



## Toolkit for Ending Long-Term Homelessness

This document contains all of the text of CSH's online Toolkit for Ending Long-Term Homelessness. While the Toolkit is designed to be a web-based resource, we recognize that some people will prefer to read the Toolkit in a paper format. **For all of the interactive links, photo tours, and sample documents, please use the Toolkit online at [www.csh.org/toolkit](http://www.csh.org/toolkit).**

### Introduction

This Toolkit highlights some of the most promising practices for ending long-term homelessness today. The projects and programs represented here are making real strides toward ending homelessness in our country by serving those who have been historically underserved. In addition to key lessons learned by supportive housing projects and programs across the country, the Toolkit includes profiles of systems-wide strategies for working with this population, photo tours of supportive housing projects from around the country, sample documents from supportive housing service teams and property managers, and a listing of key additional tools.

We hope that this Toolkit is a significant contribution to the resources available to help end long-term homelessness. Over the last few years, CSH, its partners around the country, many community-based organizations, and cities, states, and the federal government have committed to and invested in ending long-term homelessness. Closer to Home, a recent report by Sue Barrow of the New York State Psychiatric Institute at Columbia Presbyterian Medical Center, offers some important keys to understanding this population:

- People who are homeless for the long term tend to be estranged from mainstream supports. At the same time, they can and do access services and can and do achieve housing retention.
- Key barriers to housing included an admission process that is often too complex, daunting, and stigmatizing, as well as too many entry requirements.
- While low-demand housing seems to work for many, there is no single best form of housing for this population.

Closer to Home shows that the recent emphasis on serving those who have been homeless for the long term does not require a new or different type of supportive housing. Rather, small changes in program structure can greatly help many homeless people in our country who have not been well-served by past efforts.

Explore, learn, and question. Whether you're ready to take action or still pondering, the examples included here are intended to help supportive housing developers, service providers, and property managers strengthen their capacity to serve individuals and families who have been homeless for the long term.

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## Summary of Profiles

These nine profiles are of projects and organizations from across the country that are working to serve people who have been homeless for the long term. Each of these profiles gives a basic introduction to the project or organization, and also goes in-depth in a specific topic of particular promise for ending long-term homelessness.

Anishinabe Wakiagun  
Canon Barcus  
Cedar Hill  
Community Engagement Program  
Jericho Project  
Kentucky Housing Corporation  
Lamp Lodge  
Outreach Center Apartments

These four profiles look at systems-wide strategies for ending long-term homelessness in four parts of the country. These profiles give examples of cities or states that are setting the stage for high-quality supportive housing to serve the most difficult to serve.

Chicago  
New York  
San Francisco  
Design Standards

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Anishinabe Wakiagun, located in Minneapolis, Minnesota, is home to 40 homeless long-term alcohol users, many of whom are American Indian. Anishinabe Wakiagun pays particular attention to matching physical design of the building with its population.

Canon Barcus, located in San Francisco, California, is a 48-unit permanent supportive housing apartment building for homeless, very low-income families living with special needs, particularly those related to substance use, mental health, and/or HIV/AIDS. Canon Barcus staff and their colleagues in San Francisco are at the forefront of providing supportive housing for families.

Cedar Hill, located in New Haven, Connecticut, has 25 efficiency apartments for formerly homeless and dually diagnosed adults. Cedar Hill offers promising practices in their collaboration between property management and support services staff, as well as tenant involvement programs.

The Community Engagement Program, located in Portland, Oregon, is serving the long-term homeless population by pairing permanent housing with customized employment services for up to 89 individuals. The team stresses the benefits of employment to each individual's rehabilitation and recovery process.

Deborah's Place, a program serving women in Chicago, Illinois, offers a continuum of services including permanent supportive housing. Deborah's Place demonstrates promising practices in the areas of eviction prevention and tenant education.

Jericho Project, is a nonprofit organization that owns, operates, and provides services for supportive housing in New York City. Jericho has implemented program changes as they place increase attention on serving the long-term homeless.

Kentucky Housing Corporation, a state housing finance agency, shares thoughts about how supportive housing in rural areas is different from more urban supportive housing. Two housing providers in rural eastern Kentucky share their specific experiences with rural long-term homelessness.

Lamp Lodge is a 48-unit permanent supportive housing project for homeless single adults with severe mental illness. The project, built in 1991, is located in downtown Los Angeles and is a component in Lamp Community's array of services for people homeless for the long term.

Outreach Center Apartments in Cloquet, Minnesota are five apartments with supportive services built above a consumer-run drop-in center for individuals with mental health issues. This project is a particularly good example of a small, rural service provider developing supportive housing while facing community concern and opposition.

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Chicago successfully applied for funds from the federal Collaborative Initiative to Help End Chronic Homelessness to create a harm reduction model of permanent supportive housing for 59 long-term homeless individuals. The collaborative initiative required for application and implementation is a model for other cities.

New York City's Hard-to-Place Task Force serves as a model of city-state interagency collaboration to address long-term homelessness. The task force meets regularly and has made significant progress toward improving services for those who are homeless for the long-term.

San Francisco has been focusing on supportive housing for ending long-term homelessness since the mid-1990's. Much of the city's investment in supportive housing has come from dedicated financing sources, included a general obligation bond issued by the city and a dedicated portion of the city's hotel tax.

Design standards universal to supportive housing for the long-term homeless have yet to be fully developed. From the experience of a property manager in Connecticut, we share these ideas.



## Anishinabe Wakiagun: Designing for Tenants

Supportive housing is often designed by architects who have little familiarity with the day-to-day lives and needs of formerly homeless tenants. By working closely with architects during the design of a new building, supportive housing tenants and owners can make valuable suggestions that improve the quality of life of future tenants.

Anishinabe Wakiagun was completed in 1996 in Minneapolis, Minnesota to serve homeless chronic inebriates, many of whom are Native American. The design concepts used in this building specifically for this population not only illustrate the results of a collaborative design process, but also may be useful in supportive housing generally.

The foremost consideration in construction Anishinabe Wakiagun was to create a very durable, low maintenance Prairie-style facility scaled to homelike proportions and yet large enough to house 40 residents. The design avoids any appearances of “boarding school” that had traumatized so many residents in their youth and yet is attractive and comfortable. Many residents need crutches and wheelchairs, so accessibility was paramount, including site access for frequent emergency vehicles. Most residents are heavy smokers, so care was also made to ensure as much fireproof construction as possible.

Sobriety is not a condition of tenancy at Anishinabe Wakiagun, and many of the tenants are regular drinkers. To address this, hallways are deliberately narrower than usual to enable residents who are staggering to use walls for support in getting to their rooms. Glass blocks bring daylight into the hall from the rooms and at night allow visitors and staff to see if lights are on or off without having to knock on a tenant’s door. Three stairways and an elevator large enough for a medical gurney ensure that support staff can get to any of the residential and day rooms quickly in emergencies. Security cameras are strategically placed both inside and out to provide staff with a panoramic view of the whole site; a video recorder is connected to the system in case incidents or accidents need to be investigated. Each room has a window projection to provide a wide view of the outdoors, which is meaningful for people who spent many years outside on the streets. With this design, residents have never expressed frustration of being “cooped up” in their rooms.

Directly in front of the building’s entrance is what is known as the “Memorial Tree.” This blessing tree represents the 55 homeless, late-stage chronic alcoholic Native Americans who died or were killed in the five years before Anishinabe Wakiagun was built. Friends and relatives gathered on the site on Indigenous People’s Day in 1994 to honor and remember those who have “walked on.” The Memorial Tree was wrapped in tobacco ties, cedar, sage, an eagle feather, and note cards with the names of loved ones written on them.

The building was placed on the site specifically to preserve the Memorial Tree. A stipulation was made during construction of Anishinabe Wakiagun that every effort must be made to protect the tree even though it is only a few feet from the building's entrance. The construction foreman said he had recurring nightmares that something would happen to harm the tree, but it survived. Recently an arborist who had been consulted about the tree originally said that the tree is even healthier now than it was before any construction took place. The Memorial Tree is now part of the logo of Anishinabe Wakiagun.



## Canon Barcus: Housing for Long-Term Homeless Families

Canon Barcus, located in San Francisco, California, is a 48-unit permanent supportive housing apartment building for homeless, very low-income families living with special needs, particularly those related to substance use, mental health, and/or HIV/AIDS. Canon Barcus staff and their colleagues in San Francisco are at the forefront of providing supportive housing for families, as described below.

### Introduction

Recently, there has been an increased focus on serving people who are homeless for the long term. Much of this increased focus is attributable to the prioritization of this population by the federal government. This has led local governments and community based organizations to carefully examine existing programs or create new programs that serve the long-term homeless. In working with this population, many have noted that families who are homeless for the long term are often overlooked. These families are often part of a second generation of homelessness and are typically young women with young children. Many of the parents have been through the foster care system. While the needs of these families is great, newer federal funding specifically targeted for work with the long-term homeless sets a narrow definition of long-term or “chronic” homelessness that excludes families. Without additional funding, many service providers and housing programs do not have sufficient resources to work with homeless families.

Despite funding challenges, more providers across the country are focusing on families who have been homeless for the long term. Many of these organizations already serve individual adults who have been homeless for the long term. Others have served families in shelter or transitional settings and are now looking to shift to a permanent supportive housing model, recognizing that those homeless for the long term are often not well-served in transitional settings. This focus on long-term homeless families has highlighted considerations around building design, property management, and service provision that are above and beyond what is required when serving individual adults. In general, families tend to be more “dynamic” and often present more complex needs than individuals, which require flexibility and responsiveness on the part of housing and service providers.

The following information was drawn from the experiences of family supportive housing service providers, including some from Canon Barcus Community House in San Francisco. In early 2005, CSH will release “The Road Map: Lessons Learned in Family Supportive Housing,” which will build on these observations and recommendations based on the experiences of family supportive housing providers in San Francisco, Minneapolis, Chicago and New York.

### Building Design

Designing housing for families who have experienced long-term homelessness presents unique challenges. Many families homeless for the long term have been living in shelters or cars where

personal space is at a premium. Providing a sufficient number of rooms in units to comfortably accommodate families of various sizes must be a design goal and in fact can be therapeutic. Generally, families value privacy. More rooms, even if they are smaller than if a given unit had fewer rooms, allows for teenagers to perhaps have a private bedroom and other family considerations.

Common space in family buildings should include safe outdoor play space for children that is on an interior courtyard or otherwise adequately protected from the street. Similarly, adequate indoor common space for children and youth can serve a range of purposes, from play space in bad weather to a homework/learning center. Such indoor space must be flexible in use and not over-designed for a particular age group, since the age range of the eventual tenants is unknown and will change over the life of the building. The key is to proactively plan for adequate children and youth space, whatever its future use may be.

### **Property Management**

Property managers, when wearing their professional hats, may see children as an insurance and safety risk in addition to a source of increased wear and tear on the property. To reduce risk, property managers may create rules that say that children cannot play in common areas without adult supervision. This is very difficult for the children and parents alike, especially if there is not dedicated space for children, and it is even more difficult to enforce consistently. Parents may need to learn or re-learn their responsibility for their children's behavior, especially those parents who are newly reunified with their children.

Property managers may also find that dealing with surrounding market-rate tenants or homeowners is more difficult when children live in a building because the children can be seen as a nuisance by the neighbors.

### **Services**

Providing supportive services to families who have been homeless for the long-term is similar to providing services to individuals. Both populations typically require services around substance use, mental illness, money management, and housing retention. In addition, however, families also need a range of services specifically for children and youth: health, mental health, after school, and activity programs. The specific need for services is difficult to determine in advance, given that the specific age range of the children is not known until the building is occupied. When planning services for adult tenants, it is important to recognize that parents may require additional services such as assistance with parenting skills, as well as navigating the child protection system, the school system, and childcare. With children in the household, issues such as appropriate food budgeting, shopping, and meal preparation can also take on greater importance.

Like individual adults leaving homelessness, many parents living in supportive housing are overwhelmed with the stresses of life. Many families moving into supportive housing may be reunifying with children who have been in the child protection system, which brings personal challenges as well as another layer of bureaucracy to deal with. Children may just add to the stress and parents may be more than willing to send their children to activities outside of the home as a

way of decreasing the stress of parenting. At the same time, parents may fear that when their children are out of the home, they will tell family “secrets” to staff or neighbors. Children often carry with them the shame and hurt of their family situation and are often well aware that other families around them have had similar experiences. Within this environment, service providers need to be careful to support parents in their parenting role, instead of taking on the role of parents themselves.

Other challenges specific to families leaving long-term homelessness may include budgeting, child care, employment, housing subsidy complexities, and domestic violence.

- Families may find that it is difficult to budget because their children have many unexpected and unrealistic needs or wants.
- Parents may have trouble making and keeping appointments because they have to care for their children, which limits their availability and ability to plan for meetings, events, etc.
- Some parents may desire to stay home with their children (rather than work) due to cultural expectations or safety concerns. In other cases, parents may not have this option due to requirements imposed by their public assistance. The work requirement may make it especially difficult for parents to balance their own well-being and treatment needs with the needs of their children.
- Providing services to families often requires working outside of the typical workweek, which can be difficult for staff.
- Some families rely on their children to retain their subsidized housing and may consider their children to be, at least in part, an economic resource. This may make the recognition of abuse or neglect especially difficult. Communities must examine how to help families keep their children safe.
- Supportive services personnel working with families may have additional challenges stopping the cycle of family violence.

Finally, the health and safety of children is especially important to consider when parents are struggling with active substance use, substance use relapse, or mental health issues. Creating a safe environment where parents can work with staff on issues of substance use or mental illness without fear of losing their housing or custody of their children is difficult. A healthy and consistent approach to reducing harm while strengthening housing retention in family supportive housing can be ensured by in-depth and regular staff training.





## Cedar Hill: Project Snapshot

Cedar Hill is one of nine projects developed under the innovative Connecticut Support Housing Demonstration Program. The goal of the project is to provide permanent, safe, and affordable housing as well as flexible, individualized supports intended to help tenants maintain their housing. Cedar Hill, a single-site project in New Haven, serves formerly homeless and dually diagnosed adults, has 25 efficiency apartments, and opened in December 1997.

Below is a detailed profile of the project. Also available are separate profiles on the project's successful collaboration between property management and support services, as well as a look at Cedar Hill's tenant involvement programs.

### Partners

Cedar Hill is the result of a partnership formed between two community-based organizations. HOME, Inc., a nonprofit provider of affordable housing in south central Connecticut, developed and presently owns and manages the project. Columbus House, Inc., is a provider of emergency shelter, transitional housing, and supportive housing services in the New Haven area. Columbus House provides the on-site case management services at Cedar Hill. Their partnership developed in response to several forces:

- Legal Aid and other New Haven-based advocates for homeless people (including the local shelter provider, Columbus House) were fighting locally to forestall the closing of a downtown SRO. One outcome of their battle was an aldermanic resolution to replace some of the beds lost with transitional and permanent housing; this committed the City to at least some level of political support for supportive housing.
- Columbus House was previously a provider of only homeless shelter services. However, through the mid-1990's, staff and leadership noted an evolution in the nature and extent of homelessness. The occurrence of serious mental illness, histories of use and active substance addictions, while always a factor, increased noticeably, and individuals were repeatedly cycling in and out of shelters. It was clear that simply providing affordable housing was not sufficient to keep many consumers from repeated episodes of homelessness.
- The state of Connecticut issued a Request for Qualifications for development teams for the Supportive Housing Demonstration Program in 1993. This provided a significant funding opportunity for HOME, Inc., which had already developed one project in response to the aldermanic resolution.

HOME, Inc. and Columbus House were natural partners, sharing:

- A common mission to serve people who are homeless;
- Geographic focus in New Haven; and
- Board members who knew and trusted one another.

## **Tenants**

Cedar Hill has 25 efficiency apartments. Thirteen units are subsidized by Shelter Plus Care and are leased to people who were homeless and who have a dual diagnosis of severe mental illness and substance use. Referrals for these units are increasingly people who have been homeless for long periods of time. About 50% of these units (25% of total) are leased to people who meet the HUD definition of chronically homeless. The remaining units are leased to people who have low income (50% of Area Median Income or less), and who need and want supportive services. Many in this group are formerly homeless themselves; in practice, approximately 70% of tenants at any given time are formerly homeless individuals, most entering Cedar Hill directly from homelessness. Tenants include both men and women.

Tenant referrals originate from the local Shelter Plus Care Committee for the Shelter Plus Care units, from Columbus House's shelter and transitional housing, from other housing and shelter providers in the New Haven area, from HOME Inc.'s and Cedar Hill's waiting lists, and from walk-ins and word-of-mouth.

This project was not initially focused on serving long-term homeless people. Cedar Hill was designed to serve two distinct populations: disabled single adults who were homeless or at risk of homelessness (50%); and formerly homeless and low-income working poor who wished to live in a supportive housing setting (50%). However, over time, the population served has changed to include a greater number of people who are homeless for the long term, many with co-occurring mental illness and substance use. Both agencies have learned that the number of long-term homeless individuals in New Haven is on the rise, and people require more intensive services from a broader array of provider systems.

## **Building**

Cedar Hill is a single site, 25-unit project on State Street in northeastern New Haven, Connecticut. The project originally consisted of a vacant brick and concrete building and a surrounding parking lot, with a total lot area of 35,000 square feet. The final development has approximately 16,000 square feet of developed residential space.

Cedar Hill is a new construction project with three stories and an elevator. Most of the apartments are located on the second and third floors. The first floor includes a spacious common room with comfortable furnishings, a television, and kitchenette; a large meeting room; vending machines; and an outdoor patio and garden. Case management and property management offices are located off the main lobby. Other amenities include a common laundry. The entry area is supervised each evening from 8pm-12am. The units are furnished efficiency apartments (approximately 360 square feet) with full kitchens and bathrooms.

## **Neighborhood**

The northeastern area of New Haven offers a mixture of residential, commercial, and residential uses. In the immediate area of the project are a health care service office, a day care, a public park, an active Amtrak railroad right of way, and additional residential and commercial uses. The neighborhood has an urban feel, and it is attractive, busy, clean, and diverse. The site is located on a bus line, and is within walking distance to neighborhood stores. A grocery store is located within ½ mile.

### **Siting and Community Support**

Site identification and selection resulted in significant delays (and lessons learned). The site for Cedar Hill Apartments was identified after an extensive, and often frustrating, search process. Two alternate sites were identified early on: one was lost when State approval of the site was delayed due to tenant relocation issues; the other when it became clear that local political support would not be forthcoming.

Considerable time and effort were paid to gaining community support and trust prior to developing Cedar Hill. Once the State Street site was identified, HOME, Inc. secured (with a grant from CSH) the services of a community organizer to do outreach in the neighborhood, develop a comprehensive community support plan, and work closely with the neighbors, area businesses and community leaders to incorporate their input and concerns. HOME, Inc., as the property manager, was essential in this educational effort since they could respond to questions about tenant selection, management practices, and long-term maintenance.

Effective communication with neighbors has contributed greatly to the success of Cedar Hill Apartments, and the immediate neighbors have taken on an informal supportive role with the project. The church on the block donates food, clothing and household goods on a regular basis. Other neighbors call when suspicious activity is taking place in or around the property. Likewise, Columbus House staff and Cedar Hill tenants have developed an effective “block watch” system within the building through which “incident reports” are prepared by eyewitnesses and faxed immediately to the property manager. City officials stop by from time to time to visit and bring vegetables from their garden. The area’s alderman struggled to develop supportive housing at the downtown YMCA facility several years prior to Cedar Hill’s development, and so was a strong supporter of this project.

Once the site was chosen, NIMBY (“not in my back yard”) concerns resulted in a development that closely met the permissible zoning regulations. The building itself blends in well with the neighborhood and has no identifying signage that would set it apart from other buildings on the street. In response to local concerns, additional funding was sought and received to add an attractive ornamental iron fence around the site.

### **Services**

The primary philosophy at Cedar Hill is to keep people housed. All tenants hold one-year, renewable leases, and services are not a condition of tenancy. Services staff approach tenants with the understanding that people who live in the building may have issues that have created barriers in

the past to securing and retaining housing, such as mental illness, substance use, unemployment, and medical/health issues. The core of the service program is designed to help tenants “keep their keys,” and all tenants are closely involved in the development and design of their individual service plans. Since opening in 1997, 100% of the tenants have used the services to one degree or another. The central feature of Cedar Hill’s supportive services is flexible, individualized supports coordinated by on-site case management. The approach is consumer-centered. Columbus House provides the full-time equivalent of 2 service coordinators (case managers) on-site. Columbus House’s community organizer is also available to work with residents on developing tenant and support groups, educational and employment opportunities, and related efforts.

While the bottom line is the effort to keep people housed, the focus and momentum of the case managers is on improving the quality of life of the people living at Cedar Hill. Tenants have indicated that they need basic life skills training, so the staff supports them with learning about cleaning their apartments, money management/budgeting, family reunification, recreation, nutrition and health care. Occasionally, tenants who have lived on the streets for years are challenged by the notion that this housing is permanent; hence, the adjustment period can sometimes be quite lengthy. Working with the individuals’ needs and desires in mind, the staff does not rush anyone to make changes or learn new skills. Instead, over time and with patience and support (and sometimes a little nudging), the staff will introduce new ideas and skills that will help the tenants live healthier, more fulfilling lives.

#### *Substance Use Services*

Services and supports include relapse prevention groups, AA/NA meetings on-site weekly, referrals to treatment for mental health, substance use and medical issues, and money management services. While a “zero tolerance” policy on drug use is included in each tenant’s lease, sobriety is not a requirement of staying housed in a practical sense. If a tenant relapses, social services steps in to get the tenant into treatment if necessary. If inpatient treatment is necessary, the tenant is able to keep his/her housing for up to 90 days. Upon return, he/she will work out a plan with the case manager to continue with outpatient treatment, deal with any outstanding rent payments due, etc. If the tenant is using drugs chaotically, and the housing is jeopardized due to their behavior, Cedar Hill staff works to get more appropriate housing for the tenant (e.g., more supervised transitional housing, etc.). Though this approach certainly has its challenges in terms of potential mixed messages or different responses to different tenants, Cedar Hill is pleased with its success in this area.

#### *Medical Services*

Visiting nurses see tenants who require regular medical services on-site. Tenants are also referred to Hill Health Center or Fair Haven Health Clinic, Yale-New Haven Hospital, and the Hospital of St. Raphael’s.

#### **Off-site Services**

There is a substantial referral network that has been established by Columbus House over the years. Referrals are made to treatment providers throughout New Haven, and there is a natural link between the Connecticut Mental Health Center and Cedar Hill for Shelter Plus Care certificate

holders. Cedar Hill case managers often call team meetings with outside providers to work more efficiently toward tenants' goals. The Community Service Coordinator has also invited professionals from the service arena to come to the site with information for the tenants. These include legal services, employment services, and basic medical services and screening.

