

# Best Practices in Providing Housing Community Supports

Housing Transition Navigation, Housing Deposits & Housing Tenancy  
and Sustaining Services

# What services will be covered today?

- 1. Housing Transition Navigation Services (HN)**
- 2. Housing Deposits (HD)**
- 3. Housing and Tenancy Sustaining Services (HTSS)**

Housing Community Supports (HCS) Provider Manual - Version 2 - 1/30/2023 ([acgov.org](https://www.acgov.org))



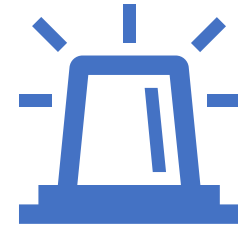
# Housing Transition and Navigation Services: Intake, assessment and planning



Tenant needs and  
assessment



Individualized Housing  
Support Plan



Developing housing  
support crisis plan

# Housing Supports Plan Template

Form - Housing Supports Plan - 3/23/2023 (acgov.org)

Housing Community Supports Service Provider Organization Name		HMIS ID#	
<b>Housing Supports Plan</b>			
Highlighted – required data elements needed in agency custom Housing Supports Plan			
1. <b>HMIS ID #</b>	2. <b>Member Name (First, Middle, Last)</b>		
3. <b>MediCal Member ID #</b> (if applicable)	4. <b>HSP START DATE</b> <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit <b>HSP END DATE</b> <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit		
<p><b>NOTE:</b> Any revision dates must occur within the overall HSP authorized START DATE &amp; END DATE from Section 4. If changes are after this HSP end date, create a new HSP for authorization.</p>			
<p>5. <b>HSP Revision Date</b> <input type="text"/> includes <input type="checkbox"/> Housing Transition &amp; Navigation <input type="checkbox"/> Tenancy &amp; Sustaining Services <input type="checkbox"/> Housing Deposit          Added Service Activities <input type="text"/></p> <p><b>HSP Revision Date</b> <input type="text"/> includes <input type="checkbox"/> Housing Transition &amp; Navigation <input type="checkbox"/> Tenancy &amp; Sustaining Services <input type="checkbox"/> Housing Deposit          Added Service Activities <input type="text"/></p> <p><b>HSP Revision Date</b> <input type="text"/> includes <input type="checkbox"/> Housing Transition &amp; Navigation <input type="checkbox"/> Tenancy &amp; Sustaining Services <input type="checkbox"/> Housing Deposit          Added Service Activities <input type="text"/></p>			
<p><b>Developing a Housing Support Plan (HSP):</b> Developing an individualized HSP must be based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the member's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal. An HSP should help the participant and provider identify strengths and attainable housing focused goals. It should be updated at least every 180 days. The HSP should also be revised as a person's situation changes, and steps are completed, or goals updated. If revised, add the revision date to Box 5.</p>			
<p>6. <b>Housing Navigation (HN) Service Activities:</b> (Check all that apply and add details to sections 10-14 for each)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Searching for housing and presenting options</li> <li><input type="checkbox"/> 2. Assisting in completing housing applications</li> <li><input type="checkbox"/> 3. Assisting in obtaining ID and documentation for SSI</li> <li><input type="checkbox"/> 4. Supporting SSI application process</li> <li><input type="checkbox"/> 5. Identifying and securing housing resources to assist with rent, matching available rental subsidy/voucher</li> <li><input type="checkbox"/> 6. Identifying and securing resources to cover security deposit, moving costs, adaptive aids, environmental modifications, and other one-time expenses</li> <li><input type="checkbox"/> 7. Assisting with requests for reasonable accommodations</li> <li><input type="checkbox"/> 8. Engaging and educating landlord/property management</li> <li><input type="checkbox"/> 9. Ensuring living environment in prospective unit is safe and ready for move in</li> <li><input type="checkbox"/> 10. Communicating and advocating on behalf of member to landlord/property management</li> <li><input type="checkbox"/> 11. Assisting in arranging for and supporting details of the move</li> <li><input type="checkbox"/> 12. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardy</li> <li><input type="checkbox"/> 13. Identifying, coordinating, securing or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day</li> <li><input type="checkbox"/> 14. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility.</li> </ul>		<p>7. <b>Housing Tenancy &amp; Sustaining Service (TSS) Activities:</b> (Check all that apply and add details to sections 10-14 for each)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.</li> <li><input type="checkbox"/> 2. Education and training on the role, rights, and responsibilities of the tenant and landlord.</li> <li><input type="checkbox"/> 3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.</li> <li><input type="checkbox"/> 4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability.</li> <li><input type="checkbox"/> 5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.</li> <li><input type="checkbox"/> 6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.</li> <li><input type="checkbox"/> 7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process.</li> <li><input type="checkbox"/> 8. Assistance with the annual housing recertification process.</li> <li><input type="checkbox"/> 9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.</li> <li><input type="checkbox"/> 10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.</li> <li><input type="checkbox"/> 11. Health and safety visits, including unit habitability inspections</li> <li><input type="checkbox"/> 12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).</li> <li><input type="checkbox"/> 13. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.</li> </ul>	

# Uploading the Housing Supports Plan into HMIS

[HCS-HMIS-Job Aid-Uploading-HSPs.pdf \(acgov.org\)](https://homelessness.acgov.org/homelessness-assets/docs/housing-community-support/HCS-HMIS-Job%20Aid-Uploading-HSPs.pdf)

