

# Making the Transition to Permanent Housing

**participant materials**  
supportive housing training series



CORPORATION *for* SUPPORTIVE HOUSING



**CUCS**  
Center for Urban Community Services, Inc.

# Making the Transition to Permanent Housing

## Participant Materials

Developed by Center for Urban Community Services

The work that provided the basis for this publication was supported by funding under an award with the U.S. Department of Housing and Urban Development to the Corporation for Supportive Housing. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of statements and interpretations. Such interpretations do not necessarily reflect the views of the Government.

**Making the Transition to Permanent Housing** is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:

**U.S. Department of Housing and Urban Development:** [www.hud.gov](http://www.hud.gov)

**Center for Urban Community Services:** [www.cucs.org](http://www.cucs.org)

**Corporation for Supportive Housing:** [www.csh.org](http://www.csh.org)

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**HOMELESSNESS: CASE EXAMPLES**

*QUESTION 1: What were the losses these individuals experienced as a result of becoming homeless?*

*QUESTION 2: What impact might these experiences have on their transition to permanent housing?*

**MARGARET**

Margaret, a 40-year-old woman, was referred to the transitional program from the shelter where she had resided for six years. Margaret wears many layers of clothing, seldom eats and will not travel beyond one block of the residence. She has no identification and cannot contact any family member, as she is unaware of their whereabouts. Margaret revealed to her worker that when she was younger, she was employed as a receptionist and lived in another state with her three daughters. Unable to find work, she wandered through the streets begging people for food that she would take home to feed her children. She reported that one day she came home to find her apartment boarded up, her belongings on the street, and her children gone. After that, Margaret moved from state to state "trying to find work and my children," always refusing to accept assistance. She often says to her worker, "I do not need your help. What kind of a woman would I be if I can't even take care of my own babies?"

**JUAN**

Juan is a 55-year-old male who was referred to the transitional program by street outreach workers who found him living in a cardboard box under a bridge. Juan was a successful entrepreneur, until he had a psychotic episode at the age of 45 and lost his business. He, his wife and two children moved in with his eldest sister and despite several efforts, Juan could not find employment. Whenever he had an interview he was unable to get up in time. He was hospitalized on several occasions, prescribed medication and released to his sister's home. After his family refused to take him back, Juan became homeless and lived under the bridge for years. He accumulated many random items, waited until nightfall to enter garbage dumpsters for food and was afraid to talk to people. Now, though he is living at the transitional residence, he spends his days keeping to himself, collecting items from the street and looking for his sister. He remains non-compliant with medication.

### **MARK**

Mark is a 30-year-old male who was placed in a foster home at the age of 9 because of physical abuse and neglect. In his teens, he was moved to a group home, where he became involved in many physical conflicts with his peers. Mark was treated for this aggressive behavior with a mood stabilizer. At the age of 22, he moved to a permanent supportive residence where he received additional supports and therapy to deal with his anger, and he prospered. He was a volunteer, a leader amongst his peers and an active member of the tenant's association. After hearing that the residence would be undergoing renovations and tenants would relocate to other rooms, Mark became very frustrated and verbally lashed out at his service providers. He eventually left the facility, rendering him homeless. The shelter where he stayed referred him to a transitional program. The staff quickly realized that he was drinking and doing drugs. When confronted about this, he told the workers that the only true friends he had were the people he got high with. He stated that the people in the residence, "especially the ones with so-called degrees," had ruined his life.

### **MARY**

Mary is a 52-year-old female who was referred to a transitional housing program after living in a domestic violence shelter for one month. She states that although she feels safer in relation to her husband, she often thinks of how much her life has changed. She does not feel that she can contact her family or return to her job, as her husband may then find her. Due to her religious belief that a wife should never leave her husband, she never shared her situation with those who were close to her and she often believes that the abuse was somehow her fault. Mary often appears disoriented and sometimes says she feels like she is "living in a dream." When she focuses on her current living situation, she gets depressed. She attempts to purchase new items for herself but usually doesn't complete the task. Most often, she just wants to stay inside.

**UNDERSTANDING THE IMPACT OF HOMELESSNESS**

The profound and far-reaching impact of the homeless experience cannot be underestimated if supportive housing providers are to fully appreciate the service needs of the people they house. This handout outlines some common reactions to being without a home and implications for service providers.

**LOSSES:** Homeless people risk losing everything that made the world a safe, predictable and ordered place. Some of these losses include:

- Loss of power
- Loss of self-esteem and identity
- Loss of connection to people
- Loss of possessions
- Loss of routine
- Loss of control over their lives
- Loss of pride
- Loss of support network
- Lack of privacy, nutrition, sleep

Considering the extreme and devastating nature of the losses listed above, we can expect people to have many feelings that are painful for them to manage.

<b>FEELINGS</b>	<b>BEHAVIORS</b>
• Fearful	• Protective, Hoarding
• Uncertain	• Guarded
• Guilty	• Self-destructive
• Shameful	• Isolated
• Angry	• Lashing out
• Frustrated	• Needy
• Stigmatized	• Sick
• Worthless	• Unproductive

**OUR ROLE AS STAFF IS TO:**

- Build trusting relationships
- Provide a safe, predictable environment
- Accept people as they are
- Offer choices whenever possible
- Empower people to make decisions about their homes
- Support each person’s individual goals
- Give people many opportunities to succeed, recover and grow

## ADJUSTMENTS IN THE MOVE TO PERMANENT HOUSING

In making the move from a transitional setting to permanent housing, people can find themselves ill-prepared for all the changes. People with special needs often have a difficult time dealing with change and the accompanying stress. It can be helpful to discuss the expectations and changes *prior* to moving so that adequate preparation time is possible.

- **RENT MUST BE PAID ON TIME EVERY MONTH** — This requires budgeting skills and planning ahead to ensure adequate funds are available.
- **IT WILL TAKE TIME AND EFFORT TO EXPLORE THE NEW NEIGHBORHOOD** — It can be unsettling to find new services, the best prices, the safest areas, transportation routes, etc.
- **DEPENDING ON THE SETTING, TENANTS MAY BE EXPECTED TO LIVE MORE INDEPENDENTLY** — This is particularly true for people moving from the hospital or some shelters. Staff will probably have daytime-only hours, and in many settings tenants will be expected to seek the services they need.
- **NEIGHBORS IN THE BUILDING MAY HAVE SPECIAL NEEDS** — If the housing has a mixed tenancy (people with special needs, people with HIV/AIDS, people abusing substances, people of different ages and/or low income working people), prospective tenants should be aware of this. If needed, tenant should be educated about some of the behaviors and services they may see.
- **TENANTS ARE EXPECTED TO FOLLOW HOUSE RULES** — The majority of supportive housing projects have house rules. While some rules may be lease based and others may not, tenants usually participate in developing at least some of the rules of the house. Knowing and agreeing to the rules prior to move in can help increase “buy in” and cooperation.
- **SOCIALIZATION OPPORTUNITIES MAY CHANGE** — Buildings have a culture of their own and an unwritten code of conduct for acceptable behavior. There may be parties, activities, groups and other social opportunities for tenants and these may be different than what some people are accustomed to. Some tenants might enjoy the new opportunities, while others might experience increased anxiety or negative feelings about the events. Most of us are most comfortable with what is familiar.