## **Financing**

### *Development*

Cedar Hill was part of the Supportive Housing Demonstration Program and, as such, participated in a state-sponsored process that eventually produced 281 units of supportive housing in 9 developments in 6 different cities. The Demonstration was a unique (to Connecticut) collaboration among public, private and non-profit entities to provide layered and flexible financing to selected projects.

The total development cost of \$3,202,227 was financed with following sources:

- \$1,562,500 1% interest loan with a 30 year term from the Community Housing Development Corporation Loan Program
- \$312,500 1% interest loan with 30 year term from the Connecticut Housing Financing Authority
- \$15,281 in General Partner Equity
- \$1,311,946 in net equity through the Low Income Housing Tax Credit Program, syndicated through the National Equity Fund

### *Services*

The services are paid through a contract with the state of Connecticut Department of Mental Health and Addiction Services (DMHAS), at the rate of \$7,500 per qualified (having mental illness, substance addiction, or both) tenant. For Cedar Hill, this amounts to \$97,500 annually. Additional service funding was sought, but not awarded. In spite of budget constraints, services are available to all tenants without respect to disability.

## **CSH Role**

According to the sponsors, CSH's most important contribution was in establishing and maintaining the interagency approach to financing supportive housing. CSH drove the process that resulted in the demonstration program and the memorandum of understanding among six state agencies to provide the financial resources needed to develop and operate the projects in a coordinate fashion. The sponsors also cited: emphasis/insistence on good design; financial support through predevelopment loans and grants; initiating the process toward a Connecticut-wide supportive housing initiative; and high quality technical assistance and training on all aspects of development and operations.

## **Results**

Along with the other Supportive Housing Demonstration projects, Cedar Hill participated in the Program Evaluation Report undertaken by the Arthur Andersen, Kay Sherwood, TWR Consulting and the University of Pennsylvania Health System. The Evaluation identified and analyzed many factors, both in the aggregate and on a project-by-project basis. Detailed results are available in the publication, and demonstrate a very positive impact across all factors analyzed.

Among the data reported that is specific to Cedar Hill:

- Tenant turnover rate from 5/96 to 2/01: 41%
- Number of exits: 14
- Reasons for exit: moved to other housing, 43%; evicted, 21%; deceased, 29%; unknown, 7%
- Occupancy rate: 97.30%

In addition to the information provided by the Evaluation, HOME, Inc. asks tenants to participate in a survey by the Department of Mental Health and Addiction Services. This pilot survey became an annual effort. The survey questions are as follows:

- How well would you rate the quality of service you received?
- Did you get the kind of service you wanted?
- To what extent has the program met your needs?
- Would you recommend the program to a friend who needed similar help?
- How satisfied are you with the amount of help you received?
- Have the services helped you deal more effectively with your problems?
- How satisfied are you with services?
- Would you come back?

Remarkably, Cedar Hill residents report a satisfaction rate of about 85-95% each year.

### **Lessons Learned**

- *The importance of the union of services and property management* – Everyone who tours Cedar Hill will use the same adjectives to describe it: “warm,” “gorgeous,” “inviting,” “special.” While great design is a significant contributor to a great housing development, what makes Cedar Hill so special is the atmosphere created by its excellent property management and support services staff.
- *The value of tenant involvement and employment* – Cedar Hill offers a range of tenant involvement and employment opportunities, and these have added to the tenant experience of Cedar Hill.
- *Serving the long-term homeless* – Columbus House and HOME, Inc., are moving their supportive housing program toward serving people who have been homeless repeatedly or for long periods of time. This move, however, results less from an evolution of mission or philosophy and more from demand. The first and second waves of supportive housing in Connecticut addressed much of the less intensive supportive housing needs locally, leaving people with multiple and severe mental health and substance use issues still to be served. As the affordable housing crisis deepens and people continue to be discharged from hospitals and incarceration without adequate supports and resources, the need for supportive housing

is growing. People who have been out of the mainstream for long periods often lack the natural supports needed to successfully navigate the myriad activities of daily life. There continues to be a lack of consistent treatment planning and delivery, and people are living in the community with more complex needs than perhaps at any other time in history.

- *Solid project financing* – The financial package available through the Demonstration provided sufficient funding for not only the construction, but also to ensure long-term affordability (by establishing operating reserves in the capital budget). Rent increases were built in and anticipated, and draws on reserves are done on a quarterly basis. At the same time, the project lacked as much funding as was needed. More service dollars are desired to pay the existing staff more appropriately, and the operating budget should increase to be able to pay for 24/7 security as needed, improve the landscaping, and add several hours of maintenance/janitorial staffing.
- *Integration among tenants* – The sponsors are surprised how little the “categories” mean once people are housed. People with disabilities, people who have been homeless for the long-term, people who are actively using drugs, and the working poor, all need, want, and use the services. Their interaction within the project is very normal. This can be an especially challenging issue because funding for services is typically tied to particular populations, especially those perceived to have the greatest needs based on diagnoses. Being prepared to serve every tenant, regardless of documented level of need, is important. At Cedar Hill, the services and property management teams have worked diligently to treat everyone equally. Staff has found that individual needs and personalities tend to trump categories and diagnoses in the end, and the sponsors welcome that dynamic.
- *Anticipating issues in the first year* – The intensity of issues and transitions in the first year of the project were not anticipated. This impacted expectations of the tenants for themselves, and of the services and property management staff for both the tenants and the property. There was a considerable amount of substance use relapse, security issues, and behavioral challenges that needed to be addressed. Simultaneously, the case manager and service coordinator were struggling to redefine services in a housing setting. At the same time the tenants were learning about taking responsibility in this particular context, the services staff was learning about giving up control and finding new ways to engage with people. While perhaps not surprising, the sponsors and their staff were not anticipating these issues. Training on issues in the first year has some merit; however, the sponsors also indicated that for the next project, they would spend more time in the screening/tenant selection process. The sponsors are committed to housing the long-term homeless and avoiding “creaming” only those tenants who appear to be the “easiest” to house.

## Suggestions

*For shelter providers trying to serve this population, Columbus House suggests:*

- Jump in and do it!
- Be certain that the on-site service provider is sophisticated, flexible, mature, intuitive, and knowledgeable.
- Talk with others who have made this transition, and spend time in supportive housing to understand how it works and how it’s different.

- Be prepared for a roller coaster ride in the first year, and don't underestimate the power of the culture of homelessness.

*For developers and property managers, HOME, Inc., suggests:*

- Expect the process to take longer and be less profitable than you think.
- Insist on, and be prepared to pay for, good design, materials, and landscaping.
- Don't skimp on unit size.
- If you're good, expect to be on display 24/7 and build the cost of that level of maintenance into your budget.
- Be certain that the property manager is professional, has a desire for perfection and challenge, is patient, and is willing to have the development succeed on its own terms.

### **Future Projects**

- Cedar Hill II is the second collaborative effort by HOME, Inc. and Columbus House, and the project is currently in development. It is being developed as part of Connecticut's second structured supportive housing initiative, known as Pilots. When completed, it will offer 38 units in two separate sites in New Haven. It will also include program space at each location. The tenant population will be integrated, with approximately 10 units set aside and targeted specifically to people with multiple disabilities who are chronically homeless; 17 units reserved for individuals who are homeless or at-risk of homelessness; and 11 units that will be rented to low-income working people. The focus in this project on chronically homeless individuals is an evolution from the first Cedar Hill.
- HOME, Inc. and Columbus House are in the earliest stages of planning their next supportive housing project, presently thought of as "Cedar Hill III". It is envisioned that this project will be incorporated in and funded through the next generation of supportive housing funding that is now in the planning stages. Cedar Hill III is expected to have a minimum of 40 independent units in a congregate site in New Haven and will, once again, house a mix of tenants, including people who are chronically homeless and in need of services, people who are at risk of homelessness, and working poor who need and want affordable housing with services.





## Cedar Hill: Property Management and Services Collaboration

Below is a detailed profile of Cedar Hill's successful collaboration between property management and support services. Also available are separate profiles on the project itself, as well as a look at Cedar Hill's tenant involvement programs.

### A Story of Collaboration

Everyone who tours Cedar Hill will use the same adjectives to describe it: “warm,” “gorgeous,” “inviting,” “special.” While great design is a significant contributor to a great housing development, what makes Cedar Hill so special is the atmosphere created by its excellent property management and supportive services staff. Starting from shared organizational missions to “keep people housed,” and building on the strong relationship between the two organizations’ Executive Directors, the Director of Property Management for HOME, Inc. (Charles Klompus) and the Coordinator of Social Services for Columbus House (Emily Robinson) have together created a living environment that is safe, attractive, comfortable and tenant-focused. Together, their philosophy encompasses three primary goals:

- *Goal 1: Keep Residents Housed.* The chief goal of Cedar Hill Apartments is to keep people housed despite chronic disabilities and challenges that can impede stability.
- *Goal 2: Improve Quality of Life.* The secondary goal is to improve the quality of life for each resident in the building. To accomplish this, the staff works with the residents in the development of their daily living skills.
- *Goal 3: Build Community.* Community is a vital component of the success of Cedar Hill and a key to the success of the residents remaining housed. Most of the residents who come to Cedar Hill have lost the natural support of family, friends and neighbors over time. The sense of community within the building rebuilds that support and is critical to the success of keeping people housed.

Key elements of the partnership between the two organizations include:

- Positive chemistry rooted in mutual respect, trust, professionalism, and complimentary strengths.
- A spirit of entrepreneurship in solving problems, acting both proactively and creatively to address ongoing and emergent issues.
- A willingness to work hard and work together to help people maintain their housing.
- Each organization is very competent at their jobs, and brings a certain maturity and depth of experience.
- Clear, strong boundaries around roles and responsibilities.
  - Operating Policy & Procedure Guidebook. This document includes detailed descriptions of the relationship between the property management and services teams, the eviction prevention and crisis intervention policies, and more. An excerpt from the guidebook speaks to how the teams collaborate: “The Property Manager notifies the Support Services team of recent incidents, late rent payment and any

other issue related to housing. A copy of incident reports and 10-day notices of non-payment of rent are given to the Support Services team. Support Services will then outreach to the tenant and determine how best to help him/her develop a solution in order to avoid possible eviction. In addition, tenants may engage a Support Services staff person in advocating for a repair to their unit or a payment plan for a missed rent payment. They will assist the tenant in negotiating a solution with property management... All major decisions regarding tenants, for example move-in or eviction proceedings are made together. The decision making process is a collaborative effort and not a difficult one at Cedar Hill Apartments.”

- The property manager and lead case manager have work experience in the other’s field prior to coming to Cedar Hill. For example, the property manager’s previous experience as a methadone program case worker has helped him work with tenants who are actively using and/or in recovery. The lead case manager has a tenant organizing background, increasing her sensitivity to the important of group dynamics among tenants and the need to place work with individuals into a group context.
- Consistent, regular communication between agencies and among staff regarding tenant issues prevents triangulation and misunderstandings.

The real strength of the HOME, Inc./Columbus House partnership is in the manner in which key staff people from both agencies relate to one another. The relationship begins with the close working relationship between the respective Executive Directors who each have strongly committed their agencies to supportive housing and are continually collaborating on future supportive housing projects. The Executive Directors ensure that effective, experienced staff members are assigned to Cedar Hill and future initiatives; thereafter, they strive to support these staff members and insist on a high level of service delivery. The property manager and chief case manager, in addition to years of separate experience, now have five years of day-to-day collaborative experience solving a wide range of problems. Each of these staff members has absorbed the goals of the other to the point that they work together – on the client level -- to keep clients housed and – on the building level -- to keep the asset working effectively for the future. This collaborative effort has often helped tenants avoid eviction, hospitalization, and incarceration.

Cedar Hill and HOME, Inc. staff have developed a cooperative working relationship that serves to improve the quality of life for residents in the building. The services staff and case managers meet on a regular basis with property management staff to review issues of the building and the residents. The staff share the philosophy of keeping people housed and will work flexibly, within established professional and legal boundaries, to ensure that each resident maximizes his/her opportunity to remain at Cedar Hill. This relationship of understanding and cooperation has contributed to the success of this supportive housing.

### **Staffing**

On-site staffing is as follows:

- Two case managers on-site 8am-6pm, Monday-Friday.

- Front desk clerks, who are current tenants and paid for their services, are on duty from 5pm-12am, seven days per week. Cedar Hill notes that twenty-four hours coverage would be ideal, but is currently unaffordable.
- Property management and service staff has pager coverage for all hours not on-site.
- The property manager is based off-site and shares his time between this property and a few other local HOME, Inc. properties. He is on-site about one-half to one full day every third week or so, and is available as needed otherwise.
- Maintenance staff is available as needed, on on-site a few times per week on average. Some tenants are paid as janitorial staff, and some of the same tenants also serve as front desk clerks.

As was noted above, HOME, Inc. employs two to five residents in two roles: front-desk/reception, and janitorial. In both cases, HOME Inc. plays the role of traditional employer by monitoring performance, setting wages, etc. The service provider plays an essential supportive role as “job coach,” providing encouragement, helping manage schedules, providing structure, and seeking additional training resources. Additionally, by setting her usual high (but not unreachable) standards, the chief service provider monitors performance of tenant employees, reporting regularly her observations to management.

### **Examples of Collaboration**

- *Eviction Prevention for Non-Payment:* As with most supportive housing projects, the deeply subsidized rent structure of Cedar Hill allows 30% affordability for all residents. The minimum rent is \$25, and the maximum is the area’s Fair Market Rent of about \$650. HOME, Inc. supplies the on-site service provider with a semi-monthly delinquency list. The service provider, who in 15-25% of the cases is the representative payee for the tenant, then intervenes as appropriate. The manager allows repayment arrangements without court supervision, and these are occasionally necessary. In the unusual cases where this intervention is unsuccessful, management proceeds with a legal course of action. This typically includes a letter from the sponsor’s attorney and sometimes further action. Typically, this results in a court-supervised repayment arrangement under which possession is returned to the owner, but eviction is stayed as long as the terms of the repayment arrangement are met. The elements and pace of this action are well known to the lead service provider, and she often employs other supportive interventions during this time as appropriate.
- *Eviction Prevention for Nuisance:* The service provider facilitates an informal complaint system by which tenants are encouraged to fill out a brief complaint form that is then faxed to the property manager. These forms often form an important basis for future action. All tenants are well aware of the system and that it is utilized, so tenants are aware that disruptive behavior on their part will likely be reported. Upon receipt of a material complaint, the manager will schedule a meeting with the tenant and the service provider. At that meeting, the specifics of the incident or behavior are described, with the manager laying out the consequences of continued nuisance. The service manager assists with ideas for supporting the tenant, intervention with others, etc. Often, a formal letter follows the meeting from the manager describing the incident/behavior, consequences, and plan of action, if any. If the nuisance continues, a second meeting is called. At this meeting, often the managers “raises the stakes” by inviting a relevant outside service

provider of the tenants, such as their mental health case manager. To reinforce the seriousness of such a meeting, the manager refers the matter to its attorney. Things then proceed from there, hopefully resulting in a cessation of the nuisance.

- In its 6 ½ years of Cedar Hill’s operations, only one dispossession (for nuisance) has culminated in actual eviction, and as of this writing only one resident is under a court-supervised re-payment agreement.

### **Lessons Learned**

- Be creative, and bring an entrepreneurial spirit to this work.
- Create a shared goal of keeping people housed, with a focus on keeping *everyone* housed – not only an individual.
- Be clear on who is doing what, and let them do it. The sponsors note that their joint success is a direct result of the different skills that each organization brings to Cedar Hill along with clear boundaries. The differences have allowed each organization to focus on its strengths rather than “tripping over each other.”
- Take the time to create a shared vision and build trust among collaborating agencies.
- Communicate effectively. Being on the same team helps tenants understand that talking with services or property management will yield the same result as talking with the other.
- Property management needs to make “space” for the service provider-tenant relationship. By carefully setting the timing of warnings, being patient, and even choosing words carefully, the manager can support – and not hinder – the service provider-tenant relationship.
- Keep high standards, and care about the success of the tenants, the quality of the building, and the quality of the operation as a whole.
- It’s all about the intersection of good service provision, housing retention, and asset management.



## Cedar Hill: Tenant Involvement

Cedar Hill seeks tenant input in a variety of ways, and offers tenants opportunities for both project involvement and employment. The sponsors have found that by offering a range of opportunities for involvement, more tenants participate. What follows are descriptions of tenant involvement in project design, day-to-day tenant involvement, and tenant employment. Also available are separate profiles on the project itself, as well as a look at Cedar Hill's property management and services collaboration.

### **Tenant Involvement in Project Design**

Social service case managers with daily client contact were extensively involved in planning the development. In at least two cases, case managers took specific design issues to shelter clients for feedback.

Project planning focused on physical design that optimized tenant enjoyment and delivery of supportive services. Planning themes included a design that was attractive and well integrated into the neighborhood, offering maximum security for residents and incorporating opportunities for formal and informal community gatherings. As a result, Cedar Hill includes the following elements, many of which were influenced by tenant suggestions and concerns.

#### Site/Neighborhood:

- Site was chosen for “as of right” zoning (to minimize potential power of “NIMBY” reaction)
- Building mimics the three-story heights and setback of neighboring buildings
- Chosen design maximized the allowable zoning envelope. This, together with generous common areas, resulted in relatively efficient (and small - 380 square feet) efficiency apartments

#### Exterior/Building Elevations:

- Building largely matched the footprint of prior building (to minimize perceptions of change at the site)
- Cedar clapboard and iron front fence connote quality
- Generous planted areas allow for “friendly” appearance to passers-by
- Somewhat simple exterior design resists “showiness”

#### Common Areas/Circulation Areas:

- Single entry, front desk, and proximate service provider offices maximize sense of control and building entry
- Central air conditioning in common areas encourages gatherings there
- Semi-private rear yard with grill, patio, and garden facilitates informal and planned gatherings

- Durable finishes in hallways minimize maintenance costs (e.g., quarry tile entry, coarse vinyl wall coverings)

#### Apartments:

- Few, repeatable design alternatives reduced construction costs; three finish color schemes allowed some degree of tenant choice
- Full kitchenettes support self-reliance; kitchen in common lounge facilitates catered gatherings

### **Tenant Involvement Day-to-Day**

Cedar Hill does not currently have a tenant council. Services and property management staff spent considerable resources in the first few years of operations on establishing a council, but there was little interest among the residents in continuing this forum. Instead, tenants have devised several of their own unique, “natural” methods for becoming involved in day-to-day life at Cedar Hill:

- Residents have created a common garden in the back yard of the complex, which they tend together.
- They have initiated a Bible study that meets every other week with shared leadership.

Tenants have developed a number of regular social activities, and will watch movies together at least once a month, have a monthly community dinner toward the end of the month (when income is tightest), and often take trips together. Regular events also include cook-outs during the summer months, and holiday meals on major holidays. These events are all very well attended.

### **Tenant Board**

When Cedar Hill first opened, a Tenant Board was established. This was an essential part of increasing a sense of community and project-ownership early on. The Board was actively engaged in a number of issues, as the following example illustrates.

The lead property management and services managers were asked to attend Cedar Hill Tenant Board meeting to help address the subject of substance use at the property. Some of the tenants were concerned that a small number of tenants who were actively using drugs were disruptive to the whole community. Charles Klompus, HOME, Inc.’s Director of Property Management, and Emily Robinson, Columbus House’s Coordinator of Social Services, explained the staff’s role and Cedar Hill’s eviction policies. The group identified the need for a relapse prevention workshop for tenants, and Columbus House asked CSH for assistance. Tenants also asked about the possibility of visiting some New York-based tenants groups to get more ideas for their work. A twice-monthly “rap” group was also established to support tenants who might be especially vulnerable to relapse when entitlement checks arrived. Columbus House noted that this series of events indicated an increase sense of community and ownership at Cedar Hill.

Over time, tenants expressing decreasing interest in the Board and keeping it going, especially as issues in the building seemed to settle. The Tenant Board is no longer active, and tenants have

found many other ways to stay connected. The sponsors see real value in tenant councils, and staff would be happy to help start another Board if tenants decide they want one.

### **Leadership Project**

Formerly homeless tenants with behavioral health disorders also have the opportunity to participate in Columbus House's unique training and empowerment initiative, called the Leadership Project. This project is designed to facilitate community integration by training participants on the interpersonal, public speaking, assertiveness, negotiation and conflict, networking and advocacy skills needed to take leadership positions on policy-making boards and program development initiatives. Students attend classes twice a week for ten weeks, after which "graduates" are encouraged to serve on local and statewide boards and action groups for a period of six months (e.g., New Haven Homeless Commission, Coalition to End Homelessness, a local soup kitchen, etc.). Students receive stipends for their participation. Columbus House is also in the process of tailoring its mentorship program to meet the needs of Cedar Hill tenants. This voluntary program will soon be available to tenants.

### **Tenant Employment**

Cedar Hill provides two opportunities for tenant employment on-site. Tenants are employed by HOME, Inc.:

1. Front Desk/Concierge Coverage: This provides a level of security and "eyes on the building" for up to five tenants who are interested in assuming this level of responsibility.
2. Janitorial Services: Tenants, as needed and available, undertake interior cleaning and some maintenance. Four to six tenants also voluntarily maintain the grounds and gardens.

### **Lessons Learned**

- Tenant self-esteem and employment potential increases through these activities.
- Many tenants are afraid to work, especially if they are on benefits that might be jeopardized. Little by little, active tenant involvement decreases the tendencies of isolation and fear of work, while increasing self-esteem and outlook on life.
- Many people who have been homeless for the long-term don't really know how to have fun in a healthful way, so Cedar Hill works to offer desirable opportunities.
- Like all work and community activities, different options appeal to different people. It's worth offering a range of options.



## Community Engagement Program: Linking Customized Employed with Supportive Housing

The Community Engagement Program in Portland, Oregon is serving the long-term homeless population by pairing permanent housing with customized employment services for up to 89 individuals. The team stresses the benefits of employment to each individual's rehabilitation and recovery process. It is expected that the philosophy that employment promotes recovery will have a powerful influence on tenant self-expectations.

### Origin, Background, and Goals

Designed in response to the Department of Housing and Urban Development and Department of Labor Notice of Funding Availability titled "Ending Chronic Homelessness Through Employment and Housing," CEP-IV is a new team within the Community Engagement Program (CEP), a program of Central City Concern. Awarded in October 2003, CEP-IV represents a partnership between Central City Concern (a twenty-five year old comprehensive homeless service organization), Worksystems, Inc. (a nonprofit career placement and training organization), and the Housing Authority of Portland. The project is anticipated to be funded for five years, with funds diminishing beginning in year three. The Community Engagement Program includes several Assertive Community Treatment (ACT) teams<sup>1</sup> focusing on serving homeless individuals with substance use issues, mental illness, and other severe disabilities.