The screenshot displays a PDF document titled "HCS-HMIS-Job Aid-Uploading-HSPs.pdf" from the URL <https://homelessness.acgov.org/homelessness-assets/docs/housing-community-support/HCS-HMIS-Job%20Aid-Uploading-HSPs.pdf>. The document is viewed in a browser window with a toolbar at the top showing navigation and editing tools. The main content area shows a section titled "12. Job Aid: Uploading Housing Support Plans to HMIS". Below this title, there are two numbered steps. Step 1 instructs the user to "Pull up the consumer's profile and go to the 'files' tab at the top". This step is illustrated with a screenshot of a software interface. The interface has a top navigation bar with tabs: PROFILE, HISTORY, PROGRAMS, NOTES, FILES, CONTACT, LOCATION, ASSESSMENTS, and REFERRALS. The "FILES" tab is selected. Below the navigation bar is a section titled "CLIENT FILES" with an "ADD FILE" button. A large, faint watermark of a document icon is visible in the background, and the text "No results found" is displayed. Step 2 instructs the user to "Select 'ADD FILE' at the top right, which will lead to this page:". This step is illustrated with a screenshot of the "UPLOAD A FILE" form. The form has two dropdown menus: "Category" set to "1. Core Housing and Eligibility" and "Predefined Name" set to "Housing Plan". There is a "File" section with a "Select File" button and a note: "Trouble attaching file? Switch to the Basic Upload". At the bottom of the form are "ADD RECORD" and "CANCEL" buttons. Below the screenshots, there are two more numbered steps. Step 3 says: "Leaving the 'Category' as '1. Core Housing and Eligibility', select 'Housing Plan' from the Predefined Name dropdown list". Step 4 says: "Click 'Select File' and find the Housing Support Plan you'd like to upload, then click 'open'".

12. Job Aid: Uploading Housing Support Plans to HMIS

1. Pull up the consumer's profile and go to the "files" tab at the top

CLIENT FILES ADD FILE

No results found

CLIENT FORMS ADD FORM

2. Select "ADD FILE" at the top right, which will lead to this page:

UPLOAD A FILE

Category 1. Core Housing and Eligibility

Predefined Name Housing Plan

File Select File

Trouble attaching file? Switch to the Basic Upload

Private

ADD RECORD CANCEL

3. Leaving the "Category" as "1. Core Housing and Eligibility", select "Housing Plan" from the Predefined Name dropdown list
4. Click "Select File" and find the Housing Support Plan you'd like to upload, then click "open"

[Housing Community Supports \(acgov.org\)](https://homelessness.acgov.org)

# Housing Transition and Navigation Services:

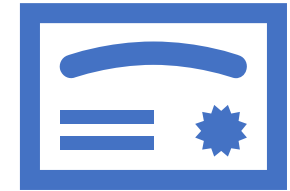
## Securing resources for housing



Obtaining ID's and  
other core documents



Accessing benefits (SSI, etc.)



Identifying and securing rental  
assistance/housing voucher

<https://homelessness.acgov.org/homelessness-assets/docs/home-stretch/home-stretch-housing-match-documentation-checklist.pdf>

[Housing Community Supports: Medi-Cal Enrollment Steps: How To - 2/9/2023 \(acgov.org\)](#)



# Home Stretch Housing Match Documentation Checklist

<https://homelessness.acgov.org/homelessness-assets/docs/home-stretch/home-stretch-housing-match-documentation-checklist.pdf>

1 of 1

## Home Stretch Housing Match Documentation Checklist

Instructions: Housing Navigators and service providers should use this checklist as a guide of documents to have ready for a client to be matched to specific housing opportunities. Clients with core housing documents will be prioritized for matches.

**Required:**

- ☐ Government-issued Photo Identification
- ☐ Social Security Card or SSN Verification
- ☐ Disability Verification
- ☐ Homelessness Verification (Chronic Homelessness Verification when possible)

For each child under age 18 in household:

- ☐ Social Security Card or SSN Verification
- ☐ Birth Certificate or Proof of Custody (if minor is not in applicant's custody, proof that the applicant will have custody upon securing stable housing)

For each additional household member (age 18 and older):

- ☐ Government-issued Photo Identification
- ☐ Social Security Card or SSN Verification

**If Applicable:**

- ☐ Veteran's Verification (for Veteran-specific housing opportunities; e.g., Veteran ID, DD214)
- ☐ Service Animals (licensed professional authorization for need)
- ☐ 24-hour live-in care (verification from a health care or social services agency)
- ☐ Reasonable Accommodation requests for disabilities

**At Time of Match:**

- ☐ Income Verification for all proposed household members
  - a) For *earned income*: last 3 pay stubs (or letter from the employer stating # hours and wages)
  - b) For *unemployment benefits*: current printout from EDD
  - c) For *government assistance*: printout from the GA, TANF, VA, or Social Security office that is dated within 30 days
  - d) For *zero income*: Signed "Affidavit of Zero Income"
- ☐ Updated Homelessness or Chronic Homelessness Verification
- ☐ Property/Program Application
- ☐ Any Other Required Documents

# Housing Transition and Navigation Services:

## Housing search



Reviewing options



Completing housing  
applications



Engaging and educating  
property management



Facilitating transportation  
for housing search



# Housing Transition and Navigation Services:

## Move-in



Obtaining reasonable accommodations/  
environmental  
modifications



Identifying and securing  
resources to cover security  
deposits and other one-  
time expenses

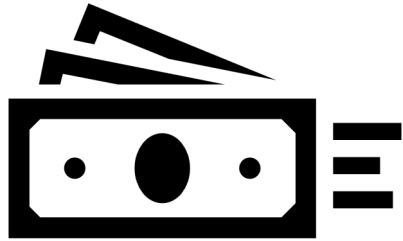


Ensuring unit is safe and  
ready for move-in



Communicating with  
property management and  
organizing details of move

# Housing deposits: One-time expenses



Can be used for security deposit,  
utility set-up;  
first and last month rent; and other  
one-time expenses related to  
move-in



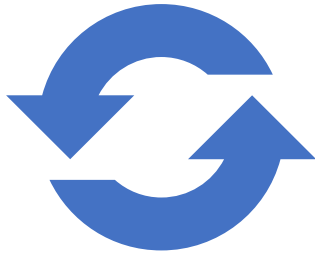
Services and goods for health  
and safety (e.g., pest eradication,  
air conditioner, etc.)