## TASKS RELATED TO ACCESSING HOUSING

### PRIOR TO APPLICATION

- Complete assessment and service plan for resident.
- Identify appropriate housing category. If possible, set up housing tours.
- Negotiate the option with resident and come to agreement on choice.
- Positively reinforce the choice (if appropriate).
- Complete necessary paperwork such as housing, psychosocial, medical and psychiatric evaluations, and housing provider applications.

### APPLICATION FOR SPECIFIC HOUSING

- Make referral to housing provider: Update any materials (i.e., psychosocial) and send necessary paperwork to provider.
- Contact provider to clarify information in materials or provide any missing details and set up interview.
- Educate yourself and resident about facility, eligibility, interview process, documents needed and expectations.
- Practice role-playing interview.
- Assist resident in managing difficult feelings prompted by the impending placement. Telltale behaviors and attitudes might include: loss of motivation; decompensation; loss of insight and/or inability to manage mental illness; sabotage of needed supports; refusal to cooperate with placement process.
- Prepare resident for outcome (acceptance and/or rejection).
- Prepare housing provider for interview with resident.

### PROCESSING THE OUTCOME

- Help resident manage rejection.
- Help resident manage acceptance.

### PREPARING FOR THE MOVE

- Purchase needed household items.
- Identify and link with needed services in the new neighborhood.
- Complete change of address for entitlements, etc.

### POST-PLACEMENT TASKS

- Complete service hook-ups.
- Monitor resident's adjustment.
- Bridge resident's relationship with staff of new facility.
- Terminate.

## SERVICE PLANNING CONSIDERATIONS

This handout outlines issues for consideration when developing or revising the service program in a transitional setting.

**GOALS OF PROGRAM:** Program goals will drive your service program design. Consideration should be given to how goals will translate to the day-to-day operations.

- Move people into safe, affordable permanent housing in a given time period
- Build skills needed to meet obligations of tenancy
- Increase or stabilize residents' income
- Increase awareness of substance use/abuse patterns
- Begin/maintain recovery from substance abuse
- Reduce symptoms and increase awareness of symptoms of mental illness and effects of psychotropic medications

**RECIPIENTS OF PROGRAM SERVICES:** Consideration should be given to those who will be served by the transitional program.

- Anyone in need of housing
- People with special needs, including mental illness, chemical dependency, criminal histories, physical limitations, histories of homelessness
- People willing and able to comply with program requirements

**PHILOSOPHY OF SERVICE PROVISION/THEORY OF HOW YOU'LL REACH GOALS:** Know your organizational mission, vision, and philosophy of service provision. What are the beliefs and values that underpin your work?

- Voluntary vs mandated program participation
- Relationship between this program and the organizational mission, vision and philosophy

**TYPES OF SUPPORTIVE SERVICES TO BE PROVIDED:** Services offered will depend upon individual needs.

- Independent living skill-building assistance
- Services to assist in the transition to permanent housing
- Case management or service coordination
- Crisis and conflict management
- Socialization opportunities
- Employment services
- Legal assistance

**STAFF ROLES:** Research shows that a critical factor involved in residents' changing negative behaviors is the formation of a meaningful, ongoing relationship with another individual and a sense of hope and optimism about their ability to secure and maintain permanent housing. Roles should be clearly explained to residents so that expectations are realistic. Written descriptions of roles and responsibilities for all levels of staff is helpful.

**SERVICE MODALITIES:** Services can be offered in both groups and individual meetings. Providers have found it beneficial to assign one primary case manager to each resident rather than several different workers each focusing on specific issues such as employment, substance use, mental health, etc. This holistic approach reduces confusion and fosters a close relationship. Following are examples for each modality.

- Case Management/Service Coordination — all services offered would be designed to meet the goal to move into safe, affordable, permanent housing
- Peer Support — program graduates may return to discuss their success
- Groups — education about housing options and the process for securing housing
- Individual Counseling — working with resident's personal housing preferences is crucial to successful placement work
- Linkages and Referrals — linkages in the new community should be established prior to moving into a new neighborhood

**LOCATION OF SERVICES:** Offering services both on- and off-site gives residents increased options and allows the program to meet the needs of a wider range of service recipients.

**STAFFING PATTERN:** Acceptable resident to staff ratios vary depending on the service needs of residents, but should be somewhere in the 1:10 and 1:25 range.

- Days and hours of projected coverage
- Number of part-time/full-time staff
- Professional vs. nonprofessional makeup of staff
- Supervisory structure
- Administrative support
- Volunteers and interns

**ACCESS TO SERVICES:** Being available to residents increases the use of services and reduces the clinical or institutional atmosphere within the setting.

- On an as needed basis
- By appointment

**TENANT INPUT INTO PROGRAM PLANNING AND EVALUATION:** Consider how you will evaluate your program. Determine what indicators will tell you if you are achieving the intended results

**PROGRAM RULES:** All staff and residents of the transitional facility should be aware of the rules and consequences for breaking them.

**FOLLOW UP SERVICES:**

The first few months after moving are crucial in maintaining housing.

- Invite Tenants to Return to the Transitional Setting
- Visit Tenants in the New Housing
- Continue to Provide Some Services for a Period of Time

**SUPPORTIVE SERVICES PLANNING WORKSHEET**  
**PROJECT GOALS AND CONDITIONS OF RESIDENCY**  
**RESIDENCE: \_\_\_\_\_ DATE: \_\_\_\_\_**

<i>*Served by the housing at any one time</i>	✓	<i>Projections</i>	
		Number of individuals or families*	OR % of total individuals or families*
<b>A. PROJECT GOALS</b>			
Provide safe affordable housing	<input type="checkbox"/>		
Help residents meet the obligations of tenancy	<input type="checkbox"/>		
Transition residents into less service-intensive housing options	<input type="checkbox"/>		
Transition residents into unserviced housing in the community	<input type="checkbox"/>		
Increase residential stability	<input type="checkbox"/>		
Maximize residents' self-determination	<input type="checkbox"/>		
Increase residents' daily living skills	<input type="checkbox"/>		
Increase residents' income	<input type="checkbox"/>		
Increase access to employment opportunities	<input type="checkbox"/>		
Begin recovery from substance abuse (indicate amount of clean time, if applicable)	<input type="checkbox"/>		
Maintain recovery from substance abuse	<input type="checkbox"/>		
Reduce harm experienced due to substance abuse	<input type="checkbox"/>		
Begin recovery from mental illness	<input type="checkbox"/>		
Maintain recovery from mental illness	<input type="checkbox"/>		
Prevent foster care placement of children	<input type="checkbox"/>		
Reunite families	<input type="checkbox"/>		
Improve parenting skills	<input type="checkbox"/>		
Increase natural supports	<input type="checkbox"/>		
Improve residents' physical health	<input type="checkbox"/>		
Promote appropriate use of community based services	<input type="checkbox"/>		
Decrease use of crisis/emergency services	<input type="checkbox"/>		
Decrease criminal justice system involvement	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>		