The target population for CEP-IV is individual adults in Multnomah County, Oregon (which includes Portland) who have been homeless for at least one year or who have had four or more episodes of homelessness over the last three years, experience a severe disability, and who express an interest in employment. Working with this population, the program has three main goals:

- Placement of up to 89 chronic homeless individuals into self-selected employment that provides earnings, benefits, and career advancement.
- Movement of the same individuals into permanent housing under a tenant-based Shelter Plus Care subsidy.
- Developing systems change strategies that bring the workforce development system and organizations serving homeless populations into closer alignment.

### Program Structure

The CEP-IV program includes the following components:

1. Outreach and engagement;
2. Wrap-around services provided by multidisciplinary service teams modeled after the Assertive Community Treatment (ACT) teams;
3. Shelter Plus Care tenant-based housing subsidies; and
4. Customized employment services provided in conjunction with the One Stop Career Center.<sup>2</sup>



## **Outreach and Engagement**

CEP-IV focuses on engaging people who are in shelters, jails, and on the streets for the longest periods. To do this effectively, the team partners with providers of shelters, jails, and street outreach programs to identify frequent users of these programs who are unable to stabilize in mainstream housing and services.

Outreach is just one step in identifying clients for this program. To be successful, the CEP-VI staff must engage people who likely are the most difficult to engage in services and housing supports, but who are also motivated towards employment. Some tools the team uses to promote successful engagement to build trusting relationships include motivational interviewing<sup>3</sup> in addition to access to food and clothing, housing, and medical treatment. As soon as possible following referral, a case manager or mentor begins the process of engaging with the client and explaining the kinds of supports that may be available to assist them to move into permanent housing and employment. For individuals who are disenfranchised from the homeless services system, this process may be very gradual. Throughout outreach and engagement, staff attempt to “get to know” rather than “evaluate” individuals. Trust-building in this phase is critical. Creating a person-centered and strength-based assessment is an initial step toward instilling an atmosphere of hope and recovery with people who have usually defined their lives through their failures.

## **Wrap-around Services**

CEP-IV is responsible for providing a full array of services to assist tenants, including: housing assistance, mental health services, substance use treatment and referrals, medication management, physical health treatment, around-the-clock crisis management, and assistance in accessing and managing entitlements and benefits. As in the ACT model, most services (a target of 75%) will be delivered in natural community settings, such as at the consumer’s residence, in their neighborhoods, or at their place of employment, rather than in a central office.

Caseloads are kept at a 1:10 ratio (one FTE per 10 tenants) and all members of the CEP team share responsibility for the entire caseload. Team members include:

- CEP Team Leader
- Customized Employment Specialist
- Housing Specialist
- Mental Health Specialists (2 FTE from community partner, Cascadia, a local community mental health program)
- Young Adult Specialist (from community partner Outside In, a local organization focused on assisting homeless youth)
- HIV/AIDS Specialist (from community partner Cascade AIDS Project, a local nonprofit provider of HIV/AIDS services, housing, education, advocacy)
- Peer Mentor

An assertive outreach effort is used to keep consumers engaged in services. CEP staff often likes to say, “We make it hard to stay sick and easier to get better.” The staff continually demonstrates that

they do not give up on people and truly believe in the possibility of recovery. Staff sticks with people through relapse and recovery and continues to engage people whether housed or homeless.

CEP uses a strengths-based assessment and treatment plan and motivational interviewing to engage individuals in self-determined service planning. Staff receive on-going training in person-centered planning in order to create more comprehensive and integrated approaches to both housing and employment. For example, employment staff assist tenants in creating an employment plan which highlights their gifts, strengths, and capacities, and clearly defines the supports and accommodations necessary for them to attain their employment goals. The tenant and staff also create a “braided” resource plan, in which resources from many different systems are identified and accessed for their ability to help an individual reach his or her employment goal. The employment staff then uses these two plans as tools to identify employers and employment opportunities.

The team offers special expertise on serving homeless youth through the young adult specialist. Homeless young adults age 18-23 are often underserved because they are ineligible for children’s services and may not accept the criteria for services within the adult system. In addition, the adult service system may not adequately address the developmental needs of homeless young adults. Through partnership with youth agencies, the team is developing a more complete understanding of the culture of homeless youth and how to effectively engage and maintain them in services.

Similarly, CEP partners with a local agency to provide expertise on serving those living with HIV/AIDS. Persons living with HIV/AIDS are greatly over-represented among the long-term homeless population. The HIV Specialist helps serve this population directly and will help tenants access those HIV/AIDS-specific services necessary for a stable tenancy.

CEP helps tenants address their health concerns via referral to Central City Concern Health and Recovery Services, a Federally Qualified Health Center.<sup>4</sup> A family nurse practitioner, a psychiatric nurse practitioner, a medical assistant, and an acupuncturist work with CEP consumers to assess and treat a myriad of medical disorders that have often gone untreated. Groups that focus on preventative medicine also offer services to CEP clients. These services are provided to clients regardless of their insurance status.

All services strive to meet tenants at whatever stage of treatment readiness they are at. While tenants are asked to commit to actively working with the CEP team, they are not required to be abstinent from alcohol or other drugs. Housing placements are made in both Alcohol and Drug Free Community settings and in settings that do not require abstinence. In working with people who continue to use alcohol or drugs, an emphasis is placed on harm reduction and encouraging them to adopt lifestyle changes that will not jeopardize their housing.

### **Shelter Plus Care Housing Subsidies**

The Housing Authority of Portland (HAP) provides 89 Shelter plus Care housing subsidies to approved program participants. The CEP-IV Housing Specialist helps program participants locate private market or community units in which to use these subsidies. The original funding proposal

identified a combination of SROs, studios, and one- and two-bedroom apartments that are located close to services and employment opportunities.

All housing must be located within a 10-mile radius of downtown Portland. The program makes every attempt to find housing that meets the individual's needs, while keeping them actively connected to supportive services. As of September 2004, the first 23 placements are across 15 different sites, without any direct intention of clustering units. One of these units is in a building owned by Central City Concern, 15 units are in buildings owned by nonprofit housing developers, and 7 units are in the private market. Tenants have individual leases with landlords. An addendum to the lease outlines additional expectations of the tenant related to involvement with the CEP-IV program.

The Housing Specialist on the CEP team makes every attempt to communicate in a timely and consistent basis with landlords. The program has been able to demonstrate the ability to respond quickly to problem situations due to its intensive staffing level. This has met with tremendous reception from landlords, many of whom have had poor experiences with programs that have not had the capacity to be as responsive. CEP is assisted in this work by Fresh Start, a program of the City of Portland Bureau of Housing and Community Development. Fresh Start mitigates landlord risks related to housing harder to house populations through committed supportive services and a landlord guarantee fund. As a Fresh Start-certified agency, CEP has access to a fund which reimburses up to \$2,000 for one-bedroom and smaller units and up to \$3,000 for two-bedroom and larger units for the following expenses:

- Damages caused by tenant in excess of normal wear and tear which exceeds the security deposit;
- One and one-half months of nonpayment of rent if tenant does not vacate apartment in good standing;
- Court costs and attorney fees where necessary to terminate a tenancy and remove a participant for nonpayment of rent or for other serious and repeated violations of the lease or state law. Landlords seeking reimbursement under this provision must provide evidence that they took reasonable steps to avoid eviction and that an eviction proceeding was necessary to avoid greater financial hardship to the landlord.

LGF coverage is valid for one year after initial move-in.

As the remaining Shelter plus Care vouchers are utilized, there may be increased use of particular sites. Reasons for this include a desire to build supportive peer relationships and avoid isolation, the limited number of landlords willing to take hard-to-place individuals, and the inability to sustain intensive supportive services to a widely dispersed tenant population. These practical realities must be balanced against the commitment to honor client involvement and choice.

The awarding of the Shelter plus Care vouchers requires close collaboration with the Housing Authority and involves the following process:

- 1) CEP identifies those homeless individuals who qualify for permanent supportive housing and employment support based on project criteria (see "Outreach" above).
- 2) The Housing Specialist begins working with the applicant to determine their housing needs, preferences, and any special circumstances necessary to support them in their transition.

- 3) When a suitable location has been identified, the CEP Housing Specialist submits an application packet to HAP's Rent Assistance Program coordinator. The CEP staff will also provide information on the unit the person will be leasing.
- 4) HAP's Rent Assistance Program coordinator reviews the packet for completeness and program eligibility, and then meets with applicant to review program rules and procedures.
- 5) HAP Section 8 staff completes a unit inspection.
- 6) Landlord and HAP enter into a payments contract, after which time regular monthly payments to the landlord begin.
- 7) CEP-IV continues to provide intensive case management services and collects information for regular HUD reports.

The wait for enrollment and authorization into Shelter plus Care can range from 48 hours to 1 week, depending on the ability to gather information and complete the eleven required forms. Once enrolled, it can take from 1-4 weeks to get into permanent housing. Placements that take place very quickly are sometimes overly stressful to people who have lived on the streets for long periods of time. The transition into permanent housing is made with maximum support built in for the tenant. CEP-IV clients may also be housed on an interim basis in SRO units operated by Central City Concern.

For those in early recovery, many request the additional support and security of Alcohol and Drug Free Community housing. People choosing this option may remain in this treatment-related housing for up to six months without jeopardizing their eligibility for permanent housing (which requires chronic homelessness).

### **Customized Employment Services**

In CEP-IV, employment constitutes both the crucial component of treatment and the goal. The rehabilitative focus of the employment services is on work as therapy, providing a sense of purpose and meaning to life, as well as an economic reward. Work is held to offer tenants opportunities to develop individual skills, foster personal relationships, and—to many people—signify a normal life.

Two research-supported approaches are being used to shape the development of employment services provided by CEP-IV: Customized Employment and Individual Placement and Support:

- Customized Employment refers to the individualizing of the employment relationship between employees and employers in ways that meet the needs of both. It is based on an individualized determination of the strengths, needs, and interests of the person with a disability and is also designed to meet the specific needs of the employer. Customized employment is the preferred approach in Department of Labor-funded programs and encompasses several different strategies designed to work with people experiencing various disabilities. It may include employment developed through job carving, self-employment or entrepreneurial initiatives, or other job development or restructuring strategies that result in job responsibilities that are individually customized and negotiated.
- Individual Placement and Support is an evidence-based model of supported employment developed for persons with severe mental illness. This approach is person-centered and utilizes rapid placement in community-based competitive employment to achieve improved

social and vocational functioning, reduction of primary symptoms of mental illness, reduction of the severity and occurrence of relapses, and increased satisfaction with life.

The CEP-IV Employment Specialist (ES) is the lead staff person working with tenants on employment issues, assisting them throughout the employment process, including engagement, assessment, job search, job placement, and job training. Though the ES is part of CEP-IV and is involved with decision-making on treatment needs, the ES does not engage in case management activities. Prior experience has shown that if the ES is also responsible for case management, including the management of crisis situations, then the team loses the vocational focus. However, the ES will work collaboratively with the case management team while participating in treatment decisions.

Upon each tenant's entry to the CEP program, the ES completes a job development plan with the client using a person-centered, strengths-assessment approach that helps the tenant identify personal goals and strengths. The ES also creates a team of supportive individuals of the tenant's choice to share in whatever is needed to return to work. Beginning with identification of the tenant's interests, aspirations, and priorities, the ES and tenant, with the team, build a plan in which the tenant's strengths and resources are affirmed and connected to the sequence of steps that will lead to the consumer's selected employment options. The critical components of this plan are that it is:

- thorough, detailed and specific;
- updated on a regular basis in order to maintain an ongoing process;
- drafted in a conversational manner using the tenant's language;
- tenant paced; and
- accountable to the CEP.

One of the project objectives is to initiate systems change within the DOL-funded One Stop Career Centers in order to more adequately address the needs of people who experience chronic homelessness. The West Portland One Stop is operated by Central City Concern and serves a large number of homeless individuals through an array of services funded through multiple partners. The target population for CEP-IV, however, represents individuals whose chronic addictions, mental illnesses, and physical impairments have still presented access barriers to a system not customized to their needs.

The program does not necessarily expect all tenants will eventually be living independently (without supportive services). The program does, however, believe that tenants will regain function in their lives with active support from people who are not paid caregivers. While most tenants will likely need long-term support services of some type, the intensity of these services is expected to decrease over time as tenants regain independence. Any tenant who has been able to assemble a network of natural supports may exit the program but will always be welcomed back as "alumni."

As of September 2004, seven CEP-IV tenants have secured employment ranging from temporary on-call assignments to full-time positions with benefits. Of these seven, three lost their jobs for various reasons, while four continue to remain employed. Two of these tenants are working for local non-profits in administrative and customer service capacities, one is working for a church doing maintenance and grounds work, and another is doing on-call janitorial work. Since rent is

calculated at 30% of tenant income, job attainment or loss has corresponding impacts on tenant rents. Job attainment or loss does not, however, affect tenant's ability to remain in the program.

To date, two tenants have expressed interest in supported entrepreneurship opportunities. One tenant is interested in working part-time while staff assists him in developing a business plan. The other tenant is discussing the possibility of starting a business related to the film industry. He has a strong interest in directing and editing his own movies and staff has encouraged him to sign up for Portland Cable Access, which will give him access to necessary equipment.

CEP-IV staff note the following frequently occurring characteristics of tenants actively pursuing employment:

- limited or no family support;
- appearing employable but with a hidden barrier such as a past misdemeanor or felony conviction
- past or current substance use issues;
- problems relating easily to others or weak communication skills;
- afraid to go and ask for or apply for jobs.

### **Lessons Learned**

CEP-IV staff have identified the following major lessons learned to date:

- It is very important for staff to spend time in the community forming relationships with tenants. Tenants are often willing to share personal information in their home environment that they are not comfortable sharing in staff offices. For example, staff take tenants to coffee shops for informal conversations and many respond well to this approach.
- Staff tries to meet tenants "where they're at." This has contributed to establishing a high level of trust and candor between staff and clients, who do not feel the need to withhold information or lie in order to keep their housing.
- Focusing on tenants' strengths and gifts has helped to refocus away from all of the things in their lives that are overwhelmingly negative, and help them to recognize positive attributes that will help them in the future.
- It is extremely useful to have the flexibility of placing tenants in abstinence-only housing or housing where safe substance use is tolerated.
- Partnering with other agencies is absolutely vital to the success of a client achieving their employment goals.
- Part of the challenge of the program is making the complicated interagency and interdisciplinary collaboration transparent to the tenant. Navigating all of the different bureaucracies the long-term homeless must deal with to survive takes incredible skill, perseverance, and organization. It is the CEP-IV team which is now faced with sorting this all out for their clients on a daily basis. As a result, the team has found it important to build in sufficient staff support and supervision. Just as staff becomes aware of all the trauma that tenants have survived in their lives, it is also important to recognize the vicarious trauma that affects staff who work with them. The CEP-IV program has faced its first wave of staff

turnover and will be watching closely to see what kind of “life expectancy” there is in these kind of high impact, high intensity positions.

No formal evaluations of the CEP-IV program have been completed to date. Program staff have, however, identified three areas of challenge:

1. A significant focus of the project for the Department of Labor is on systems change, with the goal of helping make the workforce more accessible to people with severe disabilities. This focus must be integrated with HUD’s emphasis on achieving permanent housing. This takes significant coordination and communication through many levels of government.
2. The budget originally submitted did not adequately cover the true costs of the team described in the proposal.
3. The Customized Employment approach is a highly intensive individual approach to job development. This approach has not previously been used within an ACT team. This demands an increased “front-end” effort in order to achieve greater long-term job success.

CEP-IV staff have also identified several areas for improvement in year two:

1. *Increase integration with the One-Stop, including space redesign.* Part of the systems change strategy for this grant involves making the Department of Labor-funded One-Stop Career Centers more accessible to people with severe disabilities. Operating under exacting performance requirements, these programs have not had any incentives to engage chronically homeless people. In fact, these individuals are often screened out of the employment services system. A review of records of current CEP-IV clients verify that many had at one time sought assistance from the One-Stop system but eventually dropped out or had their cases closed. CEP-IV is exploring ways in which customized employment strategies can be used with chronically homeless adults, and how these practices can be integrated into practice at a One-Stop. CCC is fortunate to be the operator of the One-Stop serving downtown Portland. CEP-IV staff has office space at this location and are working on ways in which the physical space of the two programs can become more closely aligned.
2. *Train all team members in employment approaches.* Since CEP is a multi-disciplinary team, each staff person brings a special expertise. It is important, however, that all team members embrace the philosophy that employment is a vehicle to recovery. Training efforts will focus on how each discipline can contribute to a client’s success in housing and employment.
3. *Increased consumer involvement and input.* As a program that values self-determination, CEP-IV has identified the need to more actively encourage involvement of its consumers and to be seeking their input as to how this can best be done. To date there has been no formal mechanism for seeking consumer input and feedback. As part of its Federally Qualified Health Center, Central City Concern convenes a Health Services Advisory Council (HSAC), composed of service recipients. The program is currently looking at ways it might encourage involvement of CEP clients in the HSAC.
4. *Collaboration with other One-Stop Centers in the region.* CEP-IV is currently contracting with another local One-Stop to provide some hands-on training with CEP staff in how to “customize” employment. They, in turn, are being exposed for the first time to using these techniques with a chronic homeless population. As the team gains more experience in customized placements, they will share their experience with other One-Stops to

demonstrate what kinds of systemic changes are necessary to achieve success with this population.

5. *Expansion of partnerships necessary to sustain services.* CEP-IV is a five-year demonstration project, during which time linkages and resources must be identified that can sustain the program when the grant ends. Central City Concern operates a Federally Qualified Health Center which targets homeless individuals, and this funding source is being looked at as providing on-going support for many of the wrap-around services being provided by the grant. CEP is also looking at developing linkages with other agencies in order to tap into mainstream services for which tenants are eligible.





## Deborah's Place: Eviction Prevention and Tenant Education

Deborah's Place, a supportive housing provider for women in Chicago, IL, has been providing services for long-term homeless women since 1985. Today, Deborah's Place has two innovative practices in their permanent supportive housing programs: preventing eviction and educating tenants in the humanities.

### **Mission & History**

*"Deborah's Place, a private not-for-profit corporation, serves women in Chicago who are homeless or formerly homeless. Food, shelter and supportive services are provided by dedicated volunteers and staff so that women can be empowered to take back and maintain control over their lives."*

The history of Deborah's Place is the story of a small group of remarkable, committed, economically comfortable women who, in 1985, converged with equally remarkable women who happened to be homeless.<sup>5</sup> Deborah's Place was originally created by a small group of women who were concerned about the number of women they were seeing living on the streets of Chicago in the mid-eighties. To this day, the organization remains true to its founding vision and continues to focus on serving women who are alone, disconnected from services and supports, and disabled.

Begun as an emergency overnight shelter in 1985, Deborah's Place has experienced steady growth over the past 19 years, allowing them to provide an array of resources that support the needs of women as they move out of homelessness and into housing. Now located at four sites throughout the city, Deborah's Place has become Chicago's largest provider of supportive housing to women who have been homeless.

Over the years, the agency has served over 3,000 women and assisted approximately half of them move into permanent housing. Currently, Deborah's Place serves 90 women in its residential programs and 129 women in its permanent supportive housing developments at any given time. In addition to these women, Deborah's Place also provides ongoing outreach services to women who have moved out of their programs and into other offsite housing of their choosing.

In FY '03, Deborah's Place served 452 women ranging in age from 18 to 70. Approximately 73% of these women were African American, 22% were Caucasian, 4% were Latina and 3% were of other races. All of the women served, including the 104 women who worked, were at or below the federal poverty level, and 70% of Deborah's Place participants were living with a disability.

### **Programs and Housing**

In addition to its supportive housing (detailed after this section), Deborah's Place offers a range of housing and other services:

Dolores Safe Haven serves 15 women by providing a safe and supportive environment for women who are chronically homeless. Professionally skilled staff works to engage women and offer services that, over time, result in stable housing and improve quality of life.<sup>6</sup>

Irene's Daytime Support Center daily provides 30 - 35 women with a safe, supportive environment in which to begin their journey out of homelessness. Irene's offers access to creative arts, a noontime meal, group and individual counseling, showers, and laundry facilities to women who would otherwise be on the streets.

Teresa's Interim Housing Program assists 10 women for up to 4 months. This program provides structure and support in a temporary housing setting for women to hone daily living skills as they actively pursue their housing, employment, and education goals. "Interim housing" is defined in Chicago's Ten Year Plan as being different from transitional housing in that its goal is to move people into permanent housing within a four-month time period.

Marah's Transitional Housing Program offers women a place to stay for up to 2 years in a highly structured environment, encouraging participants to plan for and achieve personal goals and permanent housing. Over 80% of the women who leave Marah's acquire and maintain permanent housing.

The following services are open to all participants and tenants of Deborah's Place's many programs:

Case Management and Therapeutic Services are tailored to provide each woman with the support she needs to achieve her individual goals. Because many women at Deborah's Place are living with mental health issues, substance use issues, or both, case managers work intensively with residential staff to help women obtain housing, benefits, and services needed in order to remain housed.

Education and Employment Services focuses on exploring various humanities as a means to empowerment and increased critical reflection towards more active participation in civic life. Three Learning Centers, a Scholarship program and the Career Exploration Program (CEP), which includes humanities coursework and paid internship work experience, offer varied educational and vocational opportunities for the women of Deborah's Place. The organization's three Learning Centers are onsite adult education centers. One is co-located with Marah's Transitional Housing Program, the second is co-located with Patty Crowley Apartments/Teresa's Interim Housing/Dolores Safe Haven, and the third is co-located with the Rebecca Johnson Apartments.

Deborah's Place is a mission-driven organization and all real estate and program development derives from this source. For example, the Patty Crowley Apartments were created when Deborah's Place realized that other affordable housing developers were not accepting Deborah's Place clients and other women into their housing. Deborah's Place recognizes housing as a critical element of choice for women who are homeless and as such, decided that they would create housing to serve women who were homeless and exiting their programs who could not access housing otherwise. Likewise, the implementation of an eviction prevention strategy and the Humanities Curriculum dovetails with the organization's desire to fulfill its mission.

## **Tenants**

In its supportive housing projects, Deborah's Place serves single women without children in their care who are homeless.

- 100% of the tenants at the Patty Crowley Apartments were homeless and disabled when they moved into the building.
- A minimum of 50% of the tenants at the Rebecca Johnson Apartments were homeless and disabled when they moved into the building (100% were homeless).
- 100% of the women living at the Dolores Safe Haven were also homeless and disabled when they moved into the program.

Tenant referrals originate from Deborah's Place staff and other homeless services providers throughout the city of Chicago.

Deborah's Place estimates that at least 50% of the women they serve meet the definition of long-term homeless. In 2005, Deborah's Place will begin keeping formal statistics on this for the first time.