# Housing Tenancy and Sustaining Services:

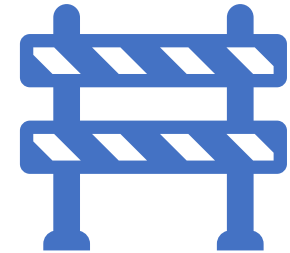
## Assessments & Service Planning



Reviewing Individualized Housing Support and Housing Crisis plans



Updating to reflect current needs



Modifying to address recurring barriers

# Housing Tenancy and Sustaining Services: TSS Evaluation in HMIS

Enrollment History Provide Services **Assessments** Goals Notes Files Chart X Exit

**HOUSING COMMUNITY SUPPORTS TSS EVALUATION**

COMMUNITY SUPPORTS EVALUATION: HOUSING TENANCY & SUSTAINING SERVICES

Assessment Date 06/06/2023

Agency Contact/Case Manager

HCS Service Provider Organization Select

HOUSING STABILITY: FOR EACH CRITERIA BELOW, SELECT "TRUE" OR "FALSE". FOR A MINIMUM OF THREE CRITERIA MARKED FALSE, PROVIDE A MEASURABLE GOAL, ACTION STEP(S), TSS STAFF RESPONSIBLE, AND TIMEFRAME FOR COMPLETION

EXAMPLE: MEASURABLE GOAL: ASSIST CLIENT WITH GETTING CURRENT ON THEIR RENT.

ACTION STEPS: CM TO OBTAIN COPIES OF CLIENT'S RENTAL LEDGERS AND HIGHLIGHT WHAT IS OWED. CREATE A

Understanding & documenting a client's unique need for continuing authorized services and modifying their service plan to address current barriers

TSS STAFF RESPONSIBLE: TSS CASE MANAGER. TIMEFRAME FOR COMPLETION: 6 MONTHS

1. Tenant had NO lease violations in last 12 months	Select
2. Tenant /Rep Payee paid rent on time every month (last 12 months)	Select
3. Tenant has NO rent arrears	Select
4. Tenant has paid utility bills on time for at least 10 of the past 12 months OR utilities are included in the rent	Select
5. Tenant has NO utility arrears	Select
6. Tenant has no known contacts with police and/or landlord regarding disruptive activities or unsafe	Select

# Housing Tenancy and Sustaining Services:

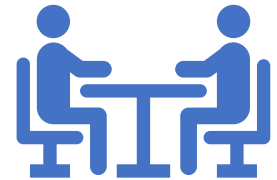
## Education and collaborative support



Educating on tenant rights and responsibilities



Coaching on maintaining relationships with property management



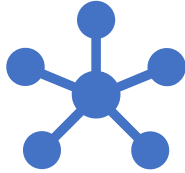
Coordinating with property management to identify potential issues

# Housing Tenancy and Sustaining Services:

## Eviction prevention



Providing early identification and intervention for behaviors that may jeopardize housing



Advocacy and linking with community resources to prevent eviction



Resolving disputes with property management and neighbors



Other activities identified in housing crisis plan

# Housing Tenancy and Sustaining Services:

## Maintaining stable housing



Assisting with lease compliance and household management



Securing benefits (e.g., SSI) and assisting with housing recertification



Providing independent living and life skills



Health and safety visits



# Documenting Services

Progress Notes for Tenancy Supports Services

# Documenting Need for Services (Medical Necessity)



**Client needs the service based on assessment**



**Clear connection of service plan goals to the assessment**



**Writer must explain the rationale and “tell the story” of why writer’s assistance will be of help**



**Reader must understand the service rationale**



**Progress notes are tied to service plan goals**



**Type and frequency of services is appropriate to interventions and goals**

**Refer to Appendix 11 in  
Provider Manual for details**

## Technical Elements of a Billable Progress Note

**Green=not required but  
best practice**

May be electronic or paper

- Date of entry
- Date the service was provided
- **Start and End Times and/or length of time spent**

Location/type of contact

Client Name and ID\*\*

- \*\*Automatically included from client's HMIS profile

Service name and description

- Client response, progress, changes
- Service is linked back to goals in service plan
- Next steps/**appointment date and time**

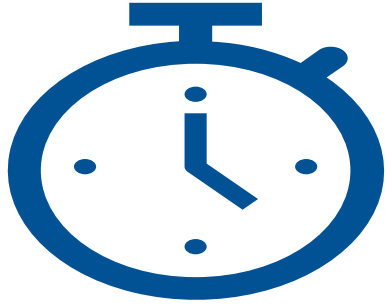
Authentication

- Name of provider, **signature and title of service provider**

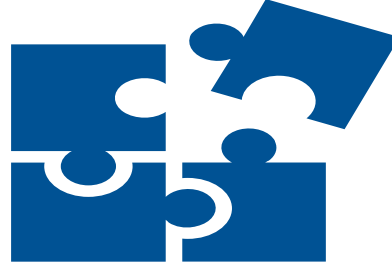


How to approach & deliver services to  
reflect Evidence Based Practices (EBPs)

# 1:25 Caseload Requirements for:



Ensuring staff  
availability



Tailoring for complex &  
unique needs



Relationship building &  
trust



Traveling & working in  
community settings

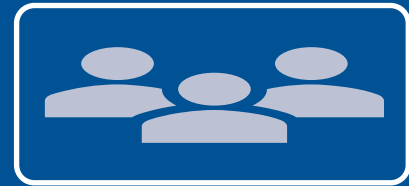


Meeting  
documentation  
requirements



Avoiding compassion  
fatigue

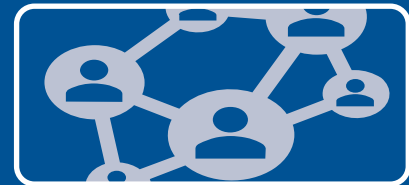
# Staff with Lived Experience of Homelessness



PEERS CAN WORK ALONE OR AS PART OF A TEAM



OFFERING HOPE, EXPERTISE AND THE EXPERIENCE OF RECOVERY.