**Planning Worksheet – Goals and Conditions of Residency**

*Projections*

<i>*Served by the housing at any one time</i>	✓	<b>Number of individuals or families*</b>	<b><u>OR</u> % of total individuals or families*</b>
<b>B. LEASE</b>	<input type="checkbox"/>		
Lease term of 1 year or more	<input type="checkbox"/>		
Residents will not have leases	<input type="checkbox"/>		
Residents will sign a program agreement	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>		
<b>C. LENGTH OF STAY RESTRICTIONS</b>			
1. There will be no limitations on length of stay as long as tenant is in lease compliance	<input type="checkbox"/>		
2. Resident will be urged, but not required, to move on after a defined period (specify period)	<input type="checkbox"/>		
3. Resident will be required to vacate unit at defined period of time (specify period)	<input type="checkbox"/>		
4. Other (specify)	<input type="checkbox"/>		
<b>D. ANTICIPATED AVERAGE LENGTH OF STAY IN THE HOUSING REGARDLESS OF ANY RESTRICTIONS</b>			
6 months to 1 year	<input type="checkbox"/>		
1–2 years	<input type="checkbox"/>		
2–3 years	<input type="checkbox"/>		
3–5 years	<input type="checkbox"/>		
over 5 years	<input type="checkbox"/>		
<b>E. SHARING OF UNITS</b>			
1. Each individual/family to have own apartment	<input type="checkbox"/>		
2. Each individual/family to have own bedroom, but will share kitchen and bath with other individuals/families	<input type="checkbox"/>		
3. Each individual/family to have own bedroom and bath, but will share kitchen with others	<input type="checkbox"/>		
4. Each individual/family to have own bedroom and kitchen, but will share bath with others	<input type="checkbox"/>		
5. Residents will share bedrooms, kitchen and bath	<input type="checkbox"/>		

**Planning Worksheet – Goals and Conditions of Residency**

*Projections*

*Served by the housing at any one time	✓	Number of individuals or families*	OR % of total individuals or families*
<b>F. PARTICIPATION IN SERVICES</b>			
1. Participation in services will not be a condition of residency	<input type="checkbox"/>		
2. Resident will be required to participate in services in order to receive certain benefits in the residence (specify)	<input type="checkbox"/>		
3. Resident will be required to participate in services as a condition of residency	<input type="checkbox"/>		
4. Resident will be required to participate in services under certain circumstances (specify)	<input type="checkbox"/>		
<b>G. SOBRIETY REQUIREMENT IN LEASE/HOUSE RULES</b>			
1. Alcohol and drug use to be prohibited or restricted on premises (but not off premises)	<input type="checkbox"/>		
2. “Dry” housing — alcohol and drug use (on and off premises) will not be allowed	<input type="checkbox"/>		
3. Alcohol permitted on-site but illegal drug use not tolerated	<input type="checkbox"/>		
4. Alcohol not prohibited on-site, but only in residents’ private units, not in common areas	<input type="checkbox"/>		
5. Alcohol and drug usage will not be addressed in the lease or house rules	<input type="checkbox"/>		
6. Other (specify)	<input type="checkbox"/>		
<b>H. RESIDENT/TENANT INVOLVEMENT</b>			
1. Resident participation in program management not anticipated	<input type="checkbox"/>		
2. Tenant council or resident association that advises program and/or housing management will be established	<input type="checkbox"/>		
3. Residents will be involved in decisions such as house rules, intake and screening, services planning and program development	<input type="checkbox"/>		
4. Other (specify)	<input type="checkbox"/>		

**SUPPORTIVE SERVICES PLANNING WORKSHEET  
POPULATIONS SERVED**

**RESIDENCE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

		✓	<i>Projections</i>	
			Number of individuals or families*	<u>OR</u> % of total individuals or families*
*Served by the housing at any one time.				
A.	<b>FAMILY STATUS</b>			
1.	Single adults	<input type="checkbox"/>		
2.	Families (dual or single parent)	<input type="checkbox"/>		
B.	<b>GENDER</b>			
1.	No gender restrictions	<input type="checkbox"/>		
2.	Designated units for males	<input type="checkbox"/>		
3.	Designated units for females	<input type="checkbox"/>		
C.	<b>AGE GROUP TARGETED BY HOUSING</b>			
1.	Adults	<input type="checkbox"/>		
2.	Adults and dependents	<input type="checkbox"/>		
3.	Older adults (over 55)	<input type="checkbox"/>		
4.	Adolescents	<input type="checkbox"/>		
5.	Other (specify) _____	<input type="checkbox"/>		
D.	<b>SPECIAL NEEDS GROUPS TO BE SPECIFICALLY TARGETED BY THE HOUSING</b>			
1.	People with psychiatric disabilities	<input type="checkbox"/>		
2.	People with substance addiction	<input type="checkbox"/>		
3.	People dually diagnosed with MI and SA	<input type="checkbox"/>		
4.	People with HIV/AIDS	<input type="checkbox"/>		
1.	People with multiple diagnoses	<input type="checkbox"/>		
2.	Victims of domestic violence	<input type="checkbox"/>		
3.	Veterans	<input type="checkbox"/>		
4.	Families with involvement	<input type="checkbox"/>		
5.	Youth "Aging Out" of Foster Care	<input type="checkbox"/>		
6.	Participants in "Welfare to Work" initiatives	<input type="checkbox"/>		
7.	People with criminal justice involvement	<input type="checkbox"/>		
8.	Other (specify below)	<input type="checkbox"/>		

**Planning Worksheet – Populations Served**

*Projections*

<i>*Served by the housing at any one time.</i>		✓	Number of individuals or families*	OR % of total individuals or families*
<b>E. PRIORITIES/PREFERENCES</b>				
1.	People who are homeless (define) _____ _____	<input type="checkbox"/>		
2.	People at risk of becoming homeless (circle): doubled up, unsafe/abusive environment, poor family situation, paying more than 50% of income for rent, need services to meet tenancy obligations and stay housed. Other: _____ _____	<input type="checkbox"/>		
<b>F. INTEGRATION OF TENANCY</b>				
1.	Homeless	<input type="checkbox"/>		
2.	At-risk of homelessness	<input type="checkbox"/>		
3.	Neither homeless nor at-risk of homelessness	<input type="checkbox"/>		
4.	Special needs populations	<input type="checkbox"/>		
5.	Individuals without identified special needs	<input type="checkbox"/>		
<b>G. EXPECTED SOURCE OF INCOME</b>				
1.	Employed and not receiving public benefits	<input type="checkbox"/>		
2.	SSI/SSDI	<input type="checkbox"/>		
3.	VA Benefits	<input type="checkbox"/>		
4.	TANF	<input type="checkbox"/>		
5.	Unemployment	<input type="checkbox"/>		
6.	No income	<input type="checkbox"/>		
7.	General Assistance	<input type="checkbox"/>		
8.	Other	<input type="checkbox"/>		
<b>H. SERVICE CONNECTION PRIOR TO ENTRY</b>				
1.	Does not have to be engaged in services at the time of entry	<input type="checkbox"/>		
2.	Preference for social services involvement at intake	<input type="checkbox"/>		
3.	Must be referred by social service provider. Any particular system? (e.g., DMHAS, DCF, Homeless Service Provider, DSS, Veterans Administration, etc.) List: _____ _____	<input type="checkbox"/>		
4.	Other (specify): _____	<input type="checkbox"/>		

