

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF)

Practice Area 3: Participant Services, Non-Financial

As with all other aspects of rapid re-housing and homelessness prevention, non-financial assistance will mirror the program's mission and philosophy. While "housing stability" is the stated goal, the definition of housing stability adopted or endorsed (explicitly or implicitly) by the program will determine the actual service delivery methods. Therefore, a clear definition is required—one that is consistent with the core concepts. Significant non-financial factors that impact housing stability will, in many cases, exceed an agency's capacity to resolve. The wide range of services potentially needed by consumers requires each program to develop and maintain a network of services, through informal and formal relationships, in the community. Use of these services is person-centered rather than agency centered; a program may need to develop a relationship with a particular agency even when only one household requires that agency's services. This Practice Area includes considerations for the design of case management, housing search and placement, tenancy supports, and referrals for critical community resources such as legal services, vocational assistance, and credit repair.

Training: SSVF Program LAUNCH: Participant Services, Non-Financial (2013) This recording provides guidance on the provision of non-financial participant services, specifically case management. [Participant Services, Non-Financial](#)

Best Practice Standards

The VA has developed best practice standards for homelessness prevention and rapid re-housing programs. The standards reflect a growing consensus about what works in homelessness prevention and rapid re-housing programs and have been developed to further promote best practices among SSVF grantees. The VA also encourages non-SSVF funded homelessness prevention and rapid re-housing providers to review and use these standards to support program improvement adherence to best practices.

The standards are organized according to the five practice areas. Click on the link provided to learn about the best practice standards as they apply to: Participant Services, Non-Financial http://www.va.gov/HOMELESS/ssvf/docs/SSVF_Practice_Standards_April_2013.pdf

Guidance

Non-financial services include case management, housing search, tenancy supports and referrals to other needed and desired services. As with all other aspects of rapid re-housing and homelessness prevention, non-financial assistance will mirror the program's mission and philosophy, so these must be consistent with the core concepts. More traditional programs must guard against offering interventions that are not truly based on resolving the housing crisis or only marginally related to housing.



Case Management

Case management is a core service offered in rapid re-housing and homelessness prevention programs. The case manager may actually directly provide only a portion of the services participants need and want, such as housing search and placement, tenancy supports and assistance with budgeting. In addition, however, the case manager will coordinate the work of a variety of other providers and agencies. Working with an at-risk and homeless population, case managers can expect to routinely work with landlords, secure benefits and/or employment, and access legal services, and credit counseling on behalf of participants. Programs should consider the following when planning or providing case management:

- **Similar to assessment, case management assistance should be offered in a progressive manner.** Everyone is offered a base level of assistance and more intensive and/or frequent case management assistance is provided only when needed and wanted.
- **Case manager roles will likely be different in homelessness prevention and rapid re-housing programs.** Case Managers are the participant's primary service provider within the program. The meaning of "case management" can vary. Often, the case manager is viewed primarily as an organizer of other resources for their participant. While this is still relevant in homelessness prevention and rapid re-housing programs, other roles will be equally important, such as expertise in the housing market and in landlord-tenant rights and responsibilities, and on-site teaching of significant housing retention skills.
- **As a result of resource gaps in the community, successful resolution of participants' housing crisis may now require case managers to directly offer some key housing supports.** As will be described below, landlord and tenancy supports are critical to program success in relocating or re-housing participants and assisting them to retain their housing.
- **In a Housing First, crisis response program driven by participant choice, case management should be informed by the perspectives of formerly and currently homeless households.** This can include regular focus groups of former participants to solicit their views on program strengths and weaknesses. Hiring people who were formerly homeless and/or faced the challenges of very low incomes, housing barriers, disabilities, and other issues is even more helpful.
- **Crisis resolution requires understanding how people undertake and succeed (or fail) at behavior change—and how crisis affects this.** People in crisis are frequently unwilling or unable to make the life changes that a case manager believes are necessary. This is because humans are not neurologically designed to make multiple or significant changes in behavior patterns, particularly in a crisis, when stress hormones reduce the person's ability to focus beyond their immediate experience. The ability and willingness to make change is maximized when the immediate crisis is resolved and the changes are small, sequential, followed by rewards, and supported (or at least not undermined) by the significant people in their lives.
- **In a crisis, people's reactions can appear to be counter-productive.** Stress hormones can cause people to become angry, anxious, and driven to seek immediate relief in ways that have worked in the past (most commonly: dopamine-enhancing behaviors such as eating excessive junk food, TV or video games, alcohol or drugs, shopping sprees, etc.). Increasing external pressure to

change or feelings of guilt and shame at failure only increase the likelihood of additional failure. The program design and case managers' approach must incorporate knowledge of these dynamics to effectively assist their participants. Most often, this means scaling back expectations that people will be able to make multiple or significant life changes during a crisis.