REQUIRES INTENTIONAL AND INCLUSIVE ORGANIZATIONAL SUPPORT



ELIGIBLE FOR MEDICAID BILLING FOR BEHAVIORAL HEALTH SERVICES

# Best Practice Approaches in Fidelity Tools

Housing First

Trauma-  
informed Care

Harm  
Reduction

Motivational  
Interviewing



# Housing First Approach

**Immediate access  
to permanent  
housing with no  
housing readiness  
requirements.**

**Consumer choice  
and self-  
determination.**

**Recovery  
orientation.**

**Individualized and  
client-driven  
supports.**

**Social and  
community  
integration.**



# Trauma Informed Care Approach

Safety

Trustworthiness

Peer support

Collaboration

Empowerment

Cultural Humility  
&  
Responsiveness

# Harm Reduction Principles

Incorporates  
practical and  
comprehensive  
strategies

Individuals have a  
voice

Focus on reducing  
harm, not specific  
behavior

No pre-defined  
outcomes

*Source: Midwest Harm Reduction Institute*



# Harm Reduction Principles

Accepts an individual's decision to engage in risky behaviors.

Individuals takes responsibility for his or her own behavior.

Individual is treated with dignity.

*Source: Midwest Harm Reduction Institute*



**How would  
you utilize  
these Harm  
Reduction  
components?**

---

Support gradual, non-linear change

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Emphasizes self-determination

---

Encourage honesty

---

Empower individuals

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Build upon successes

---

Reduce stigma

---

Foster Individual growth

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# What is Motivational Interviewing

- “A collaborative, person-centered form of guiding to elicit and strengthen motivation for change” (Rollnick, 2008)
- Intended to help clients explore and resolve ambivalence
- Staff act as change agents while minimizing resistance and enhancing intrinsic motivation
- Uses stages of change to help meet clients where they’re at



# Motivational Interviewing is Trauma Informed

## **SAFETY –**

- **Emphasizes respect and empathy for the client, promotes harm reduction and cultural humility.**

## **TRUSTWORTHINESS –**

- **Utilizes reflective listening and empathy to build rapport.**

## **CHOICE –**

- **Focuses on self-efficacy and autonomy of the client.**

## **COLLABORATION –**

- **Approaches client with curiosity, open-ended questions and support rather than judgment or shame.**

## **EMPOWERMENT –**

- **Affirms the client and builds on strengths to enhance skill development and elicitation of change.**



# Putting It All Together

A Case Study in Services and Best Practices

# Meet Mary

---

61-year-old black woman

---

Unhoused for 3 years after leaving a violent relationship

---

History of early childhood traumatic experiences

---

Avoids emergency shelter (dislikes being around so many people and sharing sleeping and toileting areas)

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Diagnosed with PTSD two years ago after being attacked while sleeping in a park

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Currently living at an encampment with 3 other people who helped to fight off her attacker

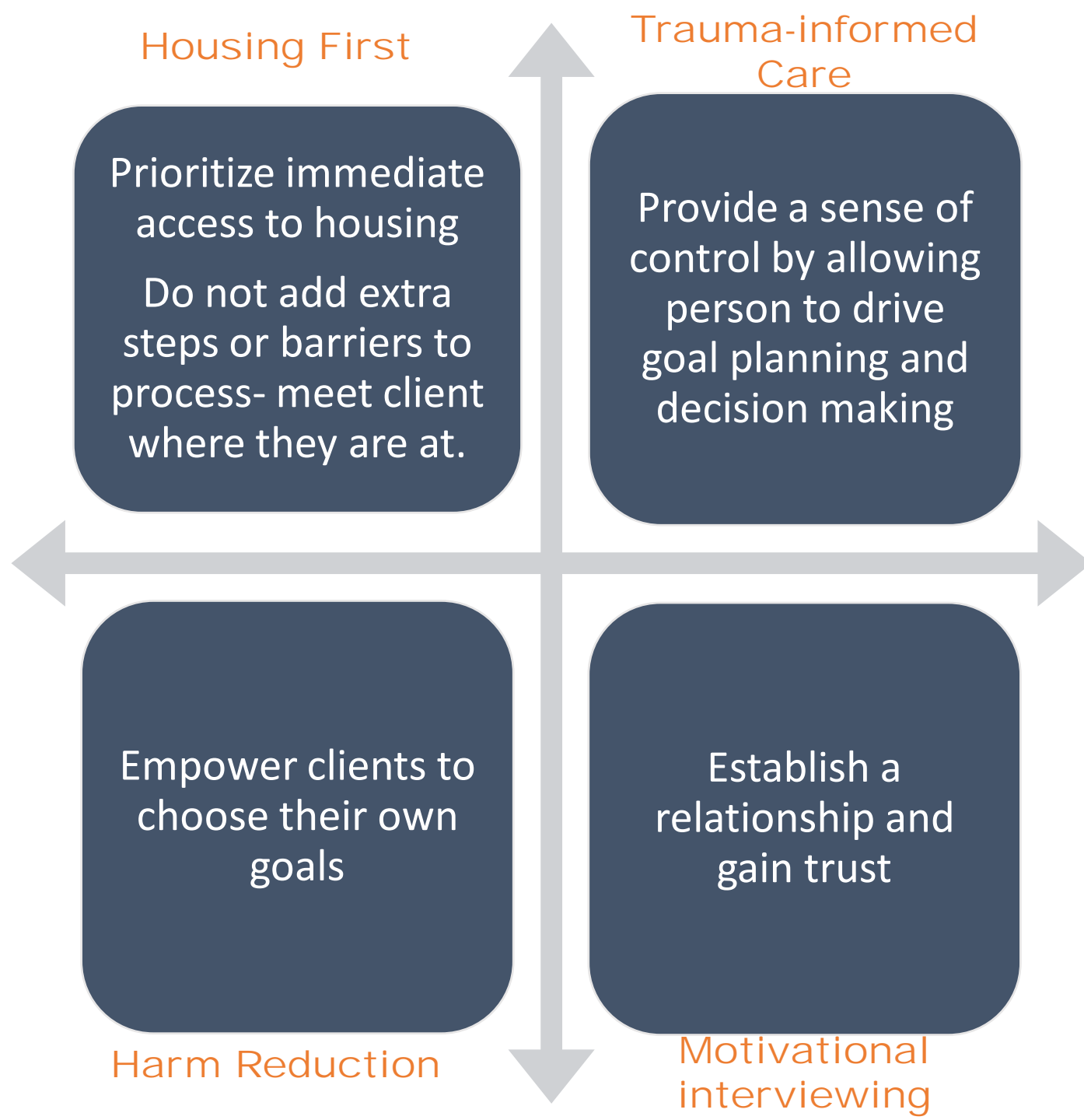


# Meeting #1: Intake, planning and assessment

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- Jeff schedules a 4 PM appointment with Mary at his office.
- He wants to do an intake and assessment with her and start her individualized housing support plan.
- At the office he can use his PC and give her some materials.
- Unfortunately, Mary does not show up to the appointment.