**Planning Worksheet – Populations Served**

		<i>Projections</i>		
<i>*Served by the housing at any one time.</i>		✓	<b>Number of individuals or families*</b>	<b><u>OR</u> % of total individuals or families*</b>
I.	ANTICIPATED PRIMARY REFERRAL SOURCES OF RESIDENTS			
1.	Identified through provider outreach services	<input type="checkbox"/>		
2.	Referred by service providers	<input type="checkbox"/>		
3.	Referred by shelters	<input type="checkbox"/>		
4.	Referred by corrections or judicial system	<input type="checkbox"/>		
5.	Transitioning from institution	<input type="checkbox"/>		
6.	Transitioning from treatment	<input type="checkbox"/>		
7.	Referred from other residential service setting	<input type="checkbox"/>		
8.	Self-referral	<input type="checkbox"/>		
9.	Other (specify) _____	<input type="checkbox"/>		

**NOTES:**

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**CREATING A CULTURE OF TRANSITION: CASE EXAMPLE**

*Review the following scenario of a person residing in a transitional housing program. In what ways do you believe the program has not created a "culture of transition"?*

Ralph was referred to a transitional program by the shelter where he resided. At the time of intake, Ralph was asked about his psychiatric, medical, housing, substance use and judicial history. Staff members also described the structure of the program, services the program offered, and included the philosophy of the program, which was consumer-driven. Great lengths were taken to describe additional improvements staff has made to ensure that residents are comfortable, such as aesthetic alterations, laundry amenities and additional recreational activities. Ralph was asked if he had any questions, comments or suggestions, to which he replied no. Staff was pleased to learn that Ralph would be closer to his family and friends if accepted into their program.

Ralph was accepted into the program and upon his arrival, staff members provided an orientation that included some basic house rules. Ralph was informed that he needed to meet with the on-site psychiatrist, that ongoing meetings with his case manager were necessary and that he was required to participate in therapeutic groups. Lastly, he was informed of the medication schedule, hours meals were served and the curfew. Ralph was escorted to his double occupancy room and was delighted to find that he did not have a roommate. He was invited to make himself comfortable, unpack and after settling in, would be asked to participate in services.

After three days, Ralph began to participate in a few of the groups, had not met with the psychiatrist and met with his case manager, once for 30–45 minutes. The case manager focused on Ralph's psychosocial, paying close attention to his childhood experiences. During the next week, Ralph met with his case manager, who obtained an extensive psychiatric history, including his feelings about medication. When Ralph revealed that he had had quite a few negative experiences with psychiatrists, his case manager was very empathetic. Ralph felt he would be ready to meet the doctor within the next week. His case manager stated that a tentative appointment would be arranged the following week.

For the next two weeks, Ralph was observed enjoying time with other residents and appeared to be adjusting very well to the program. He participated in one additional recreational group, met with his case manager on a regular basis and planned to meet with the psychiatrist the following week. His case manager encouraged him to announce at the next community meeting how well he was adjusting to the program. Ralph, although nervous, agreed. He also reported that he never thought being in a program could be so positive.

## CREATING A CULTURE OF TRANSITION

The paradox of an effective transitional program is that its greatest strength — creating a warm, engaging environment where residents feel respected and safe — can also be its downfall. Residents may not want to leave. Residents must first experience a sense that safe, secure housing is possible.

Creating a culture that supports and reinforces transition is critical. All norms, rituals, rules and values enforce this kind of culture.

### DEFINE, COMMUNICATE AND REINFORCE THE GOAL OF OBTAINING HOUSING

- Begin this process during intake
- Every service, group, activity and intervention will promote the resident's ability to obtain permanent housing

### LET RESIDENTS KNOW WHAT THEY CAN EXPECT FROM THE TRANSITIONAL STAFF

- Allow residents to articulate their expectations
- Clarify any discrepancies in expectations
- Develop a contract between worker and resident delineating who will do what and in what time frame
- Periodically review the contract and celebrate accomplishments met

### MAKE PROGRAM EXPECTATIONS CLEAR TO ALL RESIDENTS UPON INTAKE

- Have expectations be part of a written welcome guide (multi-language, if necessary)
- Include program participation expectations
- Review timeframes for completing activities or obtaining housing
- Communicate purpose of house rules and consequences for violating
- Answer any questions new resident may have regarding expectations

### BUILD A PROGRAMMATIC REWARD STRUCTURE FOR HOUSING PLACEMENT

- Host public celebrations for residents who are moving into a new home
- Present a "move-in package" gift
- Hold alumni reunions
- Have former residents return to speak to newer residents
- Publicly acknowledge achievements toward obtaining housing

## **AREAS OF ASSESSMENT FOR HOUSING**

### **APPLICANT PREFERENCES**

- Number of roommates
- Location
- Shared facilities
- Curfews
- Level of security
- Types of staff
- Types of services
- Anything else of importance to the individual

### **PSYCHIATRIC FUNCTIONING**

- Current mental status
- History of high-risk behaviors
- Treatment attitudes and understanding of illness
- History of hospitalizations
- Judgement, impulse control, memory and concentration
- History of treatment and use of psychotropic medications

### **MEDICAL STATUS**

- Unmanaged, undiagnosed or contagious illness
- Independence in obtaining medical help
- Special Needs: e.g., diet, medication
- HIV disease status
- Chronic medical condition

### **ACTIVITIES OF DAILY LIVING SKILLS**

- Ability and motivation to improve skills
- Hygiene and housekeeping
- Shopping, cooking and maintaining a proper diet
- Budgeting and prioritizing needs and activities
- Household knowledge and safety

### **COMMUNITY LIVING SKILLS**

- Communicating or interacting in public
- Accessing other systems/keeping appointments
- Traveling, banking, post office, library and other community services
- Discriminating danger/asserting and protecting oneself

## **AREAS OF ASSESSMENT FOR HOUSING** (continued)

### **MOTIVATION TO OBTAIN HOUSING**

- Applicant's current living situation
- Feelings and fears that affect motivation
- Attitude and behavior toward and throughout the placement process

### **SUBSTANCE USE/ABUSE**

- Signs and symptoms of current use
- Consequences of use
- History of use
- History of treatment
- Applicant's assessment of the impact of substance use on his/her life
- How much do you drink or use other substances?
- What is the impact of using on your behavior?
- Have you ever lost your housing because of drug or alcohol use?
- What supports do you need in order to stay housed?