- **Clinical practices can inform case manager practice, but the program should not attempt to deliver therapy.** Some program participants will have challenges that extend far beyond their immediate housing crisis. Program participants may or may not want or need to address these issues during their short-term tenure in the rapid re-housing and homelessness prevention program. If they do want and need mental health services, substance abuse treatment, or other healthcare, the case manager should match them with an appropriate community-based service.

At the same time, case managers must also be able to recognize and supportively respond to the acute or chronic stresses that can reduce the household's ability to resolve their housing crisis. Some evidence-based approaches can assist the case manager to understand, respond to and support participants:

- **Critical Time Intervention.** CTI is an empirically-supported, time-limited case management model designed to prevent homelessness and other adverse outcomes in people with mental illness following discharge from hospitals, shelters, prisons or other institutions. The model is designed for a nine-month term of service and may be too long or too intensive for many programs or populations; but it does offer a useful description of how case managers should step back and empower participants to act independently .
- **Trauma-Informed Care.** Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or "triggers" for trauma survivors that traditional service delivery approaches may exacerbate. The intent is for these services and programs to be more supportive and avoid re-traumatization. Homelessness and housing crises can be traumatic for some, and some participants may have had earlier trauma experiences. For many, this may not be an issue, but there is value to being knowledgeable about the impact of trauma and how to respond to survivors.
- **Motivational Interviewing.** Motivational interviewing is a semi-directive, participant-centered assessment and counseling approach for eliciting behavior change by helping participants based on an understanding of their present state relative to making the desired change (i.e., "stages of change"). It can be helpful in encouraging participants to consider changes in their budgeting, conflict management or other areas that affect their housing stability.

Each of these approaches can assist staff to better understand and respond to the stress levels of some of their participants.

The traditional version of case management works best if resources are *available*, clients are *eligible* for those resources, client *engagement* can be effectively transferred between resources, and if *communication* between the client, case manager and referral resources is frequent. It also works best when case management is *moderately long-term*. However, in many communities, critical housing-related services are not available by referral. Other funding changes and cutbacks mean that these

supports may not be available to the right household at the right time by referral. This is a particularly difficult issue for short-term, crisis programs.

As a result of diminished funding, successful resolution of clients' housing crisis may now require case managers to directly offer some key housing supports. As will be described below, landlord and tenancy supports are critical to program success in relocating or re-housing clients and assisting them to retain their housing. In most communities, rapid re-housing and homelessness prevention programs are responsible for landlord and tenancy supports. And case managers may be the most effective means of delivering this assistance.

To improve effectiveness and relevance, programs should aggressively build the perspectives of formerly and currently homeless households into all aspects of their service delivery. This can include regular focus groups of former clients to solicit their views on what was most or least helpful to them when they were receiving assistance, whether the program treated them with respect, honored their choices, and focused on resolving the housing crisis. Hiring people who were formerly homeless and/or faced the challenges of very low incomes, housing barriers, disabilities, and other issues is even more helpful. Some of the advantages of deliberately hiring formerly homeless staff:

- Program staff and program clients gain **practical and hard-won advice** on tenancy supports, the "tenant behavior expectations" of leasing, managing a very low-income budget, etc.
- By interacting on a regular basis with formerly homeless peers, program staff **reduces stereotyping and increases understanding/empathy** for households facing housing crises.
- Clients gain a **role model**--a staff person whose own struggles mirror their own and whose success offers support and inspiration: *I did it and so can you.*
- Staff with fewer professional credentials is often more willing to directly assist and teach **tenancy skills**, such as helping a client unclog a toilet or remove crayon from the walls.

Housing Search and Placement

This is one of the primary roles of a rapid-re-housing and homelessness prevention program. Most households will need to move to another housing unit, either to exit or to avoid homelessness. Finding housing that a very low-income household can obtain and retain is extremely challenging and requires the program to have a well-developed process and infrastructure devoted to that purpose.

- **Some programs require households to find their own housing unit and then the program assists with costs.** While this maximizes participant choice, it is often highly inefficient:
 - Many households lack transportation to view multiple properties.
 - Households often focus their search within neighborhoods they already know, restricting their choices.
 - People with Tenant Screening Barriers may be unable to convince a landlord to rent to them.

- People in crisis are often so anxious that they will quickly accept a unit without adequate comparisons and without discussion of lease requirements and full costs.
- Conversely, households may have an unrealistic view of the type of housing they can support at their income level, and look for units that are too expensive.
- The landlord may be unfamiliar with the program and unwilling to accept program participants, thus necessitating a new search.