## **CSH's Role**

CSH has been a strong supporter of Deborah's Place since 1993, including both technical and financial assistance. Over the past eleven years, CSH has provided Deborah's Place with a total of \$918,690 in grants through its grant-funded initiatives (for its housing, employment and supportive service programs, staffing Supportive Housing Providers Association, and creation of a social purpose business venture) and \$397,300 in loans.

Deborah's Place was part of CSH's Next Step: Jobs Initiative and employment services that are now part of the Education and Employment program grew out of this grant. CSH also funded the development of WomanCraft, a social purpose venture that employs women who are homeless in a business that creates handmade paper. CSH provided a \$360,000 grant, over 5 years, to support Deborah's Place in creating an outreach and engagement program for long-term participants in their overnight shelter. All of this assistance has helped support Deborah's Place's current growth and activities in serving women meet the definition of long term homeless.

## **Eviction Prevention**

The mission of Deborah's Place is to empower women to take back and maintain control over their lives. While eviction may at times be a sadly necessary consequence of a woman's actions, placing a tenant back into the condition of homelessness defeats Deborah's Place's mission and is not consistent with their agency vision of ending homelessness. The overall goal of the organization's rather remarkable Eviction Prevention plan is to prevent evictions from Deborah's Place permanent supportive housing in order to keep current tenants from returning to homelessness.

### *History and Evolution*

It has always been a part of the unwritten Deborah's Place culture that the organization work with women who have not been successful in other housing environments. Deborah's Place believes that everyone has the right to safe, clean, affordable housing, and it has always had a mission to provide services to those who appear to be especially challenged by current services and housing options.

About two years after Deborah's Place opened Rebecca Johnson Apartments, it created the Eviction Prevention approach in response to both internal and external forces. Internally, staff found in reviewing its own records and statistics that it had 10 evictions in its supportive housing units in one fiscal year and several barrings and terminations in its programs the previous year. They determined that they had to look at this challenge.

At the same time, externally, the Chicago Continuum of Care developed its 10-year plan to end homelessness, which includes prevention and housing activities. Approved in fiscal year 2003 with initial implementation in fiscal year 2004, the plan also includes a Housing First agenda. Supportive housing providers in Chicago will be expected to house even those who are considered the most challenging to work with or those who are not deemed "housing ready." Deborah's Place realized it needed to take a hard look at its policies and procedures, and evaluate how it would meet the goal of ending homelessness. Deborah's Place realized that it would need to be creative in its approach in working with those that society has given up on. Ultimately, Deborah's Place recognized that any woman it evicts from housing returns to homelessness and that this end result was not meeting their mission. The organization sees its eviction prevention approach as a homelessness prevention strategy in line with the plan to end homelessness.

### *Implementation*

Once Deborah's Place made the decision to directly address their eviction and barring/termination rate, the Director of Supportive Housing wrote a memo outlining an Eviction Prevention strategy. Two committees were created to oversee the implementation of the strategy: Barring and Termination Prevention Committee and Eviction Prevention Committee.

The Barring and Termination Prevention Committee oversees tenant policies and procedures and their implementation in the residential programs. This committee includes staff from each of the residential programs and is led by the Program Administrator of Teresa's, the Interim Housing program. This committee developed the Barring and Termination plan and serves as the decision maker on all decisions regarding barring or termination from Deborah's Place programs.

The Eviction Prevention Committee is led by the Director of Supportive Housing and includes the Property Manager, Case Management team and Director of Education & Employment program. This committee developed the eviction prevention plan and serves as the decision maker on all decisions regarding termination from Deborah's Place supportive housing at the Rebecca Johnson and Patty Crowley Apartments. The committee currently meets monthly, focused on brainstorming strategies for assisting tenants at risk of eviction with housing maintenance.

The two committees determined how to implement the memo and developed the original plans. They reviewed and refined policies and procedures to support the eviction prevention strategy. Members of these committees were also responsible for reporting back to their programs/housing about the changes they were implementing and the philosophy behind the changes. These committees are currently reviewing Deborah's Place's entry criteria to make their housing more accessible. For example, in the past it required verification of where an applicant had been living for the past 6 months, which could come from a shelter provider, or police if living outdoors and seen regularly, etc. Deborah's Place changed this requirement to 3 months verification because it was finding that some women had difficulty remembering where they were living for past 6 months.

The changes that Deborah's Place made to prevent eviction were possible because they had support from the Executive Director and Chief Operating Officer who gave the Director of Supportive Housing the authority to implement a creative new approach.

#### *The Four-Step Plan*

As noted above, the Eviction Prevention Committee developed the following four-step plan for fiscal year 2003-2004. The plan went into effect on July 1, 2003.

- 1) The Homelessness Prevention Specialist (HPS) job description now includes a component on eviction prevention. Established in September of 2001, the position has the dual purpose of advocating for women who have been denied housing through Deborah's Place's supportive housing application process, while also advocating for current tenants at risk of eviction. Originally funded by a one-time Health and Human Services grant, this position is being funded for the next two years through grants from the Boeing Foundation and Baird Warner. The HPS has begun to identify criteria that will be used to decide that a woman is at risk of eviction. When women become delinquent in rent, have multiple housekeeping notices, or other lease violations, HPS will supplement the case management services that the tenants are already receiving. The hope is that the extra intervention will help women to address the issues that have put them at risk of eviction. Case managers who have tenants who have been identified to work with the HPS will be expected to be in regular communication with the HPS.
- 2) The case managers will work together to provide special programming for new tenants as they move into Deborah's Place housing. The case management team will develop this programming, with the goal being to assist tenants during their first three months in the building to adjust to housing and avoid the pitfalls that many face when they first move in, such as relapse or going off of medications.

- 3) Volunteers will be sought to work with the HPS, the Program Administrator for Housing Case Management, and the Director of Supportive Housing (DSH) on an Eviction Prevention Committee. The Chief Operating Officer (COO) is also being invited to join this committee. This committee will be responsible for two tasks:
  - a. The committee will begin their work by going through the supportive housing rules. For every lease violation, the committee will identify a natural consequence for the violation of that rule. As guidelines, the committee members will use the mission and values of Deborah's Place. It will also keep in mind the concept of "natural consequences." For instance, when my apartment is messy (in regular housing), what might some of the natural consequences be? What might happen if I use illegal drugs in my housing? If I have a fight with my neighbor? The committee's job will be to address underlying behavioral issues, not to punish or judge.
  - b. Once the committee has outlined the potential violations and resulting consequences, the committee (without the DSH and the COO) will continue to meet as often as deemed necessary to review decisions made by the housing team on lease violations. Any recommendation for eviction must go through the Eviction Prevention Committee. The committee will need to write a justification for any recommended eviction. The justification must include the following: the rule that was violated; what interventions staff has already made to avoid eviction; how the eviction fits in with the mission and values of Deborah's Place; how the eviction is a natural consequence for the behavior presented; and why eviction is the only option in this case. Recommendations can then be presented to DSH and COO, who would make the final decisions.
  
- 4) When a tenant is at risk of being evicted, a Deborah's Place Eviction Request Form is filled out, ideally by the Property Manager. A copy of this form gets sent to the tenant, the Chief Operating Officer, the Property Manager, the Homelessness Prevention Specialist, the Case Manager, and the tenant's Advocate. The tenant selects the person they want to be their Advocate. Tenants may select whomever they wish, and usually tend toward a staff person who has known the tenant for some time in a capacity other than as case manager. Once this form is submitted, the tenant and their Advocate present their case to the Eviction Prevention Committee. As noted above, their recommendation goes to the DSH and COO, who make the final decision. Deborah's Place uses this process for all evictions, including nonpayment of rent.

If the final decision were to go ahead with the eviction, then the legal eviction process would begin. This process does not begin prior to the committee process. If they determine not to evict the tenant, there may be some requirements that the tenant will need to comply with such as making a payment plan for money owed.

#### *Substance Use*

On the issue of active substance use and relapse, onsite case managers and tenant service coordinators work with each woman individually to address issues before they jeopardize tenancy. Staff coordinates with local treatment and detox providers to identify appropriate options.

Deborah's Place is trying to move toward a harm reduction model in addition to the traditional treatment and 12-step models it has used in the past.

Deborah's Place notes that substance use appears to impact housing in two major ways: 1) inability to pay rent and 2) behaviors that may be lease violations or non-violation behaviors that are resulting in some chaos within the building. Left unaddressed, staff points out, either of these can lead to eviction. In addition, the local public housing authority requires a Drug-Free Rider as a condition of using a Section-8 subsidy. Using substances is a breach of this agreement, and staff is concerned that it could potentially lead to loss of subsidy on the unit, and, therefore eviction.

#### *Lease and House Rules*

To date, Deborah's Place hasn't made any changes to the house rules and lease related to implementation of the eviction prevention plan. However, their Eviction Prevention Committee will be looking at both the rules and lease in the future to determine if it would be beneficial to make any changes related to this new organizational approach. Staff stresses that part of the goal of the Eviction Prevention Team is to create an environment that is available to as many women who need it as possible. One of the ways to accomplish this is by making the entry eligibility criteria as flexible as possible so more women can access the housing. Deborah's Place expects to work toward a list of house rules that reflect only those rules that are paramount to major issues of safety.

#### *Tenant Involvement*

Deborah's Place would like to see some tenant involvement in the Eviction Prevention process but it has not been able to put this in place yet. While tenants cannot be involved in the confidential decisions regarding other tenants, they could be part of the recommendations for consequences for lease violations. A couple of tenants could be invited to join the staff Eviction Prevention Committee to help design lease violation consequences, or case management could work with tenants to set up their own committee to make recommendations. Deborah's Place will probably wait to include tenants in the process until it reduces some of the staff resistance to the process. At this point, the eviction prevention philosophy appears largely at odds with the property management philosophy. Property management is focused on protecting the assets of the organization, and has long considered eviction as a primary tool to achieve this goal.

#### *The Results*

During fiscal year 2002-2003, Deborah's Place evicted ten women from their 129 units of permanent supportive housing in two buildings. Since implementing Eviction Prevention on July 1, 2003, Deborah's Place has evicted two women from their 129 units of permanent supportive housing. Both evictions were for unit abandonment. One woman moved in with her boyfriend and the other moved to another city. Both had left belongings in their units when they moved out.

#### *Lessons Learned*

- Having a hearing prior to implementing formal eviction procedures gives an opportunity for the tenant to take responsibility to correct their behavior.
- Staff does not necessarily agree with the eviction prevention philosophy. The most skeptical staff person has understandably been the Property Manager, whose role is to protect the building and the agency by insuring that the property doesn't lose money. Deborah's Place

expected resistance from this staff person because their role is in natural conflict with the notion of eviction prevention. However, the organization was surprised to find that not all case management staff support this policy. Some describe it as “enabling.” To mitigate these barriers, the organization plans to provide more training in harm reduction. In addition, Deborah’s Place is prepared to allow staff who find this policy in conflict with their own personal values to leave the organization, so that those positions can be filled by people who feel this philosophy is a good fit for them.

### *Suggestions*

- Adopt an eviction prevention policy. The significant reduction in evictions speaks for itself.
- Offer plenty of training and patience. More intensive training for staff on the purpose and process of eviction prevention would be helpful. Deborah’s Place is also going slower in implementing some changes (such as reviewing the rules and leases) than it expected.



## Humanities Programming

Increasing public engagement in society among members who have been disenfranchised for some time is no easy task. At Deborah's Place, "humanities are the primary tool with which it gives back to our country's democracy its poorest citizens." Robert Maynard Hutchins wrote:

The liberal arts are the arts of freedom. To be free a man must understand the tradition in which he lives. A great book is one which yields up through the liberal arts a clear and important understanding of our tradition...It must follow that if we want to educate our students for freedom, we must educate them in the liberal arts and in the great books.<sup>7</sup>

Three specific elements of the Deborah's Place Education and Employment Services Program are focused on this effort of educating participants for freedom: the Learning Centers, The Advocacy Project and the Career Exploration Program (CEP). Courses taught in these three projects give participants the opportunity to advance their learning through the exploration of art, music, literature, history, and film.

### *Humanities as the Antidote to Poverty and Chronic Homelessness*

The Deborah's Place Humanities model is based on the work of Earl Shorris.<sup>8</sup> Shorris discussed the idea that people living in poverty suffer not only from the lack of material resources, but also from a lack of "advantaged" education and exposure to the arts which enables human beings to think more critically about the world in which we live. He theorized that people who are poor participate less in the collective life of our society, the participation known as "citizenship." The Humanities Curriculum focuses on including those who have often been excluded, and on providing them with the stimulus to become engaged in the life of society.

### *Learning Centers*

Deborah's Place's three Learning Centers provide a space for women to explore their skills, abilities, and interests in a supportive environment. Elective humanities courses are taught year-round by Education Services staff on a range of topics, such as philosophy, literature, art history, US History, music, and film study. Thematic topics are selected each year by program staff and participants, and themes run year-round, changing topics each quarter. For FY '03, the topics included "Crime and Punishment" and "Social and Cultural Norms." For FY'04, the topics are "Love," "The 20<sup>th</sup> Century," "The Natural World," and "Ancient and Modern Heroes."

Participation in all humanities classes is elective, and classes typically are 6-12 weeks in length. Each Learning Center offers between 3 and 4 humanities courses each week, in addition to monthly field trips to cultural institutions. These classes are open to all Deborah's Place participants and tenants. For a curriculum discussing Plato's Allegory of the Cave, see <http://www.eduref.org/cgi-bin/printlessons.cgi/Virtual/Lessons/Philosophy/PLT0200.html>. For a curriculum discussing Herman Hesse's *Steppenwolf*, see [http://www.eduref.org/cgi-bin/printlessons.cgi/Virtual/Lessons/Language\\_Arts/Literature/LIT0205.html](http://www.eduref.org/cgi-bin/printlessons.cgi/Virtual/Lessons/Language_Arts/Literature/LIT0205.html)

As an addition to the Humanities Curriculum, Deborah's Place holds weekly Socrates Cafés. The Cafés provide continuing philosophy education for current and former Humanities Curriculum participants, an introduction to philosophical inquiry for other Deborah's Place participants, and a forum for discussing ethical issues impacting the daily work and lives of Deborah's Place

participants, staff, and volunteers. Chris Phillips, the author of the book *Socrates Café*, conducted the inaugural forum at Deborah's Place on the topic "Why do bad things happen to good people?" Since then, Cafés have addressed topics including "What is love?," "What is safety?," and "What is diversity?" In addition to formal learning opportunities, the Learning Centers offer art and craft supplies, a book and video lending library, computers with internet access, individual tutoring, and a scholarship fund to pursue external educational and vocational opportunities.

### *Advocacy Project*

Advocacy activities had previously been housed in Deborah's Place administrative division. In order to produce a more effective grassroots advocacy movement, in 2004 the organization's advocacy activities will be housed in Education and Employment Services, demonstrating Deborah's Place's belief that advocacy is in actuality one element of lifelong learning and necessary to engaged citizenry.

Run out of each Learning Center, the Advocacy Project allows tenants to organize around issues of importance to them, promotes and implements advocacy strategies, and teaches participants about the history of civil disobedience. Through this project, participants become active in the sense of the Aristotelian notion of "political," and have the opportunity to make significant and lasting impact on the structures in which they live.

Tenants help lead the advocacy project by defining the advocacy agenda. For FY '05, the advocacy themes identified by the participants and tenants of Deborah's Place are affordable housing, quality healthcare, and living-wage employment. Additionally, with August 2004 being the 40<sup>th</sup> anniversary of the ratification of the Economic Opportunity Act, an additional strand of programming will focus on the impact of this piece of legislation, and the legacy wrought from it.

Learning Center staff who facilitate this project are year-long volunteers who have a commitment to social justice, simple community living, and service. Education and Employment Services staff has developed an advocacy training manual and training modules in order to ensure more successful strategies and significant impact. A sampling of the topics covered in the training include: history of civil disobedience, advocacy nuts and bolts, forming collaborations and coalitions, and policy updates on the three advocacy areas for this year. The trainings approach advocacy through a humanities perspective, calling on philosophy, literature, and history to frame current issues and events. This unusual approach is an outgrowth of the organization's interest in studying humanities with participants and tenants. Deborah's Place hopes that, if nurtured and developed, this program might become a model for homeless services providers across the country.

### *Career Exploration Program (CEP)*

CEP is designed to assist women in defining the role of philosophy, ethics, aesthetics, and meaningful work in their lives. Departing from traditional "Welfare to Work" programming, the curriculum includes Business Ethics, Economic Theory, Philosophy, and the other humanities. CEP also provides an earned income from internships for women who may have never worked before. Most CEP participants are living with chronic disabilities and are not able to work full-time, yet have a desire to work and feel part of the working community. This is an idea integral to the recovery process for people with mental illness: that restoration of a meaningful life is possible despite serious

mental illness.<sup>2</sup> CEP takes up to 40 new participants each fiscal year, and involves two phases. In Phase I of CEP, participants attend class three days a week and intern for 8 hours a week. In Phase II of CEP, participants continue to intern 8 hours a week, while pursuing individual goals. Internships are found both within Deborah's Place and in the broader Chicago nonprofit community.

In keeping with the relational model of service, the employment services activities are rooted in the therapeutic value of work. Work provides not merely an income, but status, relationships, and connections to the society outside our doors. For women who are homeless, the ability to view oneself as a "worker" more than just "homeless" is of an equal value to the wages earned.

Research has shown that the majority of people with disabilities desire to work; however, rates of competitive employment among this population range between 10-20%.<sup>10</sup> Supported employment remains the dominant model of intervention, yet the rates of success are questionable with standard dropout rates lingering around the 40% mark, and average length of employment at 70 days.<sup>11</sup>

Deborah's Place approaches employment not as purely competitive placements, but rather as what is "gainfully employed" for individual participants. In accordance with the definition used by the United States Secretary of Education, "gainful employment" is defined as any employment outcome that is consistent with individual strengths, resources, priorities, concerns, abilities, capabilities, and informed choice. While gainful employment is not synonymous with competitive employment, the term is inclusive of competitive employment.<sup>12</sup>

For CEP participants, work is viewed as one component of their life. It is the means to an income which will support some core life activities such as housing and food, but it is also the means to some of the "extras" which are not provided by the housing programs and services of the organization such as shampoo of your choice, food of your choice, and clothing of your choice. Many of the women who want to work do not have formal work histories that enable them to be competitively employed. The overwhelming majority of CEP interns (80%) have chronic mental or physical health disabilities that also act as a significant barrier to competitive employment. One industry standard, provided by the Center for Psychiatric Rehabilitation, notes that people who are severely psychiatrically disabled are 0-15% employed.<sup>13</sup> Assisting the women with overcoming their internal barriers to competitive employment is a long and arduous journey.

### *Goals*

The overall goal of the Humanities Programming is to increase the tenants' capacities for housing, citizenship and income. Each year, Deborah's Place reviews their program and sets goals to improve in the coming year. For fiscal year 2005, Deborah's Place has set the following goals:

- Goal 1: Participants will stabilize in housing.
  - ✓ Indicator: 70% of Education and Employment Services participants will secure housing, maintain housing, or improve housing status.
- Goal 2: Participants will obtain/maintain income to meet their needs.
  - ✓ Indicator: 20% of DP participants will be working each quarter.
- Goal 3: Participants will increase capacities as citizens and community members

- ✓ Indicator: 50% of Education Services participants will increase their human capabilities.<sup>14</sup>

### *Results*

Of the women participating in the Humanities Programming at Deborah's Place during fiscal year 2003-2004, 70 improved their housing status, 247 maintained their housing status, and two had negative moves. Of the women who improved their housing status, 31 obtained housing (2 at Patty Crowley Apartments, 6 at Rebecca Johnson Apartments and 23 to offsite housing), and 31 increased their status among residential programs once and 8 increased their residential status twice. "Increasing residential status" indicates that a woman has moved within Deborah's Place's continuum in a positive direction toward longer-term housing. Housing maintenance, family reunification, and moving to market rate housing are also measured.

In addition:

- 90 individual women (321 duplicated) participated in Socrates Café,
- 145 individual women (1,341 duplicated) participated in humanities programming, and
- 88 women used scholarship funds, averaging \$244 per person.

### *Lessons Learned*

- Having the women determine the themes for the year increases attendance at the courses because they are studying topics of interest to them.
- Humanities education is a key component of helping people move from welfare to increase economic independence. Deborah's Place points out that the humanities are the disciplines that make us most fully human. They provide us with a language of speaking about ourselves and about our place in the world. They give us a context and a framework within which we make decisions about the course of our lives. We need to do more to help people be capable of living in a fully human way, and this involves exploration of timeless ideals presented in literature, philosophy, art, music, and the great historical documents of our nation as well as others.



## Jericho Project: New Focus on the Long-Term Homeless

Jericho's organizational mission is "to help homeless men and women overcome struggles with substance use and restore their dignity, family relationships, and long-term stability as independent tax-paying community members." Recently, the organization has begun to re-focus resources on specifically serving those people homeless for the long term.

### History

Founded in 1983, Jericho Project is nonprofit organization that owns, operates, and provides services for supportive housing in New York City. Jericho began its housing program by master leasing units from a single room occupancy hotel in Manhattan. Today, Jericho owns and operates four residential sites, all single room occupancy with shared kitchens and baths:

- Jericho House, in Central Harlem, was developed in 1991 and provides housing to 56 men and women.
- Jericho Residence I, located in the Bronx, is a 33-unit residence for women that opened in 1993.
- Jericho Residence II, a second 33-unit all-women residence, was developed in 1995 and is located on the same block as Residence I.
- Loring Place Residence provides housing for 52 men and women. Located in the University Heights section of the Bronx, this residence opened in 1999.

Each of these residential sites is located in a low-income residential community and all were rehabilitations of existing buildings.

### New Focus on the Long-Term Homeless Population

While Jericho has been serving people who have been homeless for many years, Jericho began to focus on long-term shelter stayers as a result of a January 2004 mandate by the New York City Department of Homeless Services (DHS) that one of every three openings in permanent supportive housing must go to a long-term shelter stayer.<sup>15</sup> (For more background on this mandate, see the profile of the Hard-to-Place Task Force). This one-to-three ratio must continue until the building has 25 percent of its population as former long-term shelter stayers. Jericho was aided in this endeavor by CSH's Moving On Initiative.<sup>16</sup>

Jericho was initially hesitant to serve this population, feeling that the population would require a deeper level of services than Jericho was prepared to provide. However, at the suggestion of CSH, Jericho staff analyzed tenants' histories and found that approximately 10-15 percent had been long-term shelter stayers, meaning that Jericho had been serving those who had been homeless for the long term all along.

### Implementation

Program staff have received two trainings specifically on serving long-term shelter stayers, one from CSH staff and one from shelter staff and clients. These trainings addressed the similarities and

differences between long-term shelter stayers and other homeless people. Shelter staff highlighted the point that long-term shelter stayers have often had traumatic experiences with the homeless system. Many of them know the system well but are reluctant to accept any help. Significant training time was also spent on how to best help the new tenants make a good transition from the shelter to their new housing. The program staff has also instituted a peer mentoring program in which existing tenants are matched to long-term shelter stayers who are entering the project.