### **ENTITLEMENT STATUS**

- Current status
- Barriers to obtaining entitlements

### **SOCIAL SKILLS AND NEEDS**

- Need or desire for interaction with family, friends and partners
- Privacy needs
- Level of comfort in groups, both formal and informal
- Does the applicant's belief system or behavior affect social functioning

### **HOUSING HISTORY AND PATTERNS**

- Causes of homelessness
- Long-term institutionalization (e.g., hospital, shelter)
- Unserviced housing
- Serviced or supportive housing
- Family or significant others

## HOUSING PREFERENCE QUESTIONS FOR RESIDENTS

These descriptors can guide discussion with applicants of special housing preferences and needs.

- **NUMBER OF ROOMMATES:** Would you share an apartment if you had your own room? Do you like having company? Have you lived by yourself before? Do you get lonely?
- **MEALS PROVIDED/COOKING FACILITIES:** Would you prefer having your own kitchen? Shared kitchen? Cafeteria? Do you like to cook? How often — every day, three times a day? Do you mind cleaning up after cooking?
- **LAUNDRY/LINENS PROVIDED/CLEAN OWN ROOM:** Would you like to have help with some of these responsibilities?
- **SHARED/OWN BATHROOM:** Is a shared bathroom in the hall acceptable? Would a bathroom shared only with one or two other people be all right?
- **LOCATION:** Neighborhood? What features are important (such as shopping, libraries, transportation, well-lit areas, etc.)?
- **CURFEWS:** How do you feel about these policies? Does it make you feel safer to know the door is locked at night?
- **VISITOR POLICY:** Do you want to have overnight guests? How often? How do you feel about having your guests screened? Do you like knowing that other people's guests are screened?
- **PETS:** Do you currently have a pet that you wish to keep?
- **LEVEL OF SAFETY/SECURITY:** What is important to you? Will you be going out a lot? Will you be going out on your own or with roommates or friends?
- **SOCIAL SERVICE STAFF ON-SITE:** Do you like having someone to talk to or be available any time of the day or night? Would you like to live in a place that has no staff on-site and have staff visit you instead?
- **SOBRIETY:** How do you feel about being in a setting where some people may be using drugs or alcohol? Is a community that strongly supports sobriety important to you?
- **GROUPS/DAY PROGRAM:** Would you like to have access to in-house groups? How do you feel about mandatory attendance at groups? Do you like the idea of having staff-sponsored activities like trips and movies?
- **MONEY MANAGEMENT:** Would you like help safekeeping or managing your finances?
- **MIX OF PEOPLE IN FACILITY:** Do you prefer living with all women (or men), younger people, etc? Would you like to live with different people than you do now?

### HOUSING SKILLS & SUPPORTS CHECKLIST

The following skills are necessary, to varying degrees depending upon the housing model, for living in the community. This checklist can be used to help assess housing needs as well as by housing providers. Use checks to represent the level of assistance needed:

✓✓ = almost never needs assistance  
 ✓✓✓ = sometimes needs assistance  
 ✓✓✓✓ = almost always needs assistance

- Money Management Skills and Ability to Pay Rent (keep up with entitlement/benefits paperwork, cash checks, budget)
- Personal Hygiene Skills (bathing, washing clothes, buying and using toiletries, dress appropriate to weather)
- Travel Skills (use public transportation, follow directions)
- Social Skills (sensitivity to and respect for the needs and rights of others, conflict-management skills, ability to maintain positive relationships)
- Social Supports (connections to family and significant others, needs for interaction/time alone)
- Awareness of Service Needs and Ability to Seek and Accept Help
- Communication Skills (able to make needs known, ask for clarification when not clear about what others have said)
- Ability to Manage Health and Psychiatric Care (make and keep appointments, manage Medicaid or health insurance paperwork requirements, take medication as prescribed, advocate and communicate with doctors)
- Shopping and Cooking Skills (able to obtain meals by buying or cooking food, store food properly)
- Housekeeping Skills (able to clean space, wash sheets, remove garbage regularly, keep out mice and insects, remove excess clutter, maintain plumbing, i.e., remove hairs from drain, keep large items out of toilet, etc.)
- Awareness of Substance Use, Relapse Patterns, and Consequences of Use (disruptive behavior, deteriorated health, inability to work, relapse triggers, support network)
- Ability to Follow House Rules (refrain from violence, wear appropriate clothing in common spaces, keep noise down during hours of sleep)
- Ability to Pursue Self-Identified Goals (planning, prioritizing and accessing needed resources, problem-solving and negotiation skills)



## PROCESS OF GOAL SETTING

The process of goal setting involves many skills. The worker and resident work together to create a plan of action for reaching the resident's self-expressed goals. Always keep in mind that this is a process of mutuality and that the worker must not make the mistake of imposing a goal on an unwilling resident.

- Listen to the resident and reflect back what is heard to clarify and check understanding.
- Acknowledge that every person has different goals and different ideas of how to reach those goals. Goal setting is an individual process.
- List and discuss obstacles to reaching goals.
- Partialize problems and break them down into components.
- Explore every aspect of the problem after separating out the different components.
- Empathize with the resident's feelings about goal setting and past unmet goals. Many people living in supportive housing have experienced significant interference with their ability to achieve their goals.
- Prioritize issues to be addressed.
- List and discuss all possible options for dealing with problems as well as all steps for reaching the residents' goals. Steps should be achievable, even if the long-term goal seems out of reach.
- Work with the resident to select the best options for problem solving and reaching goals.
- Goal setting is a fluid process and setbacks are to be expected. Be prepared to change goals and/or steps to reaching them.
- Discuss steps in terms of a realistic time frame.
- Positively reinforce all achievements along the path toward reaching goals.

## **CHARACTERISTICS OF THE HOUSING NEGOTIATION PROCESS**

### EXPLORE

- What the person's choice symbolizes/means
- History of housing failures and successes
- Facility and neighborhood amenity preferences
- Financial issues
- Implication of special needs as they relate to housing

### NEGOTIATE

- Worker should be forthright regarding the reasons for her assessment
- Worker should anticipate reactions to disagreement and remain connected to the person.
- Negotiation strategies and interventions may include:
  - a. linking proposed option to resident's aspirations
  - b. framing move as intermediate step
  - c. reflecting on person's experience in programs to assist her in better understanding what she needs in a permanent housing situation
  - d. informal use of events to suggest what housing would be most appropriate
  - e. use of groups to reality test available options with peers
  - f. negotiation with the resident to improve skills to access preferred housing option
  - g. link with other people who are successful in placement activities
  - h. create reward structures for housing placement

## INTERVIEW QUESTIONS

Federal Anti-Discrimination Laws prohibit housing providers from asking certain questions that could lead to housing discrimination. However, many interviewers can ask those questions (i.e., mental health history, substance abuse history) to determine whether the special needs of a potential tenant have impacted their ability to maintain their housing in the past and if those needs are being addressed to avoid repeating that history. Additionally, many providers want to explore the specific needs of a potential tenant to ensure that their program can offer the support the tenant may need.

