The format of the written plan will reflect the decisions your agency has made, as well as pertinent program rules and regulations. It should include *specific, time-limited goals that have been set by the program participant and are stated in the person's own words.*

Goals may address the following areas:

- Selecting, acquiring, and maintaining safe, decent, socially integrated, affordable housing;
- Developing the skills and bringing together the support services that people need to be successful in this living situation;
- Developing social relationships or a social support network;
- Planning meaningful activities in one's home and community;
- Controlling or reducing psychiatric symptoms and self-managing the psychiatric disorder by developing a wellness and recovery lifestyle;
- Achieving or maintaining recovery from addiction or reducing problems resulting from substance use;
- Managing chronic health conditions;
- Solving legal problems;
- Getting and keeping a job;
- Reuniting with family; or
- Developing intimate or supportive relationships.

The plan should be very specific and should always include clear statements about who will do what, by when. It should include the following:

- Actions that people will take on their own behalf;
- Actions you will take;
- Additional supports that the program will provide; and
- Details about the services and supports that will be pulled together from various sources to help people succeed.

In addition, the plan should include some way to evaluate whether the goals have been met. In other words, it should specify milestones or short-term goals to be reached, and it should describe in clear terms what successful outcomes will look like.

Finally, remember that the personalized Permanent Supportive Housing plan should be based on consumers' own goals and choices. Workers should strive to make the plan and the program consumer-driven.

Moving toward consumer-driven services

One program in the southwest moved away from having people live in board and care settings, with mandated attendance at a day treatment program.

Instead, consumers moved into their own subsidized apartments and were served based on their own stated needs for services and supports.

Participants were able to select the services they believed they needed from a menu of options that included in-home case management, psychiatric nursing, home health services, attendant care, and housekeeping.

Participants could also contract for several sessions of counseling or psychotherapy from the provider group, based on a specific concern or issue they wanted to work toward resolving. They also had access to peer self-help groups that were formed and conducted in their new neighborhoods.

Assessing the consumer's housing preferences

Residential stability (whether or not people stay in housing) and people's life satisfaction increase when they feel they have choices and when their preferences for housing and support are honored. It is important to assess people's housing and support service preferences skillfully and actively support people in making their own choices. To accomplish this, you will need to help people assess and express their housing and support preferences.

Preferences are what a person really wants or desires, without taking into account the particular resources that are currently available. They tend to reveal people's values. Often, they are shaped by what people are familiar with and by cultural or subcultural norms, as well as by unique personal preferences.

Consumer housing preferences have been researched in many areas of the country since the mid-1980s. Such studies (Tanzman, 1993; Goldfinger & Schutt, 1996) all reveal the same general or basic findings. On the whole, findings are as follows:

- Mental health consumers strongly prefer normal housing and flexible support services over residential approaches that bundle a set of services and congregate housing together.
- Most people want to live alone or with a person or people of their choice, rather than living with a group of people who all have psychiatric disabilities.
- Most mental health consumers want a variety of supportive services that they can call upon, but do not want to live in a setting that has onsite staff or required programming that they must accept in return for having access to housing.

Tools for Tenants in this KIT has a tool for identifying housing options and expressing preferences. Use it to help educate tenants about how to make choices that meet their needs.

The types of housing valued in various regions may differ. For example, people living in New York City, where housing units are usually very expensive and small, will have different preferences from those in other cities, such as Phoenix, Arizona, where low-rise residential buildings are the norm and housing units are more spacious. In some areas, many people use mobile homes, while elsewhere these homes don't exist or are seen as substandard housing options. Even within a given geographic location, people's preferences will differ; they may differ for those raised in different neighborhoods or who come from different racial, cultural or ethnic groups.

Use either a conversational style or a more formal questionnaire to assess consumer preferences; you can also use the two in combination.

Some of the questions you might want to ask

- Are you happy where you are, or would you like to have a different kind of living situation?
- When you think about the kind of living situation you want, what kinds of things come to mind?
- Are you interested in living with other people, or do you think you would prefer to live alone?
- Would you like to live with other people with psychiatric disabilities or would you prefer not to?
- Where have you lived in the past?
- What did you like, or dislike, about each of the living situations you have had in the past? What worked well for you, and what didn't seem to meet your needs?
- What would you say are the most important things or characteristics you'd like to have in a living situation?
- What kind of a neighborhood would you like to live in? What neighborhoods or general types of areas do you think you want to avoid?
- What would be your most important trade-offs? For example: Would you be willing to share an apartment, if you could live in a nicer neighborhood? Would it be worth an extra \$25 every month to have a pet?
- What kinds of support services or housing assistance do you think you would need to be able to succeed in the type of housing you want?

Use a conversational style

To use a conversational style of assessment, set sufficient time aside to ask each potential or current program participant several open-ended questions that will begin to identify their housing and support service preferences. Talk about and explore people's thoughts and dreams about the kind of place in which they would like to live.

When someone tells you about an important attribute of housing or support services, use follow-up questions to get more information. Ask people to say a little more about particular choices or preferences, or ask why that element is important, or ask, "What does [that particular quality] mean to you?"

By learning about what people see as preferred housing and support service options, you will learn about the kind of life they want.

Use a questionnaire

A second way you can learn about people's housing and support service preferences is by using a structured survey or questionnaire that has been developed to gather information systematically on consumer housing and supports needs and preferences. By going through the questionnaire with someone, you will gather a lot of detailed information that you can use to help seek out a desired housing option and make active choices.

A standardized instrument will make it easier to compile and analyze data to help the program target, plan, and develop appropriate Permanent Supportive Housing options that meet the needs and preferences of local consumers. *Tools for Tenants* in this KIT includes a housing needs and preferences worksheet you may use as a tool.

Educate tenants about options

Some people already will have very clear personal preferences about the kinds of housing and supports they think they want or need, but others will have little or no idea of the kinds of housing options or support services they want. They may not know what options are available.

Choice involves having multiple options from which to choose, but many people have had their options so limited that they find it hard to express preferences. Some people lack basic knowledge or exposure to options and need more knowledge before they can understand what their choices really are.

Options that may be available

You must be skilled at helping people who lack exposure and information about their housing and support options explore the housing and support services that are available to program participants. Depending on the community, these options could include the following:

- Subsidized public housing projects;
- Scattered-site apartments, duplexes, or houses owned by private landlords;
- Mobile or manufactured homes;
- Habitat for Humanity houses (these require owners to commit to contributing sweat equity by working with the team that builds their house);
- Rehabbed apartment buildings or newly constructed housing sponsored by nonprofit organizations; or
- Housing for people who are elderly.

How to explore options with consumers

You may want to use some of the processes listed below to help people explore their options:

- Describe the kind of housing and support options available;
- Show them several options by driving past some of the places where others in the Permanent Supportive Housing program live;
- Tour the facilities of Permanent Supportive Housing sites including, if possible, a vacant unit;
- If possible, arrange to visit someone living in the housing who is succeeding in the setting.

You might want to show the video, *Inside/Outside*, which is available from SAMHSA. This video was produced to help educate people in institutional settings about the process of re-entering the community after spending time in an institutional setting. The film follows several people leaving state hospitals and nursing homes who reclaim a place in the community. It shows realistically the internal and external struggles that many people experience in leaving institutional environments, as they learn to live more independently and rebuild their lives.

This film can motivate people to want to explore their own community living options. Peer support organizations have found that many people are interested in seeing positive stories of others like themselves, who face similar challenges, and who are living successfully and more independently in their community.

Tools for Tenants in this KIT has sections that can be used to educate tenants about housing searches and affordability.

Helping Tenants Find Housing

A major set of tasks undertaken by the Supportive Housing provider involves helping people get into the housing of their choice. With the scattered-site, tenant-based approach, the job of a housing specialist involves helping tenants find housing from a wide variety of sources that can include housing owned by private landlords, public housing, and other arrangements.

Finding housing on the open market

Some Supportive Housing tenants live in housing controlled by local landlords who own rental property in the private or open housing market, meaning that the housing is available for rent to anyone in the community. Other tenants live in housing designated for low-income individuals or families, but not specifically designated for Permanent Supportive Housing.

Because the goal is to find housing that meets each tenant's unique preferences, methods of finding housing might differ. Help tenants improve their chances of finding suitable homes by building good relationships with a network of local landlords. However, you might also have to branch out to meet particular needs or when your usual contacts do not have units available.

In many communities, typical methods such as newspaper classifieds, Web sites, and word of mouth can be supplemented by a database of affordable housing. Such a database could include landlords willing to rent to Section 8 tenants as well as affordable housing developed using state or federal funding such as historical tax credits, low-income tax credits, or U.S. Department of Agriculture rural housing loans.

Your local Section 8 Administrator and Public Housing Authority are important potential sources of referrals to private landlords who have subsidized units, and those who have accepted Section 8 vouchers in the past.

Ensuring housing quality

Finding quality housing for low-income people with disabilities can be a challenge. For example, affordable housing in urban communities might be of poor quality due to neglect or damage, while in rural communities where rental housing is scarce some units might not have been built to standards.

At a minimum, housing units should meet the Housing Quality Standards (HQS) required by your local or state public housing agency (PHA) to qualify for rental with a Section 8 voucher. These standards follow general guidelines established by the U.S. Department of Housing and Urban Development (HUD) in the Code of Federal Regulations, volume 24, section 982.401.

Examples of what is required under HQS include the following:

- Operational and locking windows and exterior doors;
- Windows in living rooms and each sleeping room;
- Smoke detectors;
- Hot and cold water in bath or shower, bathroom sink, and kitchen sink;
- Safe supply of drinking water;
- Working flush toilet;
- Working heat; and
- Paint in good condition.

Working with landlords

Your job also includes educating landlords who may be reluctant to rent to people with psychiatric disabilities or to accept housing subsidies. In some housing markets, many landlords are eager to rent units to people with housing subsidies because a portion of the rent is guaranteed each month, and they can often collect more rent than they could on the open market. However, these landlords often own properties in less desirable areas where market rents are lower than in other areas of the community.

Finding housing that meets tenants' expressed preferences often requires reaching out to landlords who have not typically rented to people using housing subsidies. In such cases, you will need to inform landlords about the program, educate them about people with psychiatric disabilities, and convince them of the benefits of renting their units to people served by a Permanent Supportive Housing program.

Landlords are businesspeople, trying to provide a commodity (housing) for a fee (rent) that helps them make a profitable living. Therefore, it is usually best to appeal to a private landlord on the basis of good business practice, rather than on the basis of humanitarianism or social concern. In other words, most landlords cannot be expected to be either philanthropists or helpers; they must be convinced that participating in the program is a good business decision. You can do this in several ways. For example, the Permanent Supportive Housing program may commit to do the following:

- Pay rent on time through a housing subsidy;
- Cover nonpayment of rent if the person leaves the unit or is hospitalized for some period of time;
- Repair any damage to the unit, if significant damage is caused by the person;

- Provide 24-hour crisis response if problems occur;
- Provide supportive services to program participants; or
- Provide direct assistance or offer linkage or consultation to the landlord concerning other tenants who are having severe emotional problems or crises.

Some Permanent Supportive Housing programs have found that once landlords have been cultivated and are sold on the benefits of the program, they may be willing to tell program staff of an opening before advertising the availability of the unit to the general public. This gives the program a source of additional units.

Leasing arrangements

In most cases, landlords will lease the unit of housing (apartment, home, or room) directly to tenants. Sometimes, however, the Permanent Supportive Housing program or another agency must be the tenant of record and will hold the lease.

The program must then sublet the unit to the individual program participant. This approach is often called tenant-based rental assistance (TBRA). This arrangement is sometimes the only option available when consumers are not considered eligible for tenancy by landlords. This may happen when landlords refuse to lease apartments to anyone with a poor rental record, a history of evictions, a record of criminal convictions or incarceration, or a poor credit history.

Overcoming obstacles for hard-to-place tenants

A community mental health agency in Upstate NY, provides housing-related supports in scattered-site housing. Typically, more than 90 percent of the tenants have their own leases and rely on tenant-based rental assistance.

However, for two groups of tenants—people with recent criminal histories and people aging out of the adolescent service system—the agency uses sponsor-based rental assistance. Housing is allocated to the agency rather than tenants, and the agency leases the apartment to tenants.

Both groups have obstacles to getting leases in their own names. People with criminal histories find landlords unwilling to rent to them, as do young people (in fact, young people cannot legally enter a lease until they turn 18).

The agency attempts to transition tenants to tenant-based rental assistance and their own leases as soon as tenants establish a good track record with the landlord and, in the case of young people, can legally enter a lease.

Working with public housing agencies

People may want to live in or they may be forced to live in public housing, because the local housing market is too expensive or too tight to access open market housing. This section highlights crucial information about public housing.

First, public housing generally has its own set of eligibility requirements, rules and regulations, and guidelines. People may have to go through one or more specialized eligibility determination processes to get into public housing.

Often long waiting lists for public housing exist, and people often must go through a formal application process to be placed on waiting lists. Even if it seems pointless to apply for public housing because the waiting list is so long, it can be a great benefit to people in the long run.

Public housing can be of good quality, or it may be physically run down and in dangerous settings. In some cities, old dilapidated public housing projects are being replaced by brand new mixed-income settings. In other communities, within newly developed or rehabbed market-rate rental housing, people who are eligible for public housing are given priority access to a small number of units of housing that is set aside for people who are disabled or low income.

Find out about any special requirements that specific housing projects in your area in your area may have, such as the following:

- In most areas of the country, tenants are required to go through a special orientation on their rights and obligations as a public housing tenant.
- Strict rules about who may use the property and prohibitions about any illegal activities often apply to tenants of public housing.
- Some public housing projects now require tenants to take classes to improve their skills or to prove they are seeking employment.

Helping tenants select a unit

Visiting available units with potential tenants is another common task undertaken as a part of housing search assistance. You can learn to “read” the unit, the building, and the surrounding neighborhood environment to identify both positive qualities and potential problems or challenges.

Finding a suitable neighborhood

It is often a challenge to find a unit of housing that is in decent shape in a good neighborhood. Even with a housing subsidy, people with very low incomes and psychiatric disabilities often have to make tradeoffs and are frequently restricted to marginal or poorer parts of their community because of the limitations placed on rental assistance. Some tips include the following:

- Try to avoid unsafe areas, slum-style blocks, or dangerous neighborhoods.
- Areas characterized by racial and ethnic diversity and without strict zoning or

homeowners' associations might be quite socially accepting. People with psychiatric disabilities have achieved more social integration in such surroundings than other neighborhood types.

- Neighborhoods may change dramatically depending on the time of day. Some areas that appear safe during the day become dangerous later in the evening or during the night. People with psychiatric disabilities can be especially vulnerable to assault in high-crime areas. They have vastly higher rates of criminal victimization than do people without psychiatric disabilities. Try to visit the area at different times of day to see what it is like.

Other factors to consider

Depending on the individual's circumstances and preferences, consider other factors when assessing the housing and the surrounding environment. Some examples of what to consider include the following:

- Is the housing accessible for people with physical limitations?
- Are there safe places for children to play?
- Is public transportation within a reasonable walking distance?
- Are shops and stores within a reasonable walking distance?
- Are parks or coffee shops within a reasonable walking distance?
- Will consumers have ready access to community resources, such as a public library?

Helping Tenants Secure Housing

Once you have found housing that is acceptable to consumers and consistent with the plan you prepared together, the next step is to help them through the process of applying for housing and negotiating a suitable lease.

Assist with the application process

As people with disabilities covered by various fair housing laws, tenants of Supportive Housing are entitled to allow you to assist them with their housing applications. At their request, you may join them for meetings with prospective landlords or help them complete written applications.

Additionally, tenants might be able to request certain accommodations about landlords' decisions on their rental applications.

Landlords, housing managers, and PHAs are allowed to screen out or disqualify applicants who are likely to be poor tenants based on tenancy-related criteria such as the following:

- Will tenants be able to pay the rent and utilities on time and in full?
- Will tenants be able to properly care for the apartment?
- Will tenants respect the rights of other tenants?
- Will tenants engage in any illegal activity in the apartment?

Housing managers are allowed to ask questions to get this information. Often managers will ask for references from previous landlords or conduct criminal record or credit checks to collect information about applicants' previous behavior. Applicants with poor tenant, criminal, or credit histories can be excluded from or screened out of housing. Applicants with no tenant history—those who have only lived with their families or in a nursing facility—are often also screened out.

Help request reasonable accommodations

While people with disabilities who have poor tenancy histories might not qualify for housing under the same criteria used to evaluate most applicants, they are entitled to appeal a denial through any standard appeal process and to ask for a *reasonable accommodation* to become qualified for housing.

A *reasonable accommodation* is any change in the landlord's policies that enables people with disabilities to apply for, obtain, or live in housing. For example, people might need to have a support person who is not listed on the lease stay overnight in the unit, or someone who lives in a "no pets" building might need a companion animal.

Housing providers are not required to provide accommodations that are not considered reasonable. An accommodation is not reasonable if it imposes an "undue financial and administrative burden" on the housing provider or would create a "fundamental alteration" in its programs or services. For example, a PHA must provide a larger voucher unit size for a person with a disability with a live-in aide. However, a PHA does not need to help hire the live-in aide for the household. Such a service would be a fundamental alteration to the PHA's program, which is to provide housing.

A *reasonable modification* is a physical change made by tenants at the tenants' expense. For example, a person who experiences unusual fears might ask for a privacy fence, or someone who cannot stop crying might request soundproofing. The extent of the changes determines whether they are reasonable.

Unless the housing provider receives federal subsidies, tenants (or the Permanent Supportive Housing program) must pay for the changes, and if applicable, pay to return the property to its original state when they move out.

In housing receiving federal subsidies, Section 504 of the Rehabilitation Act requires the housing provider to pay for the modifications so long as doing so does not cause undue hardship or fundamentally alter the nature of the housing provider's business.

Reasonable accommodations and reasonable modifications

A *reasonable accommodation* is any change in the landlord's policies that enables a person with disabilities to apply for, obtain, or live in housing.

A *reasonable modification* is a physical change made by the tenant at the tenant's expense.

Requesting accommodations at the application stage

Although each circumstance is different, on the basis of a psychiatric disability people are more likely to require a reasonable accommodation than a reasonable modification. One common scenario is during the stage in which tenants are applying for housing or having their application considered by landlords. Often, tenants have either poor references from former landlords or they have no rental history, making potential landlords hesitant to rent to them or making PHAs hesitant to provide rental assistance.