Before their specific focus on the long-term homeless population, Jericho had a very firm six-month sobriety requirement for their housing. The sobriety is reported by the referral source or by the tenant's treatment program. Previously, approximately six of 10 referrals were accepted into the program's housing. Currently, only one of 10 referrals are accepted, mostly due to the sobriety requirement. The long-term homeless population also rejects offers of housing at Jericho at rates higher than non-long-term shelter stayers. To deal with this challenge, Jericho has informally changed their six-month sobriety requirement. They still require sobriety but now have the ability to shorten the sobriety requirement period on an individual basis.

### **Service Model**

Jericho combines an abstinence-only housing setting with a voluntary service model. Jericho does not admit residents to their program who are actively using and have taken special care to stress sobriety when working with former long-term shelter stayers. Jericho does not conduct random drug tests, however. If Jericho suspects a tenant has relapsed, staff confront them. At that time, the tenant may undergo a drug test. Program staff works with clients around relapse management and recovery support. If a relapse occurs, they refer the tenant to detox or, if necessary, to longer-term treatment. Jericho offers in-house AA/NA, weekly relapse prevention groups, and individual counseling. There is no limit on the number of relapses a tenant may have, but if someone frequently relapses, they are encouraged to move to long-term residential treatment. If a tenant is resistant to treatment or other help, Jericho staff may start eviction proceedings based on "nuisance behavior." Jericho has found that many clients who are actively using stop paying rent, and Jericho begins eviction procedures if the tenant refuses to follow a payment plan. The eviction process in New York City is very long, and very few residents actually get evicted. Jericho staff provide referrals to other programs or to independent housing to anyone who is leaving their housing and accepts assistance. Other active users leave on their own without assistance from staff.

In addition to Jericho's services supporting abstinence, other on-site services include a staff and tenant activities committee, independent living skills classes, psychiatric education, medication management, vocational programs, family reunification assistance, and planning for independent living. Jericho is the only on-site services provider. Off-site services include drug treatment, detox, and general medical services through formal or informal agreements with Jericho.

Jericho remains committed to their abstinence model of providing services, based on their past success serving homeless single adults. They "recognize that other groups are having success using a harm-reduction approach [to services], but feel that the majority of homeless substance abusers are eager to be free of substances and ready to work hard to stay sober, get a job, and move on."

Jericho places a great deal of emphasis on encouraging clients to move toward independence. For example, all buildings have shared baths and kitchens in order to promote a desire on the part of the tenants to move into the private market. Although the Jericho Project is permanent housing, the average length of residence is two or three years. Individuals successfully leave Jericho when they are employed or have a secure source of income, have maintained sobriety for a reasonable amount of time, have resolved child custody issues, and have secured appropriate permanent housing. Jericho has an Aftercare Counselor on site to help tenants prepare to move on. These staff have relationships with landlords and brokers that can help locate affordable housing. Tenants who do not have Section 8 may be eligible for the Rental Assistance Program operated by the Coalition for the Homeless.

Jericho's former residents can continue to utilize services of the Vocational and Educational Program, Family Reunification Program, Activities of Daily Living counselor, and other support for up to two years after leaving Jericho.

### **Lessons Learned**

- Jericho has found that, after placement in housing, former long-term shelter stayers are working at the same rate as non-long-term shelter stayers.
- Informally reducing the length of sobriety requirement makes it easier to find residents to place.
- Similar projects should ensure adequate training on mental health issues, including Axis II personality disorders.
  - Filling open slots is definitely more difficult when focusing on those who have been homeless for the long-term. Before focusing on this group, approximately six of 10 referrals were accepted into their housing; now the proportion is approximately one of 10. Most of those not accepted are due to Jericho's sobriety requirement.
  - It appears that the former long-term shelter stayers have a more difficult time maintaining sobriety once placed in the program.



## Rural Supportive Housing: The Kentucky Example

The supportive housing community has traditionally invested most of its time and money in urban areas. When working to end long-term homelessness in small towns and rural areas, there are several key aspects of service provision and housing development that require approaches very different than those required in urban areas. Some of the areas of difference described below include project size and siting considerations, transportation and service locations, identifying the homeless, and service provision.

CSH has based this summary largely on a conversation with Jim Sparks and Harry Carver from the Kentucky Housing Corporation, Kentucky's state housing finance agency. The experience of Kentucky serves to illustrate some of the key issues likely to face rural areas in other states, especially in the southern United States. It must be stressed, however, that the Kentucky experience is not the same as rural supportive housing provision in other parts of the country. This profile is not a primer on rural supportive housing in the United States. For example, unlike in Kentucky, in Minnesota there are homeless services agencies in rural areas and many services are provided on Native American tribal lands. These two facts create a much different supportive housing environment than the one presented here. There are, however, similarities, and the point remains that supportive housing investment and research as been largely focused in urban areas to date.

See the Outreach Apartments profile for a look at a rural supportive housing project. See the short profiles of supportive housing in rural eastern Kentucky for more information about the Kentucky experience.

### **Project Size and Siting Considerations**

Most supportive housing development in small Kentucky towns is made up of duplexes and four-plexes, rather than larger apartment buildings of six or more units. Non-development approaches tend towards accessing tenant-based HOME and Shelter Plus Care rental subsidies when enough appropriate rental housing stock is available. In either model (development or rental subsidy) this more scattered-site, low-density approach is representative of the way people tend to live in small towns and rural areas. Not only the community as a whole, but also future tenants, likely prefer this lower-density approach.

Even when the supportive housing is contextual to its environment, siting can still be difficult. In Kentucky, rural areas exhibit very high ratios of homeownership. Many apartment buildings in rural areas are subsidized, so the community's perception (often true) is that only poor people live in apartments. If someone must rent due to their economic situation, a duplex is preferable over apartment complex. Many people in rural areas see apartments as places to move out of as soon as possible.

When planning to develop supportive housing in small towns, the support of local elected officials, typically the mayor, may be absolutely necessary, given his or her connections in the community.



Due to the hesitancy exhibited toward rental housing explained above, it may be difficult to get political support to build supportive housing rental units inside the town limits. Even if there is support from the political power brokers to build supportive housing in the town, there often is little properly zoned land in towns for this type of housing which is often higher-density than the surrounding homes or businesses. As in more populous areas, local zoning and funding rules govern the type and amount of public approval required. Local fair housing laws may allow some development as of right and also allow unrelated adults to share a residence without additional approval. Even if supportive housing is allowed by zoning laws, opposition from neighbors can put a stop to even the most well-designed project. In rural Kentucky, not-in-my-backyard opposition is often minimized the more isolated a site is. Taken together, these considerations mean that many supportive housing units are in more rural areas outside of city limits.

### **Challenge of Transportation**

*“People tend to be resourceful. They tend to get where they need to go somehow.”*

The isolation of supportive housing outside of small towns and in rural areas in Kentucky requires a close look at the services plan. If the housing is far away from amenities such as medical care, grocery stores, and recreation, transportation support must be accounted for. Not all tenants may need transportation support, as even people with low incomes living in rural areas often have cars of some sort. Tenants in rural areas also tend to have family who can assist them with transportation. Some communities have a van service that functions as a bus system as well as some kind of formal or informal taxi service. Some of these forms of transportation may be Medicaid reimbursable.

If none of these options are available, it is often the role of the case manager to assist tenants with their transportation needs in their private vehicles.

Transportation is also necessary to get clients to the supportive services tied to their housing. In rural parts of Kentucky, there are very few on-site services other than basic case management. Most services are provided in central service offices. Typically, if an agency cannot get clients to their offices, they cannot serve clients.

It is important to keep these potential transportation needs in mind when planning caseloads for case managers in small towns and rural areas. In Kentucky, for example, typical case loads for people serving the long-term homeless population in rural areas range from 25-30 people per case manager. This allows case managers to visit clients at geographically spread-out locations and provide transportation to additional services as needed. (In rural Kentucky there are almost never homeless case managers. The case managers are usually mental health case managers or, less often, substance use case managers).

### **Identifying the Homeless**

*“In rural areas, the homeless are hidden. You don’t see them. They are not on the street.”*

It is often difficult even to identify who is homeless in rural Kentucky, as the homeless people there are often “invisible.” Service providers almost never see people accessing their services who are coming off the street. Rural communities tend to not have extensive shelter systems. Churches and other institution may provide nightly shelter but not the full range of shelter services often found in urban areas. As a result, homeless people are occasionally in shelters or institutions, but most of the time people without stable housing are living with friends or relatives for short periods of time on a rotating basis. In addition, tents, simple structures, mobile homes without utilities, and unsafe housing often serve as “homes” for the homeless. Many of these people may consider themselves “homeowners” if they own the piece of land that they sleep on, regardless of the lack of safe housing on the site.

Homeless persons may prefer to live on the land they own rather than in subsidized apartments in town. Homeless persons in rural areas may make enough money to pay their small living expenses by working for cash on farms, as self-employed mechanics, etc. This informal employment rarely provides homeless people enough money to fix up or build homes where they live, however. Many people don’t want to move from their current location and would prefer financial help creating a safe place to live where they are currently living. The subsidized housing system isn’t usually set up to provide that assistance, however.

### **Service Provision**

*“In rural communities, being homeless isn’t an entry point for supportive housing.”*

In rural Kentucky, there usually are not service providers who focus specifically on the homeless population. Services are provided to people who are homeless for the long term when they access mainstream services for mental health, substance use issues, or other health needs. These service agencies tend to think of themselves as providing services for people with disabilities, rather than homeless people, even if many of their clients are in fact homeless. As a result, if people are not accessing mental health or substance use services, their homelessness may go unnoticed until there is a crisis. In many communities, there is little if any outreach to the homeless population because service providers are not funded to do it.

Unlike in urban areas, where much emphasis is placed on building community within supportive housing, in rural Kentucky the emphasis is on helping clients become integrated into their larger communities. Often, little if any assistance is needed in the area of community building because almost everyone has some kind of life-long social network already—family, friends, or acquaintances—who may or may not be involved in supporting clients in their struggles with mental illness and substance use. This may be different than in urban areas, where the perception is that people who are homeless tend to be more mobile and have not necessarily lived in a given city for a long period of time.

There is very little funding for homeless-specific services in rural Kentucky. Almost all services provided to the homeless population are paid for with Medicaid. Many homeless people who access mental health or substance use services seek services not only because they need them, but also because by accessing services, they can qualify for SSI to help pay their living expenses. In rural

areas, these SSI payments may constitute a decent income which individuals can live on (as opposed to some urban areas, where SSI may not even pay someone's rent).

When there are more traditional supportive housing units, service agencies usually become default developers and property managers. This ensures that new developments are built with service provision to a specific population in mind, however, it is challenging for small organizations to do well in so many different areas with small, already over-committed staffs.

### **Lessons Learned**

- Supportive housing providers need to be aware of people's preference for a low-density, more isolated way of living, rather than congregate living. If developers want to develop higher density housing, they should be sure to identify potential clients first. In larger rural cities, there may be a homeless population within town that is fairly identifiable and willing to live in higher-density housing.
- Consider transportation requirements of tenants before selecting a site or developing a service plan as this will impact your staffing ratios and your structure.
- Many people working with the homeless population in rural areas start off by providing services, then move to developing and managing housing. This means that many people working in development and management capacities have deep experience in services which informs their work.



## Programs Providing Supportive Housing in Rural Eastern Kentucky

Below are two examples of programs successfully providing services to the long-term homeless in rural eastern Kentucky. Program descriptions are written from interviews with key staff members. This is a companion piece to Rural Supportive Housing: The Kentucky Example.

### **Kentucky River Community Care**

Phil Harden, Billie Bolling

*“Everything at Kentucky River ties together, and we feel we’ve had great success because of that. Folks seem to want to stay, for the most part, when they have housing. They seem to enjoy the housing, and that makes it a lot easier for us to provide services.”*

Kentucky River Community Care (KRCC) is a community mental health center located in the mountains of eastern Kentucky. Most services to homeless persons are provided through mental health and substance use service providers. As the only community mental health center in an eight county region, KRCC is no exception to this typical progression from service provider to supportive housing owner, property manager, and service provider. KRCC has been serving the community for over 25 years and completed its first permanent supportive housing project in 1994. Today KRCC has 41 units of permanent housing for singles and families in four locations, much of it housing the formerly long-term homeless population. The four projects include a 17-unit building, a 16-unit building, and two smaller projects comprised of duplexes

Most KRCC supportive housing referrals come from mental health service providers, perhaps through a therapeutic rehabilitation day program. Once a case manager determines that a client is in need of housing, an application is completed. An application review committee then tries to place the client on the waiting list for the best location given the client’s needs and the location of their friends and family members living in the area. KRCC estimates that at least 80 percent of their clients have lived in the area their entire lives.

KRCC has had difficulty locating suitable sites for construction of supportive housing because many sites lack basic utilities such as sewer and water service. Additionally, sites must be close to the supportive services tenants will need to access, and have accessible transportation. The need for new construction is demonstrated by the waiting lists for each of their supportive housing locations. KRCC expects to begin construction soon on three more duplexes, and continues to be concerned about the lack of affordable housing for the people it serves.

<http://www.krccnet.com>

## **Hazard Perry County Community Ministries and Hazard Perry County Housing Development Alliance**

Gerry Roll, Scott McReynolds

*“Have a strong service provider and owner/manager [collaborative]. It’s difficult for the tenant to understand how you can be their friend and their enemy at the same time.”*

and

*“Build pretty buildings!”*

Like KRCC, Hazard Perry County Community Ministries (CM) and Hazard Perry County Housing Development Alliance (HDA) are located in Hazard, Kentucky. CM got into the field of supportive housing through its work with families. CM provides area residents with early childhood programs, youth programs, assistance accessing health services, and general family support services. CM began developing homeownership and rental housing to meet the needs of their clients, eventually spinning off HDA as a separate organization. Today the two organizations together own three rental supportive housing projects.

CM and HDA get most of their referrals for housing from CM’s emergency shelter, with a few coming from a local spouse abuse shelter. Their most recent collaboration has focused on serving those with the most needs—individuals who have been homeless for the long term. The result is High Street Apartments in the town of Hazard. This 10-unit SRO serves both men and women on the former site of an old burned-down building. Building the project on the site of this local eyesore helped CM gain community support for and awareness of its housing work. There is a demand for more units, but this was the largest number of units feasible on this site, which was one of the very few options available given the lack of flat, buildable land in the area. Typically 80 percent of the units in the building are filled with people with a chronic mental illness, development disability, or substance use, who are also at or below 30 percent AMI.

Tenants at High Street Apartments have had many successes, but not without challenges. One former tenant is now a homeowner (thanks to HDA’s work building affordable homes) and another tenant will move into her own home soon. Other tenants have not been as successful and have been evicted from the housing. While services are voluntary for tenants, the project has experienced challenges and increased evictions related to tenants who have harmful relationships with drugs, especially prescription drugs. CM offers a continuum of housing and service options; evicted tenants often move to CM’s homeless shelter or to a detox facility.

CM and HDA see many advantages to existing as totally separate entities. By having services and ownership/property management separate, they ensure that both the building and the tenants have independent advocates. By focusing only on housing development, HDA has been able to make a diverse contribution to the area’s affordable housing stock, as opposed to just the supportive housing they would have focused on if they were part of CM. Additionally, existing as separate organizations allows each to leverage resources from the other, which is especially helpful when applying for outside funding.

<http://www.hpccm.org>

<http://www.housingdevelopmentalliance.org/>



## Lamp Lodge: Permanent Supportive Housing in the Lamp Community

Lamp Lodge is a 48-unit permanent supportive housing project for homeless single adults with severe mental illness. The project, built in 1991, is located in downtown Los Angeles and is a component in Lamp Community's array of services for homeless people. It is this "wrap-around" of additional services and housing options provided by one organization which makes Lamp Lodge a promising practice in supportive housing.

### Owner

Lamp Lodge is run by Lamp Community, a social service and housing provider for homeless people which operates exclusively in the Central City East area of downtown Los Angeles. Lamp Community offers a wide range of support services and housing with the goal of creating a lifelong community where homeless persons with severe mental illness can find a sense of belonging and improve their well-being.

### Building

Lamp Lodge is located in the Central City East area of downtown Los Angeles, generally referred to as "Skid Row," a forty square block area where there is a high concentration of homeless individuals. The Lodge is a three story, 25,000 square foot apartment building rehabilitated in 1991 to create 48 rental units (41 efficiencies and 7 one-bedroom) plus case management space and an efficiency management staff apartment.

In 1991 Lamp Lodge was the first building on Skid Row in which every apartment was equipped with its own kitchen and bathroom. Almost all other housing in the neighborhood consist of single room occupancy (SRO) hotel units in which tenants share a common kitchen and bath. Providing private kitchens and bathrooms significantly improves tenant attitudes toward sense of ownership, belonging, privacy, and permanency.

Lamp Lodge has one large community room where tenants can rest on oversized couches, eat or play games at scattered tables, and watch television. From the community room, tenants can access a long center courtyard to enjoy some time outside that is removed from the streets of Skid Row. In the courtyard, tenants gather to talk, sit together on the bench, and share a cigarette. Tenants also care for plants here, which add beauty to a space that is mostly concrete.

Lamp Lodge has two case management offices for individual meetings with tenants and a large community room for tenant activities or support group meetings.

### Services

Lamp Lodge has on-site a property manager, assistant manager, weekend activities person, and two case managers who work exclusively with the forty-nine tenants of the building.

All services and property management at Lamp Lodge are coordinated, with Lamp Community's housing director being responsible for both services and property management. Lamp has found this way of managing all staff who interact with residents extremely valuable for providing continuity of message and approach. [Editor's Note: Many supportive housing providers find it useful to have a clear distinction between the services team and property management. For more on this issue, please see CSH's publication *Not a Solo Act*].

Lamp Lodge tenants take advantage of the broader range of services provided by Lamp Community. Services and programs include case management, a meals program, job training and employment programs, art programs, mental health counseling, and addiction care and counseling. Lamp Lodge receives housing referrals from the other components of the Lamp Community (i.e. transitional programs, a day center, and a residential treatment program).

Ninety-nine percent of the tenants who have moved into Lamp Lodge have a long-term history of homelessness. Many of the tenants have been "screened out" of other housing and service programs due to their unstable mental health or their substance use.

### **Capital Financing**

In 1991 the purchase and rehabilitation of the Lamp Lodge cost \$2,238,080, and was financed and subsidized by a combination of sources:

- \$1,000,000 (3% interest, 30 year) deferred payment loan from the "California Housing Rehabilitation Program – Rental Component" (CHRP-R). This loan is administered by the State of California Department of Housing and Community Development;
- \$1,163,080 (3% interest, 30 year) deferred payment loan from the Redevelopment Agency of the City of Los Angeles;
- \$75,000 grant from Africa-USA.

### **Lessons Learned**

For lessons learned at Lamp Lodge and in the broader Lamp Community, please see the Lamp Community Profile.





## Lamp Community: Multiple Means of Entry and a Non-Linear Approach to Supportive Housing

Lamp Lodge is a permanent supportive housing project run by Lamp Community. The comprehensive range of services offered by Lamp Community, called its “community model,” viewed in its entirety or in key components, is a promising practice for supportive housing providers. A description of these services, including Lamp Community’s approach to substance use, follows, as well as a bit of the story of how Lamp Community came to encompass so many different areas of homeless services.

### Organizational History

Lamp Community was founded in 1985 as Los Angeles Men’s Place, a storefront drop-in center where homeless men could get off the street and receive voluntary and accessible help with basic needs (e.g., food, clothing, showers, toilets), as well as health screenings, representative payee services, and advocacy services. From the beginning, Lamp Community focused on people with serious mental illnesses. Over time, Lamp began to address the issues of substance use and dual diagnosis (i.e., mental health and substance use issues) as well. Lamp also rethought an initial commitment to abstinence and sobriety and now makes a range of harm reduction services available in all of its program components (see **Approach to Substance Use** below). Other changes have involved serving women as well as men; the addition of crisis housing and substance use recovery programs; new initiatives to offer employment and training through Lamp-owned business enterprises; prisoner reentry programs; and permanent supportive housing.

### Lamp Community Today

Today, Lamp Community provides the following services:

- *Crisis Housing.* Lamp Community provides 30 emergency shelter beds, showers and laundry facilities at the Frank Rice SafeHaven.
- *Supportive Housing.* Lamp Lodge, The Ballington, and Pershing Hotel provide over 100 affordable housing units enriched with on-site supportive services. Lamp Village Residence also offers 48 semi-private units with a full-time support staff.
- *Meals.* Over 150,000 meals are served annually, three times a day, every day of the year.
- *Job Training & Employment.* Three Lamp Community social purpose businesses offer valuable employment, job training, and life-skills while providing valuable services to the community broader homeless community in Los Angeles. Also, over 40% of Lamp staff is made up of current or former members.
- *Outreach.* Street Teams work with the street population to encourage recovery and safer behaviors. Outreach to people exiting local institutions helps to break the cycle of homelessness and hospitalization upon release.
- *Mental Health Care.* A staff of thirty trained counselors, case managers, and psychologists give assistance to homeless persons throughout Los Angeles.

- *Substance Use Recovery.* Lamp Community offers a diverse range of recovery services that promote safer behaviors and individual empowerment. Tenants who choose to work toward abstinence are supported in their efforts.
- *Arts Programs.* Museum trips, art history discussions, painting, drawing, photography, and theatrical performances offer homeless and formerly homeless people a healthy, outward expression of their personal experience.

### **Organizational Philosophy**

Lamp Community aims to create a lifelong community where homeless persons with severe mental illness can find a sense of belonging and improve their well-being. Lamp Community further articulates this vision as including:

- *A non-linear housing approach.* Participation in any one of Lamp Community’s programs or services serves as an entry point to the whole array of Lamp Community services and housing detailed above. Clients are assisted whenever they are ready to engage with service providers, regardless of their current situation. Residents and clients are referred to as “community members” who can participate in the full life of the Lamp Community. Community members can move relatively easily from one primary access point to another as their needs change. This fluidness is facilitated by the close physical proximity of all of the Lamp Community services to one another. Each year, approximately five tenants of Lamp Lodge move to other parts of the Lamp Community for more support. These moves can last anywhere from a few days to six months.
- *Building a community of welcome.* Just like any true community, changes in a person’s circumstance are met with care, rather than exclusion. Being a part of the Lamp Community means that staff (and often other community members) will stick by tenants throughout their lives as circumstances change and people grow. A sense of belonging is fostered at all times.