To help increase the comfort level of residents scheduled to interview for permanent housing, it is helpful to prepare them by describing some of the questions they may be asked. The following are some questions to practice answering with residents.

### HOUSING HISTORY

- Where was the last place you lived?
- What precipitated the current episode of homelessness/need for housing?
- Is there a pattern and can the applicant identify it as such?
- What past housing situations worked well/didn't work for you?
- What was it about these situations that helped/hindered your ability to remain housed?

### FINANCES

- What is your source of income? Amount?
- Do you cash your own checks?
- Do you or have you had a representative payee?
- Explain any past problems paying rent
- Do you usually have enough money to last through the month? If not, when do you typically run out?
- Do you want/would you accept assistance budgeting your money?
- Has anyone ever suggested this might be helpful to you?

### MEDICAL/PSYCHIATRIC HISTORY

- Do you have any medical conditions?
- History of any problems?
- Are you seeing a doctor?
- Taking medications?
- Do you have any difficulties sleeping?
- If yes, what does it do for you (positive and negative)?
- Does anyone remind you to keep appointments or take meds?
- Do you need/are you willing to accept assistance managing your meds?
- Are you seeing a psychiatrist?
- Have you in the past?

#### HISTORY OF VIOLENCE/CRIMINAL ACTIVITY

- Have you ever needed assistance because of thoughts or attempt at hurting yourself or others?
- What were the circumstances?
- How did it impact your life?
- Have you ever been arrested?
- How much time have you spent in prison?

#### SUPPORT NETWORK/LEISURE ACTIVITIES

- Do you have contact with friends or family? How often?
- What do you do during the day?
- Are there things you'd like to do that we could help with?
- Mention groups or activities in the building and get ideas of areas of interest.

#### EDUCATION/EMPLOYMENT

- What is the highest grade attended?
- What are your educational/vocational goals?
- Would you like assistance in this area?
- What are your job skills?
- Mention any GED classes, scholarship programs, etc. associated with the program

#### ADL SKILLS

- How do you keep your personal space?
- Do you cook for yourself? Typical menu? Do you enjoy cooking?
- How often do you shower?
- Are you comfortable shopping for yourself?
- Can you carry bags/manage transportation/walk?

#### COMMUNITY LIVING SKILLS

- What would you do if a neighbor played his/her music loudly at night?
- Would you be interested in attending tenant meetings in order to have input into decisions made about this community?
- How do you feel about living around people with (describe population in the building and any special needs, such as mental illness, HIV/AIDS, etc.)

#### SUBSTANCE USE

- See the handout "Alcohol and Other Drug History Instrument" for specific questions

## OBSTACLES IN THE TRANSITION TO PERMANENT HOUSING

There can be numerous obstacles to overcome when working with people to access permanent housing. Service providers, once aware of these obstacles, can design individual services and program activities to overcome or diminish them. Residents should be educated about housing options and the criteria for acceptance.

**SYSTEMIC OBSTACLES:** These obstacles are most effectively addressed through advocacy and sustained pressure from staff and residents and the government representatives who have the power to fund housing development and change policy. Agencies can ban together to increase their effectiveness. Some providers simultaneously create their own housing options.

- Lack of safe, decent, affordable housing
- Landlord prejudice — based on race, culture or special needs
- Lack of sufficient income resulting from inability to get a job or entitlements due to immigration status or special needs
- Provider requirements for entry into housing
- Gaps in services to address particular needs such as chronic substance use.

**PERSONAL OBSTACLES:** Our role is to assist our residents in gaining the skills necessary for securing and maintaining housing. We can educate residents about patterns or behaviors that have a negative influence on their ability to do this and offer non-judgmental assistance in changing those patterns or behaviors.

- Mental illness
- Substance abuse
- MICA
- Poor credit history
- Criminal history
- Age 18–25
- Illegal immigrant status
- Medical problems
- Budgeting problems
- Anxiety over change

**PROBLEMS IN THE WORKER/RESIDENT RELATIONSHIP:** Staff must explore and understand the housing preferences of residents while remaining aware that it takes time and trust to share personal information. Staff should make consistent outreach efforts to residents while allowing the resident to control the content of the interactions.

- Residents' lack of trust of the worker or the program
- Miscommunication over housing needs and preferences
- Difficulty in transitioning to permanent housing
- Termination issues

## THE TRANSITION TO PERMANENT HOUSING Case Examples

*The following cases are examples of issues that can arise in the transition to permanent housing. Read each case and discuss:*

- *What the issues are*
  - *How the situation should be handled*
  - *Who is responsible for what (specific roles and what the staff in the transitional and permanent settings should do)*
1. Tom, a substance abuser in recovery for the past two years, has always been extremely motivated to move into his own place. For the past six months, he's been living in the transitional housing program and has been the model resident, leading groups and orienting incoming residents. He was thrilled to be accepted into a beautiful, newly renovated residence and is scheduled to move this month. Lately, he has been rude to staff, gotten into arguments with residents and exhibited all sorts of negative behaviors the staff never saw from him before. A resident told staff she thought she saw him hanging out with the neighborhood drug runners. He refuses to discuss his erratic behavior.
  2. Sue, who has a mental illness, is doing her best to comply with the shelter staff and takes steps toward getting her own housing. However, she periodically disappears and returns several weeks later. It's never clear where she's been, but she returns disheveled and off her psychotropic medications. This is the third time it has happened in the past year, and some staff of the shelter don't think she should be given another chance. Her level of motivation for housing is unclear but she consistently says she does not want to live in a highly structured setting, "like a hospital."
  3. The shelter where Ellen is staying has an eight-month time limit. Both the staff and Ellen feel she is prepared for permanent housing and ready to meet all the obligations of tenancy. She has been rejected from four residences because she "lacks insight into her mental illness." Ellen refuses to accept that she has a chronic mental illness but has consistently taken psychotropic medications for the past year to help her

sleep. She becomes angry in interviews when asked to discuss her visits to the psychiatrist.

4. Mel, a low income working man, is not interested in any of the housing options he's been shown. He calls them cheap dumps for the crazies. "I want a nice house of my own with a garden. I'm holding out for what I deserve."
5. Will moved into his own place a couple of months ago after years of working on his sobriety and trying to get a job that could pay the rent. Everything was great for the first few weeks and then he started oversleeping, getting to work late and feeling like he didn't have the energy to do much of anything.
6. Tina was released from prison last year and has not done well on any of her housing interviews. She cursed at one interviewer who asked about her ability to pay rent and intimidated another saying, "one way or another I always get what I want, and I want to live here." The shelter staff feel she is ready to move and don't take her threats seriously.

**ADDITIONAL READINGS**

## Books and Articles

Argeriou, M., McCarthy, D.: "The Use of Shelters As Substance Abuse Stabilization Sites." *Journal of Mental Health Administration*, 20(2): 100–112, 1993.