It is possible to ask for a reasonable accommodation in such circumstances. For example, if tenants want to apply to an apartment building that has a policy of disqualifying applicants who have one or more poor landlord references, they might ask for accommodations if the following occur:

- The behavior which led to the poor landlord reference was related to disability;
- Applicants can demonstrate that the behavior or situation leading to the poor reference no longer exists; and
- The behavior or situation is unlikely to recur in the future.

The burden of requesting a reasonable accommodation and presenting documentation to support the request falls on applicants and their advocates. If the request is denied, landlords must demonstrate why it is unreasonable and an undue burden.

It is often a judgment call as to whether applicants' behavior is likely to recur. Landlords or PHA have the right to make the judgment call, but applicants can appeal or file a discrimination complaint if they feel the request was reasonable but denied by the landlord or PHA.

Examples of reasons applicants are often disqualified and some potential accommodations include the following:

- **Substance abuse:** Applicants who are disqualified because of behavior related to abuse of alcohol or use of illegal drugs (for example, poor landlord references, criminal record for loitering) must demonstrate that the disqualifying behavior is disability-related; they are no longer abusing drugs or alcohol (for example, by presenting a letter from a treatment program or an AA/NA sponsor); and a reasonable expectation exists that this behavior will not recur. Applicants who have more lengthy or repeated substance abuse issues are likely to have a more difficult time demonstrating that their behavior has changed.
- **Behaviors:** People with psychiatric disabilities might be disqualified for behavior that occurred when they were not taking medication or taking incorrect medication.

For example, when Susan does not take medication, she hears voices. In her last apartment, she heard voices coming from the walls and repeatedly hit the wall with a broomstick to get the voices out, destroying the walls. She might be able to mitigate against the landlord's poor reference if she can tell this story; provide evidence that she is now on medication (for example, a letter from her psychiatrist); and show that this behavior was an unusual one and unlikely to reoccur (for example, she has three positive personal references).

- **Lack of rental history:** People with disabilities should not be excluded from housing because they have no landlord history. They can request that landlords or PHAs accept alternative forms of verifying tenancy-related information as a reasonable accommodation. For example, applicants can ask owners to accept references from nontraditional landlords such as the staff at the nursing facility or group home indicating they were a good roommate and kept their room neat and clean. Applicants might also show that they have some bills in their names and have paid them regularly and on time.

Many people who have been chronically homeless or have lived in institutional settings have barriers to qualifying to lease an apartment. The most common barriers are a poor credit or rental history and a lack of credit or rental history. Permanent Supportive Housing programs across the country have devised creative ways to address these issues and help tenants qualify for a lease.

How to qualify tenants with poor credit or rental histories—or none at all

For someone with no credit or rental history:

- Use utility bills or phone bills to demonstrate a positive credit history.
- Use enrollment in a training or other service program as a means to show reliability and stability.
- Request a reasonable accommodation for someone who has no credit history due to their disability.
- Have a relative or friend co-sign for the lease.
- Create a pool of funds that pay for deposits.
- Have the provider hold the lease, so credit is not an issue.

For someone with a poor credit or rental history:

- Create a pool of reserve funds that can cover damages by tenants.
- Have the provider hold or co-sign the lease.
- Guarantee the rent up to a certain amount, in the case of default by tenants.
- Use case managers as negotiators or go-betweens and an assurance to landlords that tenants will continue to meet obligations of tenancy.
- Use availability of support services as a "guaranty" for landlords.

Disclosing disabilities: Consumers decide

Tenants must decide whether to disclose their participation in a Permanent Supportive Housing program or their disability status to landlords. Someone might want services from your program but not want to make such disclosures to landlords. People do not have to disclose their disability status and often choose not to do so. They can have good reason to fear that disclosure of their disability status may result in negative reactions and discrimination based on stigma. They may fear that landlords will inform other tenants about their history or psychiatric problems, and that they may act toward them in ways that are stigmatizing or may actively discriminate against them.

Sometimes people may want you to go with them when meeting with landlords, but they may decide not to disclose anything about the program or history or psychiatric disorder in the interview. In such a case, you can accompany them and act as their “friend.” Withhold or keep quiet about the program and participants’ status as a person with a psychiatric disability. Unless you have permission to make such disclosure, keep their status completely confidential.

However, to request a reasonable accommodation or make a reasonable modification to the housing unit, as described below, people must disclose that they have a disability and that the accommodation or modification is needed to get full use of the unit.

Getting on—and staying on—Housing Choice Voucher (Section 8) waiting lists

The Housing Choice Voucher program—still widely referred to by its old name, *Section 8*—is one of the most important federal housing programs available to assist people with disabilities. With Section 8 housing assistance, people with disabilities can become more independent and have the opportunity for full community integration. It is now the largest federal housing program targeted to extremely low-income households.

Through the Section 8 program, individuals, groups of individuals, and families receive a *voucher*—also called a *subsidy*—that can be used in housing of their choice that meets Section 8 program requirements. Tenants typically pay 30 percent of their income toward housing costs. The Section 8 subsidy pays the rest, up to a certain amount that is established by HUD for each locality. These subsidies are long term and considered permanent housing.

Section 8 is a complicated and confusing program. Rules governing Section 8 eligibility and operation are a patchwork of federal laws passed by Congress, federal regulations issued by HUD, and additional policies developed by state and local PHAs. It is often difficult to know which PHA Section 8 guidelines are actual HUD requirements and which are local PHA policies that could be changed. This is why it is important to establish ongoing communication with your local PHA.

Obtaining a voucher

The first step to getting on the Section 8 waiting list and ultimately obtaining a voucher is successfully completing a Section 8 application—sometimes known as a *pre-application*.

Each PHA has its own policies about when applications are accepted and in what manner they are collected and processed. Some PHAs require interested applicants to pick up and drop off applications in person. Some PHAs allow applicants to mail or fax written applications to the PHA. In addition, people can apply to more than one Section 8 program and can be on more than one waiting list.

The Section 8 application process often poses significant barriers to people with disabilities. Many people with disabilities have difficulty completing applications, understanding deadlines, or obtaining help with the process. However, people with disabilities may request a change to the PHA’s policies for accepting Section 8

applications if this difficulty is related to the disability. A PHA must provide assistance completing applications if people with disabilities request it. For example, someone who is visually impaired may request that PHA staff read and help fill out the application. Someone with a disability may want to include a contact person—such as an advocate, service provider, family member, or friend—on the application. Applicants can ask that this person receive a copy of all PHA correspondence.

Staying on the list

In many communities, Section 8 waiting lists are extremely long and can result in lengthy waiting periods. Many PHAs' lists are “closed” and have been for many years. Unfortunately, lists that are very old may include applicants who can no longer be easily contacted.

Because PHAs must try to find each applicant on the waiting list before moving on to the next person, old waiting lists can cause long delays in getting Section 8 vouchers to people who need them. It is critical that people with disabilities who are on the Section 8 waiting list notify the PHA whenever they move so that the PHA can reach them when a voucher becomes available.

To best manage the hundreds or even thousands of applicants on the Section 8 waiting list, PHAs regularly update them. Because people may apply to many different PHAs and be on many waiting lists at the same time, some PHAs update their waiting lists once a year, or perhaps even every 6 months, to keep them as current as possible.

To update their lists, PHAs send letters to applicants asking them to reconfirm their interest in the Section 8 program. Often these letters ask applicants to respond by a certain date. If the PHA does not receive a response, the application is removed from the list automatically. Through this process, PHAs eliminate any applicants who do not respond appropriately to the letter or who are no longer interested in the program.

Again, because most PHAs correspond with Section 8 applicants by mail, it is important that any change in address or contact information be relayed promptly to the PHA. Consequently, it may be helpful to include a secondary contact and request that the PHA copy this person on all PHA correspondence.

For more information about how to get on the Section 8 waiting list and the Section 8 program overall, see *Section 8 Made Simple*, listed in the Resources for Training and Education section of *The Evidence*.

Assisting with the lease

A lease must be negotiated once people have selected a unit of housing from the available units. Many landlords use standard written lease agreements. Because tenant/landlord law differs from place to place, model leases differ across the country.

A *lease* is a legal agreement between the landlord and the tenant that specifies the obligations each has to the other. Typical stipulations include the following:

- A requirement that tenants pay rent on time;
- A requirement that tenants keep the unit up to a decent standard of cleanliness;
- A requirement that tenants allow other tenants or neighbors to live in peace;
- Other rules such as those concerning pets, visitors, subletting, alterations of the unit;
- Responsibility for utilities such as heat, lights, water, and refuse removal;
- How repairs will be handled; and
- How the landlord can gain access to the unit, either in an emergency or for ongoing maintenance.

A lease usually specifies period of time, most often 6 months or 1 year. However, state law might allow for month-to-month leases, which either the tenant or landlord can terminate by giving notice of 30 or 60 days.

Help tenants find out what options are available and decide which best meets their needs. A short-term lease or month-to-month lease might be best for tenants who might be interested in moving soon, while a longer term lease might be better for tenants who know where they want to live and want some certainty in living arrangements.

Note that landlords cannot impose any special requirements on people with disabilities that are not imposed on all tenants.

Helping set up utilities

Workers often must help new tenants establish utilities. Sometimes utilities such as water, waste water, garbage removal, heat, gas, and electricity are covered in the rent. Be sure to check the lease or rental agreement to ensure that utilities are covered, if this is what was agreed on.

In other cases, tenants must pay for all or some of these basic utilities. People often want to establish telephone, cable TV, and Internet service as well, which are typically not included in rental costs. When you help people plan a budget, these costs are important to factor in.

Be sure to check for options that may help tenants pay for utilities, including the following:

- Some states, cities, and some public and private utilities have programs that partially or deeply subsidize utilities or telephone service for people with low incomes or disabilities.
- Some forgive the initial connection fees, startup costs, or utility deposits.

- Some programs protect people with low incomes or disabilities from disconnection or from having to pay additional fees for late payments.
- Level billing plans that spread heating costs throughout the year also may help some people meet utility expenses.

Helping new tenants move in

People often have few material possessions when they move into their new housing and often lack even the basic necessities needed to establish a household. Some programs help fill this resource gap by giving people basic necessities such as dishes, silverware, cooking and cleaning supplies, and bedding.

In some localities, especially larger cities, you can find warehouses full of household furnishings—items either donated by individuals or surplus items from local or state governments, universities, or other large institutions.

Other programs have a budget to use to buy furniture and household supplies. Sometimes families will pitch in to help a person establish a household, by giving money, gifts, or items such as furniture or dishes that they can spare.

Exercise: **Helping People Find and Acquire Housing**

Apply the concepts and guidance you have just heard to your specific Permanent Supportive Housing program by considering the following questions in small groups. If more than one program is represented in the class, your instructor may assign you to work on program teams.

- 1. What are the types of things that tenants are looking for when it comes to housing—specific neighborhoods, certain onsite amenities, safety, or other concerns? What do you do to encourage them to think about these considerations?**
- 2. What are the three most common barriers you have found to helping tenants find housing that meets their needs?**
- 3. What have been the most effective strategies you have found to overcome these barriers? What others might you try?**
- 4. Tell one success story that led to a tenant overcoming some barriers to get housing that met his or her needs. What are the “lessons learned” that the group sees in this example?**

Each group should be prepared to report briefly the most important findings from this discussion.



Module 4:

Connecting Tenants to Benefits and Community-Based Services

Notes to the facilitator

Prepare for Module 4:

- Make copies of Module 4: Connecting Tenants to Benefits and Community-Based Services. Your copy is in this workbook; print copies for participants from the CD-ROM.
- Distribute this material to the participants. Ask them to read this module before meeting as a group to discuss it.
- Make copies of this exercise: *Advocating on Behalf of a Tenant*. However, do not distribute the exercise until training participants meet as a group. Again, your copies are at the end of this module; print additional copies of the exercise as needed from the CD-ROM.



Conduct your fourth session:

- When you convene your group, discuss the content of Module 4.
- Distribute contact information for benefits programs and advisors, such as the Social Security office and the SSI/SSDI Outreach, Access and Recovery (SOAR) contact.
- Distribute the exercise, divide participants into groups, and allow groups time to deliberate. Invite spokespersons from each group to report their key findings briefly. You may want to give each group a time limit for presenting their findings in advance so that all have an equal opportunity to share.

Facilitating the dialogue:

Some people have difficulty speaking in a group, perhaps because they are timid or soft-spoken. Conversely, some team members will be self-confident and outspoken and will need to learn to listen openly to what others have to say. One of the roles of a facilitator is to encourage people who are more withdrawn to express their views and make sure that more vocal participants give others a chance to speak.

Training Frontline Staff

Module 4: Connecting Tenants to Benefits and Community-Based Services

It is important to help tenants obtain basic resources and supports, including income assistance, housing subsidies, utility assistance, and any supportive services they think they need to succeed in the housing of their choice.

With benefits such as income supports and housing assistance, your primary role will be one of an advocate who helps people obtain the help they need. With supportive services, however, your job will include both linking people with available community supports and providing some supportive services directly. This section deals with gaining access to benefits and outside supports such as professional mental health services; direct provision of services will be addressed in the next module.

Learn About Benefits Programs

Many people with psychiatric disabilities need extensive support to live in the community. Their ability to access this support relies on their eligibility for benefit programs that provide a monthly income, health care, and other financial support. Programs with which you should become familiar include the following:

- Supplemental Security Income (SSI);
- Social Security Disability Insurance (SSDI);
- Temporary Assistance to Needy Families (TANF);
- Medicare;

- Medicaid;
- Food stamps;
- Utility assistance programs; and
- Veterans' benefits.

An important part of your work is to study, learn, and really get to know the rules, regulations, and application procedures for relevant programs. Experienced people can mentor you as you learn about all the income, social services, medical, vocational rehabilitation, and mental health benefits that the people in your program will need, and as you begin to understand the complex rules and regulations that govern each program. Because rules and regulations change frequently, you must keep up with the revisions that occur in the various benefit programs.

Details about how these programs operate is beyond the scope of this publication, but the *Resources for Training and Education in The Evidence* in this KIT lists many resources to help educate yourself about these programs. Much of the information is available online, and various benefits programs have established local resources for training and referral, such as the Social Security Administration's SSI/SSDI Outreach, Access and Recovery (SOAR) initiative.

Helping tenants access benefits

While each benefit program is administered differently, some general advocacy skills will help you assist tenants in gaining access to the benefits they need. The first step may involve helping people gain proof of their identity. Some people will have lost all personal papers and, in this case, you must help them build a file that includes such things as a birth certificate, Social Security card, and, when appropriate, record of military service.

Citizenship or immigration status is an especially important concern in some areas of the country. Eligibility for support services and housing can be affected by people's citizenship or legal immigration status; this depends on your state's laws or policies.

Helping tenants apply for benefits might involve one or more of the following:

- Assisting with the written application;
- Referring them to a source of assistance;
- Providing or arranging for transportation;
- Reminding them of appointments and actions to be taken;
- Assisting with appeals; and
- Providing emotional support.

A formal psychiatric assessment is required to obtain certain benefits, such as Supplemental Security Income (SSI). People may fear undergoing a psychiatric assessment. You must find one or more psychiatrists who are skilled at assessing people for entitlement benefits and who are willing to stick with them throughout the often long and difficult disability determination process.

Many people are denied benefits when they first apply, which forces them to go through a complex appeal process. In some locales, a legal assistance program or one or more qualified attorneys are skilled in helping people go through appeals and obtain benefits.

People with psychiatric disabilities may feel especially hopeless when benefits are denied. You must be especially supportive during the eligibility determination and appeal processes. People sometimes feel that they are being viewed as dishonest or unworthy of help. They can build up hope for achieving a better life, and their hopes can be dashed when benefits are denied. It is important to let people know that initial denials are common and that further appeals often are successful.

Customizing Support Services

In addition to helping tenants to obtain public benefits, you will also have to advocate for them to get the services they need in the community. One major part of your role as a Supportive Housing worker is to work with them to design an initial integrated package of individualized supportive services that will sustain their success in the housing of their choice.

This package will include mental health services and will often include substance abuse services, employment programs, social supports, home health care, and other services provided by agencies outside of the Permanent Supportive Housing program. Because all services and supports are voluntary in Permanent Supportive Housing, ongoing engagement using the principles outlined in Module 2 is often critical.

Research and practice have shown that the mental health, social welfare, and housing assistance systems are highly complex, fragmented, and difficult to understand, and services are burdensome to access. In most communities, inadequate services exist, meaning that there are long waits or that certain needed services are generally unavailable. A big part of your job involves helping people identify, select, apply for, and access the supportive services that are available and relevant to their needs.

Knowing about the available programs, services, and supports isn't enough. Programs in which workers merely assess people and refer them to other services (This is called *broker model* of case management.) are not as successful as programs that play a more active role by providing active advocacy and by directly providing services. Issues relating to directly providing services will be discussed in greater detail in later modules.

Advocating for Tenants

Your success in connecting tenants to public benefits and needed community services and supports will depend on your ability to advocate for tenants' interests. Advocacy has many definitions. In general, *advocacy* means the following:

- Speaking out on behalf of another to assert someone's rights or a claim;
- Trying to obtain services or resources that have been denied someone without just cause; and
- Communicating dissatisfaction and asking for a specific change in a situation—for example, a change in how a program operates, the way resources are organized, or the way someone's situation is being handled. It may also mean asking for an alternative to a burdensome process that people are forced to go through to get their basic needs met.

Advocacy can also mean helping other people voice their own concern, uphold their rights, bring a grievance or complaint forward, or make a formal appeal to a decision or action.

As discussed earlier, many staff members of Permanent Supportive Housing programs are deeply involved in systemwide advocacy for better access to housing and supports for people with psychiatric disabilities. Getting involved in legal and civil rights advocacy on social justice concerns and joining with others for important causes can be energizing and may help you avoid burnout. It may also lead to unexpected opportunities for career advancement.

Encourage *self-advocacy* among the people you serve. Self-advocacy helps people with disabilities rebuild self-confidence, assert their rights and preferences, and achieve the sense that they can take action to get their own needs met.

Self-advocacy is often a powerful form of self-help and can connect people to others in important ways. Materials are available that you could use or adapt to teach self-advocacy skills to the people you serve. Some are listed in *Resources for Training and Education in The Evidence* in this KIT.

Build a set of advocacy resources

You will need to gather a set of resources that can help you become an effective advocate. These include informational resources, as well as contact information that will allow you to link to other advocates. You do not have to become a full time advocate to be an effective Supportive Housing worker, but you must have a working relationship with people whose job or volunteer commitment involves advocacy, as well as information that allows you to reach influential people who can cut through red tape or resolve complaints.