**How would applying Evidence Based Practices improve the situation?**

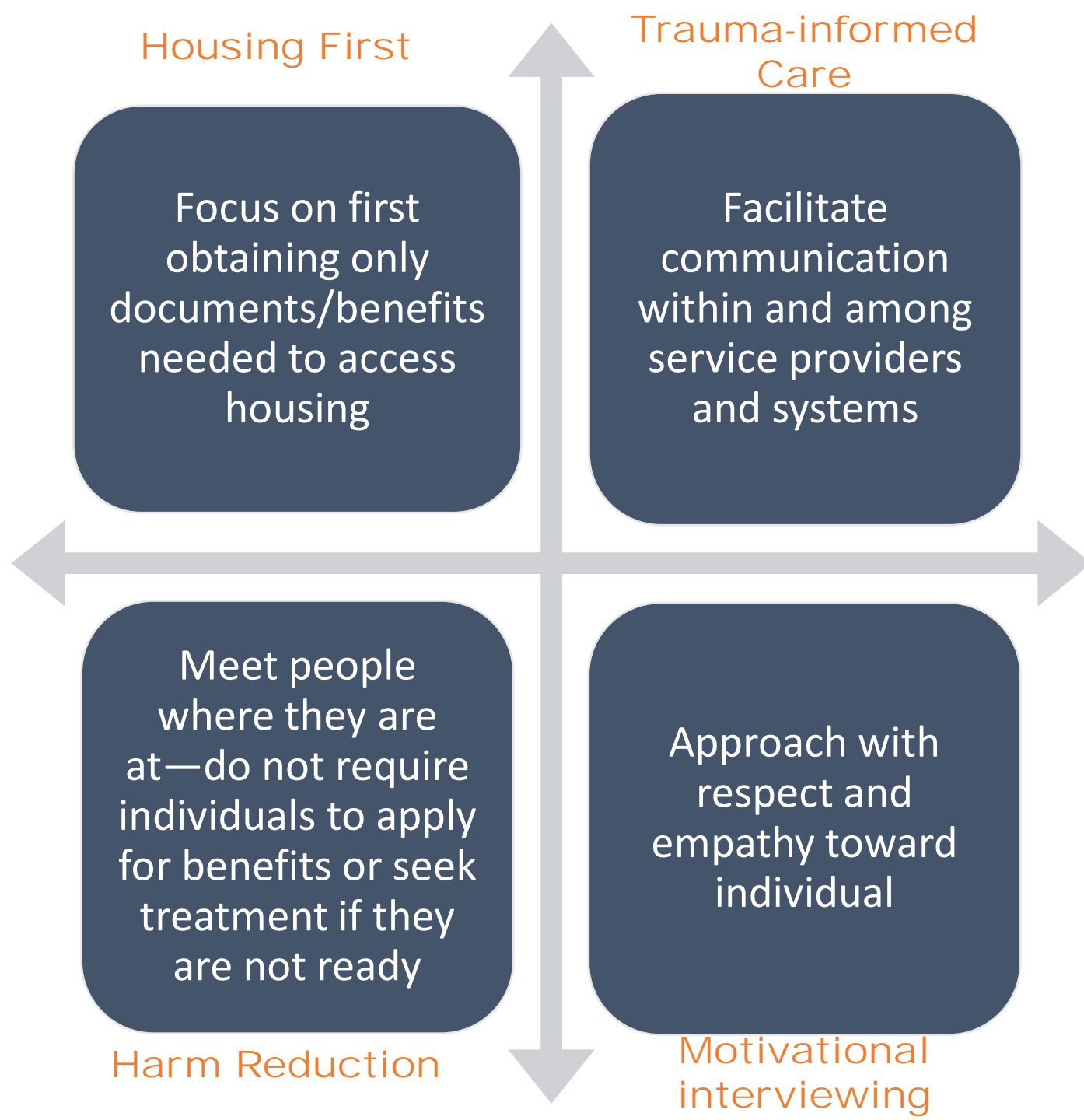


Applying  
EBP's:  
Intake,  
planning  
and  
assessment

# Meeting #2: Securing resources for housing

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- Jeff asks Mary where she wants to meet. She chooses a safe space where she sleeps.
- They figure out what she will need to obtain an ID, which she hasn't had since losing her housing.
- They discuss other benefits she may be eligible for and next steps to apply. Jeff calls the SSI benefits expert at their agency, and they plan to meet next week.
- While in the past, Mary has always resisted being added to the community queue for Coordinated Entry, Jeff listens to her concerns and what is most important to Mary to feel safe and heard, Jeff then takes time to clearly explain the process to her. Mary agrees to start a Coordinated Entry assessment.
- Jeff pushes Mary to seek MH treatment for her PTSD. Mary gets frustrated with this suggestion because she doesn't see what this has to do with finding housing.



Applying  
EBP's:  
Securing  
housing  
resources

# Meeting #3: Housing search

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- Using online resources and connections within his agency, Jeff found a few options for Mary for housing. He brings some info on these options to review with Mary at the meeting.
- Mary is reluctant at first. She wants to stay in her current neighborhood, even though it's mostly out of her price range. She and Jeff discuss how they can work to build her resources once she is in housing and possibly move back here.
- Mary agrees to check out one of the options, and they start the online application process immediately. She wants a unit on the 2<sup>nd</sup> floor, because she feels unsafe on the ground floor due to past trauma. **Jeff says she shouldn't be picky and might have to take what she can get. At this point, Mary shuts down and seems less talkative.**
- Jeff wants to set up a time with Mary to drive to the building and take a tour. Mary is nervous about taking this step towards housing, so Jeff suggests starting with a drive by, rather than a tour. Mary agrees.
- After the meeting and with Mary's permission, Jeff calls the landlord and talks to him about Mary and the program. Jeff begins the application process and works with Mary by her tent to complete it.