When tenants experience significant changes in their life, they often re-evaluate their self-initiated goals and choose to utilize different combinations of service and housing. Therefore, there are often transitions and movement between the components within the community. Situations such as being abused by a partner or overdosing on drugs may move tenants to re-evaluate their lives, including their housing situation or their substance use. Deciding to transition from one component of Lamp Community to another is based on an agreement between a tenant and staff. If a tenant decides not to stay in the independent permanent housing, staff will continue to work with him or her on pursuing other goals and considering other housing options.

### **Approach to Services**

In addition to the organizational philosophies detailed above, Lamp Community’s service model includes the following components:

- *Offering life-long assistance.* In many cases, mental illness is a long-term condition. Lamp Community provides the life-long supportive services many clients need to attain self-sufficiency and an improved quality of life.

- *Addressing the whole person.* Traditionally, mental health, homeless, HIV/AIDS, and substance use organizations have responded to these distinct issues separately. Lamp Community believes a holistic and integrated approach works best.
- *Offering flexible employment.* Like anybody, men and women with mental illness need dignified employment and job training. Lamp offers a diversity of in-house opportunities in three agency-operated businesses (see further detail below).
- *Providing voluntary health care.* In most cases, forced treatment is ineffective in the long-run. All Lamp Community programs and services are completely voluntary. Lamp Community educates members on all aspects of treatment and allows them to make their own informed decisions (see further detail below).
- *Educating to eliminate stigma.* Lamp Community points out that there should be no shame associated with mental illness. Lamp encourages dialogue and advocates for change within the organization and the community at large.

### **Support Services and Property Management Collaboration**

John Best, Lamp Community's Director of Housing, supervises both the support services and the property management staff at all of the Lamp Community properties. Lamp Community asserts that this helps ensure close collaboration between normally separate departments and continuity of message to tenants. Lamp Community feels that property management is just as important to the success of permanent supportive housing as good supportive services, but has found that many traditional property management firms do not have appropriate training for working with the long-term homeless. Bringing this role in-house allows the appropriate education to take place.

To ensure that the lines between property management and services staff do not become blurred, all staff are educated in what their roles are and are not. John Best points out that when roles are not clearly defined, property managers sometimes take more of a services stance than is appropriate because they wanted to "help" the tenant. Additionally, case managers may want to put themselves in a programmatic, boundary-enforcing role, which is the role of property management. When case managers do this, they often negate their ability to provide relatively neutral support and help because they are no longer an individual trying to help the tenant, but are "the police." This working outside of roles confuses the tenants and the other providers in the building. Any tenant interaction which falls outside of a staff person's area of expertise are referred to another appropriate staff person.

### **Approach to Substance Use**

During its first two years of operation, Lamp Community pushed sobriety and banned from its programs individuals with obvious active substance use issues. It became clear, however, that many of the clients were dually diagnosed with mental health and substance use issues and that no other service provider was meeting their needs. Lamp Community first attempted to confront drug use by utilizing existing drug recovery and treatment programs through referral. However, these programs were not able to fully address the needs of dual-diagnosed clients because at that time, many abstinence-oriented interventions did not allow the use of any psychotropic medications. In

response, Lamp Community began to develop its own drug recovery program and has now evolved to offer a broad spectrum of recovery interventions—from abstinence to managed use.

While Lamp Community recognizes the potential harms and dangers associated with drug use, it also understands that people’s relationship with drugs can be harmful, neutral, or beneficial. Lamp Community points out that prescription drugs are not always beneficial while illegal drugs are not always harmful. This distinction is particularly important in understanding the relationship with drugs among dually-diagnosed individuals.

Many individuals with a mental health issues use alcohol and drugs to self-medicate, alleviate their symptoms, and manage their pain. When people’s symptoms of mental illness are “managed” by their drug use, users can view the relationship with the drugs as “beneficial.” However, when the level of drug use exacerbates or worsens their mental health conditions, the relationship with drugs can be viewed as turning “harmful.” Similarly, psychiatric medications can also be viewed by individuals with mental illness as “harmful” because of side effects, stigmatization, and other issues.

With this understanding, Lamp Community emphasizes assisting program participants in being fully informed about drug use. This helps them gain insights into their own reasons for drug use, facilitates honest discussion and better decisions, and minimizes the legal, health, and economic risks associated with drug use. Program participants articulate their own approach to substance use, ranging from abstinence to varying levels of use. Lamp Community staff supports tenants in making their own choices and works with tenants toward meeting their own goals, reevaluating when necessary.

For those moving to a harm reduction model, Lamp stresses the importance of understanding harm reduction fully. It is especially important to acknowledge that a harm reduction approach does not negate the need for more structured programs with some tenants. Training in harm reduction should start at with the basics and be team-based, ongoing, situation-specific, and on-site if possible. Finally, it is important to recognize that different people need different approaches and that harm reduction will not receive a 100% positive response from all tenants. For those who harm reduction does not work, eviction may be necessary. Every potential eviction must be treated on a case-by-case basis and tenants must understand that when an eviction is necessary, it is not a personal attack, but an acknowledgement that this program is not working for them at this time. Lamp is very clear that harm reduction does not mean shielding tenants from the consequences of their choices. At the same time, any eviction must be accompanied with a willingness to accept people back when they are ready to return, even if it is only a few months later.

## **Tenant Employment**

Tenants are encouraged to seek employment opportunities at Lamp Community’s Linen Service (provides linen and laundry services to nonprofit hotels, shelters, and other businesses), Laundromat, and Public Showers, in addition to positions of Peer Advocate, Receptionist, and Night-watch Security in housing facilities. The employment portion of Lamp’s program is currently being refocused after the Linen Service was not able to operate profitably. Between three and fifteen Lamp Lodge tenants are doing some type of work at Lamp Community’s businesses or

programs at any given time. To date there few resources focused on finding employment for tenants in non-Lamp businesses. Lamp looks forward to continuing to learn in the area of tenant employment and exploring the possibilities.

### **Success Stories**

Lamp Community's non-linear approach to housing has been quite successful for many tenants and clients. Here are two stories which illustrate Lamp's flexibility and willingness to work with tenants and clients, not matter where they at in life. Some of the details have been changed to protect the privacy of the individuals.

Mark experiences both mental illness and substance use issues and has some college experience. The year prior to entering Lamp permanent housing, Mark was homeless, shifting between shelters and SRO hotels. Lamp outreach staff invited him to move into permanent housing. Mark successfully lived in Lamp housing for 1.5 years before not paying rent for two consecutive months. Supportive services staff facilitated Mark's pledge to pay rent for one of those months. Given the his situation and feeling like he was always running from loan sharks and drug dealers, Mark moved to one of Lamp's shelter facilities before moving to Florida to live with relatives. Approximately one year later, he moved back to Los Angeles, is living near Lamp Community, and is receiving support services from the Lamp Community Day Center.

Nadra experiences mental illness and has a history of psychiatric hospitalization. The year prior to entering Lamp permanent housing, she was homeless and living on the streets and SRO hotels and was arrested for possession of an illegal weapon. After living in Lamp housing for three months, Nadra moved to a one-bedroom apartment out of the neighborhood, but continued to receive support services through Lamp Community and employment with Lamp. Her employment at Lamp led to lucrative employment with a for-profit employer outside of the neighborhood.

### **Lessons Learned**

- The Lamp Community Housing Director integrates property management and case management into a supportive housing team. This team approach, when combined with clear delineation of the roles of line staff, offers consistency and security to tenants who have often experienced social rejection and instability in their lives. This is atypical among supportive housing providers, many of whom find more success operating property management and services separately.
- Ongoing situational training of staff members on the application of philosophical and theoretical principals is very important. Lamp Community is committed to the linkage of theory and practice. This happens most clearly with a team approach to training. An expert service team may spend the day with newer staff, teaching as examples present themselves throughout the day.
- On-site psychiatric and counseling options are a valuable resource for both tenants and staff. Tenants who may not be willing to travel off-site for these services can access them easily, while staff can have mental health experts on site and easily accessible for questions.

- A comprehensive harm reduction approach (including the possibility of abstinence) seems to be the only effective means of providing housing for many who have been homeless for the long-term. At the same time, it is important to recognize that different people need different approaches and that harm reduction will not receive a 100% positive response from all tenants.



## Outreach Center Apartments: Community Acceptance of Supportive Housing

The Outreach Center Apartments in Cloquet, Minnesota are five apartments with supportive services built above a consumer run drop-in center for individuals with mental health issues. This project is a particularly good example of a small, rural service provider developing and owning its first supportive housing project.

### Background

The Outreach Center Apartments were developed by the Human Development Center (HDC), a private, nonprofit community health center in northeastern Minnesota with over sixty-five years of experience serving persons with mental illness. The mission of HDC is to improve the mental health of their community through high quality, comprehensive, accessible services.

HDC's Outreach Center is a drop-in day program designed to provide a safe and supportive environment for individuals with mental health issues. The Center is open to all residents of Carlton County but primarily focuses on the needs of individuals with mental illness.

In 2003, HDC constructed a new building to house these two different programs: the existing Outreach Center day program and five new one-bedroom apartments of permanent supportive housing for adults who are homeless, disabled, and who also have experience mental illness.

### The Need

The Outreach Center Apartments meet a need identified by the local Continuum of Care, which has “consistently ranked permanent supportive housing as the top priority need for homeless households in the region.” The Continuum of Care has identified a need for 513 units of permanent supportive housing in northeastern Minnesota. Prior to the construction of the Outreach Center Apartments, there was no other permanent supportive housing for homeless adults in the region.

Many of the clients served by HDC have difficulty obtaining and maintaining affordable housing. This issue became even more critical after the Solemn Hotel, a run-down apartment building in downtown Cloquet, burned down, leaving 26 people homeless in November 2000. Many of the residents were participants in programs at the Outreach Center. Unable to find affordable housing in a county with no homeless shelter, many of the people were forced to move out of the county to seek services for homeless persons.

In 2002, the Outreach Center served 248 unduplicated clients, with 89 people considered “regulars” with attendance at Outreach Center activities two times per week or more.

The target population for the Outreach Center Apartments is adults with mental illness and an accompanying disability who are homeless, many of whom are clients of HDC. Few housing resources previously existed for this population outside of relatives and adult foster homes with

various levels of support. Upon opening the building, applicants were accepted on a first-come basis. There has been no turnover to date. Of the five current tenants, it is estimated that three would have been considered homeless for the long term upon entry.

### **Development Process**

The development of the Outreach Apartments and the accompanying Outreach Center was a very long process, taking almost four years. The process started in early 2000, when HDC proposed buying the facility they were leasing, which was turned down by the Minnesota Housing Finance Agency because of environmental concerns. Finding a new site was very difficult. HDC approached the City of Cloquet about the possibility of using approximately 20% of an under-utilized municipal parking lot in downtown Cloquet. The site is half a block south of Cloquet Avenue (downtown main street in Cloquet). Cloquet Avenue contains a mix of commercial, office, and government buildings along with shops and restaurants that serve this blue-collar town of 12,500 people. Due to its location in the downtown area, the site addressed the transportation challenges of the proposed tenant population. Jobs, services, and transportation are all readily accessible.

In July 2001, the Cloquet City Council approved the conveyance of 20 parking stalls (out of a total of 85 owned by the city) in the parking lot in downtown Cloquet to HDC for the project. The Council made this contingent on the completion of a parking study to determine if the spots needed to be replaced, a development agreement, zoning approvals, and on HDC receiving the necessary funding.

The day after the City Council approved the conveyance, a group of downtown business owners filed an injunction to prevent the city from “giving” HDC the parking spots. The city’s ability to convey a portion of the parking lot for affordable housing was upheld in district court in January 2002. The petitioners appealed to the State Appellate Court and the initial ruling was upheld in August 2002. During this process, HDC conducted its own parking study and found that on average, 16-20 parking spots (out of 85) were used each day. This led some in the community to believe that the real reason for the legal battle was not to preserve parking spaces, but rather to prevent supportive housing from being developed in downtown Cloquet.

Although the city prevailed throughout the court process, city leaders and HDC wanted to find a solution that was acceptable for everyone. The City of Cloquet and HDC identified a vacant home owned by a woman in a nursing home and who would not be returning. The city purchased the home, sold the contents, demolished it, and then conveyed the property to HDC for \$16,000 (the appraised value of the original 20 parking spots). This property was directly adjacent to the original parking lot location.

Throughout the process, HDC kept the community updated on the progress of the project through the local newspaper. This did not prevent rumors and misunderstandings about the potential impact of the project from spreading through the community, however. The Outreach Center participants were present at every public hearing and court appearance and made their support of the project known to public leaders. Participants of the existing Outreach Center were infuriated when a local



business owner placed a paid advertisement in the local newspaper in November 2002. The ad criticized city leaders, HDC, and the “true” intentions of the project. In response, this business owner was visited by numerous Outreach Center clients who educated her about mental illness. The clients also had the opportunity to share how damaging her remarks were to them. Many clients pledged to never shop in her store again. Additionally, the Outreach Center participated in the Downtown Merchants Holiday Parade and used the opportunity to educate the public on what the Outreach Center was and who was served. Two clients agreed to be interviewed by the local newspaper and discussed their recovery process and how helpful the Outreach Center had been for them. Finally, the project manager from HDC wrote a guest column in the local newspaper addressing the rumors and mistruths that had been perpetuated throughout the community about the project and the clients of the Outreach Center.

HDC finally began the conditional use permit and design standard variance process in the spring of 2003. At that time, HDC shared schematic designs of the building and an informational brochure describing the project with area businesses owners who had taken legal action against the project and other neighbors. Much of the feedback received was positive. The attorney who sued the city over the project wrote that “the design is very impressive and I think that the apartment building will dress up our neighborhood.” A conditional use permit was required for the project, as was an exemption to existing parking requirements. The exemption to the parking requirements was approved because:

- There is an under-used municipal parking lot with 96 parking spots right next door.
- It is unlikely that the residents of the Outreach Apartments will own vehicles.
- Exemption from the parking requirement allows the project to have a back yard for residents to enjoy and allows the building to seamlessly fit into the surrounding neighborhood.

There was no public opposition at any public hearing for the permit or the variance.

Since construction and occupation of the building, neighbors and the surrounding community have been very supportive of the Outreach Center. A next-door neighbor has volunteered at the Outreach Center. The neighbors behind the property have enjoyed having the tenants of the Outreach Apartments nearby. The business across the street gets his lawn care done by one of the tenants of the Outreach Apartments.

## **Services**

Most of the supportive services utilized by tenants are provided through existing HDC programs. HDC has provided housing support to adults with mental illness since the inception of its Community Support Program (CSP) in the early 1970's. The services available to tenants include case management, employment assistance, mental health therapy and psychiatry, Illness Management and Recovery, Dialectical Behavior Therapy, and day treatment. All tenants have case managers which help coordinate these services, which can be provided in tenant's homes or at HDC's clinic, located half a block away. Other community providers also work with tenants, especially around physical health, crisis management, and household assistance issues. Many of these services are paid for by the Carlton County Department of Public Health and Human Services, Medical Assistance, or by Medicare.

The goal of the Community Support Program is to help clients be successful at independent living, stay out of the hospital, and recover from mental illness. The treatment team consists of the client and their CSP worker, case manager, personal care attendant, psychiatrist, physician, therapist, and day treatment counselor, among others. At minimum, weekly contact is made with each resident.

Services are provided following a harm reduction model. To date, there have been no significant substance use problems in the building.

The Outreach Center on the first floor of the building provides a more informal supportive environment for all individuals with mental health issues, including those who live in the Outreach Apartments. The supportive and recreational services provided by the Center include:

- Information/education and referral
- Recreational and social events
- Women's Group
- Men's Group
- Craft Group
- Employment opportunities
- Meals

The Outreach Center is a place to socialize, participate in activities and groups, and enjoy a cup of coffee and roll. Free meals are offered three times a week. The Center provides volunteer and paid employment for clients. Part-time paid positions available to clients include secretary, janitor, cooks and peer drivers. Objectives for the Outreach Center include:

- Decrease in mental health symptoms
- Promote appropriate socialization, improved communication skills, and healthy leisure activities
- Provide a safe and supportive environment which encourages a stronger support system
- Provide opportunities to share talents, experiences, and knowledge with others
- Provide work experience for clients
- Increase the individuals' self esteem and provide a sense of ownership and community
- Provide the opportunity to receive ongoing education and training on mental health issues and the recovery process.

### **Property Management**

Due to the small size of the program, the Program Director for HDC also acts as the property manager for the Outreach Apartments, with assistance from HDC's Maintenance Manager.

### **Lessons Learned**

The close integration of the Outreach Apartments and the Outreach Center has been successfully thus far. Many tenants have become involved with the Outreach Center and are volunteering there.

There is large sense of ownership among the tenants for the building and program. Each tenant, in their own way, has made substantial changes in their lives. One tenant has a job and another is looking for one.

Kim Matteen, Program Director for the Outreach Apartments, shares the following lessons learned.

*What you can expect when developing supportive housing for the first time:*

- To be challenged in ways you never thought possible (for example, having to learn about the legal details of property conveyance)
- To be out of your comfort zone
- Community resistance
- Challenges with permits and variances from local zoning and building permit officials
- The project will take longer and cost more than you ever thought possible
- Your agency will not make money providing supportive housing.

*What the Outreach Apartments development team learned:*

- Get help! Look for up-front predevelopment money or technical assistance.
- You can have a “developer’s fee” in your budget to help cover the cost of putting the project together.
- Site control will be a huge issue. The sooner you have it the better!!
- Hire the best architect you can. (Make sure they have professional liability insurance, too!)
- The more hands-on you can be during design and construction, the better.
- Use the best materials you can. You will save money in the long run.
- Listen to the project’s funders. They will not back a project if they have a significant concern about programming, cost, or physical design issues.
- Visit other supportive housing sites or explore this toolkit and get ideas about what works and what doesn’t.
- Most nonprofit service providers don’t have a developer on their payroll. Hire a consultant to perform this function or expect a huge time commitment from an internal person. If you use an internal person, their usual job duties will need to be covered or they’ll be working way too many hours.
- Consider fundraising locally. Outreach Apartments has over \$25,000 in cash and in-kind donations from individuals and local businesses.
- Pay attention to the supportive services plan. Who will be providing the support? Who are the players (external and internal)? Engage your local providers, state services, county human services, etc. What can they do, what would they like to see?



## ARCH: The Chicago Collaborative to End Long-Term Homelessness

Among the first hurdles any city or service provider must face in their attempt to serve long-term homeless people is funding. Who will pay for the necessary housing and services? The answer currently almost always requires a collaborative approach.

In 2003, the Chicago Continuum of Care responded to the federal NOFA for the Collaborative Initiative to Help End Chronic Homelessness. This NOFA, for the first time, combined funding from HHS, HUD, and the VA to create housing resources for single individuals who meet the federal definition of chronic homelessness. Chicago's successful application resulted in \$3.4 million dollars in federal money to create a harm reduction model of permanent supportive housing for 59 long-term homeless individuals in the city over a five-year period (2004-2009). This project is called ARCH (ACT Resources for the Chronically Homeless).

### Who

The application process was coordinated by Corporation for Supportive Housing as the Co-Chair of the Chicago Continuum of Care's Chronic Homelessness Task Group. The Task Group created an ad hoc NOFA subcommittee to work on the application. Four different agencies were selected to apply for the federal funding sources in the NOFA.

- The Chicago Department of Human Services was the lead applicant for the NOFA and applied to HUD for the \$1,996,140 for 59 Shelter Plus Care subsidies for five years.
- The Illinois Division of Alcoholism and Substance Abuse applied for the HHS SAMHSA funding for the project which resulted in: \$700,000 for year one; \$490,000 for year two; and \$280,000 for year three. This funding will support most of the staff of the service team. Local and state government and philanthropy will provide additional funds as this grant decreases annually and will have to fully fund this section of the collaborative in years four and five.
- Heartland Health Outreach applied to HHS HRSA for \$900,000 for the project over three years to provide primary health and dental care to non-veteran tenants.
- The US Department of Veterans Affairs is receiving a total of \$648,000 for the project over three years to provide supportive services to the veterans participating in the project.

### Vision

In order to address the needs identified by the Continuum of Care, ARCH focuses on the long-term homeless population on the south side of Chicago. The collaboration has a goal of housing 59 long-term homeless persons by January of 2005. Twenty percent of them are projected to be veterans. The collaboration is centered around a new entity, called ARCH, which is based on the Assertive Community Treatment (ACT) Team model.<sup>17</sup> The Chicago Continuum of Care's approach to this application was to have an inclusive and transparent process, a collaboration of nonprofit and government entities, a structure that emulates the Continuum structure, and one that addressed existing inequities in resource allocation.

## Implementation

Each partner applied for a portion of the \$3.4 million needed for the project to succeed. Taken together, this funding provides housing subsidies, supportive services, primary health and dental care and Veteran's services.

- *Service Approach.* This is a housing first strategy with wraparound services. The housing is based on a harm reduction model of housing where long-term homeless individuals do not have to be sober, clean, or in mental health treatment to enter or to maintain their housing.
- *Service Delivery.* Services are provided through the ACT Team. Staff includes a team leader, five case managers (dually trained in mental health and substance abuse), a VA case manager, a nurse, and a quarter-time psychiatrist. The service team does outreach, works with long-term homeless individuals to secure a unit using their Shelter Plus Care subsidy, provides supportive services to tenants in their housing, and works to connect the tenants to mainstream resources and services in the community in which they live. Additional medical services are provided by Heartland Health Outreach under the HRSA grant and by the VA for veterans. The service team uses the Shelter Plus Care vouchers to secure housing units and works to ensure that good relations are maintained between the landlord and the tenant.
- *Outreach.* The ACT Team performs outreach to long-term homeless people who are living outside or in shelters.
- *Housing.* Housing is provided in both scattered site and clustered unit configurations. The ACT team helps the tenant find a unit and arranges for the Shelter Plus Care subsidy to underwrite the cost of the unit. The YMCA and Catholic Charities provide clustered units at their buildings and scattered-site units are secured on the open market.

## Accomplishments

- Interagency collaboration has established a new culture of cooperation, increased resources for tenants, and created a structure where partners support the project by filling in where needed.
- Interagency collaboration ensures that the program benefits from a variety of perspectives and organizational cultures so that no one agency or service system dominates the services and culture of the ACT team.
- The wide spectrum of providers involved (substance abuse, mental health, housing) ensures that tenant needs are met, no matter what type of assistance or treatment they may need and that there is no wrong door for entry.
- As of August 2004, 22 individuals have been placed in housing, one is awaiting placement, and 34 have been screened by the VA and engaged by the ACT Team.

## Start-up Challenges

- Hiring experienced staff dedicated to this effort as originally proposed was difficult because the short-term funding commitment to the positions (three years) made them

- unattractive to seasoned staff who were leery of giving up the stability of their current positions.
- A few of the previously identified housing locations became unavailable and locating market units on the south side of Chicago was more difficult than anticipated. This was especially challenging because there was no funding in the grant to hire staff to locate housing (this task is done by the ACT team).
  - The project is part of a national study requiring that all potential tenants be screened by the US Department of Veterans Affairs to gather data for the study. For some long-term homeless people, this level of participation, at such an early stage of engagement, is difficult, and for some, impossible.