You have already learned that you must have detailed working knowledge of the rules and regulations of a variety of social welfare, mental health, vocational, and housing programs. To be an effective advocate, you need a detailed understanding of the grievance or appeal procedures and the chain of command in these programs.

Gathering and organizing advocacy resource material will help you understand the agencies you must work with so you can be as effective as possible.

Advocacy Resources to Collect

- Contact information for people or organizations who act as advocates, including the following:
 - Advocacy or ombudsman programs;
 - Protection and Advocacy (P&A) agency or personnel in your state mental health agency;
 - Peer advocacy programs;
 - Independent living centers for people with disabilities;
 - Consumer self-help organizations; and
 - Legal aid societies or services.
- Material on consumer rights, appeals, complaint, or grievance procedures for all the major programs used by the people you serve. (Include information about the rights and grievance policies from your own program.)
- Materials on tenant rights laws in your state and city.
- National-level contact information for advocacy resources.
- Contact information for local elected public officials and the leadership of relevant organizations.
- Information gathered from the Internet. To increase accuracy, stick to reliable sources such as government agencies, established technical assistance centers, and advocacy or legal groups.

When gathering information, find a good library near you that has access to an online search engine that allows you to search for detailed information on policies and law. Law schools and major university libraries will have such a resource.

Adopt a winning attitude

Advocacy demands a sense of entitlement and assertiveness. To be an effective advocate, you cannot be passive. You must forcefully and proactively represent consumers' positions or demands.

Advocacy often is adversarial; people take opposing sides. To be an advocate means you know which side you are on. To be an effective advocate, you must believe in and try to win the consumers' argument, achieve their desired outcome, or get their demands met.

Advocacy is not mediation where everyone has agreed to work toward achieving a win-win result. In advocacy, you pick a side and stand up for the person for whom you are acting as an advocate, rather than trying to see all sides of a concern or problem. Part of your advocacy efforts may involve entering into informal or formal mediation or negotiation where compromise is necessary but, even in such situations, an effective advocate continues to fight for the best result, deal, or outcome for the person being represented.

Advocacy requires a level head. It is usually counterproductive to lash out at the opposition or express highly charged negative emotions as you conduct advocacy for consumers. Generally, your efforts should start diplomatically and get more forceful if tenants' needs are not being met. If you express too much negative emotion or anger in a situation, it can backfire and you can lose credibility. The outcome may go against you, and it could have a negative impact on consumers and on other advocacy efforts you attempt in the future. Instead, gather information to support your cause, and be prepared to take any actions that you say you will take.

This does not mean you should not feel anger or righteous indignation. You and consumers may have very good reasons to be angry or to feel other intense negative emotions. Nevertheless, to be as effective as possible, moderate your anger and express yourself in a controlled way. If you have so much anger that you need to express it in some way, do so in the privacy of your own home, office, or car, rather than in a letter, phone call, email, public hearing, or meeting. Use the energy generated by your anger to move forward in your advocacy efforts. You can acknowledge the full range of feelings involved, but keep any highly charged negative emotions in check.

Increase your knowledge base

Individual-level advocacy is most effective when you really know what you are talking about and have developed a well thought-out, reasoned argument. You must pull together an adequate knowledge base about the local system, program rules and requirements, grievance policies, national standards, federal law, or any other information appropriate to the consumer's particular situation.

Gather the facts. Know what has already been tried and why any earlier attempts to resolve the situation have failed. Attempt to learn about successful advocacy efforts in situations similar to the one in which you are involved.

Learn from others with experience. Talk to people who know more than you are in the particular area of concern. Find out what people's rights are, what arguments have worked in the past, and how to bring out the most relevant information for maximum impact. You may have to follow a formal process that has specific steps. Informal relationships also may help you resolve problems.

Some of the things you may need to know include the following:

- Detailed program rules and regulations;
- Grievance procedures, including the specific timelines to file a particular type of complaint or grievance;
- The consumers' rights as specified in law or policy; and
- The options and recourses available under a given set of circumstances.

Strengthen your skills

Advocates have to express themselves forcefully and effectively. This requires strong communication skills. Important communication skills include the ability to express confidence without arrogance and aggressiveness. Skilled advocacy does require *assertiveness*, which means that you can express yourself clearly, plainly, and forcefully.

You must be able to describe very clearly and specifically what the situation is, why it is a problem, and how you wish to see the situation redressed or resolved.

To be an effective advocate, you must be able to make sound, reasoned arguments. This requires you to gather factual information, to give a thorough synopsis or short summary of the situation, and to make a clear request or demand for how you want to see the situation resolved.

Avoid these common mistakes

One common mistake that results in ineffective advocacy is providing too much information or an overwhelming amount of material to support your claims. Have a full set of documents available if they are needed, but try to boil down the facts of the situation into a few paragraphs or a page that can be read quickly by a busy person.

Another mistake advocates often make is to fail to offer a solution by stating one or more ways the situation can be resolved to the consumer's satisfaction. Ask clearly for what the person wants. Don't expect people to guess the actions that should be taken to resolve the situation satisfactorily.

Know how to prepare

Careful background preparation is important before conducting advocacy by phone or by mail, in a meeting, or at a formal hearing. If you are going to communicate by telephone or in person, you may want to role-play beforehand. Role-playing can help you be a much more effective advocate.

During a role-play you can anticipate the counter arguments that may be made by the opposition, you can practice having the essential facts and arguments at your finger tips, and you will feel much more able to state your case with confidence.

You may want to prepare a brief tentative script that includes the main points or arguments you want to make. Try to get your argument down to a few simple sentences. You'll have to say much more, but you should have a strong, clear, simple message or argument that you can impart in just a few seconds. As you advocate, take time as needed to think about what you are going to say next.

Making demands, claims, or complaints against a program, a worker, a system, or a bureaucracy can be very intense, frightening, emotionally demanding, and difficult. Finding ways to relax—for example, by taking three or four soothing, deep, slow breaths—can make you more comfortable just before entering into an advocacy effort. You also can teach self-soothing techniques to consumers if they will part of the advocacy encounter.

Know what can happen

Advocacy is not usually a win-win situation. Typically, one party wins and another loses or yields. Sometimes formal mediation is used to negotiate a compromise among the parties. In this case, the mediator, who is supposed to be a neutral third party, tries to understand each party's position and works to bring conflicting parties together to negotiate an agreement or a settlement that all parties can agree on.

It is important to know if you have further recourse or appeals. If you lose and you cannot appeal or change the situation, let yourself feel any disappointment or anger and then release or let go of any negative feelings.

If your argument doesn't prevail, it is important to remember that this does not reflect badly on you as a person or on the person you serve. You may want to try to think of other creative ways to salvage the situation.

Use the experience to learn what will make you a better advocate in the future. You may need to work on systems-level advocacy to make strategic reform changes so that the situation can be resolved for others in the future.

Don't "burn your bridges" or say things that will result in long-term negative feelings because it could have a negative impact on the consumer or other consumers who have to live with the result.

Meet with friends or trusted colleagues after the fact and process your negative or positive feelings in private. By the same token, if you prevail, avoid making the people in the opposition feel small or demeaned.

Exercise: Advocating on Behalf of a Tenant

Apply the concepts and guidance you have just heard to your specific Permanent Supportive Housing program by considering the following example and related questions in small groups.

Example for discussion

Ramona moves from a ward in the state hospital to a small apartment run by a local landlord. The heating bills are very high, and the large antique bay windows are badly cracked, letting cold air inside. Ted, the Supportive Housing worker, calls the landlord and asks him to fix the windows, and the landlord assures Ted that he would have his maintenance people fix the broken window glass. But no one shows up to do the work during that week or the next.

Ted tells Ramona and a few other tenants in the building who are involved in the program to withhold all rent payments from the landlord until the work in Ramona's unit is done. The landlord is so furious when he doesn't get rent from four people, and gets a voicemail from Ted that tells him about the rent strike for nonperformance of maintenance, that he starts eviction proceedings against all four tenants. The landlord also has his maintenance crew screw quarter-inch plywood over all Ramona's windows so no natural light shines in her unit at all. Ramona is so scared of the landlord and of going back to the hospital that she goes into crisis. Ted ends up having to re-house all four people within 30 days, and all four now have poor credit reports and a history of eviction. Ted is so angry that he writes a letter to the editor of the local newspaper. He is threatened with defamation of character by the landlord's law firm. Ted tries to enlist other landlords to house people in the program, but they appear to know about his run-in over the windows and the units he calls about all seem to be rented. Ted tells everyone that landlords always oppress the poor; you can never win against the oppressors.

- 1. What do you think of Ted's strategy? Why?**
- 2. If Ted had consulted your group to ask advice about what he could do to help Ramona before he acted, what would you advise him to do and why? What attitude would you counsel him to take in communications with the landlord?**
- 3. If Ted followed your advice but the landlord was unresponsive, what would you suggest he do next? Why? What attitude would you counsel him to take in communications with the landlord?**

Be prepared to report out your group's conclusions.

Module 5:

Directly Providing Supports for Housing Retention

Notes to the facilitator

Prepare for Module 5:

- Make copies of Module 5, Directly Providing Supports for Housing Retention. Your copy is in this workbook; print copies for your staff from the CD-ROM.
- Distribute the material to the team members who will participate in your group session. Ask them to read this module before meeting as a group to discuss it.
- Make copies of these exercises: *Providing Direct Supports and Helping Consumers Succeed*. Note that the first of these exercises is to be done in small groups. However, you may choose to complete the second exercise as a class discussion exercise, in small groups, or by having participants talk briefly to each other in pairs, then moving to class discussion.
- Do not distribute the exercises until training participants meet as a group. Again, your copies are at the end of this module; print additional copies as needed from the CD-ROM.



Conduct your fifth session:

- When you convene your group, discuss the content of Module 5.
- Distribute the exercise, divide participants into groups, then allow them time to deliberate. Then invite spokespersons from each group to report their key findings briefly.

Facilitating the dialogue:

Some people have difficulty speaking in a group, perhaps because they are timid or soft-spoken. Conversely, some team members will be self-confident and outspoken and will need to learn to listen openly to what others have to say. One of the roles of a facilitator is to encourage people who are more withdrawn to express their views and make sure that more vocal participants give others a chance to speak.

Training Frontline Staff

Module 5: Directly Providing Supports for Housing Retention

Permanent Supportive Housing helps people live in the community in homes of their choice by providing flexible, voluntary, recovery-focused services. To help people keep housing, you and your fellow staff members must be prepared to offer a versatile mix of direct supports. Visiting people in their homes and dealing with housing crises requires you to balance a desire to help people with respect for their right to make their own decisions.

In both scattered-site and single-site programs, helping people maintain their housing is an important part of the job. Sometimes, Supportive Housing tenants want to or need to move because their current situation does not meet their needs, just as is the case for any member

of society. Other times, they might be forced to leave by eviction or other circumstances.

Helping people maintain a stable living situation, with or without moving, means providing assistance that increases their ability to comply with their leases and make their living situation acceptable to them. Remember the following:

- Permanent Supportive Housing is a complex service. Supportive Housing workers perform many tasks to facilitate people's ongoing success in their living situation.
- The work is so varied that it is seldom the same from one day to the next. This variability and variety may be something that drew you to this work.

- No cookie-cutter rules or approaches will work in every situation. You must be good at improvising and be able to design innovative solutions because each participant's choices, needs, and situation are unique.
- In general, supporting people's long-term success involves providing and/or organizing a highly flexible, individually tailored set of services and supports for each tenant.
- Bring many supports into the environment initially, and then flexibly fade the supports out as the person adjusts and feels more comfortable.
- Don't view residential moves as a failure. Instead, view moves or changing preferences as learning experiences. Look at why the initial choice didn't work well. Try to improve the match between the person and the environment. Encourage the person to see the move as an empowering act of choice.
- Proactively deal with concerns and do not wait until the situation deteriorates.

Providing Flexible Services

People's need for services and supports will change over time. While some programs build in a certain set of supports or level of service (This is sometimes called a service bundle.), one of the hallmarks of an effective Permanent Supportive Housing program is that services and supports are flexible, individualized, and custom tailored to particular needs and desires of the individual.

Support success in the initial adjustment period

The first several months of tenancy are challenging. It takes time for people to settle in, leading many to move or lose their homes. Some people find it difficult to adjust to the demands of Permanent Supportive Housing. Other people may decide that their initial choice was not what they really want.

Some successful strategies to contend with these issues include the following:

- Be clear about the demands in the new environment and how they differ from the demands in the old setting. People need to know which of their day-to-day activities they must change to do well in the new environment.
- Be honest about how difficult it is to move. Explain that the difficulties and the kind of thoughts and feelings that may arise are normal.

Solving Adjustment Problems

Sally's stress level is high after she moves into a second-floor apartment. She paces at night and plays her radio loudly to drown out the voices in her head. Her neighbors are complaining and the landlord has called the Permanent Supportive Housing program. After speaking with Sally about the landlord's and the neighbors' concerns, the Supportive Housing worker helps Sally get a thick carpet with padding from a second-hand store, a pair of fuzzy slippers, and a personal stereo with headphones.

After spending many years in institutional settings, Fiona initially was very afraid of being alone in her new apartment in a HUD housing project for elders. Attendant care workers stayed with her 24 hours a day for a few weeks. For another week, an attendant care worker slept in her living room, and another worker spent a few hours with her every afternoon. Finally Fiona told the workers she wanted her privacy. She felt okay knowing she had 24-hour access to the agency workers if she felt she needed more support, but she never again felt the need for overnight staff.

Jackson moved into an apartment house where most of the people were elderly and quiet. His music bothered other tenants. He wore biker style clothes that made him really stand out. Many tenants were really curious about Jackson and began peering out their doors. This surveillance

conducted by the other tenants interacted with Jackson's symptoms, and he began to become quite paranoid. Jackson's worker helped him move into another building where the tenants were mostly younger and blue collar. There he had no problem fitting in.

Provide supports of appropriate intensity

The most effective Supportive Housing services are highly flexible and can be intensified, strengthened, pulled back, or lessened based on the person's unique or individualized needs at a particular time.

Some Permanent Supportive Housing programs are designed to serve people very intensively at first, and then slowly pull back or "fade" services as people become more confident, learn more skills, begin to practice more often the skills they already have, become better able to meet their own needs, or act in a more self-sufficient manner.

The slow fading of services isn't the only pattern that may be appropriate. Other patterns include the following:

- Some people with serious psychiatric disabilities continue to need a very high level of support over a very long period of time.
- Others' need for services and supports tends to remain in flux, shifting from a very high level of need, to periods of lessened need, and then back to times in which more intensive supports are needed for the person to stay and do well in their housing.

Visiting Tenants at Home

Permanent Supportive Housing calls for a flexible mix of services provided in natural environments, which can include tenants' homes. In many situations, visiting tenants' homes is especially helpful and is one of the valuable features of Permanent Supportive Housing. Tenants might need help moving in and setting up house, or they could want help with life skills that are best practiced at home, such as cooking. Sometimes tenants cannot or do not want to travel to a meeting or they simply prefer meeting with a staff member in the comfort of home. Before you visit with tenants in their homes, keep the following things in mind.

Respect the tenant's privacy

First, ask tenants if a visit to their home works for them, and always provide an option to receive services in an office or a neutral location as well. If you both decide that a visit in the home is appropriate, treat the visit like any other professional appointment.

If possible, set up an appointment with the person. Like anyone else providing a service, you should call ahead, confirm that it is okay to visit, and set a day and time that works for both of you. If tenants do not have a telephone, it is okay to drop by, but only to set up an appointment. Don't expect to visit that day. If you make an appointment far in advance, confirm the day before that it is still convenient.

Because you are visiting someone else's home, basic manners come into play. Knock first; do not just walk in. Ask if you can enter, and once inside, ask to be seated. Remember, you are there because the tenant allows you in his or her home, so act as you would whenever you are a guest in someone's home.

Ensure a productive and safe visit

Of course, working with people in their homes means that you have access to a lot of information that you might not get outside of their home. You have a chance to assess how they are functioning in ways that you otherwise might not. Indicators may show that a person needs additional supports. For example, you can assess if someone needs help with cleaning, meal planning, or other daily life skills. Or, you may begin to suspect that a person is no longer taking medications if you see a change in the household. However, use good judgment; don't be judgmental. Not everyone likes to keep their house hospital-clean or cooks perfectly balanced meals every day.

Although your primary task is to focus on things that could compromise the lease, effective practitioners observe their surroundings to assess people's psychiatric stability and general well-being. You can do this by talking to them about topics of interest. Remember what was happening in their lives the last time you spoke and follow up.

If you focus on functional indicators, you will be able to gather the information you need to help them maintain their housing and can pass on your observations to a clinician who can do a clinical assessment.

Safety in home visits is also important. As a policy, your organization should decide about whether staff should visit someone alone. Good arguments exist for and against visiting alone, but if tenants have abusive tendencies or may be dangerous to themselves or others, common sense counsels always to visit with another staff member.

It is also possible that you might see signs of alcohol or drug abuse during a home visit. These and other warning signs are the types of things that you should report to a clinical specialist.

House call do's

- Ask if a home visit is okay.
- Call ahead or drop by to set up a later appointment.
- Tell the person why you want to visit his or her home.
- Confirm your appointment.
- Knock before entering.
- Ask if you can come in.
- Ask before sitting down or touching anything.
- Think safety—Tell someone where you are going and when you will return and bring a co-worker. Leave immediately if a tenant becomes threatening.
- Focus on functionality—Is the person meeting the obligations of tenancy?
- Use your powers of sight and sound to observe whether the person needs more or different supports.
 - *Sight*: Has anything changed significantly? Is there a new roommate, more or less furniture, a pet, or different decorations? Is the home basically clean? Is food available? Are lights and plumbing functioning properly? Is the home in decent condition, or does something need repair?
 - *Sound*: What does the person have to say about topics of interest? Is he or she angry, sad, withdrawn, excited, content, or engaged in life? Does the person mention family or friends?
- Use motivational interviewing and other techniques described in Module 2 to engage the tenant in needed services.

House call don'ts

- Don't assume people want you to visit their homes.
- Don't show up without calling or confirming ahead of time.
- Don't enter without permission.
- Don't make yourself at home without an invitation to do so.
- Don't touch or use a tenant's personal things.
- Don't visit without letting someone know where you are going and when you'll return.
- Don't try to calm a very aggressive person.
- Don't make clinical diagnoses based on the visit.
- Don't be judgmental—not everyone likes a tidy house or cooks perfectly balanced meals.
- Don't overstay your welcome—accomplish your goals and then leave.

Working with tenants in their homes is more art than science. The relationship between a worker and tenant can be an intimate one and requires trust on both sides. Remember, you are in the home for a purpose; stay focused on that purpose and you are more likely to have a successful visit.