Housing First

Trauma-informed  
Care

Lead with the person's preferences and hopes. If their preferred housing is currently not feasible, prioritize safety and work with them to make a long-term plan to get where they want.

Consider how past traumatic experiences may impact housing options.

Provide a sense of control by allowing person to drive goal planning and decision making

Work with the individual to identify how the type of housing and location may or may not impact substance use.

Help individuals explore and resolve ambivalence towards housing

Harm Reduction

Motivational  
interviewing

Applying  
EBP's:  
Housing  
search

# Meeting #4: Move-in

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- Mary's housing application was accepted!
- Jeff works with Mary to go through a move-in checklist to help her prepare.
- Mary is concerned about building and unit security. She is hoping that she can get an extra lock on her door. Jeff says that they can figure that out later, but Mary seems worried and continues to return to it throughout the meeting.
- They identify a few one-time costs that need to be covered and begin the process to update the Housing Supports Plan for items to purchase that will help Mary set up her household
- Jeff works with Mary to develop a plan for addressing any extra mental health needs she may have around the time of the move.
- Jeff helps Mary to call the landlord to confirm the move-in date and arranges help for Mary to move her belongings from her tent to her new apartment.
- They end by reviewing some of the community resources in the area that Mary may want to connect to and make a plan to go look at the nearby grocery store and laundromat the next time they visit her new neighborhood.

Housing First

Ensure tenants have a lease and all the rights and responsibilities of tenancy

Trauma-informed  
Care

Address safety needs impacted by past traumatic experiences (e.g., adding extra door locks)  
Keep person informed about all aspects of the move

Harm Reduction

Talk honestly about how the move-in process may trigger certain responses to stress.

Motivational  
interviewing

Use to encourage self-efficacy and understand needs and concerns during the move-in process

Applying  
EBP's:  
Move-in

# Meeting #5: Housing Deposits

- Jeff works with Mary to determine what, if any, funds she has to contribute to her new home. Because Mary wasn't yet receiving SSI, she doesn't have anything to contribute.
- Jeff reassures her that just like his agency was able to cover her housing application cost, they could now help her to pay for the security deposit, some household items and essential furniture, and her first month coverage and set up fees for her electricity, phone and water bills.
- Jeff forgets to mention that there is a limit to the amount that Housing Deposits can cover, Mary begins to dream about the furniture, including multiple beds, so her grandbabies can live with her.

Housing First

Ensure tenants have a lease and all the rights and responsibilities of tenancy

Trauma-informed  
Care

Transparency & collaboration  
Keep person informed about what can and cannot be covered.  
Brainstorm a budget to support other purchase goals.

Harm Reduction

Talk honestly about what is in the lease and strategies for having guests and reducing risk of lease violations

Motivational  
interviewing

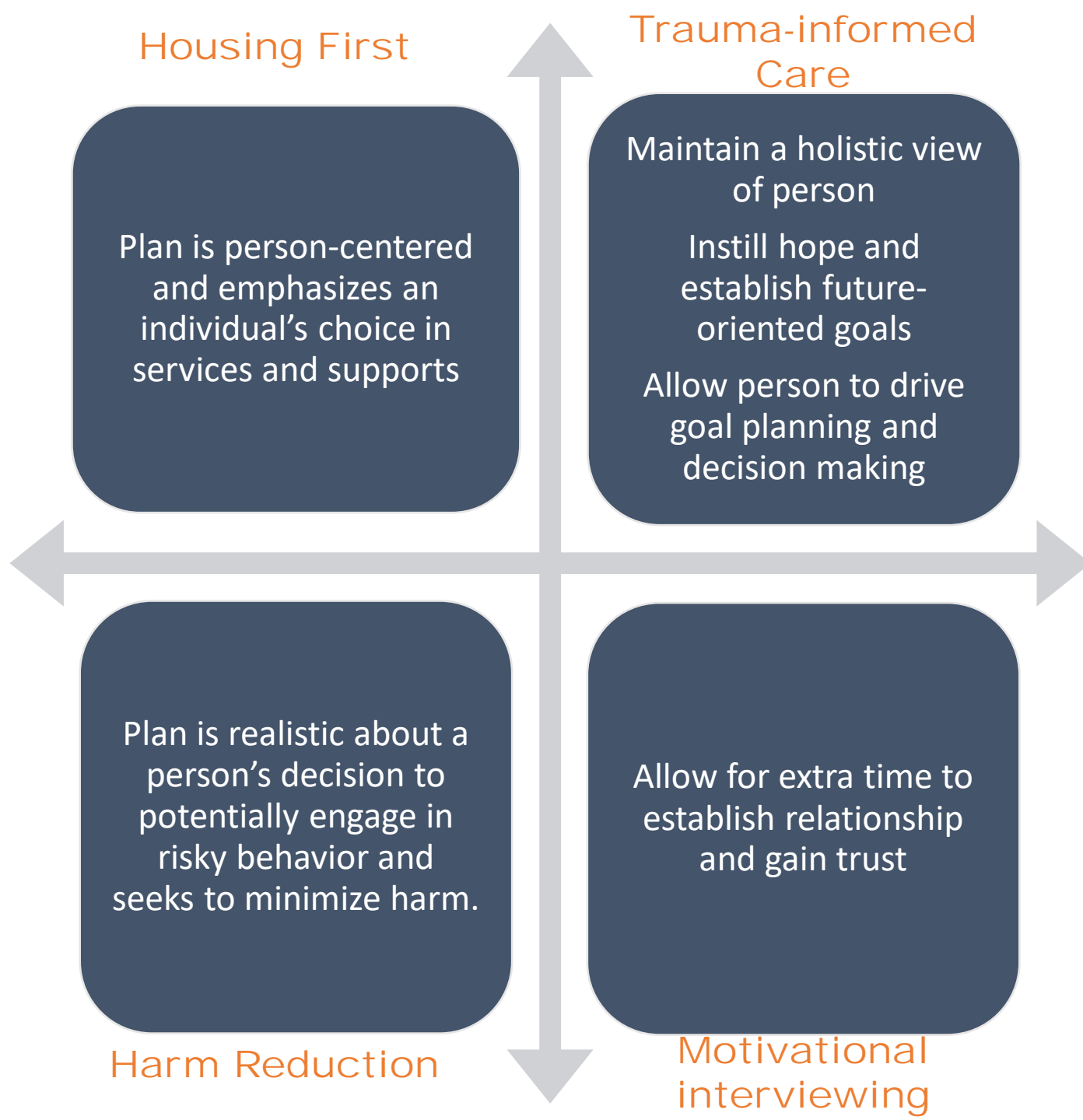
Listen to what makes a place a home- what values are you hearing in Mary's dreams?