The feasibility of providing post-detoxification residential substance abuse programming in large emergency shelters was examined as part of a demonstration project funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) under Section 613 of the Stewart B. McKinney Act. The program completion rates of 773 homeless/at-risk substance-abusing individuals assigned to two large shelters (71% and 62%) and two traditional substance abuse treatment agencies (68% and 54%) were compared. These data support the expansion of shelter services to include substance abuse programming and intervention.

Barrow S., Soto G.: "Closer To Home: An Evaluation of Interim Housing for Homeless Adults," Corporation for Supportive Housing, 1996.

This hundred-page evaluation looks at low-demand interim housing programs developed to serve homeless people living on the streets. The study tracked 113 service-resistant people in New York and found that 62% placed in interim housing went on to permanent settings, as compared to 34% of the 50-person control group.

Barrow S., Zimmer R.: "Transitional Housing and Services: A Synthesis." Washington, DC: Presented at the National Symposium of Homelessness Research, October 29–30, 1998

This paper, available through [prainc.com/nrc](http://prainc.com/nrc), describes what the concept of transitional housing encompasses and where the boundaries between transitional housing and related concepts — emergency shelter, residential treatment programs, permanent supportive housing — can most usefully be drawn. "Low demand" and "high demand" approaches to providing transitional housing for homeless families and individuals are described, and the limited research on transitional housing programs and approaches is reviewed.

Bennett, R.W., Weiss, H.L., West, B.R.: "Alameda County Department of Alcohol and Drug Programs Comprehensive Homeless Alcohol Recovery Services (CHARS)." *Alcoholism Treatment Quarterly*, 7(1): 111–128, 1990

This article describes an NIAAA-funded demonstration project for homeless persons with alcohol and drug problems in Alameda County, CA. The CHARS Program is one of the first comprehensive service systems in the nation to address the needs of alcohol and drug abusing homeless persons. Components of the system include alcohol crisis center, two multi-purpose drop-in centers, seven residential recovery centers, a transitional housing program and permanent sober housing. A description of each program component is included.

Broughton, J.: "Foodservice for the Homeless: A Manual for Emergency Shelters, Drop-in Centers and Transitional Housing Providers," 1994.

This manual, available through [prainc.com/nrc](http://prainc.com/nrc), is intended as a resource for foodservice planning for emergency shelters, drop-in centers and transitional housing providers. First published in 1991, it now features a new section on nutrition education resources, including reproducible handouts and 30 recipes for large groups. It also has practical information on nutrition guidelines for all ages and needs of guests, food donation, volunteer coordination, and protection from food borne illnesses. All food recommendations follow the USDA Food Guide pyramid.

Fogel, S.J.: "Moving Along: An Exploratory Study of Homeless Women With Children Using a Transitional Housing Program." *Journal of Sociology and Social Welfare*, 24(3): 113–133, 1997

This article presents a study that was conducted to determine how residents of a group transitional housing program use and develop skills and resources in this setting to secure self-sufficient housing and community re-integration. Qualitative data was collected over 14 weeks at one group transitional house. Data were gathered from 12 women, all of whom had at least one child with them. The data indicated a variety of causes for the families' homelessness and a variety of personal adaptations to the transitional housing environment. The author suggests that social workers and staff in shelters need to incorporate strategies to build place-identity skills that can promote personal and environmental resources.

Goldberg, J.E.: "A Short-term Approach to Intervention with Homeless Mothers: A Role for Clinicians Shelters." *Families in Society*, 80(2): 161–168, 1999

This article discusses a short-term feminist social work approach to clinical intervention with mothers in a family homeless shelter. This model emphasized feminist understandings of women's development in a short-term model of intervention. Techniques include classical social work techniques of listening and support. An example of six-session intervention utilizing this approach is discussed. The author examines the implication for the future role of social work with homeless families.

Grella, C.E.: "A Residential Recovery Program for Homeless Alcoholics: Differences in Program Recruitment and Retention." *Journal of Mental Health Administration*, 20(2): 90–99, 1993

This paper describes the Sober Transitional Housing and Employment Project (STHEP), a long-term residential recovery program in Los Angeles for homeless alcoholics. Services included enhanced vocational and housing assistance and specialized group activities. The evaluation examined patterns of recruitment and program retention in comparison to a control group, which received only the first phase. Upon completion of the second phase, whites were more likely to discharge to a rental situation, blacks to a sober group living facility and women to live with others. Differences in program recruitment and completion may be explained by employment history, economic status, gender, race and age differences. The findings suggest the need to program planners to consider the

diverse backgrounds and needs of homeless alcoholics and to match service to individual needs.

Leonard, D.: "Transitional Housing for Homeless Veterans: A Concept Paper." San Francisco, CA: Task Force, 1986

As a result of public hearings, a Joint Task Force on Homeless Veterans was established to address the unique problems of an estimated 1,500–2,000 homeless veterans in San Francisco. This report from the task force contains chapters on Background/Statement of the Problem, Profile of Homeless Veterans and Resources for Homeless Veterans. The task force identified the major need to be a transitional housing program and this paper sets forth a proposed pilot project to establish a full service transitional facility.

Murray, R., Baier, M., North, C., Lato, M., Eskew, C.: "Components of an Effective Transitional Residential Program for Homeless Mentally Ill Clients." *Archives of Psychiatric Nursing*, 9(3): 152–157, 1995

This article describes a study that reviews clinical records of 228 former clients of a Transitional Residential Program for severely, persistently mental ill homeless persons conducted to examine Program results. Of the 228 clients, 110 (48.3%) completed the Program: they became psychiatrically stabilized, found secure housing and began receiving disability pensions. This group participated in significantly more activities than those who did not complete the program. Psychiatric diagnosis was unrelated to successful Program completion.

National Alliance for the Mentally Ill North Carolina: NAMI NC Help Book, 1999

This Help Book covers a wide variety of topics of critical importance to consumers of mental health services, their family members, friends and treatment providers. Chapters include "Understanding Mental Illness" and "The Meaning of Mental Illness to Consumers and Families" and a host of other topics.

New York State Office of Mental Health: The Housing Difference. Network/State University of New York, 1992 (Videotape: 20 minutes)

This video describes some of the supportive housing programs for persons with serious mental illnesses in New York. The programs include a variety of housing, from adult group homes to apartment buildings, and serve a diverse population, many of whom were previously homeless. Neighbors of the various residences, the providers and the residents themselves are interviewed about the programs. Some of the programs highlighted include the Transitional Living Center (TLC) in New York City and Fleming Housing in Westchester County. Available from the New York State Office of Mental Health, Managed Care Services, 44, Holland Avenue, Albany, NY 12229, (518) 474-3432.

Proscio, T.: "Under One Roof: Lessons Learned from Co-locating Overnight, Transitional and Permanent Housing at Deborah's Place II," Corporation for Supportive Housing, 1998

This 19-page case study examines a project that combines three levels of care and service at one site. The project is designed to serve homeless single women with mental illness and other disabilities.