Contingency planning

One of the questions often asked by Supportive Housing staff is, “What do I do when someone refuses to let me come to their apartment, and I am concerned about their health and safety?”

While this is clearly a very difficult situation, with no easy solution, the overarching strategy is to be proactive and plan for these times.

Many of us provide a spare key to our homes to people we trust for a variety of reasons—in case we lose our key or need someone to water our plants while we are away. It is also common for people who live alone, especially those with health concerns, to ask someone to check in with them routinely to ensure they are safe and healthy.

When tenants move into a new home, ask who they would like to have an extra key and under what circumstances it should be used. Some people may choose to give a key to their case manager or housing staff. Others may have a trusted friend or family member they would prefer be in this role. In this case, ask if you are free to contact the friend or family member to discuss your concerns and ask for their help.

It is also important to write the plan down, either as a stand-alone document or as part of another plan, and to revisit it regularly with the tenant because people's needs, preferences, and support systems evolve over time.

Playing the Role of Life Coach

Many Supportive Housing workers act as a kind of “life coach.” Life coaches help people succeed in many spheres of life by helping them clarify their goals and organize their day-to-day lives to achieve these goals. Supportive Housing workers act as life coaches when they help tenants do the following:

- Explore positive alternatives and create a vision for the kind of life they want;
- Identify some specific things or experiences they want in lives;
- Set clear long-range goals and determine priorities; and
- Define and take the short-term action steps to help achieve high-priority, long-range goals.

A coach’s role also includes providing ongoing support and enthusiastic encouragement to people as they overcome barriers and take positive steps to move forward.

Supporting Daily Activities

Many people with psychiatric disabilities can easily manage their daily activities and maintain a household. Other people have some challenges or even severe limitations. Learn to identify areas in which people cannot yet act effectively on their own behalf and offer supports that fill the gap between people’s capacities and the demands of daily life. For example, you might do the following or enlist someone else to help people:

- Manage their medications or personal self-care routines;
- Manage their finances;
- Keep up their living environment; and
- Undertake daily living activities such as personal hygiene, laundry, cooking, etc.

Provide practical assistance

Some work of the Supportive Housing practitioner is very down to earth and involves providing, or organizing the provision of, practical assistance. Your work tasks might include the following:

- Giving someone a ride to the store;
- Unplugging a stopped-up drain or toilet;
- Showing someone where to go to get a subsidized bus pass; or
- Helping the person find a place to do laundry in the new building or neighborhood.

At first, some workers consider giving practical assistance to be beneath them in their role of mental health worker—“*I didn’t get a college degree and become a mental health worker to fix plumbing.*” It is important to view this part of your work as being as important as other aspects.

Provide emotional support

Some work will involve providing emotional support, which might entail the following:

- Talking with people about what is important to them;
- Making sure someone is there for tenants when they move into a new home and is feeling vulnerable, afraid, or lonely;
- Being an enthusiastic cheerleader. Supporting and encouraging people who are unsure of themselves and telling them they can and will succeed at making a new life in the new place;
- Helping people overcome the feeling or idea that they cannot succeed in housing because they have a psychiatric disability; and
- Finding ways to celebrate small successes.

Teach life skills

The work of Permanent Supportive Housing often entails being a teacher, giving people many opportunities to learn or relearn skills, and supporting them as they try to practice them. They will need many life skills to succeed in their living situation, neighborhood, and larger community.

Effective Supportive Housing approaches involve *in vivo* provision of services and skills teaching. *In vivo* service provision means that people are served and supported in their own housing and neighborhood. People with psychiatric disabilities learn best in the “real world” and in the actual place they will use the skills they are learning (Ridgway & Rapp, 1997).

This means you should provide most or all services in tenants’ homes and in natural community settings, rather than bringing people into an office for services or having them attend a program (for example, learning to cook in the day treatment kitchen). Teaching skills *in vivo* can improve retention rates for the program.

Why is teaching skills so important?

- Some people have never learned some of the skills that it takes to “make it” in the community in daily life.
- Others may already have learned all the basic skills of daily life they will need, but they have not practiced the skills in a very long time and feel unsure of themselves.
- Some people have forgotten the skills they had because they didn’t need to use them while living in an environment where everything was done for them by other people.

Identify Needs

Skills teaching is highly individualized. Do not set your expectations too high by assuming any of the following:

- Tenants can already do everything needed to succeed in housing. It is unfair not to assess tenants’ functioning carefully and blame them later for “failing;”
- Tenants must do everything well from the very first day to get into or stay in Permanent Supportive Housing; or
- Tenants must learn to function completely independently. (There are alternative ways to support people’s ability to function.)

You also want to be sure you don’t act as if the following were true either:

- Tenants cannot do any of the tasks needed to succeed in housing. (Don’t waste tenants’ time and yours teaching skills they already have);
- Tenants lack strengths, talents, and intelligence, or cannot learn new skills simply because they have a severe psychiatric disability;
- Tenants completely lack skills, just because they have not been practicing them.

When you teach skills, you must carefully target the work to address the skills people truly need. Skills relate both to the person and to the demands placed on the person by the environment. Concentrate only on teaching important skills that people need to succeed in their housing and

neighborhood. How do you know what skills people need to succeed in a particular situation?

- Concentrate on the skills that people say they need and on those they need to face challenges they clearly are having difficulty meeting.
- Fill in supports where people are unable to perform adequately, and then teach the skills needed and slowly fade out the supports.

- If people do not seem motivated to learn the needed skills, proceed with skills teaching slowly, and keep the supports in the situation until they can function adequately.

A big part of the work of Permanent Supportive Housing involves adequately assessing the situation and addressing the real skill deficits or issues. This information is not always immediately clear.

Learning experiences

Grace ran out of money every month for the first several months she lived in Permanent Supportive Housing. By the second or third week, she had nothing to eat in her cupboard or refrigerator. Every month, Grace's worker, Greg, would run around town taking Grace to food pantries sponsored by churches and charities, get emergency food vouchers from the city, or arrange an emergency loan from his agency.

Greg finally decided "enough is enough!" He began spending a lot of time each week teaching Grace the skills of budgeting, comparison shopping, food purchasing, and cooking simple meals. Greg and Grace spent many hours together making long lists of Grace's favorite foods, creating well-balanced menus for economical meals that could stretch her food budget for the whole month, shopping carefully for well-priced food, and cooking simple meals she said she would enjoy.

Grace has a very high IQ, and she learned to figure out unit pricing, food volume, menu planning, and comparison shopping, using a small pocket calculator that Greg gave her. In fact, Grace did so well learning the shopping and meal preparation skills from Greg that by the end of a month, Greg was beginning to learn quite a bit of new information about these topics from her; Grace knew more than Greg had ever known about the details of these subjects.

Greg was happy because he thought he was a very skillful worker and that the problem Grace had with running out of food and money to buy food was completely resolved.

Yet, in the middle of the next month, Grace showed up in crisis. She told Greg she was broke and had no food in her refrigerator or pantry. She asked for Greg's help to find a way to have something to eat for the next 2 weeks, until her next SSI check and food stamps allotment came in.

After dealing with the immediate crisis, Greg had Grace review all the skills she learned about menu planning, comparison shopping, bulk buying, and "creative cooking for one." It was clear that Grace had mastered all the knowledge and skills that Greg spent so much time teaching her. In fact, Grace seemed to know so much she could teach an entire adult education course on any of these subjects.

Greg and Grace finally begin to explore why Grace ran out of money and food in just a few weeks. It turned out that every month, when her SSI check came in, Grace would take three or four of her friends out to eat in a moderately pricey, family-style restaurant and spend more than half of her entire food budget at one sitting. Treating her new friends to a festive meal is what causes Grace to run out of money and food every month.

Respect learning styles

Effective skills teaching involves a structured series of tasks. It is important to remember that people have different learning styles. Direct skills teaching works best when you understand and build on the personal learning style of each consumer and teach skills in a manner that matches the person's style. One common way to break down the process of teaching skills incorporates several different learning styles. This process has been called *tell-show-do*.

- The first step is *tell*. Verbally describe what is needed to perform the skill adequately. First talk through and describe each behavior that makes up the skill set needed for the task and describe the necessary behaviors in detail. This step emphasizes auditory learning.
- The second step, *show*, involves demonstrating the skill. As you perform the skill, you are emphasizing visual learning. In this step, you demonstrate each behavior needed to do the task.
- The third step, *do*, involves observing people as they perform the task. Also give them feedback as they practice all the behaviors that make up the new skill. This emphasizes "learning by doing."

People may learn a new skill rapidly or it may require several sessions. Remember, it is important to teach only those skills that people actually need. You may become aware of the need because people have asked to learn the skill, because the lack of this skill is getting them into difficulty, or because the skill is needed to perform adequately in the environment in which they want to succeed and you know through assessment that they do not have this skill.

Promoting Personal Recovery

Supportive Housing workers play a significant role in encouraging and supporting recovery in the people they serve, helping them do the following:

- Engage in meaningful activity;
- Build a social support network;
- Regain a sense of belonging in their community; and
- Increase personal wellness.

In the past, mental health systems often were oriented toward simply maintaining people in the community and avoiding recidivism to hospitalization and inpatient stays. Mental health professionals' expectations for people with prolonged psychiatric disabilities were set very low. In essence, people who experienced prolonged dysfunction were expected to remain disabled for the rest of their lives; they were not expected to recover.

In recent years, the mental health field has become much more positive about the potential for recovery after prolonged psychiatric disability.

Studies about recovery

Several major outcome studies conducted throughout the world reveal that many people with prolonged psychiatric disorders do achieve recovery across time. Boston University maintains a Repository of Recovery Resources at: <http://www.bu.edu/cpr/repository/index.html>

Additionally, federal policy strongly supports recovery:

- In 1999, the Surgeon General's *Report on Mental Health* concluded that all mental health programs should assume a recovery orientation.
- In 2003, the President's New Freedom Commission issued a report that promotes

recovery as the central function of the mental health system. It discusses the need for Supportive Housing, individual recovery planning, and systems responsive to consumers' own self-direction.

In mental health recovery, people often do the following:

- Learn to contend effectively with their condition;
- Overcome the impact of the disability; and
- Go on to live full lives.

Even if their symptoms persist, many people can work and contribute to others and to their community. Others find ways to control their symptoms or symptoms fade away or go into remission. People recover on many levels, including the following:

- Having a more positive sense of who they are;
- Reclaiming a variety of positive social roles;
- Developing friendships and informal relationships;
- Increasing their ability to manage their condition;
- Avoiding rehospitalization;
- Regaining personal and social functioning; and
- Engaging in a variety of meaningful activities, including going to work or contributing to others through volunteer activities.

Recovery is a long process, and healing may appear slow. Workers can support people in their recovery (or hold them back), but individual consumers have the primary responsibility for their own personal recovery. Recovery is a nonlinear process, and people often experience setbacks, but overall show a pattern of positive personal growth over time. Setbacks should not be viewed as the end of recovery, but instead as learning experiences.

Support everyday freedoms

Permanent Supportive Housing helps people reclaim “everyday freedoms” that most people take completely for granted. Examples include the following:

- Having control over one’s own daily activities;
- Having the ability to come and go as one pleases within one’s neighborhood; and
- Having the opportunity to make simple lifestyle decisions, such as setting a personal schedule for one’s daily activities.

It is important to remember that many people in some types of residential and institutional program environments lose control over most or all of these everyday freedoms. When people have these everyday freedoms, they are more able to move toward recovery.

Encourage meaningful activity

It is important to help people design a positive lifestyle and create a positive structure for their day. People may not have had the opportunity to make choices about their lifestyle and daily activities for some time, or they may never have had that freedom.

People who have been homeless for a long period may be used to a very different lifestyle from a typical apartment dweller. Some behaviors that are appropriate to life on the streets or in institutions can get people in trouble if they use the same strategies while living inside in an apartment. For example, people who are homeless frequently share the small set of resources they have, in hopes of receiving support from others. However, allowing homeless friends to “crash” in their new housing can lead to trouble for people who have moved into permanent housing.

Some people in Permanent Supportive Housing spend their time withdrawn and inactive, while others develop meaningful activities in their home, neighborhood, and community, including returning to work. You can play a role in helping people select and engage in meaningful activities. For example, some at-home activities that people say help them in recovery involve craft projects, reading, pet care, Internet exchanges, and wellness pursuits.

You can help people select and engage in meaningful activities in many ways, including the following:

- Noticing belongings that hint at what people may find meaningful,
- Finding out through conversation what people care about or are interested in, and
- Exploring diverse topics or giving people the opportunity to experience a variety of activities.

Activities make life more interesting!

Shane visited John in his apartment and saw what he thought was a bunch of lumps of dirt in a set of thrift store shelves. He asked John about them, and John became much more animated as he described collecting rock specimens along the river. Shane helped John check books out of the library that would help him classify local rocks and minerals. Later, John began taking classes in geology at a local college.

Cindy began crocheting a lap robe. She and her caseworker would sit crocheting squares while they talked about her dreams and goals. Cindy's sister really liked the piece she made and paid her \$15 for it. This encouraged Cindy, who joined a prayer shawl group at her church. In that group, several women worked together to make knitted and crocheted shawls for church members who were ill or convalescing. The minister would pray over that shawl with the group and they would take the shawl to the person in the hospital, nursing home, or in their own home. A woman in the church group became a friend of Cindy's and invited her to a sewing group that was held every month. Soon Cindy made other friends through that group.

Ed liked sports a lot and so did his caseworker Tim. They attended a few baseball games together, using free tickets they got through the agency, which received some free tickets based on their nonprofit status. Ed ended up beginning to collect baseball cards that he found at flea markets and thrift stores. Later he met people on the Internet with whom he traded cards. He had a lucky find, a card he sold to a collector for \$150. He used this as seed money to build his collection.

Promote Community Integration

One goal of a recovery-oriented program is to help people achieve community integration. *Community integration* means more than being physically located in the community; it means having some meaningful connection to people and to the place where one lives. Some of the work people do in Supportive Housing involves linking people into the broader community and helping them find meaningful ways to draw from and to contribute to the greater community.

Supportive Housing tenants often have very limited funds, and poverty can reduce their ability to participate in community. Some programs have funds to enrich people's lives. Others try to link people to free or very low-cost events. People may be encouraged to find ways to contribute to the community through volunteerism. In this way, they may carve out their own niche as community members.

Support Wellness

Mental health recovery is supported through improved general health. People who are in recovery often begin to take a much more active role in achieving wellness. *Wellness* is a general term that relates to holistic physical, emotional, and spiritual well-being. Many people with psychiatric disability find they must attend to their wellness to achieve mental health recovery.

Wellness includes ending—or at least reducing—high-risk behaviors, as well as engaging in health-generating activities. You can brainstorm the activities that fall under each category. For example, reducing high-risk behavior might include the following:

- Education on safe sex,
- Helping consumers reduce or eliminate alcohol, tobacco, and drug use,
- Helping consumers lose weight, and
- Encouraging physical fitness (for example, working out, walking, or swimming).

A tenant recovers physical health—and reduces her anxiety

Pim was a large, tough girl who described herself as “high mileage,” even though she was only 22. She had spent many years in and out of foster homes and group homes and lived for several years in institutional settings. She had done well in her apartment and had tried a new medication that helped keep most of her psychiatric symptoms in remission. However, Pim gained a lot of weight—nearly 100 pounds—since she started taking the medication. She felt very self-conscious about being obese for the first time in her life. Her doctor gave her a low-calorie diet and told her that she must lose weight because she was in danger of developing serious illnesses such as diabetes and heart disease.

Whenever Pim felt anxious she would take a PRN (“as needed”) dose of her medication; the more as-needed doses she took, the more weight she gained, and the more weight she gained, the less she thought of herself.

The Permanent Supportive Housing program purchased two individual memberships to the local YMCA, and Pim started working out for about 15 minutes to half an hour every day at the Y. Later, she got an exercise tape and began to exercise more at home.

After a few weeks she noticed her jeans were no longer so tight. In the next 8 months, she lost 75 pounds. She was thrilled at her new healthy body. She was surprised that exercise helped her feel calmer, and she was amazed that she didn't need to take PRN medications any longer. Every time she felt anxious, she would pop the exercise tape into the VCR and do a 10-minute routine.

Many people use complementary and alternative health techniques as part of their recovery. Activities that promote wellness include yoga, exercise, Reiki, Tai Chi, affirmations and positive self-talk, meditation, and spiritual activities such as worship or prayer. To support tenants' wellness, you can do the following:

- Help people identify short-term, achievable goals to improve wellness.
- Concentrate on linking program participants into naturally occurring community activities and natural resources in the community (for example, recreation centers, free natural food store talks, library tapes on meditation, and local congregations). Using natural community resources multiplies the resources and options available.

Help expand social support networks

People can feel lonely or disconnected from others as a part of the experience of psychiatric disability. Some people withdraw because they anticipate social rejection based on stigma. Others complain of loneliness after moving into Supportive Housing. Some people are lonely when they live in one-person households, but people can also feel lonely while living in congregate or shared settings. The social network of people with psychiatric disabilities often is small and is made up mostly of those (including staff or family members) who give social support to them, rather than shared social support.

Helping people expand their social support network is a critical task. A social support network is made up of informal and formal relationships with people that someone counts on for information, shares feelings with, gets practical help from, or feels emotionally supported by others in the network.

Assess social support

To support the expansion of social networks, you must be able to assess the current social support network that people have. A simple diagram with circles representing tenants and their intimates, close family members, friends, workmates, church members, recreational buddies, or others who influence their lives can be helpful. You also can use questions such as the following to help people get a sense of their network:

"Who would you call if you needed a ride somewhere?"

"If you were feeling down, who could you share your feelings with?"

"Do you have anyone to turn to get a short-term loan or some help if you ran out of money?"

"Do you have people you feel quite close to?"

Once you have a better idea of someone's existing support network, you can help develop social support in a number of areas.

Link tenants to peer support

People benefit by involvement in mutual assistance and self-help. Some Permanent Supportive Housing programs directly include a self-help or mutual assistance component within the program itself, or the program links people into existing self-help groups or organizations. People learn many practical coping strategies from peers and can find role models that help them see that recovery is possible. Peers share experiences, feel less alone, and become important supporters of one another.

Staff may undertake community building whether tenants live in clusters with their peers, are housed with a number of other individuals with psychiatric

disabilities at one location, or live in relatively close proximity in a neighborhood. Community building activities link people in mutually supportive and empowering ways and may include the following:

- Social activities such as community suppers or recreational activities;
- Mutual self-help groups, including those concerning substance abuse recovery;
- Creation of a tenants' council that sets policy for the building or program; or
- Any other activity that brings people together in a positive way.