Applying  
EBP's:  
Housing  
Deposits

# Meeting #6: Tenancy sustaining planning

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- A few days after move-in, Jeff visits Mary in her new place.
- They work together to update her individualized housing support plan now that she is in housing.
- Jeff gives Mary the space and time to really think about what she needs to stay stably housed.
- Her plan includes steps to help with the goal of moving back to her preferred neighborhood.
- They haven't talked much about substance use. Jeff tells Mary that she should never bring drugs or alcohol into the building.

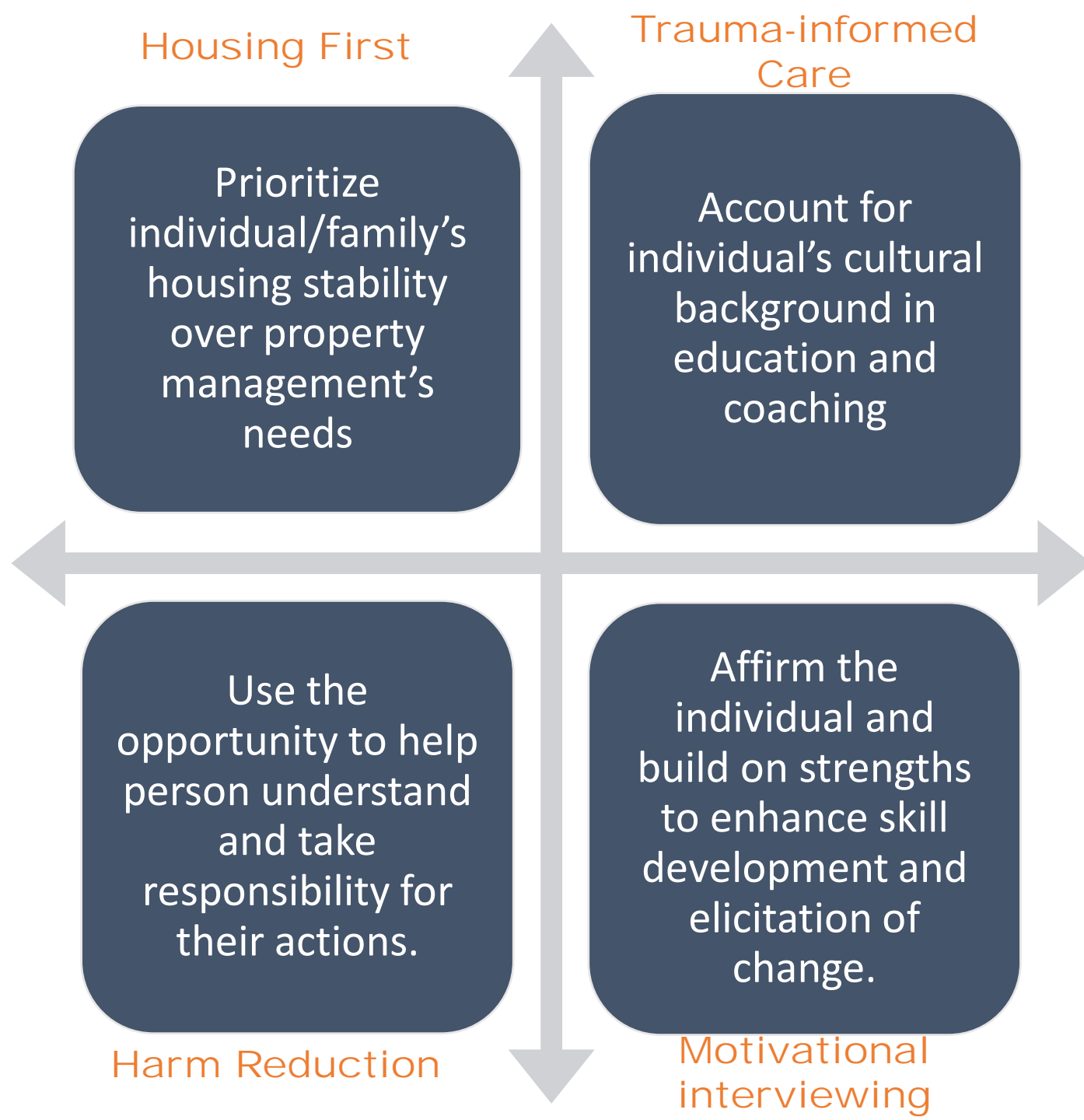


Applying  
EBP's:  
Tenancy  
sustaining  
planning

# Meeting #7: Education and collaborative support

- Jeff and Mary decide to use this meeting to review the lease again and some materials that Jeff has on tenant rights and responsibilities.
- Mary told Jeff that the landlord knocked on her door the other day and asked to check on the air conditioning unit. She wasn't sure what to do. It wasn't a good time, but she was nervous, so she let her in and stayed in the bedroom while she was there.
- Jeff reviewed Mary's rights as a tenant and helped her develop strategies for engaging with the landlord in the future. Jeff reminded Mary that she is usually open and friendly with others, and she shouldn't be afraid to be herself around the landlord. Mary told him that she had been taught growing up to be more respectful to authority figures. **Jeff said not to worry about that.**
- After the meeting, and with Mary's permission, Jeff called the landlord and reminded her that he was available to help address any issues in the future.