Rosenheck, R., Morrissey J., Calloway M., Johnsen M., Goldman H., Randolph F., Blansinsky M.: "Service System Integration and Housing Outcomes for Homeless People with Mental Illness: A Tale of 18 Cities." To appear in 29-page paper edited by Osher, F., Newman, S., Housing and Residential Care for Persons with Serious Mental Illness

This paper uses data from the second year of the access to Community Care and Effective Services and Supports (ACCESS) demonstration program to examine the relationship of service system integration to the use of housing services and outcomes, and to compare the results with the first year data. The analysis replicates the previous report findings and confirms that a significant statistical relationship exists between service system integration and consumer outcomes among homeless mentally ill persons.

Sprague, J.F.: "A Manual on Transitional Housing." Boston, MA: Women's Institute for Housing and Economic Development, 1986

This manual provides information on planning and developing transitional housing programs to bridge the gap between emergency shelter and permanent housing. The manual is aimed at programs for women alone or with children, including mentally ill women. The author recommends a comprehensive approach to transitional housing programs, describing the diverse needs of homeless women and emphasizing the importance of providing such services as life planning, personal counseling and parenting skills training. Included are descriptions of a number of successful transitional housing programs for women.

Srebnik, D., Livingston, J., Gordon, L., King, D.: "Housing Choice and Community Success for Individuals with Serious and Persistent Mental Illness." *Community Mental Health Journal*. 31(2): 139-152.

This article focuses on the importance of consumer choice in psychosocial rehabilitation and success in permanent housing. The relationship of choice to community success over time demonstrated that choice was positively related to housing satisfaction, residential stability and psychological well-being.

Torrey, E.F.: *Surviving Schizophrenia, A Manual for Families, Consumers and Providers*, Harper Collins: 1995.

Completely updated and revised, the third edition of this indispensable manual thoroughly details everything patients, families and mental health professionals need to know about one of the most widespread and misunderstood illnesses. Includes detailed information regarding symptoms, medications, treatment and prognosis of schizophrenia

United States Department of Health and Human Services: "Sheltering and Feeding the Homeless: A Resource Guide for Communities," Undated

This brochure describes the efforts of the Department of Health and Human Services' Interagency Task Force in responding to the food and shelter needs of homeless people, including emergency shelter, assistance, food program assistance, ways to access Federal resources and section on information and technical assistance that includes a directory of Federal centers to contact for the establishment of service programs in different regions of the country. The brochure describes the composition of homeless people as those who are chronically mentally ill, migrants, unemployed persons, immigrants, battered women, alcoholics and drug abusers.

United States Department of Housing and Urban Development: "In From the Cold: A Tool Kit for Creating Safe Havens for Homeless People on the Streets," 1999.

In 1992, amendments to the McKinney Act created the Safe Haven program, a form of supportive housing for hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services. This tool kit has been developed to address these issues specifically and serve as a guide to help new programs avoid unnecessary administrative headaches. The kit includes eight chapters covering the key issues surrounding the creation of Safe Haven programs, including: 1) the Continuum of Care; 2) planning, designing, siting and financing Safe Haven housing; 3) the challenge and opportunity of NIMBY; 4) outreach, engagement and service delivery; 5) crisis management; 6) transitions from Safe Havens; 7) program rules and expectations; and 8) staffing issues.

Ware, N., Desjarlais, R., AvRuskin, T., Breslau, J., Good, B., Goldfinger, S.: "Empowerment and the Transition to Housing for Persons Who are Homeless and Mentally Ill: an anthropological perspective." *New England Journal of Public Policy*, 8(2), 297-315, 1992

This paper uses an anthropological perspective to examine issues that arise for homeless mentally ill people in making the transition from shelter living to permanent housing. Project participants are placed in either individual apartments or shared, staffed residences designed to assist in skill building and lead to "consumer driven living situations". The results suggest that residents and staff sometimes have contrasting views of what empowerment entails.

White, A., Kirk, C., Wagner, S.: "In From the Cold: Transitions: From Safe Havens to Other Supportive Housing Settings," Center for Urban Community Services. p. 79-85, 1998

This paper describes a service approach and model to facilitate the movement of hard-to-engage homeless people with serious and persistent mental illness living in Safe Havens to other supportive housing settings. Examples are drawn from Safe Havens across the nation.

## Internet Sites

### Center for Urban Community Services

<http://www.cucs.org>

Center for Urban Community Services (CUCS) provides a continuum of supportive services for homeless and formerly homeless people, including street outreach, a drop-in center, transitional and permanent housing programs, and vocational and educational programs. Particular emphasis is placed on specialized services for people with mental illness, HIV/AIDS and chemical dependency. This website provides information and links to a variety of resources regarding transitional and permanent housing.

### Corporation for Supportive Housing

<http://www.csh.org>

CSH's mission is to help communities create permanent housing with services to prevent and end homelessness. CSH works through collaborations with private, nonprofit and government partners, and strives to address the needs of tenants of supportive housing. CSH's website includes a Resource Library with downloadable reports, studies, guides and manuals aimed at developing new and better supportive housing; policy and advocacy updates; and a calendar of events related to supportive housing.

### The Enterprise Foundation

<http://www.entrprisefdn.org>

This site includes a variety of information resources relating to low-income housing and community development. Sample articles from newsletters are available.

### National Alliance for the Mentally Ill (NAMI)

<http://www.nami.org>

This website is dedicated to improving the lives of people with severe mental illness, family and friends. NAMI provides up-to-date information on a variety of mental illnesses, including schizophrenia, mood disorders and personality disorders. Information includes recommended books and readings, a help line, information on membership, statistics and links to other relevant Internet resources.

### National Alliance to End Homelessness (NAEH)

<http://www.naeh.org>

The National Alliance to End Homelessness (NAEH), a nationwide federation of public, private, and nonprofit organizations, demonstrates that homelessness can be ended. NAEH offers key facts on homelessness, affordable housing, roots of homelessness, best practice and profiles, publications and resources, fact sheets and comprehensive links to national organizations and government agencies that address homelessness.

National Coalition for the Homeless

<http://www.nch.ari.net>

The National Coalition for the Homeless is a national advocacy network of homeless persons, activists, service providers and others committed to ending homelessness through public education, policy advocacy, grassroots organizing and technical assistance. This website provides information on resources, publications and facts about ending homelessness.

National Resource Center on Homelessness and Mental Illness

<http://www.prainc.com/nrc/>

The National Resource Center on Homelessness and Mental Illness provides technical assistance, identifies and synthesizes knowledge and disseminates information. Users can be linked to findings from Federal demonstration and Knowledge Development and Application (KDA) projects, research on homelessness and mental illness and information on federal projects.

Supportive Housing Network of NY

<http://www.shnny.org>

A coalition representing 160 private nonprofit supportive housing agencies in New York State that provides permanent housing for formerly homeless individuals. The Network provides resources, public education and advocacy on behalf of members.