Broaden the network beyond the mental health system

Most people with psychiatric disabilities want to have social relationships with people outside the mental health system. Often it is possible to help people identify their interests and find social outlets beyond the mental health community. You can help people form a broad social support network by assessing their strengths, interests, motivation, dreams, and talents; researching community options; and linking people with activities where they will meet people who have shared interests.

Making the Music Happen

Jack loves jazz music and knows the names of all the local performers. He has a vast record collection that he finds for pennies at local thrift stores and tag sales.

The Supportive Housing worker knew about Jack's interests and approached Jack's mother, who had asked him to let her know how she could help Jack succeed at staying out of the hospital. The mother decided to give Jack a series of saxophone lessons as a birthday gift. The person he studied with, who was an old jazzman, Mr. Z, thought Jack had some talent and was a "cool cat." Mr. Z. invited Jack to sit in on some pickup gigs he got through the grapevine.

Jack found a few new friends among the group of people who floated around in the jazz world in the late night hours. He had to go home before a lot of the other guys because his medication made him feel tired and he couldn't stay up till the wee hours like he used to without triggering psychiatric symptoms.

This wasn't a big deal to any of the people in the circle, most of whom admired Jack for his developing talent and love of jazz. Mr. Z would say, "Jack, he turn into a pumpkin if he don't get home 'fore midnight."

Jack was no longer spending all his time alone with his record collection and his cigarettes; he was making music happen.

Support family relationships

Some people in Permanent Supportive Housing programs find that having their own living situation gives them the opportunity to reconnect or expand their relationship with family members in positive ways.

Rebuilding a Treasured Relationship

When he was living on the streets of Chicago and was in a state of psychosis, homeless, and drinking to the point of self-destruction, David lost custody of his daughter. The worst moments of his life occurred when he had to watch his little girl walk out of his life with her tiny pink suitcase in her hand. He felt helpless to stop the process, to stop drinking, or to deal with his psychiatric symptoms. It took him some time to enter recovery for both his mental illness and his substance use disorder.

David started doing much better after completing detox and entering a Permanent Supportive Housing program run by a large psychosocial rehabilitation agency. David shared an apartment with a roommate. A picture of his daughter held a place of pride on his bedroom shelf. Once he was sober and became a leader in one of the agency's clubhouse programs, David's thoughts kept turning to his daughter.

He began to track down information about his daughter's whereabouts and soon found she had been placed in family foster care with the older sister of his ex-wife. He was pleased when he found out where she was because the girl's aunt was someone he trusted to give his daughter a safe, structured, stable home.

David finally worked up the courage to call his daughter, and a few weeks later, he met with her for the first time since that awful day when she was led away by two child protective workers.

Shareen was no longer a little 8-year old girl but a poised young woman of 13 who had a lot of tough questions for him. David's honesty, his intensive efforts on his dual recovery journey, the amends he offered, and his genuine love and concern for her allowed David and his daughter to begin to rebuild a relationship.

Help tenants return to work

The vast majority of people who have serious psychiatric disabilities are unemployed. Many want to work but fear losing benefits, such as Supplemental Security Income (SSI) or Social Security Disability Insurance; Temporary Assistance for Needy Families (TANF); food stamps; utility supports; and Medicaid, which covers the cost of psychiatric medications. You, or a benefit specialist on your team, should learn about the rules for benefits and counsel people about these concerns before they return to work.

Exploring the desire to work and linking people into vocational programming and employment opportunities is appropriate when people express the desire to work. In some Permanent Supportive Housing programs, vocational specialists take on this task, while in other programs, the Supportive Housing worker is also the person who works with people to explore vocational goals and select, find, and do well at a job that matches their skills and preferences.

The most effective approach to get people into a job they want is Supported Employment. Another KIT in this series covers the practice and is available from SAMHSA.

Help People Retain Housing

People do not maintain tenancy for many reasons. For some, it is a discrepancy between the demands of the setting and the skills people have. For others, it is a question of making a huge transition to a new life, or the fact that they feel completely out of place or at a loss in the new place. For still others, it involves realizing that their experience leads them to make other choices. Often, loss of housing is related to alcohol or drug use. Violations of rental agreements can also lead to evictions.

Before moving in to their new home, tenants should understand their obligations under their lease, which you can review with them item by item if necessary. *Tools for Tenants* in this KIT can be used to educate tenants about leases and being responsible tenants.

Three Stories: Finding and Losing the Way Home

Irene decided to live with two roommates in a large apartment near her job. After a few months, she grew tired of living semi-communally, and she felt more secure in her job. She decided she wanted a place of her own. Later she found that her small efficiency didn't feel like home and was too cramped. She also felt lonely. She got Fritz, a companion animal to deal with loneliness, but both the landlord and she felt that Fritz was too big for such a small space. She moved again to an attic apartment in a residential area. She felt comfortable and Fritz had a fenced yard to stay in while she was at work.

George invited people from the shelter into his apartment and sometimes a few people stayed overnight. As soon as his landlord found out that unrelated adults who were not named on the lease were staying overnight, he evicted George. George hadn't taken the lease requirements seriously. His worker helped him find another place, and George always made sure his friends were out of the apartment before the door of the shelter was locked. Even though he wanted to help them out, he never wanted to be evicted again.

Maggie was very proud of her new apartment and wanted her family and friends to see how she had decorated the place. She invited her sister over, her sister brought her boyfriend, and the boyfriend invited several friends. One person shared some pot, and another went out to get some beer. Maggie thought, "What the hell, I've been good for 10 months and you only live once." Her slip lasted 3 months, and she ended up having to go through detox and a 30-day program to regain her recovery. Maggie lost her apartment when she didn't pay the rent for 2 months. Her eviction made it hard for her to get another place.

Improve interpersonal relationships

Often relationships are made or break success in Supportive Housing. These relationships include those between the family and the consumer, between participants and their intimate partners, between participants and their peers, between roommates, and between participants and other tenants in the building and neighbors, as well as the relationship between the tenant and the landlord or building manager.

Tasks involved in this arena include the following:

- Assessing interpersonal conflict;
- Teaching interpersonal skills such as assertive communication;
- Defusing tense situations;
- Mediating problems and disputes; and
- In some cases, dealing with domestic violence, including emotional, physical, and sexual abuse.

Interpersonal conflict is not an issue peculiar to Supportive Housing. Conflicts among roommates, families, and friends are common throughout society. However, in Supportive Housing, where tenants need support to maintain housing, conflict can have a significant impact on housing stability.

In shared living situations, the key to success can be to set reasonable mutual expectations for a shared household.

Risk management vs. tenant choice

Managing risk is an important element in any Permanent Supportive Housing project. When your program owns or operates a building, protecting your asset is a consideration when deciding who to serve and how to serve them. Similarly, as workers visit tenants in scattered-site units, they must be prepared for a variety of circumstances. As in many arenas, managing risk can be more art than science. Staff must walk a fine line between being caring and supportive and being overly protective or condescending with consumers.

Traditionally, mental health workers have assumed a paternalistic stance and have made many day-to-day and life-changing decisions for people based on what they believed were the person's best interests. Giving people the space and autonomy to make their own decisions can seem frightening. However, doing so also supports their sense of recovery, home, and empowerment.

As a Supportive Housing worker, you will have to contend with situations in which tenants make decisions with which you do not agree. Although this can cause discomfort, it is important to remember that consumer choice is a cornerstone of effective Permanent Supportive Housing and of mental health recovery.

How can you work effectively with people who are making decisions that do not reflect your judgments of what a good decision would be in the situation?

Do not find yourself doing any of the following actions:

- Ignore the situation as representing the people's right to fail. This is neglect.
- Look away, detach, and let people "learn from failure" by experiencing the consequences of their actions.
- Intervene and take over decision making, actively blocking people's right to make choices on their own; exert control.

Instead, follow steps to deal with choices in an informed and ethical manner. If you believe tenants are making poor choices, it is important to help them understand the consequences of their actions and how these consequences will affect personal goals. As opposed to simply passing judgment on tenants, use motivational interviewing techniques (discussed in Module 2).

When tenants jeopardize housing, employment, or other supports, involve the team and inform your supervisor of your concerns. Your course of action might be different if probation or child custody issues are involved because tenants' actions can have a significant impact on their legal status. Document your concerns. Keep communicating with the tenant, openly sharing your concerns and what you see as any potential consequences that may interfere with the person's achievement of goals.

When tenants' choices are also a significant risk

Services in Permanent Supportive Housing are voluntary, but sometimes actions are needed to preserve the safety of tenants or others. If you learn that someone is considering suicide, self-harm, or harming another person, you might have specific ethical and legal obligations. This might also be the case for issues involving child neglect. You might also be required (or allowed) to intervene if people are unable to care for themselves. Permanent Supportive Housing programs typically have crisis procedures established, which might include standards for when to call law enforcement or emergency services, child protection agencies, or a mental health crisis intervention team.

How Would You Handle These Situations?

Graciella has been doing well. Even though she had several years of psychiatric disorder, she has settled into her apartment and has been studying to be a nurse's aide. She has been getting high marks in the training but is fearful of failing and is also fearful of passing because she may lose some benefits when she goes to work. Her husband has been in jail for several months for stealing an automobile and crashing the car during a police chase. The day before her nurse's aide test, Graciella's husband is released from the county jail and shows up at her apartment drunk. She tells him he can stay with her, but he becomes verbally abusive and begins to shove her around. She calls the agency and is crying hysterically; she wants to be admitted to the hospital.

Jake is hoarding cardboard and old newspapers. They are in stacks all around his apartment, and even stacked next to and between the burners of his kitchen stove. His bathroom is truly filthy, and the worker sees maggots in the kitchen trash. Jake isn't eating well and seems to have lost about 25 pounds since moving into the unit.

Risks and risk mitigation

Examples:

- Neglect or damage to a housing unit
- Repeated behavior that offends others and risks tenancy
- Potential lease violations due to a lack of familiarity with the lease or lack of skills related to housing
- Continued association with friends who engage in negative behaviors or criminal activities
- Personal injury to a tenant
- Personal injury to a staff member

Ways to mitigate these risks in single-site housing:

- Have 24-hour, 7 days-a-week desk attendant or resident coordinator
- Have 24-hour, 7 days-a-week security
- Orient tenants to simple rules about visitors and make sure to enforce rules
- Require guests to sign in
- Ask tenants to be involved in caring for the property through a resident council or through part-time paid and volunteer jobs

Ways to mitigate these risks in scattered-site housing:

- Provide 24-hour, 7 days-a-week access to a case manager or social worker
- Require staff to wear a pager or cell phone
- Require case managers to notify others of their schedules for the day
- Teach all staff basic first aid and safety
- Get to know tenants' neighbors
- Contract for cleaning or maintenance services and ask workers to report any obvious lease violations

Support advance directives and crisis plans

While certain circumstances dictate intervention on behalf of tenants, you can reduce the likelihood of such scenarios through advance crisis planning. Working with tenants to develop a plan for responding to psychiatric emergencies, relapse to drug or alcohol use, or other risky behaviors strikes a balance between empowering tenants and protecting them from harm. Some jurisdictions recognize psychiatric advance directives, for example, while sample crisis plans can be found from numerous sources.

There is an increasing national mandate to have mental health services be *consumer-driven* or *consumer-directed*. Such efforts include having program participants plan how they would like to be served and treated and how they would like to have their needs addressed, if they are experiencing a mental health crisis or psychiatric emergency.

Advance Directives: How to Put Consumers in Charge Even When They Are Incapacitated

An *advance directive* is a legal document in which consumers write down their preferences about the treatment they do and do not want while in crisis or while incapacitated.

Often the advance directive includes formally designating one or more people who are named as agents who can act on the person's behalf and make treatment decisions while the person is temporarily incapacitated. Agents serve as substitute decisionmakers to make informed decisions about treatment options; they may also be empowered by law to protect tenants' interests in other ways, such as by paying bills, while tenants temporarily are unable to manage their own financial affairs.

Some programs encourage consumers to make an even broader crisis plan. A good set of instructions for making a crisis plan is available in Mary Ellen Copeland's work called Wellness Recovery Action Planning (WRAP).

A WRAP crisis plan includes information about the kinds of treatment the person wants and does not want, should he or she become incapacitated by intense psychiatric symptoms. The WRAP crisis plan also includes the following:

- Who should be involved in decisionmaking;
- The settings where the person wants to be treated;
- The kind of treatment the person wants to receive;
- Any treatment approaches and settings to be avoided;
- Financial issues; and
- Other matters, such as who should do childcare or pet care and who should handle other tasks the person may not be able to address adequately (for example, paying bills, watering houseplants).

The WRAP process also includes a post-crisis plan that helps consumers define when and how they will again resume responsibility as the primary decisionmaker and when and how the substitute decisionmaker will no longer be needed.

Work closely with program participants to formulate the kinds of plans needed to guide program staff and others, should a crisis occur. It is best to have a plan completed *before* a crisis takes place.

Protect tenancy during crisis

Your work includes protecting a person's housing and rights as a tenant even if the person becomes disorganized and experiences a setback or mental health crisis.

Provide wraparound services

One approach to serving people with many needs or who are in crisis is providing “wraparound” services. People with high levels of need for services and supports, including those in crisis, may require *wraparound services*, defined as:

the mobilization and integration of a comprehensive and intensive set of services and supports needed to maintain a person successfully in his or her home and community.

The basic principles of wraparound services are that multiple providers offer a set of supports and services that have the following characteristics:

- **Consumer-centered**—personally tailored or customized to suit individuals, their personal situation, and the particular environment in which they live, and that also take into account the basic needs and rights of others in the situation.
- **Consumer-driven to the extent possible**—based on consumers’ own ideas, goals, desires, preferences, and personal wellness strategies, to the extent possible.
- **Culturally sensitive**—take into account consumers’ ethnic or cultural beliefs, needs, daily lifestyle, and comfort zone, rather than impose those of the dominant culture.
- **Home- and community-based**—provided as mobile services, by providers who go into consumers’ living situation and the surrounding community. Consumers do not need to leave their living situation or social surroundings to receive wraparound services.
- **Comprehensive and coordinated**—based on planned collaboration among providers and involve teamwork.

Everyone who provides a service or support as a part of the wraparound effort should be clear about the goals that they are trying to achieve as they support consumers. All the support people and providers should work together with all the other people and providers involved to carry out a specified working plan. Meetings, Progress Notes, and other ways to share information among providers and change the plan if needed are important because relevant information must be shared frequently.

Other characteristics of wraparound services include the following:

- Wraparound services should always include natural helpers such as family members, as part of the team, whenever possible and if the consumer desires.
- Wraparound services generally should be oriented to keeping people in their housing whenever possible. They should help people maintain their housing, even if they have to leave the situation temporarily to enter respite care or have a brief stay in an intensive care setting such as a crisis residential program or psychiatric hospital.
- In-home wraparound services and supports can be as intensive as those provided in any formal service setting. For example, consumers may need one-on-one support around-the-clock for some time.

Most successful Permanent Supportive Housing programs ensure that services and supports are available around the clock to contend with a crisis or unanticipated needs that consumers may have. Sometimes programs require workers to take turns being on call, or they may have arrangements with existing crisis services within the agency or local community, such as a crisis hotline, that will serve as the first line of intervention when program participants require highly intensive support outside regular business hours.

Arrange for respite or attendant care

Some programs have an associated respite setting where people can go if they are too upset, too lonely, too symptomatic, or too shaky to stay on their own for a short period of time.

The Center of Attention

A program in California rented a typical two-bedroom apartment in a neighborhood where many consumers lived. The apartment served as an “office” and as a base of operations for workers. Mobile housing support staff often were available at the apartment, in between frequent visits to people in their apartments and the group work undertaken with consumers to build a peer community in the neighborhood.

People who were struggling or felt they needed more support could call the workers or simply drop by the apartment. If they needed to, they could stay overnight in one of the bedrooms, which were made up as nice guest rooms. The program called this apartment “The Center of Attention.” This simple respite setting was available to any program participant living in an apartment throughout the area.

When consumers begin to go into crisis, some programs have the Supportive Housing worker stay with them in their housing or staff their living situation in shifts around the clock, if needed.

Some programs have another type of support worker, such as an attendant care worker, who is available to stay with consumers for several hours or in around-the-clock shifts until a problem or a crisis situation has been resolved.

Use multiple strategies

Effective Permanent Supportive Housing programs use multiple strategies to protect consumers’ living situation if they are in crisis. Some approaches include the following:

- Covering the rent for people while they are in the hospital for a short stay;
- Negotiating a plan with landlords to work out ways to avoid a potential eviction if consumers’ behavior has been a problem;
- Creating new and creative accommodations that reduce the impact or duration of a crisis;
- Creative respite situations that allow consumers to stay in an alternative place temporarily, when their behaviors are troubling and are jeopardizing their tenancy; and
- Repairing any physical damage done to the unit while consumers were in crisis.

Requesting Reasonable Accommodations to Avoid Eviction

Sometimes behavior related to disabilities can create problems with tenancy, but tenants might be able to request a reasonable accommodation to allow them to retain their housing in such circumstances. To obtain reasonable accommodations, tenants (with or without an advocate's help) must be able to demonstrate that:

- The tenant is a person with a disability covered by fair housing laws—not including current illegal drug use. (Only people with disabilities are entitled to reasonable accommodations.)
- The behavior in question is disability-related. Sometimes people with disabilities are evicted for reasons not related to their disability. For example, a person with a physical disability is being evicted because of numerous police calls to his apartment. If the police calls are related to sale of drugs, then it might be difficult to argue that the behavior is disability-related. If the police have been called because of the behavior of the tenant's personal care attendant, however, one might be able to argue this is disability-related.
- The behavior in question has ceased or is in the process of ending.

Is a Reasonable Accommodation Possible in this Case?

Rosemary, a person with a history of substance abuse, is being evicted for not caring for her apartment. She started drinking again and the poor condition is related to her substance abuse.

In this example, if Rosemary can demonstrate that she has been sober for an extensive period and this incident is an aberration, she might be able to demonstrate that it is likely the behavior will not recur. However if she has been warned year after year about the condition of the apartment and is unwilling to commit to attending AA meetings or other sobriety supports, it would be difficult to convince the landlord or a judge that the disability-related behavior has ended.

Learn from problems or crises

Successful Supportive Housing workers help people learn from crises and from problems, evictions, or moves. Rather than seeing such incidents as failures, it is important to glean information that can help consumers be more successful in Permanent Supportive Housing in the future.