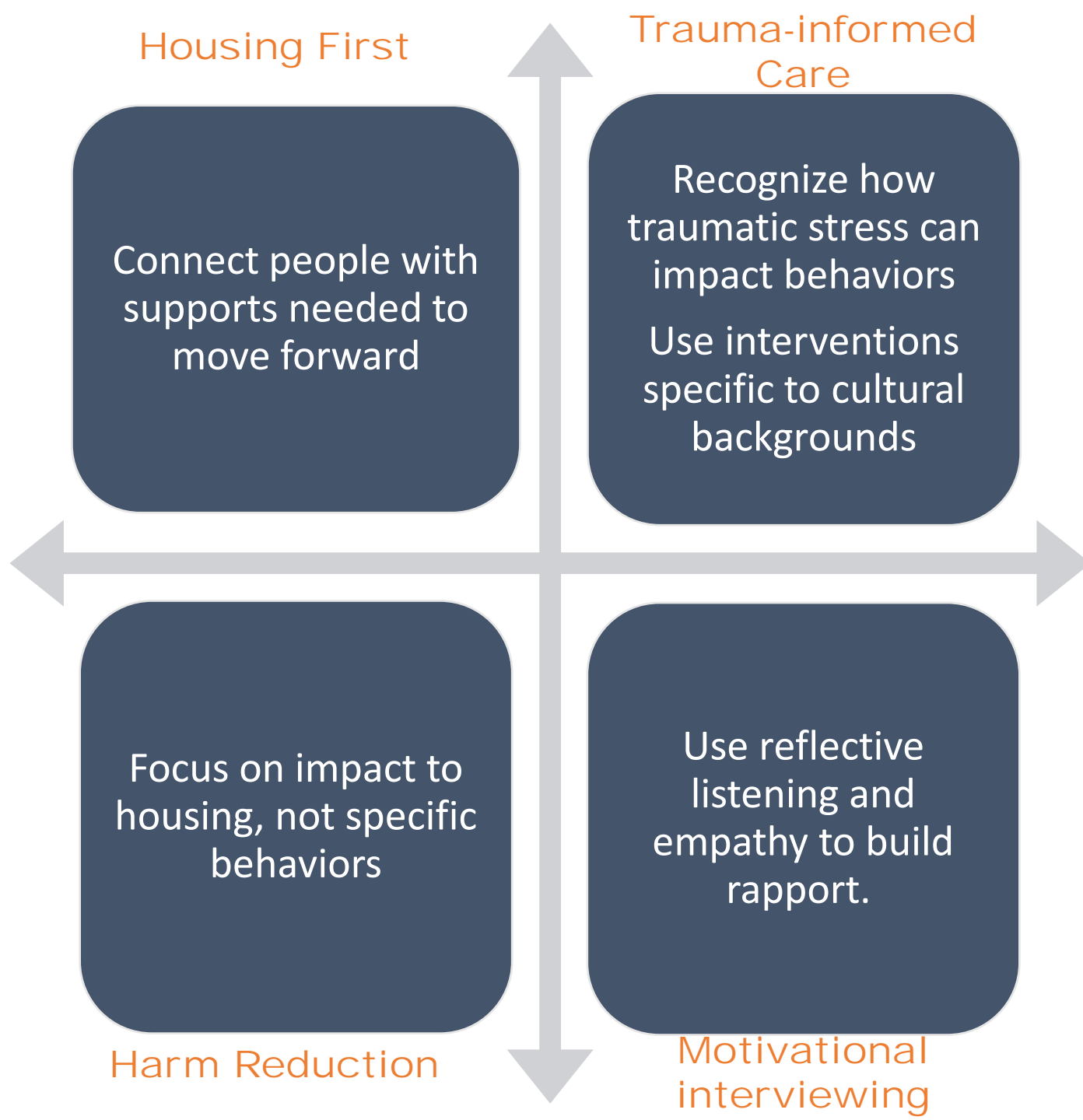


Applying  
EBP's:  
Education  
and  
collaborative  
support

# Meeting #8: Eviction prevention

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- Jeff made an unplanned visit to Mary after getting a call from the landlord about a noise complaint. The landlord had been to Mary's unit and seen that she was sleeping in a tent in her bedroom. She had also missed a rent payment.
- Mary explained that she had her friends from the encampment stay overnight the night before. She had been very anxious and having them around made her feel safer. Jeff empathized with that, and they thought of a few strategies to keep the noise down in the future.
- Jeff also told her that she needed to take the tent down and start sleeping in her bed. Mary didn't see how the tent bothered anyone else.
- As for the rent payment, she had just forgotten! Jeff helped her get set up with a bank that could do automatic bill pay for rent in the future.



Applying  
EBP's:  
Eviction  
prevention

# Meeting #9: Maintaining stable housing

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- Mary had been living in her new unit for 11 months now and was doing well- she missed rent once and was on a repayment plan. Her neighbor two doors down had been helping her with some household chores and cooking in exchange for watching her kids occasionally.
- She now had SSI and other benefits in addition to her rental assistance, so she was more financially stable.
- Mary wasn't home for the past two times Jeff tried to visit. She grew frustrated when Jeff called and told her she forgot about their plan to meet. Mary told Jeff that he didn't need to visit her anymore and that she had things figured out. Mary told Jeff to give her space.
- Jeff offered to step back saying he wouldn't call her for the next week, but asked if he could check in with her in a month to work on her annual housing recertification together.

## Housing First

Services are voluntary: there will be times when individuals don't want to engage in services. You can make amendments to a service plan or recommend that someone move on from services- however you should continue to offer services until they officially end.

## Trauma-informed Care

Safety measures are in place  
Provider responses are consistent, predictable and respectful.

Knowing that there will be a range of needs among your clients, and for individual clients over time, build in space to increase/decrease services as needed.

## Harm Reduction

What value is motivating Mary's request? How could Jeff listening to what is most important to Mary help him to offer relevant services?

## Motivational interviewing

Applying  
EBP's:  
Maintaining  
stable  
housing