

## PHLAG

### 12 CORE COMPONENTS

1. A weekly “housing assistance” group for homeless veterans that is co-led by a clinician and a peer specialist. Group participants will consist of homeless veterans and veterans at risk for homelessness, including individuals just starting the process of obtaining housing, and individuals who are farther along.
2. Each group session will flexibly combine (a) dissemination of practical information such as how to apply for housing, local housing resources, how and why to examine ones credit and CORI (criminal record) reports, needed forms and phone numbers etc, (b) in-depth discussion of common tasks and challenges in applying for housing, such as what to include on applications, how to prepare for interviews, how to improve, address, and/or compensate for one’s past record regarding housing, legal entanglements, bankruptcies, credit problems, etc. (c) real time problem-solving of obstacles that group members encounter during their efforts, (d) encouragement and social support regarding frustration and other emotions that the process brings up, (e) normalization of the process, such as that initial rejections are common and often reversed on appeal, and (e) celebration of successes large and small.
3. Each housing assistance group is expected to meet weekly for two hours. Participating veterans are expected to attend a minimum of four sessions; there is no maximum.
4. It is expected that at each site the clinician and peer specialist will share leadership for the above facets of the group, in varying combinations tailored to needs and preferences, with both playing substantial roles.
5. However, neither clinician nor peer specialist can apply for housing nor solve problems *for* the participating veterans. Legally, as well as to encourage empowerment, veterans must apply for housing themselves. Therefore, while group members and leaders may assist, at core the group’s primary function is to enable the veteran to help him/herself by using the resources available – to identify housing opportunities, one’s eligibility and preferences, and to carry out the application process.
6. The co-leaders will encourage and foster mutual help and support among participating veterans. For example, someone who has surmounted a given hurdle can then share his/her strategies and experiences with newer members, and everyone can urge each other to not give up. Thus group members not only receive help but also

provide it to each other, which helps build self-worth and confidence. More experienced members will be encouraged to assist in explaining information, thus helping beginning members while reinforcing every member's understanding of the technical details of obtaining permanent housing.

7. The housing resources disseminated during the group meetings will have been developed by (and will be kept up to date by) the clinician and peer specialist, including the full range of private, public, mixed income, subsidized, market-rate and other housing available in their locale. These resources will also include thorough information about the eligibility, application and decision processes for each.
8. The combination of clinician, peer specialist, and group members' mutually assessing opportunities and challenges to obtaining housing, and becoming partners in developing effective strategies to overcome barriers, is essential to this model. As each veteran takes steps forward, or experiences setbacks, the group can flexibly provide validation, practical assistance, and emotional support.
9. While the group itself will not provide mental health or substance abuse treatment, the model recognizes that the working relationships formed in the group, the emotional issues that housing efforts might raise, and the practical fact that being in "treatment" can sometimes improve one's housing chances all provide openings during the group for the clinician and peer specialist to encourage and facilitate participants' engaging needed mental health and/or substance abuse care.
10. It is expected that between group meetings, each site will give veteran participants access to phones for calling housing developments, internet access and printed housing resources for perusal and research, and individual consultations with the clinician and/or peer specialist for individualized assistance. The peer specialist in particular will keep in touch with participating veterans and follow up with them as needed.
11. Both the group's clinician and its peer specialist will act as resource-people, group facilitators, and supporters of the participating veterans – they are not therapists or case workers. Both will therefore need excellent interpersonal skills and deep knowledge of local housing issues, resources, and procedures. Outside the group meetings, the peer specialist and the clinician will meet together weekly for consultation, to discuss novel situations, and to debrief issues that arise in the group.
12. The peer specialist will also assist group participants with moving-in arrangements once housing is obtained, will make follow up visits to the veteran, may encourage other group members to help or visit the "graduate," and will invite housed "graduates" to come back to the group to help others.