Learning includes being more proactive in the future, increasing the wraparound supports to prevent problems, helping consumers identify their warning signs and triggers, and making a plan to contend with them better in the future.

Involving and Empowering Tenants

Involving tenants in operating your Permanent Supportive Housing program empowers them and gives them a sense of ownership in the community. Such involvement can take many forms. Forums such as tenant councils and advisory committees that allow tenants and staff to discuss each other's ideas help promote mutual understanding and maximize cooperation. Your program also can use tenant surveys to gather opinions about the perceived usefulness, quality, and relevance of the services being offered and to incorporate this information into ongoing planning efforts. Similarly, getting input through surveys and conversations can help ensure that services and special events are individualized, relevant, and appealing to a cross section of interests.

Another vehicle for involving tenants is to hire them as staff. Having tenants on your staff helps prevent “we/them” divisions, and seeing fellow tenants working is a visible reminder that everyone is an integral and valued part of the operation. Similarly, involving tenants in interviews of prospective staff can add valuable perspectives.

Involving tenants in decisionmaking is an effective way to develop trust and encourage shared responsibility, although engaging their input requires you to be willing to hear criticism, to share some authority for decisionmaking, and to be open to change. Sharing power can be challenging, particularly when the input is critical of your Permanent Supportive Housing program, such as disagreements over house rules or complaints about staff. However, failing to respond to tenants' ideas and concerns can be a source of mistrust and can damage relationships.

Before seeking tenant input, your program should be clear about which decisions it is willing to negotiate and which are not negotiable due to program philosophy, resources, or restrictions from funding sources. To avoid raising false expectations, it is important that the boundaries are clear and basic questions are answered. For example, how are tenants' ideas to be incorporated into the decisionmaking process? Who makes the final decisions? What is the process for evaluating and revisiting decisions in the future?

When tenants and staff feel pride and responsibility for the program, they become partners in creating a comfortable, safe environment. In single-site housing, increasing tenant involvement helps you create a community that promotes safety, offers mutual support and respect, and leads to common ground in the evolution of the program. Some forms of involvement can be formal, such as tenant councils and advisory boards, while others may be less formal, such as tenant surveys and community meetings.

Create tenant councils

Creating a tenant council gives a voice to tenants, many of whom have had life experiences that have resulted in isolation and powerlessness. Tenant councils provide a forum for tenants to advocate on their own behalf for needed changes within their communities, lessening potential problems for landlords and building management. A council also offers a forum for tenants to develop leadership and advocacy skills. Your overarching goal should be to provide opportunities for tenants to make and carry out meaningful decisions.

Tenant councils are not limited to Permanent Supportive Housing—many apartment developments have tenant councils. When searching for scattered-site housing for a project, it can be beneficial to ask if tenant councils exist in the building. Encouraging tenants to participate in these councils promotes greater investment for tenants and facilitates community integration. In the instances where buildings do not have councils, you can offer tenants information about neighborhood councils or area community board meetings that they may want to participate in.

Although staff usually initiates tenant councils in single-site Supportive Housing, it is important to transfer leadership responsibility to tenants in a natural progression. Working with tenants to become fully empowered as a council is an exciting prospect; however, do not make the mistake of pulling back too soon. While establishing group autonomy is a desirable goal, prematurely withdrawing staff leaders can leave a major void if tenant leadership has not developed sufficiently.

To set the council on a solid footing, provide the support and training. Assistance with developing missions and goals, protocols and processes, and agendas will help tenants prepare as leaders. Ultimately, though, a tenant council should have one purpose: to serve tenants. Your role in developing a council should be made clear as a “time-limited consultation.” You will want to assure them, however, that you can be available for further consultation to the council when needed.

A council can be simple or complex, ranging from creating positions of officers, directors, and committees to a group of tenants convening to make decisions collectively. Both of these approaches allow natural leadership to be identified and supported. Tenant councils inherently have the potential to empower, inform, and build consensus among the community, while offering members the opportunity to conduct effective meetings and develop community organizing skills if requested.

Councils typically meet monthly to discuss property issues and services. Each council will be different, but some common tasks may include the following:

- Support the rights of tenancy (for example, speedy repairs, access to the unit, security, fire safety, and health regulations);
- Help promote developing community values and norms of behavior that improve tenants’ quality of life;
- Create mediation services to resolve tenant-to-tenant disputes;
- Plan social activities that promote community building and support expectations of tenants to take part in the community; and
- Pilot and sustain programs to reduce crime and fear within the community. This often is done in concert with the local police precinct and the area community affairs or community liaison officer. Tenants work with law enforcement to provide information that will increase the effectiveness of their policing efforts. Some federal funding is available through the U.S. Department of Justice’s Weed and Seed Initiative.

Create tenant advisory committees

An alternative to a tenant council is a tenant advisory committee, which is a group of tenants charged with making recommendations to your program’s board. Advisory committees also may be created to deal with a particular issue such as security. Advisory committees serve as a liaison between tenants and management and open lines of communication.

Some basic functions may include the following:

- Review policies and procedures that affect tenants and offer guidance and direction to the board;
- Offer recommendations on how service funds should be used to address tenant needs most effectively;

- Propose ideas that address identified gaps in services;
- Advocate for additional fair, affordable, equitable, and safe housing;
- Suggest community-building strategies to gain neighborhood and community integration; and
- Advise on areas in the Supportive Housing project that may need additional funding.

Provide opportunities to build relationships

By fostering tenants' relationships, you can enhance the overall stability of a Permanent Supportive Housing program. You can do this through informal conversations, one-on-one outreach efforts, workshops, group activities, and special events. Monitoring outreach efforts and patterns of attendance at group functions, as well as the popularity and target audiences of group events, is important for tracking tenant involvement.

Activities that allow for casual interaction such as coffee hours and entertainment are effective for bringing people together. Similarly, you can invite guest speakers and organize groups and workshops that focus on topics of common interest, such as career advancement, financial planning, men's and women's issues, health, and current events. You can organize a welcome committee for new tenants and staff.

Hold community meetings

You can schedule regular community meetings that are open to all staff and tenants. These meetings can serve as a forum to make announcements and express viewpoints and suggestions. Community meetings help you troubleshoot issues, dispel rumors, sing praises, and share information. With an outlet to express concerns, staff and tenants can identify and solve problems and work toward common goals.

In single-site programs, regularly scheduled meetings between building management and tenants help facilitate discussions about operating costs, budgeting, and proposed rent changes. These meetings provide a forum for communication between tenants and management. Tenants have an opportunity to learn about financial matters, maintenance issues, and proposed changes. Management learns about issues, problems, and priorities from the tenants' perspective.

As noted earlier, for tenants of scattered-site housing, an alternative may be participating in neighborhood coalitions or community boards.

Administer tenant surveys

Surveys help you determine how best to meet the needs of participants from tenants' perspective. Additionally, you can use surveys to assess effective ways to offer support services to current and future tenants. Using feedback from surveys ensures tenant input and communicates an interest in hearing and incorporating their ideas. Each survey will be different, but some common topics that you can address include the following:

- Opinions and ways to make the community safer;
- Frequency that services are used;
- The effectiveness and relevance of services;
- Ideas on what would make the program stronger;
- Thoughts on resources or services tenants would like to see in the program or building; and
- Ideas on additional services tenants would like.

Surveys can be either anonymous or signed. Anonymous surveys tend to elicit frank responses that may be more valuable to you.

Hold focus groups

Focus groups of current or former tenants can provide valuable input—groups of 8 to 12 are typical. Try to get representation from as many diverse subgroups of tenants as possible. The topic of the focus group usually is determined before convening it and can include issues of programming, safety, community integration, and neighborhood resources.

A staff person with experience in both focus group work and the topic at hand should facilitate the focus group. The facilitator can ask the group open-ended questions that are relevant to the topic to gauge changes participants want, expect, or have experienced. All participants are encouraged to present their views. It is essential that the facilitator communicate how the information gathered will be used.

Use teamwork

Communicating to tenants that their input is valued requires teamwork. A teamwork approach may be new for you, and even for tenants. In fact, many staff and tenants may be more accustomed to the staff “doing for” tenants (for example, making repairs or making a referral for health services), and it may feel different to “do things with” tenants (for example, attending a conference or rally). It can be difficult to switch roles from service provider or property manager to “partner.” However, you must be able to move beyond the concept of “client” as the primary frame of reference for tenants. Similarly, tenants may have to shift how they relate to you.

This type of partnership promotes wellness for tenants and supports self-efficacy among tenants in general. To engage tenants effectively in this

cooperative relationship, programs should ensure that training in the areas of community organizing techniques, negotiation, mediation, conflict resolution, and facilitating task-oriented groups is made available to both staff and tenants. While some staff members may be assigned specifically to work on community-building activities, all staff should have a role in creating the Supportive Housing community and, preferably, be able to integrate these efforts into day-to-day work.

Support tenant-driven community norms within single-site projects

“Norms” or informal rules for behavior have a substantial impact on the housing environment. Although leases and occupancy agreements establish the formal requirements of tenancy, the culture within single-site projects is influenced by the everyday behaviors and traditions of tenants and staff.

Tenant input in establishing norms creates greater investment in sustaining and supporting this structure by the community. Some programs use tenant councils or advisory boards to help clarify and support desired norms of behavior for the community. However, it is important to state clearly at the outset any nonnegotiable rules. Explain the reasons: for example, to avoid violating tenant’s rights, ensure safety, or ensure consistency with the program’s philosophy.

Norms may address the need to control noise and littering, maintain cleanliness, and guide the use of shared facilities such as kitchens, laundry, hallways, elevators, recreation rooms, and bathrooms. By ensuring that the building is kept clean and in good repair, for instance, you encourage tenants and staff to have pride in the building and take care of it.

Hire peers or support peer-run programs

Peer-delivered services in Permanent Supportive Housing are provided to tenants by people who identify themselves as living with a psychiatric disability, and who also may have other challenges, such as having HIV/AIDS, substance abuse disorders, or a history of incarceration or homelessness. These services may be provided either by peer-run or peer-operated services or by peers who are working as program staff.

Movements encouraging peer support are at the forefront of many advocacy groups, nationally and locally. Peer support has been recognized as an essential component of a supportive network for people living with mental illnesses and is founded on the key principles of respect, shared experiences, and mutual agreement on what is helpful. Having peers provide services promotes self-efficacy and, most important, communicates the potential for recovery and living a full life.

Peer support or peer-provided service can benefit tenants and Supportive Housing providers. As stated earlier, many tenants of Supportive Housing have experienced homelessness and alienation. Using peers as a natural support system can increase the effectiveness of engagement, help develop trust, and assist tenants as they seek services. Having services delivered by people with similar life experiences also can inspire hope, develop personal growth, and increase self-confidence, crucial elements in helping tenants move forward in their lives.

Working with peer-run or peer-operated services

Peer-run or peer-operated services are services that are planned, operated, administered, and evaluated by people living with mental illnesses. These service programs are based on the values of self-determination, freedom of choice, and peer control.

Peer support services give consumers inherent benefits by helping others. Supporters often feel an enhanced sense of interpersonal competence from making an impact on another's life, as well as receiving "personalized learning" from working with others. Additionally, helpers acquire an enhanced sense of self from the social approval received from the people they helped. With this positive feedback and affirmation of themselves, they are in a better position to help others.

Working with peer employees

Peer employees may fill either staff positions designated specifically for peers or existing "mainstream" supportive or mental health positions. Because peers are experienced living with mental illness, they are more credible role models for others with similar life experiences. The support is more likely to result in empowering recipients and enhancing their own sense of self-efficacy. In addition, peers who demonstrate positive recovery outcomes encourage tenants to be optimistic about their own futures.

Aside from concrete services, peer employees can provide secondary benefits, including the ability to offer specialized advice, guidance, and feedback to tenants. Examples of designated peer positions within a Permanent Supportive Housing program are peer advocate, peer specialist, consumer case manager, and peer counselor.

Educate tenants

Many tools and resources are available to educate tenants, as well as for their family members and other supporters. For example, other KITs provide information that can be used to educate tenants and their families and other supporters about strategies for coping with psychiatric disabilities. Your program might wish to use the KIT on Illness Management and Recovery, an education program that aims to reduce symptoms and aid recovery from psychiatric disabilities. The KIT on Family Psychoeducation provides a tool for educating family members about mental illnesses and coping and support strategies.

This KIT contains educational materials specifically designed for tenants of Permanent Supportive Housing, which you can also use to educate family members and other supporters. Become familiar with the *Tools for Tenants*, which covers a range of topics, including the following:

- Basic principles of Permanent Supportive Housing;
- Expressing housing choices;
- Choosing support services; and
- Housing rights.

Create tenant welcome manuals

Help new tenants adjust to their homes by providing a tenant welcome manual or package of information. Tenant education is particularly important in Permanent Supportive Housing because many tenants have been homeless or living in custodial settings and require adjustment to the responsibilities associated with their new homes. While presenting tenants with a welcome or orientation manual does not replace initial and ongoing education and support, having a central source of information can help tenants.

The contents of a tenant welcome manual will depend on your program, with noticeable differences between those for single-site and scattered-site programs. Single-site programs generally will require a much more detailed manual with information specific to the project. The manual should contain information on daily operating routines, house rules, rent collection, repair requests, common areas, and other matters that are unique to individual programs. Table A shows the sample contents for a manual for single-site programs.

Table A: Contents of a Welcome Manual for Single-Site Programs

<p>Introduction</p> <ul style="list-style-type: none"> ■ Agency overview ■ Program description and goals ■ Organizational chart and job descriptions <p>Building Procedures</p> <ul style="list-style-type: none"> ■ Requesting repairs ■ Mail/phone messages ■ Garbage disposal ■ Apartment care ■ Lost keys ■ Move in and security deposit ■ Furniture and liability for damage ■ Apartment inspection <p>House Rules and Consequences</p> <ul style="list-style-type: none"> ■ Noise ■ Illegal activities ■ Health and safety violations ■ Smoking ■ Evictions and holdovers <p>Rent Collection</p> <ul style="list-style-type: none"> ■ Procedures for collection ■ Rent arrears and payment 	<p>Facilities</p> <ul style="list-style-type: none"> ■ Laundry room, dining room, activity rooms, garden/ outdoor space ■ Phones (using public phones, installing room phones, taking messages) ■ Mail room ■ Storage ■ Garbage pick up <p>Grievance Procedures</p> <ul style="list-style-type: none"> ■ Formal grievances ■ Dispute resolution services <p>Security</p> <ul style="list-style-type: none"> ■ Visitor/guest policies ■ Personal security tips ■ Fire/emergency procedures <p>Social Services</p> <ul style="list-style-type: none"> ■ Description of services available ■ Hours of program and how to access services ■ After hours/emergency procedures <p>Tenant Council</p> <ul style="list-style-type: none"> ■ Purpose and goals ■ How to become involved
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This table was adapted from a public domain publication of the U.S. Government. Center for Urban Community Services. (n.d.). *Developing the Supportive Housing program* (Supportive Housing Training Series). Washington, DC: U.S. Department of Housing and Urban Development. Available online at <http://www.hud.gov/offices/cpd/homeless/library/shp/training/index.cfm>

In a scattered-site program, a tenant welcome manual is a helpful resource and may contain general information for tenants, as well as specific information about the program's support services. Much of the specific information that will be relevant for tenants—such as house building maintenance procedures and rent collection—differs from landlord to landlord. However, some information, such as how to be a good tenant and how to protect one's rights, is useful regardless of the specific landlord.

Scattered-site programs can put together a tenant welcome manual by supplementing existing resources. *Tools for Tenants* in this KIT offers general information about being a tenant and about taking advantage of the resources of Permanent Supportive Housing. Use it as a good starting point. Your local legal services agency might offer specific information about tenants' rights and responsibilities, which vary by state and locality. Additionally, a local college or university's office of student housing might offer written information about both local laws and the practical aspects of finding housing and having a successful rental experience.

Regardless of the type of program, certain information is useful to have in a tenant welcome manual, such as the following:

- Transportation;
- Shopping;
- Places of worship;
- Libraries;
- Emergency contacts;
- Getting help for mental health and substance abuse issues; and
- Personal safety tips.

Exercise: Providing Direct Supports

Apply the concepts and guidance you have just heard to the following examples. The facilitator will assign one example to each work group. Read the example, discuss the questions that follow, and be prepared to present the example and your group's conclusions.

Glenda seems to be at a loss in figuring out how to live in her new place. For the last 10 years, she has received her meals in a big dining room in a large board and care home. All her meals were prepared for her in an institutional kitchen. She was told when to turn out the light in her room, when to go to sleep, and when to get out of bed. Her medications were administered to her, and she had almost no personal funds to manage because almost all her money was taken by the program for her room and board. For a long time, she literally had no income.

1. How would you work with Glenda to help her weather the adjustment period?

2. What would you ask Glenda?

3. What might you be prepared to suggest?

Freddie and Zak are roommates in a two-bedroom apartment. Freddie is committed to partying and doesn't seem very interested in working toward personal recovery at this time. He likes having company, playing his guitar, listening to loud music, and staying up late into the night. Zak, who just "aged out" of an adolescent program, is very withdrawn and quiet. He likes to keep his belongings and his surroundings very neatly organized. He is upset because Freddie's friends disrespect him. They tease him, intentionally help themselves to his food, and leave a real mess in the kitchen, bathroom, and living room, like leaving wet cigarette butts in drinking glasses. Zak wants the Permanent Supportive Housing program to kick Freddie out or at least to ban all his friends from coming into their apartment.

1. How would you approach this situation? Specifically, what steps would you take?

2. What do you see as the potential ways to resolve this situation?

Sidney has been making phone calls to government officials based on a delusional belief that he is a CIA operative on a secret mission. His phone bill was \$200 last month, which is almost half his income.

1. How serious is this situation?

2. What steps would you take?

Be prepared to report out briefly the most important findings from this discussion.

Exercise: Helping Consumers Succeed

Apply the concepts and guidance you have just heard to the following questions. The facilitator may choose to use these questions as the basis for class discussion, invite small groups to address them, or ask you to talk briefly in pairs before discussing the questions as a class.

- 1. In your experience, what are the most common reasons that tenants fail to succeed in your Permanent Supportive Housing program?**
- 2. What supports do you offer to address these common barriers to success?**
- 3. What additional supports might you consider?**
- 4. How do you currently involve consumers in identifying, planning, assessing, and improving the supports you provide directly? What have you learned from them?**
- 5. What other means of eliciting tenants' input on how supports could best be provided would you be interested in trying?**



Module 6:

Addressing Additional Special Needs

Notes to the facilitator

Prepare for Module 6:

- Make copies of Module 6, Addressing Additional Special Needs. Your copy is in this workbook; print copies for your staff from the CD-ROM.
- Make copies of this exercise: Addressing Special Needs. However, do not distribute the exercise until training participants meet as a group. Again, your copies are on the next pages; print additional copies as needed from the CD-ROM.