Some programs require households to select units owned by landlords who have been specifically recruited to work with program participants. While this reduces choice, it is highly efficient:

- Partner landlords are those with units that are most likely to be affordable to program participants.
- The program has negotiated for the lowest start-up costs and rent possible with each landlord.
- Program landlords are often willing to accept special arrangements with households, on a case-by-case basis—such as extended payments instead of a lump security deposit, bi-weekly payment of rent payment based upon tenants' paydays, etc.
- The program does not form partnerships with "slumlords."

To maximize participant choice and efficiency, a program should:

- Develop the widest possible network of landlords that participants can choose amongst.
- Prepare participants extensively for housing search and landlord interviews if/when the participant wishes to select his/her own unit.
- Carefully develop a process for an initial contact to landlords if they are selected by participants, to offer landlord supports (See Practice Area 5) and/or assist the participant with negotiation regarding the lease and/or start-up costs.

Financial assistance will be temporary, affecting participant housing options and decisions.

Selecting the least expensive, smallest unit that is adequate and acceptable to the household. The lower the rent, the more likely the unit can be retained even if the household cannot significantly increase their income. Participants should understand the concept of renting according to one's means—with complete freedom to "move up" to better housing later, when financial circumstances allow.

Tenancy Supports

Homelessness prevention and rapid re-housing programs provide education, guidance and other assistance intended to help participants obtain and retain permanent housing. Such "tenancy supports" are individualized and based on the experience and current knowledge and skills of a participant and

may include reviewing and helping participants understand lease requirements, how to clean and maintain their housing unit, and adhere to any broad tenant behavior clauses in the lease. Support may also involve working on a budget and providing guidance to help maximize participants' ability to pay their portion of housing costs. Some important considerations when providing tenancy supports include:

- **Participant housing stability is dependent on some level of tenancy supports.** Even program participants who have lost (or are at imminent risk of losing) their housing due to failure to pay the rent may have other tenancy problems that contributed to their eviction or a non-renewal of their lease. Lack of tenancy skills includes the inability to read and understand the conditions of their lease; lack of the knowledge and skills necessary to avoid property damage; misunderstanding of the equally-important tenant behavior expectations of renting, leading to conflict with other tenants and the landlord.
- **Not only are tenancy supports highly effective in helping households retain housing, they are also the primary tool for recruiting *landlords* willing to house program participants.** Landlords screen tenant applicants to reduce the risk of unpaid rent, property damage, lease violations and conflict between tenants or between the tenant and landlord. Many homeless and very low-income households have incomes or histories that would cause a landlord to deny their application. A rapid re-housing and homelessness prevention program that offers home visits, tenancy supports and response to landlord concerns is offering the landlord a better risk-reduction strategy than tenant screening reports (See also Practice Area 5).
- **Tenancy supports are designed to increase knowledge and skills on an individualized basis, based upon the household's past history of tenancy problems, current landlord concerns and/or red flags noted during a staff home visit.** Common topics for increasing participant understanding of tenancy obligations:
 - Understanding the requirements of the lease and landlord-tenant rights and responsibilities.
 - Knowing the minimal expectations for care of the unit—avoiding damage.
 - Behavioral expectations of renting, particularly noise levels, behavior of guests and children, proper disposal of trash, and how such behavior may impact their tenancy.
 - Conflict avoidance and conflict management skills for interacting with the landlord and other tenants, including making and responding to complaints.
 - Budgeting and safeguarding rent money from non-essential purchases or loans to family/friends.

Home Visits are the ideal strategy for assessing and responding to housing retention barriers. A home visit enables the case manager or participant advocate to identify tenancy issues that become "teachable moments." Has the participant moved a friend or relative into the unit? This may be a good strategy for cost-sharing or exchanging child care services, but does the participant know that this is a significant lease violation unless the landlord has approved, in writing, adding the new tenant?

Likewise, noticing a participant pouring grease down the kitchen sink drain becomes a teachable moment to talk about plumbing repairs that can cost the tenant part of his security deposit. And if staff can hear the participant's television or smell the participant's garbage 100 feet outside the apartment door, staff can assist the participant to find a more appropriate volume setting on the TV or help tie up the trash.

To support participants effectively, staff should be experienced or trained in care of a rental unit, including special cleaning techniques. Home visits provide opportunities for "in vivo" (in real life) teaching of skills that are essential for lease renewals, return of tenants' security deposits, and good landlord references. Care of the unit should focus especially on fire-safety and avoiding plumbing problems. Some participants will not need any help, but others will.

When a program covers a large geographic area, home visits will necessarily be less frequent.

There is no method of providing tenancy supports that is equivalent to the home visit. But when/if visits are not possible, checking in with the landlord on a regular basis will enable the program to be alerted to complaints or suspected lease violations before they escalate to an eviction. When making infrequent home visits, it becomes even more critical that the household is ready, willing and able to meet with the case manager or advocate. This is much easier when the participant and staff have developed a strong working relationship and when the home visit is seen as helpful and engaging rather than threatening. Even when the household is reluctant to meet, this can be overcome by planning to make the home visit a positive, supportive experience. Staff may offer a ride to the grocery store, bring a small treat for the children, etc.