### **Lessons Learned**

- Consider creating MOUs with all team partner agencies before submitting an application. If this is not possible, at least outline very clearly the commitment and responsibility of all partner agencies. During the NOFA phase, organizations were eager to participate on the ACT team, but once the grant was funded, the details of their participation became more complicated.
- When working with many different agencies, differences in institutional cultures, policies, and procedures must be addressed. Creating the ARCH entity was complex; the ACT Team is comprised of staff from eight different organizations. Each organization has its own culture and policies and procedures. Subcontracts with consistent salaries and policies for all members of the team had to be negotiated with each organization. This was complicated and time-consuming and delayed the initial start-up.
- It is easier to integrate existing staff into a new project than to hire new staff just for the project. The staff hired for the ACT team required more training than originally anticipated and this also led to a delay in the initial start-up.
- The collaborative structure is beneficial, but a balance must be found between ensuring wide representation and having so many partners that managing the partnerships creates more work than the project itself. In future applications, we would reduce the number of organizations that have staff on the ACT Team. We chose to include eight organizations in our initial application because we were seeking to create an open and inclusive process at a time when many organizations were anxious about funding. In retrospect, the project would have been implemented more smoothly and quickly if we had reduced the number.
- While initially harder during the start-up phase, the Collaborative model of ARCH, because it includes both nonprofit and government agencies, has the capacity to lead to more significant system change.



## Hard-to-Place Task Force: Interagency Coordination on Long-Term Shelter Stayers

The Hard-to-Place Task Force serves as a model of city-state interagency collaboration to address long-term homelessness. In an effort to bring together many of the various entities involved in setting policy for working with long-term shelter stayers, Mayor Michael Bloomberg's administration in New York City established the Hard-to-Place Task Force in 2002. Members include representatives from city and state government agencies as well as a few nonprofit organizations. The task force meets regularly and has made significant progress toward improving services for those who are homeless for the long-term.

### Who

The task force is co-chaired by staff from the New York City Department of Homeless Services (DHS) and the New York State Office of Mental Health (OMH). Members include staff from:

- NYC's Department of Homeless Services, which directly operates and contracts out shelter and drop-in centers for homeless individuals and families;
- NYS Office of Mental Health, which is responsible for the operation of psychiatric centers and programs including various inpatient and outpatient programs, emergency, community support, residential, and family care programs;
- NYC's Human Resources Administration (HRA), which determines eligibility for housing for people with psychiatric disabilities;
- NYS's Office of Temporary Disability Assistance, which provides oversight of the City's shelters;
- NYC's Department of Health and Mental Hygiene, which provides health and mental health services for the homeless;
- Center for Urban Community Services (CUCS), a New York City nonprofit service provider and technical assistance organization which manages the city's supportive housing vacancy list;
- Corporation for Supportive Housing, a national organization that helps communities create permanent housing with services to prevent and end homelessness.

### History

The needs of long-term shelter stayers have been a focus of DHS since 1998, largely because the department realized that this population was using a large portion of the city's homeless resources. The department's work to address the needs of this population was initially isolated within the department, however. In January 2002, the new Bloomberg mayoral administration decided to take a fresh look at the shelter system and long-term shelter stayers. To do this, the administration sought to create work groups that crossed agency lines and also included external parties. The new administration also wanted to work with the state as a partner. With the backdrop of a stronger working relationship with the state and a new spirit of interagency collaboration, the city formed the Hard-to-Place Task Force, with its first priority population: long term shelter stayers. Long term shelter stayers (LTSS) were defined as those individuals in the shelter system who had been there for at least 730 days out of the last four years, whether the time was contiguous or not.

## Implementation

The task force met monthly initially and now meets quarterly. The task force focuses on reducing the number of individuals in the municipal shelter system. Meetings are a time for different organizations to update each other about news in their respective programs. The meetings also provide an ideal forum for problem-solving. Having people with a variety of levels of responsibility, from line staff to decision-makers, in the room at one time allows problems to be raised and solutions implemented swiftly.

## Accomplishments

- *Project MatchUp.* Under Project MatchUp, whenever a new supportive housing project opens its doors, the project is matched with a shelter that has long-term residents. A set-aside of units, typically 25%, is negotiated and all agencies involved assist the provider in placing the long-term shelter stayers in these permanent supportive housing units. As of March 2004, 334 housing slots have been committed for long-term shelter stayers, of whom 179 have already moved in.
  - Two benefits of the program are that it is relatively easy to understand and tracking results is simplified.
  - The program encourages supportive housing providers to proactively serve the most challenging clients, and not just those clients that actively seek housing from them.
  - The program also benefits supportive housing providers by creating a more stable community faster, since many of their new residents know each other from their previous shelter.
  - Shelter providers are often pleasantly surprised that their long-term residents can be very successful in supportive housing.
  - Keys to success:
    - DHS has hired a couple of staff to oversee the entire process, including which shelter gets matched with each opening.
    - The supportive housing provider must have a weekly presence in their matched shelter 2-3 months in advance of opening to build familiarity and trust with long-term shelter stayers.
    - A key management staff person from the shelter must be involved in the process so that it is taken seriously.
- *New dedicated staff.* New York City's Department of Homeless Services hired two new permanent program analysts to focus on individuals homeless for the long-term in early 2004. The new staff is analyzing the barriers to leaving shelters and working to improve the situations one location at a time.
- *New awareness.* The NYS Office of Mental Health has recognized long-term shelter stayers as a critical issue, citing them in its *Statewide Comprehensive Plan for Mental Health Services*.
- *Data collection and sharing.* DHS and its shelter vendors maintain a database of all individuals and families in the shelter system. This system has allowed DHS to collect an accurate account of the number of homeless people in the system at any given point, their length of homelessness, and their number of incidences of shelter usage. This ability to collect complete and accurate information has allowed DHS and others working with them to analyze the data and trends, including changes over time. Additionally, the Human



Resources Administration's (HRA) Office of Mental Health Housing has begun to identify and coordinate with DHS around those shelter stayers who may be mentally ill. The DHS database system theoretically tracks this information, but the information is not necessarily updated or even input. When shelter stayers would move from one shelter to another, the next shelter did not know that a mental health concern was raised, diagnosis given, or that an application for mental health housing was submitted in the past. Now, HRA and DHS are cross-checking and sharing data. Not only does this save staff time and resources, it also highlights unidentified mentally ill shelter stayers who qualify for mental health housing.

- *Assertive Community Treatment (ACT) Teams.*<sup>18</sup> The city and state jointly contracted with two ACT teams to work with 136 long-term shelter stayers who may be eligible recipients of set-aside Section 8 vouchers. As of March 2004, 51 consumers have been admitted to the program and another 89 are in the intake stage. Of the 51 consumers in the program, 40 have applied for Section 8, of which 21 have received a voucher. Originally, the New York City Housing Authority (NYCHA) had laid out a plan for "expedited Section 8 vouchers" that would have taken 10-12 months from application to receipt of a voucher. The Hard-to-Place Taskforce worked with NYCHA to reduce the wait down to 6 weeks.
- *McKinney-Vento priority.* The Continuum of Care has prioritized long-term shelter stayers for both new awards and renewals. Existing supportive housing projects must fill every third vacancy with a long-term shelter stayer until the population occupies 25% of the units.

### **Lessons Learned**

- The group must have key decision makers from each agency in the room. In addition, participation of policy makers and line staff is extremely valuable.
- Participation must be comprehensive, that is, every system that touches clients' lives must be present. For example, if a client interacts with both a city and a state agency to receive services, both must be present at the table.
- The collection of data is a critical, first step to identifying and tracking problems or trends. For example, shelter providers might have had "a sense" that some shelter stayers were there for long period of time, but until DHS could analyze the data and realize that 17% of the shelter stayers used 50% of the shelter bed-days, the anecdotal information from shelter providers was insufficient to ignite specific programs or policies.
- Government entities and Continuums of Care should recognize their ability to address the needs of the chronically homeless through contracts and regulatory changes. By DHS implementing "Match-Up" and the Continuum of Care requiring that a percent of new and turned-over units go to long-term shelter-stayers, attention and outreach to this population has been achieved at a level that would not otherwise likely be possible.



## Local Financing of Supportive Housing in San Francisco

The City and County of San Francisco has been focusing on supportive housing for ending long-term homelessness since the mid-1990's. Much of the city's investment in supportive housing has come from dedicated financing sources, included a general obligation bond issued by the city and a dedicated portion of the city's hotel tax.

### History

Establishing public financing of supportive housing in San Francisco was a gradual process of learning and change. First, in the mid-1990's, nonprofit developers who had been developing affordable housing for years told the Mayor's Office of Housing (MOH, the city's main affordable housing coordinating and funding office) that they needed funds to provide supportive services in housing they were already operating. The developers found that their property managers were having to do double duty, working both on property management and supportive services. Developer after developer found that despite their best intentions, they could not afford to provide any services for tenants from the cash flow of buildings. In addition, a coalition of local nonprofit housing developers (the Council of Community Housing Organizations) and homeless advocates (the Coalition for the Homeless) created a new nonprofit housing developer to focus specifically on supportive housing for people leaving homelessness. This new organization found ways to involve homeless people in the planning and implementation of buildings and service plans, but needed money to do its work.

Local social service agencies knew they needed housing for their clients – many of whom were homeless – and the housing agencies knew that their developers were asking for services funding for tenants, many of whom were unable to stay housed without it. In one particularly troubling instance that highlighted the absence of coordination, the city made a capital grant to a project for homeless people that did not ever get developed, largely because the developer approached the service agency for funding too late in the process, and none was forthcoming.

CSH's California program had recently started up, and its California Program Director (now CSH's CEO) began to serve as staff to the nascent group of city housing and services officials, ensuring that meetings were convened, notes taken, and follow up steps implemented. This group, which came to be called the "Pipeline Group," met for several years and incorporated into its work a primary focus on ensuring greater coordination of the housing and services financing of projects in the city's development pipeline. Eventually this group's work was superseded by that of other coordinating bodies, but it was the catalyst for the more streamlined process.

Throughout this period, many advocates and other groups in the city also encouraged San Francisco public officials to pay more attention to the long-term, systemic problems of homelessness. The mayor appointed a new staff person to focus on the issue of homelessness. This new staff person worked to influence San Francisco's housing agencies to fund more housing for homeless people. The city knew from experience that supportive housing in SROs could be a cost-effective resource

for providing housing for homeless individuals, so the city's early efforts emphasized this housing model.

The final wave of change came a few years later, when the Director of San Francisco's Department of Public Health decided to create a new housing unit within her agency to concentrate on housing for frequent users of the city's public hospital emergency room, jail forensic services, and mental health facilities. These individuals generated significant costs to the city's general fund and were often unable to get into supportive housing due to long waiting lists or tenancy requirements of some buildings. She made the decision to hire a director of the unit from the city's housing agency whose experience was in housing development, not public health. He was able to hit the ground running, and within a short time started a new program (Direct Access to Housing, or DAH) that master-leased several large single room occupancy buildings from private owners, placed services on site, and provided housing for these "frequent users" of public services. The city's Department of Human Services created a similar program. Now, in addition to supportive housing being developed by non-profit agencies, the city expands its supply of supportive housing through these master-leasing agreements.

### **Implementation**

With a new focus on supportive housing for the homeless, the city began to identify ways of funding this work. They turned first to the use of existing federal sources of funds identified in San Francisco's Consolidated Plan.<sup>19</sup> A more organized and focused approach to how the city was spending this money allowed funds from HOME, CDBG, and HOPWA to be spent on supportive housing.

The city also identified and set aside local tax dollars for supportive housing development. Some local redevelopment agency tax increment funds already dedicated to affordable housing development were spent on supportive housing projects. A portion of the existing hotel tax which was formerly dedicated to serving people with physical disabilities and seniors was shifted in 1995 to include a focus on those with mental illness and substance use issues. This hotel tax is paid by hotel guests on a per-night basis (at 14% of the room rate) and supports various arts, cultural, and tourist programs in addition to yielding between \$3 million and \$6 million per year for supportive housing development.

In November 1997, the voters of San Francisco approved a \$100 million general obligation bond for affordable housing. The bond was placed on the ballot after passage by the city's Board of Supervisors, as required by state law. Of the \$100 million, \$85 million was dedicated to multifamily rental housing, including supportive housing. As of April 2004, \$24.6 million had been spent on supportive housing for very low-income people who were homeless or at risk of homelessness, producing 592 units of supportive housing for this population. (For an independent analysis of the results of the bond, visit <http://www.spur.org/documents/HousingBond.pdf>).

The origin of this general obligation bond was again the community-based nonprofit housing development organizations, this time joined by the local faith community. The bond did not meet every funding need for supportive housing in the city, but it did provide the city with significantly

more money than it had previously. The entire \$100 million bond was committed within four years, one year less than was projected during the planning for the legislation.

A similarly structured \$250 million bond was placed on the ballot in 2002. Although over 50% of voters approved of the bond issuance, the campaign did not achieve the necessary 2/3 vote. Opponents of the bond tried to convince the public that the proceeds from the 1996 bond were misspent and ineffective, contrary to independent analysis by a local public-policy think tank. They also said that nonprofit developers are inefficient at building affordable housing, which was also unsubstantiated.

A third \$200 million bond was placed on the November 2004 ballot with a 10-1 vote of the Board of Supervisors. This bond included \$90 million specifically earmarked for the development of supportive housing for those who have been homeless for the long-term. Supporters of the bond campaign include local politicians, the Chamber of Commerce, the popular Mayor Gavin Newsom, and nonprofit service providers. Again, the bond did not meet the required 2/3 vote of approval, falling approximately 5,000 votes short.

### **Lessons Learned**

San Francisco's experience points to the need to recognize that the resources required to do supportive housing well are controlled by multiple agencies within city government and beyond. Supportive housing can often be constructed with the capital funding mentioned above, but services and operating still must be accounted for. In San Francisco, services funding comes through the city's Department of Human Services (DHS) (for case management services) and the Department of Public Health (DPH) (for substance use and mental health services). For a more detailed look at the complex web of financing supportive housing, as well as information on all of the main federal funding sources, please visit CSH's Financing Supportive Housing Guide at <http://www.csh.org/financing>.

At CSH's suggestion, MOH works at the staff level with DHS and DPH on planning supportive housing. MOH consults staff from its sister agencies about what requirements should be put into funding availability notices and applications. This involvement of DPH and DHS from the beginning of the process helps the cause of supportive housing because these agencies now know what new supportive housing is coming to the city. Additionally, these agencies provide MOH valuable assistance in evaluating the services component of proposed supportive housing programs. Staff of DHS and DPH are on the loan approval committee to determine which supportive housing construction projects are funded by the city. Similar coordination happens with the Section 8 staff from the San Francisco Housing Authority.

Of all of the sources detailed above, the city has found the hotel tax and bond funds to be the most flexible for use on supportive housing projects. HOME and CDBG funds are most useful for rehabilitation projects (as opposed to new construction) because of their implementation regulations and interaction with tax credit law. MOH staff notes that for other municipalities, the sources of dedicated funds for supportive housing will depend on local politics. For example, San Francisco has considered a real estate transfer tax to fund supportive and affordable housing development, but

this effort has been consistently opposed by realtors. Many in San Francisco see the need for a similar dedicated funding source which does not have to go before the voters for approval every few years.

MOH also urges other municipalities to recognize that “it takes all kinds of supportive housing to serve the community. Cities must be open to all members of the community who need supportive housing. No one model is going to work. San Francisco has housing for people who are struggling with substance use who can stay in that place as long as they don’t harm themselves or others. On the other hand, the city also has housing that is clean and sober and there are many people who want that” (Joel Lipski, MOH Housing Development Director).

Information about San Francisco Mayor’s Office of Housing is located on the web at [http://www.sfgov.org/site/moh\\_index.asp](http://www.sfgov.org/site/moh_index.asp)



## Suggestions for Design Standards in Supportive Housing

The following list provides suggested design standards for supportive housing projects, especially single site, multi-unit buildings. Pat Jackson, Regional Coordinator of Supportive and Family Housing for Community Housing Management (CHM) created this list as she worked with supportive housing sites throughout the state of Connecticut. CHM, a nonprofit housing management company, manages 386 units in 10 single site supportive housing projects in Connecticut, including many that serve people who were formerly homeless for the long term. Together with its sister company, Elderly Housing Management, CHM is committed to providing quality affordable housing to those who need it. Both CHM and Elderly Housing Management companies are part of the New Samaritan Corporation based in Hamden, Connecticut. For more information on any of these organizations, please visit their website at [www.newsamaritancorp.org](http://www.newsamaritancorp.org).

This list of suggested design standards is not a checklist of required items. Each supportive housing project is unique and design decisions should be made by architects, owners, and service providers cooperatively, keeping in mind cost constraints. It is also important to note that good design is no substitute for good property management and services staff in supportive housing. Good design supports their work. Some of the design suggestions listed could be misused by property managers to create a sterile, confining environment for tenants. This is not the goal of these suggestions. Rather, each suggestion is made with the well-being of tenants in mind.

In addition to the list below, you might find the following websites of use in designing supportive housing projects:

[www.designadvisor.org](http://www.designadvisor.org) (*best practices and suggestions in the design of affordable housing*)

[www.andnet.org/materials.html](http://www.andnet.org/materials.html) (*how to use environmentally sustainable materials in affordable housing*)

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### **Appliances**

- Handicapped accessible
- Stove controls on front
- Over stove/sink lighting reachable from wheelchair
- Front loading washers and dryers

### **Bathrooms**

- Private bathroom for each unit
- Heavy-duty toilet to reduce repairs from abuse
- Overflow drains
- Grab bars in place of standard towel bars if at all possible
- Emergency call cord (May be needed in only a few units unless serving the elderly)

### **Community space**

Community spaces should be numerous and useful (for example, a game room with pool table and ping pong, a computer center, a craft room, TV/movie area, etc.)  
One large space with enough room for all tenants  
Pre-wire for cable and for phone

### **Doors and locks**

Consider all ADA requirements, especially for entrance doors  
All exterior doors should be automatic self-locking  
Entrance doors and apartment doors with a computerized key system (cards, buttons, etc.) with read out capability  
Knox box for fire department keys  
Alarmed crash bars on all but main entrances

### **Floors**

No hardwood  
Linoleum squares or carpet squares work better from upkeep/replacement standpoint

### **Hallways**

Handrails on both sides desirable, and should be on at least one side  
Textured impervious covering up to at least 48" from floor desirable for upkeep, appearance purposes

### **Heating and air-conditioning**

Central heating and air conditioning to reduce maintenance costs and increase comfort  
No window units if at all possible  
    May block means of egress and cause safety problem  
    Possible problems with losing heat in winter  
    Often more expensive upkeep, and of lower quality/effectiveness

### **Landscaping**

Attractive and simple  
Easy long-term maintenance  
Doesn't interfere with safety or accessibility of entrances

### **Laundry space**

Central laundry area  
About one washer/dryer per 15-20 persons  
Folding table  
Sink if possible

### **Lighting**

Functional and inexpensive to replace  
Plentiful and easily accessible outside lighting

Sufficient hallway and community space lighting for personal safety  
Inside lighting easy for tenants to change bulbs and to reach

### **Mailboxes**

Low enough to be handicapped accessible  
Outgoing mail slot or box  
Shelf under boxes is useful

### **Offices**

One private, lockable office per staff person  
One small conference room that is large enough to accommodate small meetings of three to five people  
Enough space for several lockable file cabinets and other office equipment  
Wiring sufficient to accommodate phone, fax, copier, and computer  
24-hour staff office large enough to accommodate monitoring equipment, computer, locked in-house box for internal messages  
24-hour staff office must have good view of front entrance, buzzer for front door

### **Parking**

Sufficient parking for tenants and staff that is clearly marked  
Well-lighted parking lot/spaces  
Handicapped parking exactly to accessibility standards  
Handicapped parking easily accessible to ramp  
Fire zone parking clearly marked on pavement and signs  
“No parking” signs where appropriate  
Plan adequately for snow removal, trash truck entrance/exit  
Consider removable speed bumps in larger parking lots  
Consider where to put snow when plowing  
“No trespassing” signs may be useful to avoid outsiders using the limited parking

### **Phone Service**

Enough lines to accommodate fire alarm, elevator, security system, building entry system  
Pre-wire all units for phone (and cable)  
If call system to tenant units, consider if handsets will be needed and/or separate wiring

### **Security**

24-hour video monitoring and front entrance door opening capability from front desk  
Include cameras in stairwells and outside entrances as well as all floors  
Alarmed crash bars on all emergency exits  
Window stops on first floor windows to prevent unlawful entrance  
Self-locking exterior doors  
When multiple entrances add more cameras and possibly more after-hours staff



### **Signage**

All signage should be included in the specs (unit doors, common area, offices, building(s) name/number, handicapped parking, no trespassing, etc.) and should be in Braille, also; check other regulatory requirements regarding signs  
Property sign during construction should include funding source, handicapped logo, EOH logo, hearing impaired access information, and phone numbers for contact

### **Staffing**

24-hour staff attendants/desk coverage is most desirable  
On site administrator with appropriate number of hours allotted  
Properly trained case managers  
Competent superintendent with enough hours or assistants to properly keep the building

### **Storage space**

For tenants in building—securable  
Superintendent—storage and workspace for doing repairs  
General building storage for replacement mattresses, refrigerators, extra furniture  
Outside storage for snow blowers, lawn mowers, and other equipment that cannot be legally or safely stored indoors  
Secure storage for archived documents

### **Windows**

Tilt in or other accessible windows for cleaning purposes  
Consider bars or other security measures for first floor units (check Fire Marshall regulations for acceptability)

### **Other general considerations:**

Consider possible population-specific design choices (eg, play space for family projects, narrower hallways for people with mobility and/or intoxication issues)  
Consider funding sources concerning all design standards listed here (HUD, DECD, USDA-RD, CHFA, LIHTC)  
Especially in rehabs, be certain envelope of building is tight (roof, siding, windows, caulking, masonry)  
Carefully check references for quality and longevity of building for General Contractor to be used  
Adequate budget for replacement reserve, operating reserve, insurance, 24-hour staffing, other site staff  
Parking stickers for tenants/residents  
No soliciting, no trespassing, no loitering signs  
Set up tax exempt status if possible for operating budget savings  
Owner/sponsor ideally should provide general charge card (Visa/MC) for site manager. Should initially set up standard charge accounts in building

name using sponsor/owner references if necessary (ie Home Depot, Maintenance Warehouse, Staples/Office Max)

Exterior water and electrical outlets very helpful (in more urban areas, this is sometimes restricted by building code or abused by people in the neighborhood)

Be certain all trash receptacles are not in unsanitary distance from tenant units and/or windows

Plan carefully for inside and outside trash flow

Be certain any HVAC equipment is not near tenant units and/or windows

Soda machine desirable

Central hot water heater

No garbage chutes

## Definitions and Terminology

While creating this Toolkit, we were distinctly aware of the importance of terminology. Definitions often vary by region, discipline, and other factors, and many of the definitions below are closely related to each other. For clarity, we have attempted to define key terms whenever possible.