Conduct your sixth session:

- When you convene your group, discuss the content of Module 6.
- Distribute the exercise, divide participants into groups, and invite spokespersons from each group to report their key findings briefly.

Facilitating the dialogue:

Some people have difficulty speaking in a group, perhaps because they are shy or soft-spoken. Conversely, some team members will be self-confident and outspoken and will need to learn to listen openly to what others have to say. One of the roles of a facilitator is to encourage people who are more withdrawn to express their views and make sure that more vocal participants give others a chance to speak.

Training Frontline Staff

Module 6: Addressing Additional Special Needs

Permanent Supportive Housing is effective for people with a range of needs that include mental illnesses. Permanent Supportive Housing program models have been implemented and adapted to meet the special needs of people who also face additional challenges or life circumstances. These include the following:

- Consumers with co-occurring substance abuse disorders;
- Consumers with HIV/AIDS;
- Families with children;

- Transition-aged youth;
- Consumers who have experienced trauma;
- Consumers reentering the community after incarceration; and
- Veterans.

This section will describe adaptations of Permanent Supportive Housing that are responsive to the unique needs of people faced with these challenges.

Supporting Recovery from Co-occurring Substance Abuse Disorders

Helping consumers who have problems with alcohol and substance use is a difficult and often complicated challenge. The good news is that Permanent Supportive Housing provides opportunities for innovative approaches that can enable them to advance on the path to recovery.

Many people who are homeless have co-occurring disorders, and a growing number of communities have learned that to reach the goal of ending chronic homelessness, they must offer some housing that is accessible to people with current alcohol and drug problems. A growing number of Permanent Supportive Housing providers are implementing approaches that do not require sobriety or treatment participation as a precondition for housing eligibility. Such approaches are particularly effective in addressing the needs of people with co-occurring mental illnesses and substance use disorders (COD) who have experienced long-term homelessness. They are also appropriate for those who have repeatedly used emergency and inpatient care for medical and mental health crises (which may also involve substance abuse) but who have not successfully engaged in ongoing treatment.

Effective Permanent Supportive Housing programs for people with COD use a comprehensive, integrated approach that includes assertive outreach to engage consumers in supportive services, motivation-based interventions, and integrated counseling to help people reduce the consequences of substance use and better manage their lives and health. Staff are well advised to take a long-term perspective that recognizes that both disorders are persistent, that relapses are likely, and that *recovery is possible*.

While another KIT in this series covers the topic of integrated treatment of co-occurring disorders, some specific service and operations strategies are described below.

Combine intensive services with community linkages

Permanent Supportive Housing programs must evaluate which services will be provided by staff (either onsite or through intensive services such as ACT) and which will be provided through community linkages. The best option, if available, is to coordinate staff efforts with those of a community-based support program that specializes in integrated treatment services for people with co-occurring disorders.

Foster supportive community ties

A hallmark of single-site Permanent Supportive Housing is a focus on fostering community among people who live in the housing. Promoting connections to the community and helping develop tenants' support networks can help promote socialization and healthy living and provide alternatives to using substances.

Staff can engage in a variety of interventions with tenants, including educational and support groups, recreational activities, socialization opportunities, and classes to learn new skills and information. Celebrations of holidays, anniversaries (such as sobriety periods), and other gatherings can offer people opportunities to socialize without substances. Educational sessions on a wide variety of subjects from anger management strategies to job searches to yoga can engage people in new pursuits and teach effective coping strategies.

Offer services to help plan recovery and prevent relapse

Once someone has decided to commit to abstinence or reduced use, Permanent Supportive Housing programs can provide a variety of interventions to assist in recovery planning and relapse prevention. These supports can be provided individually or in groups. Examples include the following:

- **Education:** Provide opportunities for tenants with co-occurring disorders to learn to manage the withdrawal process, including urges and cravings, to understand their addiction patterns, and to overcome personal hurdles to recovery.
- **Explore rewarding ways to spend leisure time:** Help consumers learn how to manage their time when substance use is not the organizing force and encourage them to engage in new activities, take educational opportunities, and develop other interests.
- **Provide opportunities to develop new relationships and a support network:** Consumers often make new friends and learn how to live without substances by attending Alcoholics or Narcotics Anonymous (AA/NA) and other 12-step and self-help meetings. It is critical to identify a sponsor or others in recovery who can provide support and guidance.
- **Identify triggers:** People with substance abuse disorders can learn to identify other people, places, and things associated with addictive behavior.
- **Develop coping strategies for high-risk situations:** Practitioners can use rehearsals, role plays, and discussion to help consumers prepare for difficult encounters that could result in relapse.
- **Encourage consumers to record their thoughts, emotions, and behaviors:** Many people in recovery find it helpful to use a personal journal to record situations that provoke thoughts and emotions and explore how these can lead to relapse or continued sobriety.

■ Document solutions and reward success:

Practitioners can help consumers review high-risk situations and identify coping strategies that were particularly useful. Tenants can integrate these successful strategies into future recovery planning efforts. You can support them by identifying ways to reward success and celebrate accomplishments.

- **Learn from relapses:** Normalize the experience by listing the circumstances that preceded the last relapse. Help consumers identify the changes in thinking, behavior, and emotion that precipitated the act of “picking up.” Practitioners can also increase motivation for change by helping consumers see the connection between use and its negative consequences.
- **Provide supports for employment.** Engaging in employment and vocational services can be a key, helping to fill time while providing meaning and life-changing opportunities.

Structure supportive programs

The recovery process for co-occurring disorders is challenging for both consumers and staff. You can help consumers by making sure clearly stated, specific expectations for behavior exist and by investing resources in building the skills staff must have to address the unique needs of tenants.

Clarify expectations for behavior

In Permanent Supportive Housing, policies, procedures, and rules provide direction to staff and tenants and clarify expectations for behavior. Because tenants hold statutory leases, alcohol use cannot be prohibited in housing that follows the Permanent Supportive Housing model, and any eviction of tenants for illegal drug use is subject to the limits of local landlord-tenant law. Supportive Housing providers should ensure that policies can and will be consistently and equitably enforced.

Clearly, substance abuse can result in very disruptive behaviors. Although use of illegal drugs or other criminal activity is usually prohibited in a standard lease, some Permanent Supportive Housing programs identify behaviors that are not acceptable (for example, being violent, destroying property, stealing, etc.). Additionally, if allowable under local law, policies regarding visitors can specify that tenants are responsible for their visitors and state the circumstances in which visitors may be barred from the building (for example, if they are intoxicated). It is important to establish which behaviors will not be tolerated and what the consequences for violations will be.

Once expectations are established, tenants should be held responsible for their behaviors. On the other hand, because a goal of Permanent Supportive Housing is to provide real housing rather than an institutional setting, care must be taken that provisions added to leases are designed to protect the property and other tenants rather than to accomplish desired clinical outcomes.

Build staff skills

Staff members who work in Permanent Supportive Housing frequently report that dealing with substance use issues is the most difficult part of their work. It can help to hire staff people who have prior experience working with substance users, although those who have worked in treatment or transitional settings sometimes find Permanent Supportive Housing to be very different due to a lack of leverage in requiring sobriety. Some programs hire people in recovery because of the natural alliance that they are able to build with other people working to remain clean and sober.

All staff members should have the necessary skills to deliver the services that are expected. Preferably, they should have training in the following areas:

- Counseling techniques and motivational interviewing;
- Commonly used street drugs and their effects;
- The symptoms of overdose and withdrawal;
- Co-occurring addiction and mental illness and recovery;
- The stages of change model; and
- Relapse prevention.

Some Permanent Supportive Housing programs have substance abuse specialists who can be particularly helpful in gathering and sharing resource information about service options and conducting training for staff. For more information about legal issues related to substance use in Permanent Supportive Housing settings, go to: <http://documents.csh.org/documents/ResourceCenter/DevOpsToolkit/SubstanceUseIssuespdf.pdf>.

Accommodating the Needs of Tenants with HIV/AIDS

Permanent Supportive Housing serving people with mental illnesses who also are living with HIV/AIDS should provide a stable environment with the opportunity to access quality medical care and necessary psychosocial supports. Even Permanent Supportive Housing programs that do not focus on HIV should be prepared to work with people living with the illness due to the likelihood that the tenants will include people with HIV/AIDS.

Regardless of the tenant population, all Permanent Supportive Housing staff should be trained in Universal Precaution Guidelines. For more information, see

<http://documents.csh.org/documents/ResourceCenter/DevOpsToolkit/UniversalPrecautionspdf.pdf>.

In any housing setting, all staff are responsible for creating a supportive environment that helps tenants make the adjustments that are part of living with HIV/AIDS. Key tasks include coordinating tenants' access to counseling, educational programs, support groups, health care, and HIV medicines. During periods of serious illness, some tenants also may need more extensive medical supports and services. The following section outlines specific services these tenants will require.

Facilitate access to peer support

The support, knowledge, and shared experiences of others living with HIV can be a lifeline, particularly for those who are newly diagnosed or are dealing with transitions in their disease. Staff members can help by facilitating peer support and volunteer programs within Permanent Supportive Housing.

Ensure ongoing assessment

People with HIV/AIDS may experience long periods of good health, although the nature of the illness may result in a decline in health and a need for additional short- or long-term assistance. Some service programs develop formal disease-management plans with each tenant to identify the range of needs that an individual living with HIV may have, such as medication and medical services, nutrition counseling, mental health and substance use services, legal counseling (for example, wills and health care proxies), and alternative therapies.

Plan in advance for temporary vacancies

Some people experience debilitating health conditions, and services or arrangements must be in place to support them in their home or in a medically supported facility. During periods of extended absence (for example, hospitalization), Permanent Supportive Housing programs also must establish guidelines that address the status, security, and personal contents of housing units that remain vacant for extended periods. Tenant-based programs must develop strategies for ensuring housing continuity if access to rental assistance is lost during a period of absence from housing.

Help tenants access health care

A principal component of any Permanent Supportive Housing program serving people with HIV/AIDS is assistance managing health care and medication regimens. This usually involves collaborative relationships with medical providers who have expertise in HIV treatment.

Some projects arrange for health care providers to deliver routine services onsite or in tenants' homes. In some, health care providers and health educators are part of an interdisciplinary supportive services team.

In some states, health aides may be available to come into the home and help with personal care and housekeeping. Linkages with pharmacies, visiting nurse services, specialized medication clinics, and other support services are often essential.

In general, program staff should make it a priority to help consumers obtain health services.

Staff members who have trusting relationships with consumers and understand HIV/AIDS and its treatment, as well as mental illnesses and psychotropic medications, will be able to participate in an honest dialogue with consumers about some of the complex challenges related to taking medications with the consistency required to be effective.

Program staff should routinely help consumers address barriers to care by doing the following:

- Communicating health concerns to physicians;
- Providing escort assistance or subsidies for transportation;
- Helping consumers obtain and maintain public benefits and entitlements, including health insurance; and
- Helping consumers address issues about their medications and compliance with prescribed regimens of care.

Program staff should encourage consumers to communicate symptoms, side effects, changes in mood, and health problems, as well as the positive benefits of drugs they are taking, to their treating physicians. In some instances, this may include coaching or helping someone generate a list to bring to an appointment or have ready for a phone call. If necessary, supportive services staff also can offer valuable information to health care providers, although communication on behalf of consumers must be done with their consent.

Help tenants access counseling services

For consumers living with HIV, individual counseling can be especially helpful in adapting to the life changes brought about by the illness. Counseling can help people cope with their diagnosis, change in health status, and modifications in lifestyle.

Counseling can help treat depression, which occurs frequently in people who have HIV. Consumers who have chronic depression as well as HIV have a higher mortality rate. When consumers experience a significant decline in health or are dying from AIDS-related conditions, they may experience a level of anguish that did not exist during earlier stages of illness.

Fear, anger, and frustration also may occur for consumers who continue to fail on medication that originally held promise, particularly when others achieve better outcomes. Counseling can offer those experiencing such feelings a safe place to voice resentment, despair, and other strong feelings and help them find strength and support.

Psychosocial interventions can also help teach consumers living with HIV how to reduce the possibility of transmitting the virus, such as by sexual activity or drug use.

Manage medical decline and death

During periods of declining health, consumers may have to contend with multiple hospitalizations to treat opportunistic infections, various conditions related to HIV, and the side effects of medication. Physical deterioration can occur, resulting in changes in appearance and motor and cognitive abilities.

At this stage of the disease, consumers will also experience decreased independence and privacy. If the Permanent Supportive Housing project does not have the capacity to provide needed services, consumers could face losing their home and support system.

As consumers become increasingly incapacitated by illness, program staff must give priority to their personal safety and essential service needs. Whenever possible, consumers should participate in this planning. Preferably, they can remain at home for as long as possible by arranging for a visiting nurse, personal care, hospice services, and the assistance of family, friends, and volunteers.

If illness requires placement in another setting, staff can remain involved by maintaining as much of the tenant's previous support system as possible, including making visits, making phone calls, and sending letters.

As the quality of life declines, it is not uncommon for consumers to think about terminating their lives. The possibility of suicide allows some people to maintain a sense of ultimate control over their lives, even if they never choose to exercise it.

Others will take action toward ending their lives either by terminating treatment or by engaging in destructive behavior. Of course, all staff should be advised that it is illegal under any circumstances to help people terminate their lives.

The final stages of illness are very hard for everyone involved. As a practical matter, staff may need to help with burial arrangements and memorial services. The way the community handles and memorializes a person's death often is a concern to staff and other tenants, particularly those who are living with HIV disease. Memorial services and life celebrations give people the opportunity to honor the life of the individual, to say good-bye, and to share their grief.

Meet the Needs of Families

Many parents with mental illnesses live with their minor children, and others are seeking to reunify with their children. Some of these families are homeless, and others are at risk of homelessness or need housing and supportive services to establish a stable home in the community after incarceration or residential treatment.

Permanent Supportive Housing can help families with a parent or child with mental health disorders achieve housing stability, including those who have a long history of homelessness. However, the program model may need to be adapted to accommodate their special needs. For example, a significant number of families living in supportive housing may be newly reunified or have current interaction with the local Child Welfare Agency; consequently, Supportive Housing staff must be prepared to support healthy parenting, family reunification, and family preservation.

Financial management can be a particular challenge in single parent families, and financial planning workshops can help in this area. It is often difficult for families to budget for children's unexpected needs or wants. Ensuring that a family has enough food can be a real issue for families living in supportive housing. Many Permanent Supportive Housing programs offer workshops in meal planning and shopping on a budget and explore ways to provide food through food banks, farmers markets, or other means.

To meet the needs of families, Permanent Supportive Housing programs must provide a flexible array of resources and services. Because funding restrictions might limit the services that one system can give to both parent and child; providing services to a family often requires coordinating resources across systems. Often supportive services staff provide a core of essential services and referrals are made to outside agencies for additional services. For example, the mental health system might fund case management services for parents, while the

housing agency provides rental support, and a nonprofit agency provides a variety of services for families. While the actual array of services will vary, a report prepared by Philliber Research Associates (2005) suggests that effective service packages for families include the components shown below.

Key components in family service packages

- Early intervention or problem solving on issues that *may affect* housing stability;
- Advocacy or assistance in solving legal, financial, or school system problems;
- Parenting support;
- Childcare;
- Children and youth services, including academic support, after school enrichment, recreation, youth development, and counseling services.

Philliber Research Associates (2005)

Effective service strategies require balancing continuity and responsiveness to emerging needs. For example, services may need to change when demand for them from tenants is reduced or when children grow older. Service providers can engage families by organizing fun events that are not perceived as program-specific or therapeutic. Social events like movie nights, dinners, and sports events can involve people who may be too intimidated to participate in more formal services.

Engaging both children and parents in activities can strengthen their relationships and support healthy family functioning. Examples include concurrent parent/child education time, such as a GED class for parents at the same time as homework-help hour for their children, and field trips that involve the whole family.

Develop family-specific service plans and responsive policies

In all Permanent Supportive Housing programs, developing individual service plans with tenants is a key service strategy. For family Permanent Supportive Housing programs, service plans should not simply address the adult members' service goals and needs; rather, they should address the goals and needs of the family holistically. This approach should include addressing the goals of each family member as well as issues that affect the family as a whole.

For example, for families in which parents have a serious mental illness, clear plans should be developed for what will occur if the parents experience a mental health crisis or requires hospitalization: how will the children's needs be addressed? Further, housing policies should be responsive to the needs of the whole family, including sustaining the family's access to the housing unit even if the head of household must be absent for a sustained period of time due to a mental health crisis.

Developing Permanent Supportive Housing for Families: Two Resources

Two Corporation for Supportive Housing (CSH) publications describe some of the considerations and challenges in developing family Supportive Housing:

- *Family Matters: A Guide to Developing Family Supportive Housing*
- *Home Works: Solving Family Homelessness Through Permanent Supportive Housing*

See <http://www.csh.org>.

Meet the needs of children

Housing programs are typically designed to serve families in which the parent is the identified mental health consumer, and an adult member of the household must be disabled to qualify for many types of housing assistance. Nevertheless, it is important to remember that children are likely to comprise the majority of tenants in a family Supportive Housing project. Suggestions for meeting children's needs include the following:

- Develop consistent and predictable routines that counter the unpredictability and trauma of homelessness children may have experienced;
- Connect children and youth to services and activities in the broader community;
- Engage children and parents concurrently;
- Provide age-appropriate and gender-specific activities and services; and
- Involve youth in making decisions about the services that are offered.

Promote youth development

Effective youth development strategies offer young people opportunities to build skills, exercise leadership, form relationships with caring adults, and help their communities. A youth development approach is characterized by these three components (National Clearinghouse on Families & Youth, n.d.):

- Young people and families are seen as partners; they are involved in designing and delivering programs and services.
- Children and youth have access to prevention and intervention services and programs appropriate to their developmental needs.
- Youth have opportunities to develop relationships with caring, supportive adults.

Address the cycle of domestic violence

A significant percentage of women and children living in family Permanent Supportive Housing will have exposure to past and current family violence. Stopping the cycle of violence is one of the most challenging demands of family Supportive Housing, but families have a greater chance of overcoming domestic violence in an environment that offers stable housing, support services, and community building.