Service Referral and Linkage

Assisting participants to understand and access a wide array of community-based services and resources is an essential function of case management. Participants have housing and service needs and interests that homelessness prevention and rapid re-housing programs are simply not designed to address directly. Instead, programs focus on service referral and linkage strategies as an important aspect of assistance offered to participants. Homelessness prevention and rapid re-housing programs are aware of a wide array of community-based services and resources and how to navigate them efficiently and can quickly identify and link participants to what they both need and want. Some considerations and guidelines for service referral and linkage:

- **A short-term program can assist a household to rapidly relocate or exit homelessness or to quickly preserve their current housing, but the household frequently has other, related crises that require immediate intervention.** For example, a Veteran experiencing homelessness may have untreated pneumonia and no healthcare provider or a significant mental health issue and not be linked to community-based mental health services. A family has timed out of Temporary Assistance to Needy Families (TANF) assistance and the parent must apply for a job or disability benefits to be able to pay rent. Rapid re-housing and homelessness prevention programs must be able to promptly assess the need for additional public and/or private resources and make timely, effective referrals.
- **The first priority is to identify issues that pose a significant risk to the household's health and safety-- and to assure that a prompt connection is made to the appropriate resource.** Programs must have expert knowledge about the medical, law enforcement, domestic violence, protective

services, and other "first responder" resources in the community -- and be able to secure intervention quickly.

- **Lack of adequate income is the most frequent cause of housing crises, and efforts to increase income should begin immediately.** While rapid re-housing and homelessness prevention programs have access to one-time and short-term rental assistance, these are not a permanent resolution of the basic problem of housing affordability. Program staff's knowledge of employment, child support, job training, income supports and free or low-cost commodities/services must be both broad and deep. Program staff should be able to quickly match their participants to the programs they want (and for which they are likely to be eligible) and assist with documentation, appointments, etc.
- **It may be necessary and effective to help a program participant repair key Tenant Screening and Housing Retention Barriers.** This is not an overnight process; other efforts to retain or obtain housing should not be interrupted. But referrals for legal assistance, credit repair, etc. can be central to the program's assistance to some tenants. For example:
 - *A household has so much debt that there is not enough money to stay current with payments and rent.* A Consumer Credit Counseling agency may be able to negotiate for lower interest rates, consolidate payments and take other steps to free up income that can be used toward rent.
 - *The Tenant Screening Report for a person with a common name shows a criminal history or court judgment that belongs to someone else.* This is not uncommon and can be a long-term barrier to securing decent housing. Correcting this can require considerable effort; legal assistance may be helpful in challenging and correcting the error(s).
- **Effective referrals require more than offering a list of names and phone numbers.** Programs should have relationships with key resources in the local community, so that assistance can be obtained as quickly as possible. This means staff must know the eligibility and documentation requirements, vacancies and waiting lists, and timelines for approval/intake. In certain instances it may be most helpful for the program to establish a Memorandum of Understanding that identifies referral protocols, contacts, and identify any preferences or expedited process for participants.
- **Overall, programs want their participants to be able to advocate for themselves in obtaining the assistance to which they are entitled.** However, not all participants are equally capable of this level of assertiveness—or their abilities may be temporarily diminished by the stress they are experiencing. Staff must be able to determine how much advocacy is required and provide that level of assistance, backing off if/when the participant is more comfortable taking on that role.
- **All referrals must be voluntary and are subject to participant choice.** Participants must determine their own goals and priorities. In the end, effective referrals are based upon the number of goals, the sequence of services and the service providers that are acceptable to the participant.

- **Programs have to remain focused on service referral and linkage as a core type of program assistance and seek to continually improve assistance.** To be effective at service referral and linkage program staff should offer follow-up on referrals, to track progress; sequence and coordinate services with the Housing Plan; identify obstacles and advocate for their participants; communicate with the referral resource on a routine basis; and track participant satisfaction.

Integrating the Core Concepts

There is no area where the core concepts are more important than non-financial assistance. Whether designing or managing a rapid re-housing and homelessness prevention program, staff must continually re-examine their assumptions, current research, and the input of their participants to assure that the program has not drifted from its core mission.

- Do the services focus on a **Housing First** approach? Or are households required to utilize other services to "prepare" for housing rather than immediately focusing on retaining or obtaining housing?
- Is the program's focus on resolving the immediate **housing crisis**? Does this include understanding the way people's actions and emotions are affected by stress?
- Does the program maximize **participant choice**, even when the household's income severely restricts housing choices? Even when the participant is unwilling or unable to accept staff recommendations for service participation?