**Long-Term Homelessness:** This term includes all people who have been homeless for long periods of time, and have experienced repeated (three or more times) or extended (a year or more) stays in the streets, emergency shelters, or other temporary settings, sometimes cycling between homelessness and hospitals, jails, or prisons. This definition intentionally includes a larger group of people than the federal government's definition, such as families and youth. The federal government (and as a result, many states, cities, and service providers) frequently uses the term chronically homeless, defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years" (Notice of Funding Availability for the Collaborative Initiative to Help End Chronic Homelessness/Federal Register, Vol. 68, No. 17/Monday, January 27, 2003, 4019). This definition excludes homeless families and partnered homeless people as well as those who do not have a documented disability. We believe that anyone who has been homeless for the long-term may be well served by the services and housing offered by permanent supportive housing providers.

**Permanent Housing:** The permanent in permanent supportive housing refers to rental housing in which the tenants have the legal right to remain in the unit through a lease agreement. Tenants enjoy all of the rights and responsibilities of typical rental housing. So long as tenants abide by the (reasonable) conditions of their lease, they may reside in the housing as long as they wish.

**Voluntary Services:** The term supportive in permanent supportive housing refers to voluntary, flexible services to help tenants leave homelessness. Voluntary services are those that are available to but not demanded of tenants, such as coordinated services/case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children programs, and money management.

**Housing First:** The goal of housing first is to house people who are homeless, with a focus on housing above all else. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing first can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver housing first, such as enough housing stock and drug treatment slots, every community has what it takes to move toward this approach.

**Low-demand Housing:** Housing provided in a low-demand environment emphasizes ease of entry and ongoing access to services with minimal requirements. The focus is on helping tenants retain their housing, rather than layering the housing within various program participation requirements. The application and admission processes, admission criteria, and conditions of

tenancy are limited in their demand of tenants and potential tenants. This term is usually closely related to “voluntary services” and “harm reduction.”

**Tenant:** Whenever possible, this Toolkit uses the term "tenant" (rather than consumer, resident, client, patient, or participant) to refer to the people who live in supportive housing projects. This emphasizes the importance of permanent housing in ending homelessness and recognizes that in many programs, tenants may or may not also be voluntary customers of support services provided. This is not meant to minimize the great amount of time and energy some programs spend with customers before they are actually tenants. It is, however, intended to underscore that tenants of supportive housing should have the same rights and responsibilities of tenants of other lease-based, permanent housing.

**Harm Reduction:** Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug use, incorporating a spectrum of strategies including safer use, managed use, and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and motivations of drug use along with the use itself. Harm reduction acknowledges an individual's ability to take responsibility for their own behavior as it affects them, their loved ones, and their community. This approach fosters an environment where individuals can openly discuss substance use without fear of judgment or reprisal, and does not condone or condemn drug use. Staff working in a harm reduction setting work in partnership with their clients/tenants, and are expected to respond directly to unacceptable behaviors, whether or not the behaviors are related to substance use. The harm reduction model has also been successfully broadened to reducing harms beyond drug use, such as physical health and sexual health.

**Assertive Community Treatment (ACT):** ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. For homeless clients, this can mean providing services on the streets or in shelters. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation (definition from the National Alliance for the Mentally Ill, [www.nami.org](http://www.nami.org)).

## Toolkit for Ending Long-term Homelessness Resource List

### *Editor's Choices*

#### NAEH's "Ten Essentials Toolkit"

This toolkit highlights The National Alliance to End Homelessness's ten essential steps for ending homelessness. The projects profiled focus on state, local, and neighborhood-based solutions, so this is a good resource no matter what level you are working at to end homelessness. Governments and coordinating bodies should focus on the sections for planning, data collection, systems prevention, shortening homelessness. Local providers should look at the sections on emergency prevention, outreach, rapid re-housing, service provision, permanent housing development, and income assistance. Of special note are the DAH program under "Making Systems Changes that Prevent Homelessness" and the projects under "Putting Together Treatment and Other Services for Homeless People." Each of these ten areas includes an explanation, examples of organizations that are doing good work in the area, and additional resources.

<http://www.naeh.org/pub/>

(Other NAEH resources, such as their weekly newsletter, are also available at this link).

#### HUD's "Strategies for Reducing Chronic Street Homelessness"

This comprehensive document, published January 2004, is based on extensive research in seven cities across the country. The document takes a city-wide, rather than an individual provider, approach, and thus is especially valuable to governments and coordinating bodies. By studying the work in the seven cities, the authors identify key elements of success in reducing chronic street homelessness. The first third of the book is a report on the findings, with chapters including "Elements of Success," "New Strategies for Programs and Services," "Assembling Resources and Supports," "Documenting Progress," "How Communities Pay for Their New Approaches," and "Policy, Practice, and Research Implications." The last two-thirds of the book profiles the programs and philosophies of each of the seven cities in-depth. We recommend reading the Executive Summary and Chapter 1 in order to determine which portions of the book might be helpful.

<http://www.huduser.org/Publications/PDF/ChronicStrtHomeless.pdf>

#### Chronic Homelessness Action Manual, "Blueprint for Change"

This document from the National Resource Center on Homelessness and Mental Illness ([www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov)) is an excellent starting place for those who are unfamiliar with homeless individuals. Chapters 1 and 2 are especially helpful in this regard. There is a special focus on those with mental illness or substance use issues. The introduction to homeless individuals is followed by summaries of how to plan, organize, and sustain services for them. Heavily research-based, this document includes a great list of references.

<http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA04-3870/default.asp> or

<http://www.nrchmi.samhsa.gov/pdfs/publications/Blueprint.pdf>

### *CSH Publications*

CSH has a wide range of resources and publications on all aspects of supportive housing, including development, service provision, financing, and systems change. To access these resources, please visit [www.csh.org](http://www.csh.org) and click on the “Resources” tab. Below we highlight a few of the most applicable documents.

#### Closer to Home Initiative

The Closer to Home Initiative is a program developed by CSH and the Conrad N. Hilton Foundation to foster new approaches to helping homeless people with multiple problems and disabilities. The now-complete research focuses on six supportive housing and shelter programs that aim to engage and house people whose combinations of disabilities, long histories of homelessness, and repeated use of emergency services have marked them as “difficult to serve.” The study was designed to describe the program models, document their implementation and development over time, and assess outcomes achieved by an initial cohort of individuals. Key findings include: substance use does not predict housing retention when tenants are housed in settings committed to keeping them housed; barriers in the admission process to supportive housing impede long-term shelter stayers from accessing the housing; and 83% of long-term homeless people placed in supportive housing remain in that housing after one year.

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=761>

#### Keeping the Door Open to People with Drug Problems

This three-part guide offers employment program managers and staff encouragement, strategies and tips for serving long-term homeless people with drug problems.

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=603>

#### Supportive Housing and Its Impact on the Public Health Crisis of Homelessness

This publication summarizes the results of research done between 1996 and 2000 about more than 250 formerly long-term homeless people living at the Canon Kip Community House and the Lyric Hotel in San Francisco. It examines pre-occupancy and post-occupancy use of emergency rooms and inpatient care and demonstrates the cost savings of supportive housing for the long-term homeless.

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=614>

#### Financing Supportive Housing Guide

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=330>

#### CSH Publications Listing

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=42>

#### Resource Library

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=147>

#### CSH Partners and Allies

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=332>

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*Practical How-to Manuals*

Housing first methodology manual

This manual provides step-by-step guidance in Beyond Shelter's Housing First program. The manual is targeted to program developers, directors and front-line staff working with homeless families.

[http://www.beyondshelter.org/aaa\\_the\\_institute/publications.shtml](http://www.beyondshelter.org/aaa_the_institute/publications.shtml)

Service-enriched housing methodology manual

This manual provides a guide to the provision of services in rental housing in general. The manual includes descriptions of housing models, collaborations, management roles, resident empowerment, neighborhood resources and funding options. It is designed for housing developers, management companies, property owners and social services agencies.

[http://www.beyondshelter.org/aaa\\_the\\_institute/publications.shtml](http://www.beyondshelter.org/aaa_the_institute/publications.shtml)

National Healthcare for the Homeless Council

NHCHC is the definitive source for information about providing healthcare for homeless individuals, including those homeless for the long-term. Publications include a comprehensive manual of common health issues for homeless persons, a publication focusing on health care for homeless young adults, and "Casualties of Complexity," a document examining the difficulty homeless persons experience with Medicaid.

<http://www.nhchc.org/publications.htm>

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*Research & Best Practices*

Housing First Network

This website includes frequently asked questions, research, resources, and best practices regarding Housing First. A good starting point for learning about Housing First.

<http://www.endhomelessness.org/networks/housingfirst/intro.htm>

Enterprise Foundation: Beyond Housing Profiles

Profiles of individual organizations and projects who provide some level of supportive services with their affordable housing. Some projects targeted to homeless people are included. To find these projects, visit the page below, then use the search "find" feature in your web browser to search for "homeless." The profiles include a program overview, a description of the target population, special features of the building, a description of the supportive services, management structure, staffing,

funding sources, results, and contact information.

<http://www.enterprisefoundation.org/resources/ERD/browse.asp?c=7>

#### National Resource Center on Homelessness and Mental Illness

This website maintains listings of most major publications related the homelessness and mental illness. You can access these bibliographies with the “search database” or “bibliographies” buttons on the page. Some documents are available electronically and others are available for purchase. The site also includes information about upcoming trainings and a national organization referral listing.

<http://www.nrchmi.samhsa.gov/>

#### Solutions Through Alternative Remedies

This 20-page document highlights how different government and nonprofit organizations have approached ending homelessness in unique ways. The last few pages of the document provide contact information for each of the programs profiled.

<http://www.nlchp.org/content/pubs/Solutions%20through%20alternative%20rem.%203-24-04.pdf>

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#### *Service Approaches*

#### Assertive Community Treatment Toolkit

This toolkit assists providers in the implementation of Assertive Community Treatment programs with definitions, links to valuable resources, and academic research on the topic.

<http://www.mentalhealthpractices.org/act.html>

#### Assertive Community Treatment Technical Assistance Center

The National Alliance for the Mentally Ill maintains the Assertive Community Treatment (ACT) Technical Assistance center in order to help make high-quality ACT teams available to all who need them and to educate others about the effectiveness of this model.

[http://www.nami.org/Template.cfm?Section=ACT-TA\\_Center](http://www.nami.org/Template.cfm?Section=ACT-TA_Center)

#### Harm Reduction Coalition

This center for harm reduction resources includes an introduction to the principles behind harm reduction, information about training and educational materials, and a quarterly newsletter.

<http://www.harmreduction.org>

#### Enhancing Motivation for Change in Substance Abuse Treatment (SAMHSA Tip Series Number 35)

This booklet focuses on how substance use treatment staff can influence positive change in the lives of clients by respecting and building on the client's autonomy and, at the same time, making staff a partner in the change process. Client motivation is seen as a dynamic process which can be



purposeful, intentional, and positive--directed toward the best interests of the self. (Free hard copies of Tip #35 can also be obtained by calling 800.729.6686.)

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.61302>

#### Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol.

This recent book by Patt Denning, Jeannie Little, and Adina Glickman is written for the person using drugs and alcohol, but can be extremely useful in understanding theories of harm reduction and addiction. The book offers strategies for avoiding or reducing harm with continued use alcohol and drugs as well as advice on quitting. The book also includes a thorough bibliography. This resource is available from the bookstore of your choice.

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#### *Rural Supportive Housing*

#### Rural Homelessness and Health Care

This document published by the National Healthcare for the Homeless Council begins with a good introduction to rural homelessness, including how rural homelessness is different than urban homelessness. The document then goes on to examine the health care problems and access challenges facing the rural homeless.

<http://www.nhchc.org/Publications/RuralHomeless.pdf>

#### Resources for Mental Health Services in Rural Settings

Rural Mental Health Grand Rounds Webcasts address all types of issues facing medical professionals dealing with mental health issues in rural settings. Some webcasts deal specifically with issues related to mental health and homelessness. Past and potential future topics include: Assessment and Treatment of Mental Health Issues in the Primary Care Setting; Screening for Depression and Suicide; Youth Violence Prevention and Intervention; The Shift to Evidence Based Practice: What Rural Providers Need to Know; and Assertive Community Treatment: Making ACT Work in Rural Places.

[http://www.wiche.edu/mentalhealth/Grand\\_Rounds](http://www.wiche.edu/mentalhealth/Grand_Rounds)

#### Housing Assistance Council

The nonprofit Housing Assistance Council has been helping local organizations build affordable homes in rural America since 1971. Their website contains information about events, obtaining technical assistance, training opportunities, and financing options.

<http://www.ruralhome.org>

#### The Kellogg Collection

The Kellogg Collection is a repository and listing of high quality rural community development materials. Guidebooks, manuals, workshop materials, reports, books, and videos are included. This

central repository for such materials helps new programs avoid developing resource materials that may already exist.

<http://www.unl.edu/kellogg/>

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### *Sample Ten Year Plans to End Homelessness*

#### Atlanta

Atlanta is moving along quickly to implement their Ten Year Plan. Strong community participation in the plan's development has produced buy-in from local businesses.

<http://www.unitedwayatlanta.org/e0-homeless.asp>

#### Chicago

Chicago's plan, "Getting Housed, Staying Housed," demonstrates a solid focus on prioritizing permanent housing as a solution for ending homelessness. Their subsequent implementation effort has been valiant. <http://www.chicagocontinuum.org/theplan.htm>

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### *Interesting Links*

NPR's Housing series

<http://www.npr.org/news/specials/housingfirst/>

San Francisco Chronicle's Homeless Series

<http://www.sfgate.com/homeless/>

SF Weekly's Homeless article

<http://www.sfweekly.com/issues/2004-06-16/feature.html/1/index.html>

Christian Science Monitor's Pathways to Housing article

<http://www.csmonitor.com/2002/0501/p11s02-lihc.html>

Newshour Pathways to Housing video segment

[http://www.pbs.org/newshour/bb/health/july-dec02/housing\\_12-30.html](http://www.pbs.org/newshour/bb/health/july-dec02/housing_12-30.html)

HHS's Ending Chronic Homelessness report

<http://aspe.hhs.gov/hsp/homelessness/strategies03/index.htm>

Policy Academies on Improving Access to Mainstream Services for Homeless Persons  
<http://www.hrsa.gov/homeless/>

Pathways to Housing  
<http://www.pathwaystohousing.org/>

Ending Homelessness Audio Conference Series  
<http://www.endhomelessness.org/audio/>

## The MetLife Challenge Grant Recipients

The MetLife Foundation made \$100,000 available to CSH in October 2003 to make grants of up to \$15,000 per project to facilitate the production and operation of supportive housing. The grants were intended as a flexible grant source to “readily jump start new projects” and to help move a project beyond the conceptualization phase. CSH approved nine grant applications submitted by CSH program staff, with each eligible and approved project or partner receiving an amount up to the maximum \$15,000 per project. All grants were awarded by mid-2004. The projects of grant recipients are detailed below.

### *Community Research Foundation, San Diego, CA*

Community Research Foundation (CRF), primarily a mental health service provider, has committed itself (and the attention of its senior staff) to actively developing new supportive housing units for people who have been homeless for long periods of time. CRF’s focus on this population will help demonstrate appropriate housing opportunities for seriously mentally ill homeless clients to the broader San Diego community.

The organization is currently working with legal counsel to determine the structure of the ownership of its first permanent supportive housing project, expected to be approximately 20 units, and the terms of its partnership with potential housing development partners.

### *Neighborhood Housing Development Corporation, Decatur, IL*

Neighborhood Housing Development Corporation (NHDC) is the only local certified community housing development corporation able to access the \$500,000 HOME grant awarded to the City of Decatur, IL. NHDC is committed to using much of this money to develop permanent supportive housing for people who have been homeless for the long term. NHDC is an experienced affordable housing developer that is new to supportive housing development, but will be partnering with Heritage Behavioral Health Center, an experienced supportive housing provider.

The organization is currently working with a consultant to prepare a plan to provide permanent supportive housing opportunities for all long-term homeless persons in Decatur and Macon County, Illinois.

### *Immaculate Conception Housing and Shelter Corporation, Hartford, CT*

Immaculate Conception Housing and Shelter Corporation (ICHS) has recently embraced the idea of changing their organizational mission and program focus from emergency shelter provision to serving individuals—who have experienced long-term homelessness—in permanent supportive housing.

ICHS is currently working with a consultant to develop and implement a plan to build community support and acceptance for a 40-50 unit single-site permanent supportive housing project for long-

term homeless persons in the Frog Hollow neighborhood of Hartford. They are also working to increase their capacity to manage and operate permanent supportive housing.

*Larkin Street Youth Services/Castro Youth Initiative, San Francisco, CA*

Supported by Larkin Street Youth Services (LSYS), a youth services provider with deep experience serving homeless youth, the Castro Youth Initiative is a model of private and public partnership that results in direct access of homeless youth to housing at low cost.

LSYS is currently working to increase the number of master-leased units serving homeless and at-risk youth aged 18-24 through the Castro Youth Initiative. LSYS is also currently developing extensive information on best practices to serve homeless youth and youth aging out of foster care.

*Travelers Aid of Rhode Island, Providence, RI*

Travelers Aid is one of the largest providers of homeless services in Rhode Island. In March 2004, the organization opened its first supportive housing project, with plans to develop more.

The organization is currently working with a consultant who is helping to increase the capacity of Travelers Aid staff to operate supportive housing and provide supportive services for those tenants who have experienced long-term homelessness.

*Heritage Health and Housing, New York, NY*

Heritage Health and Housing, an experienced permanent supportive housing provider, has begun to provide mentoring services to the 163rd Street Improvement Council, a housing provider that has no experience working with the long-term homeless population or people who are mentally ill.

Currently the 163rd Street Council is working toward applying their new skills to create 22 units of supportive housing for people experiencing mental illness who have been living in emergency shelters for long periods of time. This is part of an effort by state and local government to prioritize and expedite housing placements of people experiencing chronic homelessness.

*Christian Community Health Center, Chicago, IL*

Christian Community Health Center (CCHC) is an experienced provider of scattered-site supportive housing seeking to expand its portfolio by developing a supportive housing project that includes many units in a single building. CCHC hopes that this development will provide permanent supportive housing for people who have been homeless for the long term.

CCHC is currently working with a development consultant to help them move beyond the concept phase. They are also working with a property management consultant to help them better understand property management of supportive housing for this population. Finance and funding sources are being identified for the project.

*Hearth Connection, Minneapolis, MN*

Hearth Connection is an experienced provider of supportive housing working to more fully understand how to promote housing stability among people with ongoing substance use. Hearth Connection is participating in an inter-state effort to share information on this topic

Human Development Center and Women's Transitional Housing Coalition, Minneapolis, MN

These partners are working together to develop Bishop's House, a permanent supportive housing site for adults who have been homeless for the long term. To move toward this goal, the partners are consulting with more experienced permanent housing providers to gain critical knowledge and insights into project design and service planning. The partners are planning on following a housing first model in their new development.

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MetLife Challenge Grantees

Irma Poe, CSH



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<sup>1</sup> ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. For homeless clients, this can mean providing services on the streets or in shelters. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation (definition from the National Alliance for the Mentally Ill, [www.nami.org](http://www.nami.org)).

<sup>2</sup> One-Stop Centers are conveniently located centers that provide employment, education, and training services all in one place. One-Stop Career Centers provide a wealth of information and assistance for job seekers, education and training seekers, and employers. Most One-Stop centers are funded by the US Department of Labor.

<sup>3</sup> Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. See [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

<sup>4</sup> A Federally Qualified Health Center (FQHC) is a community based health center which provides comprehensive primary health, oral, mental health, and substance use services to persons of all ages. FQHCs provide their services to all persons regardless of ability to pay, and charge for services on a community board approved sliding-fee scale that is based on patients' family income and size. For more information, see <http://www.cms.hhs.gov/medlearn/fqhcfactsheet.pdf>

<sup>5</sup> "It's Ok Here" A History of Deborah's Place, Center for Urban Research and Learning, November 2001

<sup>6</sup> A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services. Safe Havens serve as a refuge for people who are homeless and have a serious mental illness. US Department of Housing and Urban Development, [www.hud.gov](http://www.hud.gov).

<sup>7</sup> Robert Maynard Hutchins, Education for Freedom, 1943, p.14

<sup>8</sup> Earl Shorris, Riches for the Poor, 2000

<sup>9</sup> Spaniol et al. (1997) Psychological and social aspects of psychiatric disability. Boston, MA: Center for Psychiatric Rehabilitation, Boston University.

<sup>10</sup> Provencher, et. al, *The Role of Work in the Recovery of Persons with Psychiatric Disabilities*, Psychiatric Rehabilitation Journal, Fall 2002, p.132

<sup>11</sup> Provencher, et. al, *The Role of Work in the Recovery of Persons with Psychiatric Disabilities*, Psychiatric Rehabilitation Journal, Fall 2002, p.132

<sup>12</sup> U.S. Federal Register, 1995

<sup>13</sup> Center for Psychiatric Rehabilitation, Boston University, 2003 website.

<sup>14</sup> "Human capabilities" is from Women and Human Development: The Capabilities Approach by Martha Nussbaum. In this book, Nussbaum enumerates the qualities one needs to cultivate in order to be a "fully functioning" human being. Several of these qualities, including "sense imagination and thought," "practical reason," "affiliation," and "control over one's environment," are things with Deborah's Place assists women in cultivating. The program uses as a measurement the number of women participating in Humanities courses, Socrates Café, and the in-house Scholarship Fund.

<sup>15</sup> DHS's definition of a long-term shelter stayer requires that at least 730 days of the last four years were spent in a shelter.

<sup>16</sup> In this program, existing tenants of Jericho's permanent housing received Section 8 vouchers upon moving out on their own. This created additional slots in Jericho's permanent supportive housing for long-term shelter stayers. CSH and other organizations aided Jericho by providing funding for support services ("aftercare") for these newly graduated tenants.

<sup>17</sup> ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. For homeless clients, this can mean providing services on the streets or in shelters. To have the competencies and skills to meet a client's multiple

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<sup>19</sup> The Consolidated Plan is a long-term housing plan that controls access to HUD funds used to expand affordable housing opportunities. It is a five-year comprehensive housing strategy, which is updated annually in a one-year action plan. For more information, see <http://www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=3339>