Outreach, education, and fostering a sense of community among tenants are the first steps. Permanent Supportive Housing programs also should be prepared to address domestic violence through services, security, and policy approaches. It is important to carefully consider the likely consequences of policies intended to reduce violence and protect families. For example, one-strike eviction laws for violence can create a disincentive for tenants to seek help.

Whether you develop a single-site family Permanent Supportive Housing project or use a scattered-site approach, you must keep children's needs in mind when you select a location. Neighborhoods with a lot of crime and drug use can be especially challenging for children who may develop tough attitudes to cope with the environment. If housing must be in such a neighborhood, it is essential to find buildings that have adequate and secure indoor and outdoor space for children to congregate and play safely.

Whenever possible, Permanent Supportive Housing should be located in a safe area and near schools, public transportation, and grocery stores. Address tenants' access to necessary childcare services, either through onsite services or through coordinating access to convenient service locations.

Helping Youth Transition to Adulthood

Many youth with serious emotional disturbances who are in transition to adulthood can benefit from Permanent Supportive Housing. Transition-aged youth (16 to 24 years old) have a wide range of experiences, levels of disability, and connection to mental health services. They will also vary in their levels of emotional and psychological problems, daily living skills, impulse control, social skills, and development.

Youth are likely to have experienced a range of living situations. Some may have lived in foster care or group homes, while youth with more severe disorders may have lived in residential treatment for extended periods. Others have lived with their parents or other family members. Some youth with mental health disorders may have been homeless for a significant time.

In some cases, youth may have shown initial signs of mental health disorders in childhood or during their early teens. Others may not have been diagnosed with a serious emotional disturbance before the age of 18. Some of these older youth may have had little or no experience with or connection to the mental health system. For most youth, the severity and persistence of their mental disorders is still unknown and it is hard to anticipate the challenges they will face on the road to recovery.

Given this range of experiences and needs, Permanent Supportive Housing services for this age group must be flexible and individualized. When provided with decent, safe, and affordable rental housing—along with access to an array of relevant, flexible, and responsive services—young people can begin to heal past traumas, create community, and build the skills needed to live more stable, productive lives.

Successful programs support both recovery and community integration, contributing to a reduction in youth and adult homelessness.

Permanent Supportive Housing designed to meet the needs of youth with serious emotional disturbances is a relatively new model. A helpful approach for Permanent Supportive Housing programs for youth and young adults is to achieve the same kind of balance that parents strive for when raising their own adolescents: providing enough guidance and support to ensure a sense of safety and security, while also promoting healthy separation and independence.

Creating a supportive environment for youth

The following principles can form the basis for creating a Permanent Supportive Housing environment that promotes both the project's and the individual youth's success. The primary source of these recommendations is a focus group held in San Francisco with youth and young adults living in Permanent Supportive Housing, transitional housing, and shelters.

■ Infuse an understanding of adolescent development into program design and practice.

All aspects of the housing operations should reflect an awareness of the typical feelings and behaviors that can be expected among adolescents, which might include rule and limit testing, experimentation with sex and drugs, and childish behavior. As youth are developmentally ready, Permanent Supportive Housing environments can promote increased independent functioning, increased concern for the future, greater capacity for setting goals, and greater capacity to use insight and think critically.

- **Recognize tenants as young adults with full rights and responsibilities.** While it is critical to create environments and relationships that allow for the kind of normal development that many homeless youth have not experienced, it is also important to recognize that youth aged 18 to 24 are young adults and have the full rights and responsibilities of adults. These rights should be embraced and not seen as administrative or service barriers.
- **Embrace a positive youth development framework.** In contrast to deficit models that focus only on problem solving, a youth development framework assumes that young people will make good choices if they have the opportunities to develop social, moral, emotional, physical, and cognitive competencies. These are best developed in environments that promote safety and structure; belonging and membership; self-worth and an ability to contribute; independence and control over one's life; closeness and several good relationships; and competence and mastery (Pittman, 1991).
- **Acknowledge that youth are inherently in transition.** Unlike adult or family, Permanent Supportive Housing where long-term stabilization of individual residents and the community may be a key priority, youth Permanent Supportive Housing may be designed to move young people, when appropriate, beyond the housing program and towards greater self-sufficiency and independence. Successful implementation requires a commitment to creating an environment that is nurturing and stabilizing, and that also encourages young people to be as independent as is feasible and healthy.
- **Anticipate aging in place.** While promoting independence, Permanent Supportive Housing programs for youth also should anticipate the possibility of some tenants choosing to stay in Permanent Supportive Housing after they have transitioned to adulthood. This can happen in communities with little affordable housing and in programs that are so successful in building community that people do not want to move out.
- **Support young people in their healthy development.** For example, do the following:
 - Promote critical thinking;
 - Build the vocational and life skills needed to secure and sustain self-sufficiency;
 - Address and manage untreated trauma;
 - Address mental health concerns and substance use without mandating specific solutions;
 - Create a community that provides opportunities for building positive relationships with adults and peers; and
 - If parenting, build their capacity to nurture and care for their children.

It is also critically important for the staffing plan to reflect these service objectives. Responsibilities of the services staff might include case management, service coordination, advocacy, coordinating access to health care, life skills education, employment services, and implementing a harm reduction approach to substance use.

- **Explain their responsibilities.** For most youth moving into Permanent Supportive Housing, this will be their first time as lease holders and they will need to be clearly informed of their rights and responsibilities as tenants. They also should be informed of what they can expect from property managers. Clearly explain the terms of the lease, including the causes for eviction. In single-site housing, provide youth tenants opportunities to give input on house rules that identify unacceptable behaviors within the Permanent Supportive Housing setting and on policies (such as visitor policies).
- **Embrace youth culture.** Projects should anticipate and welcome diversity with regard to tenants' ethnicity, race, sexual orientation, gender, and disabilities. In fact, Permanent Supportive Housing can provide an ideal environment to enhance tenants' abilities to live with and appreciate diversity.

Commitment to youth culture can and should be evident in numerous ways. For example, a single-site program might provide onsite access to current technology, including the Internet; create house rules that tolerate music and guests; engage youth in designing or decorating community space to make it their own; and provide space that is inviting to youth gatherings such as a rooftop garden, living room, or onsite fitness facility.

Provide Trauma-Informed Services

Rates of trauma, violence, and victimization are staggeringly high among people with mental illnesses, especially women. Rates for men with serious mental illnesses are lower than for women, but still very high compared to the rates of men without disabilities. The experience of trauma is common among both men and women who have experienced homelessness, incarceration, foster care, and institutionalization.

When not addressed effectively, trauma can result in significant distress or impairment in social, occupational, or other important areas of functioning. Trauma can have a profound impact on self-esteem and consumers' ability to establish and maintain trusting and intimate relationships, pursue recovery from mental and substance use disorders, establish healthy attachments with children, and have confidence in efficacy as a parent. The impacts of trauma, which may include feelings of powerlessness, shame, pain, and confusion over attachment, often are felt in areas of functioning that may seem unrelated to the initial abuse or threat. Current problematic behavior or symptoms may have originated as attempts to cope with, process, and defend against trauma.

Permanent Supportive Housing programs are well advised to take a *trauma-informed* (as opposed to *trauma-specific*) approach and treat all tenants as if they might be trauma survivors. *Trauma-informed* services do not directly address trauma but provide an environment for service delivery (housing, mental health services, substance abuse treatment, case management, etc.) that addresses the special needs of people who have experienced trauma. The experience of trauma becomes a starting point for understanding the needs and behaviors of people who are receiving services, particularly women. To make this work, all staff members should receive some training to enhance their understanding of trauma.

At their core, trauma-informed services seek to provide a safe environment for consumers (both physically and emotionally) and to equalize the power dynamics between consumers and service providers. Cornerstones of this practice include eliminating coercive practices and involving consumers in creating goals and a service plan that works for them. The effort to become truly trauma-informed encompasses almost every aspect of service delivery, including organizational policies and practices, staff training, and the physical design of buildings.

Elliott et al., suggest that the following principles of trauma-informed services can be integrated into Permanent Supportive Housing programs to increase their effectiveness and responsiveness to the needs of tenants who have experienced trauma. These principles also provide empowering growth experiences for all Permanent Supportive Housing tenants.

Do you provide trauma-informed services?

Which of the following describes your program?

- We recognize the impact of violence and victimization on development and coping strategies. We understand that validation and recognition increase survivors' sense of safety and hope.
- We identify recovery from trauma as a primary goal and integrate services to address trauma, mental illness, and co-occurring substance use disorders.
- We employ an empowerment model that helps consumers take charge of their lives and allows them to have conscious choice, more options, and a sense of control over important life decisions and actions. We realize that empowerment is essential to recovery from the overwhelming fear and helplessness that can be the legacy of victimization.
- Our services are based in a relational collaboration that helps develop safety and trust. Safe relationships are consistent, predictable, nonviolent, non-shaming, and non-blaming.
- We strive to create an atmosphere that is respectful of survivors' need for safety, respect, and acceptance.
- We emphasize strengths, highlighting adaptations over symptoms and resilience over pathology.
- Our policies and practices minimize the possibilities of re-trauma. We recognize that invasive or insensitive procedures, the behavior of other tenants, or sometimes the actions of well-meaning service providers inadvertently can trigger memories of earlier abuse by a trusted person.
- We strive to be culturally competent and to understand consumers in the context of their life experiences and cultural background.
- We solicit consumer input and involve consumers in designing and evaluating services.

Other strategies to address trauma include the following:

- **Screen routinely.** Violence among homeless people is so pervasive that routine screening should be a standard practice for health care and mental health providers who are working with Permanent Supportive Housing tenants who have been homeless. Respect consumers' fears about disclosure of information, especially if they are concerned about possible repercussions—for example, eviction or losing custody of children.
- **Validate the experience.** When trauma or violence is revealed, it is important to acknowledge the experience so survivors don't feel as if they are alone or feel shame about what they have gone through.
- **Emphasize physical and emotional safety.** Allow tenants to retain as much control as possible by planning for crises before they occur. This includes developing safety plans, advance directives for times of crisis, and linkages to trauma-specific services in the community.
- **Empower parents to be the experts about caring for their children.** Recognize that guilt and shame resulting from trauma may interfere with parents' ability to be emotionally available and attached to their children. Encourage parents to view their own recovery as part of healing the parent-child relationship. Group activities are helpful in reducing shame and decreasing isolation, while educating parents and strengthening parenting skills and confidence.
- **Make appropriate referrals for health care and community-based services.** Address systems barriers such as lack of insurance, an inflexible health care system, lack of appropriate treatment options, and individual distrust of institutions.

Providing Housing and Supports to Ex-Offenders

For people with mental illnesses who have been incarcerated in jail or prison, Permanent Supportive Housing can be the foundation of a strategy to support successful reintegration into the community. However, using mainstream resources to serve ex-offenders can be extremely difficult due to funding restrictions and other practical considerations.

Providing Permanent Supportive Housing that serves people leaving jails and prisons might require significantly modifying the standard approach to Permanent Supportive Housing outlined in the fidelity scale. People leaving jails and prisons are leaving a structured environment, and a period of transition might be more appropriate for them than for other groups. Additionally, having a criminal record has a significant impact on obtaining housing and employment, and requirements of parole or probation sometimes impose restrictions not normally associated with Permanent Supportive Housing for other people.

In a growing number of communities, Permanent Supportive Housing programs are being designed and implemented to support successful community reintegration for people who are leaving jails or prisons. Some of these programs prioritize serving people with mental illnesses, including co-occurring disorders. Often developing these programs involves collaboration among stakeholders in the criminal justice, housing, and mental health systems.

Working with the criminal justice system may be new for many Permanent Supportive Housing providers because the system operates differently from health and human service agency systems. Parole and probation come with many rules and restrictions that may seem overly rigid and restrictive to Supportive Housing providers. Project sponsors also must consider the “culture clash” they may encounter when working with the criminal justice system. Some criminal justice officials may be highly suspicious of external organizations, while others are genuinely concerned about the problem of prisoner reentry but constrained by their respective institutions or agencies. Early communication and clarity about roles and limitations of involved parties should therefore be an important consideration in creating reentry Permanent Supportive Housing.

A Useful Resource

A CSH publication, *A Guide to Reentry Supportive Housing: A Three-Part Primer for Non-profit Supportive Housing Developers, Social Services Providers, and Their Government Partners*, describes some of the considerations and challenges when developing Permanent Supportive Housing for people who have been incarcerated.

See <http://www.csh.org>.

Tailor programs to address the needs of formerly incarcerated people

Since prisoner reentry includes various types of release from custody such as diversion, parole, or discharge on sentence completion, models of reentry Permanent Supportive Housing may differ substantially. One possible difference may be the terms of tenancy. Because some reentry Permanent Supportive Housing models seek to assist released ex-offenders in their immediate transition to the community, these project models may resemble transitional housing, in which residents are not given leases. Scattered-site Permanent Supportive Housing models may provide significant advantages for ex-offenders, who might otherwise become further stigmatized and institutionalized through long-term cohabitation with other ex-offenders in housing that is specifically designated as reentry Permanent Supportive Housing.

Many providers believe that ex-offenders may benefit from a more highly structured residential setting, at least initially, than traditional Permanent Supportive Housing might provide. These providers feel that ex-offenders have just been released from a highly structured and regimented setting, in which their schedules and activities of daily life have been dictated. Many recently released ex-offenders have difficulty adjusting to the absence of such structure, leading to possible substance abuse relapse, increased mental health symptoms, or criminal activity. For example, certain types of services, such as substance abuse treatment or regular meetings with social service staff, may be required, either as a condition of tenancy or as a condition of probation or parole.

Supportive services for this population should include assistance with obtaining identification documents and re-establishing eligibility for benefits such as Medicaid that may have been terminated or suspended during incarceration. Some of the most effective service strategies include “inreach” to establish trusting relationships and assess needs while individuals are still incarcerated; providing continuity and ongoing support as program participants make the transition to a home in the community; and offering linkages to community-based mental health services, health care, and other resources. Services that integrate responses to mental illnesses, substance use disorders, and trauma are most effective. Providing or establishing linkages to vocational and employment services also is important, because tenants may be required to work as a condition of probation or parole.

For tenants who have children in foster care, family reunification services and supports will be critically important. Federal laws impose strict timelines that can lead to termination of parental rights if children have been placed in foster care and reunification efforts are not accomplished.

Overcome obstacles to housing access

Permanent Supportive Housing programs must overcome significant obstacles to housing access for people who have been incarcerated. HUD has established policies that allow public housing authorities (PHAs) to deny or limit access to some public housing and housing subsidy programs when individuals or family members have been involved in criminal or drug-related activity. In most cases, federal law gives local PHAs substantial discretion, but many PHAs routinely exclude most or all households in which a family member has a criminal history.

Permanent Supportive Housing providers can advocate for a change in local policies that are overly broad, or for reasonable accommodations for prospective tenants whose history of incarceration may have been related to psychiatric disability or history of substance abuse. Permanent Supportive Housing providers can demonstrate that the supportive services that will be available to tenants will mitigate the risks associated with tenants’ histories of past criminal behavior and substance abuse.

Some federally funded housing programs have fewer restrictions that limit eligibility for people with a history of involvement in the criminal justice system. For example, housing funded through HUD’s homeless assistance programs is less likely to exclude people based on prior convictions, but people leaving jails or prisons are generally not considered to be “homeless people” for these programs. For people with co-occurring mental illnesses and HIV/AIDS, the Housing Opportunities for Persons with AIDS (HOPWA) program has been used to fund reentry housing for ex-offenders.

Providers may also need to build community support to develop Permanent Supportive Housing for people leaving jails and prisons. Project financing, sponsor reputation, and outreach or education to community members and local government officials are among the key elements of successfully building community support. For scattered-site models, landlords may need assurances that housing tenants with a criminal history will not require them to take on substantial risk.

Providing Housing and Supports to Veterans

Specific service strategies are needed to meet the needs of formerly homeless veterans with mental illnesses. Important considerations include the following:

- **Facilitate access to veteran-specific public benefits.** Many veterans, especially those who may not have served during wartime, are unaware of or have not accessed pension or health care benefits from the Veteran's Administration (VA) resources that can provide critical supports to formerly homeless veterans living in Permanent Supportive Housing settings.
- **Emphasize peer-to-peer support.** Many veterans' service organizations recognize the value that veterans place on receiving services and supports from other veterans who share their experience of military service. They strongly emphasize incorporating peer-to-peer support models within their programming.
- **Recognize the prevalence of specific mental illnesses.** While veterans come from all walks of life and can be expected to experience mental illnesses at rates proportional to the general population, veterans' experience of military service, especially during wartime, makes veterans especially vulnerable to mental health issues such as post-traumatic stress disorder, which may affect their rates and experience of homelessness. All Permanent Supportive Housing providers must understand the effects and symptoms that veterans may experience as a result of such disorders and design appropriately responsive services and operational plans.
- **Understand the impact of military service.** For many homeless veterans, their service in the military and their reentry into the civilian world are defining aspects of their life experiences. These events play a powerful role in shaping their adult identity, their sense of place within the community, and, therefore, their experience of homelessness. All housing programs that serve veterans must recognize the shaping influences of the culture of military service on the lives of the consumers they serve. Programs can then design service programming that respects, values, and responds to those life experiences.

Exercise: Addressing Special Needs

Read the following example. In small groups, discuss the questions that follow.

Several years ago, a well-established mental health and Supportive Housing provider in a large city received a grant from the State Mental Health Agency to house six young adults aged 18 to 22 in a Permanent Supportive Housing project that had traditionally served adults only. The agency coordinated transferring three young men and three young women from a local Residential Treatment Facility—a highly restrictive, treatment-intensive residential facility that serves youth with psychiatric disabilities—into permanent placement.

What occurred was something of a generation clash. Essentially, the existing adult residents with serious mental illnesses (the majority of whom were between the ages of 30 and 50) were intimidated by the younger residents, who were, for the most part, healthy, active, vibrant, and often seen as aggressive and intimidating. Over time, the younger adults increasingly engaged in typical age-related “acting out” behavior (physical posturing, fights, loud music), most likely as a result of the drastic change in their lives (that is, the move, the exposure to adult neighbors with serious mental and physical illnesses). In addition, the young adults seemed to be frightened by the serious nature of the illnesses in the older residents.

- 1. How would you handle this situation?**
- 2. What might have been done to prevent or reduce the likelihood of this situation developing?**
- 3. What tensions do you see among different groups with special needs in your housing programs? How do you mitigate them and foster a sense of community? What else could you do?**
- 4. Tell one story of how your housing program successfully addressed the special needs of an individual or group.**

Designate a spokesperson and be prepared to report out the most important findings from this discussion.

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