Moving-In and Transitioning (average of 6 months of support) – Important to help complete in partnership with Housing Navigator if available for client/tenant as part of service transition process.

- □ Complete unit inspection and document any damage or issues prior to move-in.
- □ Review key elements of rental agreement and expectations to ensure understanding. Review any subsidy agreement as well, if needed.
- □ Establish utilities for the housing unit. Apply for low-income assistance utility programs. (See Resource Guides)
- □ Assist with obtaining furniture, fixtures, and other move-in needs (*See First Apartment Checklist*).
- □ Update address with key agencies and contacts including the post office, health insurance, public benefits, and service providers.
- □ Establish method for ensuring rent payments made on time.
- Develop a housing crisis response plan outlining plans if challenges arise that may jeopardize housing stability including key emergency contacts for service and housing-related issues (*Examples WRAP plan or Housing Advance Directive*). Possible housing challenges include mental health/substance use relapse, health and cognitive issues impacting ADLs/IADLs, non-payment of rent, conflicts with neighbors or landlord, IADLs/ADLs, unauthorized guests, hoarding/cluttering, smoking and fire hazards, plumbing/flooding issues.
- □ Inform and educate the tenants/clients that they work with in the building about building safety and security policies and procedures.
- □ Transition ongoing supports to appropriate service providers and natural supports using a critical time intervention model.
- Review ability of clients to manage activities of daily living (ADLs) and instrumental activities.
 (See ADLs checklist).
- □ Help address any challenges with independent living. Consider need for In-Home Supportive Services (IHSS). Support IHSS application and worker selection process if needed.
- □ Help develop skills relevant to living with others in residential community conflict resolution, communication skills, raising concerns with neighbors and landlords, etc.
- □ Assist with helping individuals create a sense of home personalization, inviting guests, art work, etc.
- Encourage tenants to sign consent and release forms to release Services staff to share information with Management and the Owner, when that information will improve the likelihood of housing retention, building safety, or enable the Project to be more responsive to the needs of tenants with disabilities.

Coordination and Communication with Property Management for Housing Retention

- Provide the Owner/Manager with a statistical report on services as needed for program funding. This report will include aggregated, anonymous information that outlines the number of tenants participating in services, demographics of tenants, changes in tenant status such as health insurance and other service updates.
- □ Assist Owner/Manager in providing key housing staff with support and training around identifying signs of *relapse or symptom exacerbation* before a crisis occurs.
- □ Provide the Owner/Manager with a list of service staff hours, contact information, and regular service events or visits to the housing site.
- Establish a regular communication check-in time and place with property management that is at least monthly. The meeting should involve a review of a monthly tenant report. More meeting frequent communication may be necessary to jointly handle large tenant populations, multiple

concerns, emergency situations, or other circumstances and this will be decided on mutual agreement of the parties.

- When appropriate and necessary, provide property management with a written response that documents follow-up made on service-related issues raised by management during the previous monthly coordination meeting or at other times. Written documentation will be provided to management in one week, or less in emergency circumstances, so that management can conduct appropriate follow-up with tenants.
- With tenants' permission, provide management timely notice of changes in tenant services that could affect standing of tenant. Examples include discontinuance of payee services or placement in a treatment program.
- □ As applicable, initiate tenant-specific meetings with Management representatives to address tenant behavioral issues in an effort to mediate behavioral problems and arrive at mutually acceptable solutions. Efforts should focus on avoiding formal complaints and unnecessary delays in resolution.
- Work with residents in imminent danger of being evicted to avoid finalization of the eviction process through voluntary departure. As applicable, provide specific support to tenants who are settling an eviction action through a stipulated settlement, when all parties agree that support will enable the tenant to remediate the behavior that led to the eviction. Services may be called upon to monitor the tenant's participation in Services and report non-performance to Management, and shall comply with Management in enforcing stipulated settlements of this nature.
- □ If eviction or voluntary departure occurs, help residents to find alternative accommodations.

Tenant-Specific and Community Building Supportive Services – Focus of Services on Personal Goals, Improved Health Status, Increasing Personal Asset, and Supporting Successful Exits to Non-PSH Housing

- Provide general services including outreach, goal planning, information and referral, living skills assistance, coordination of services, conflict resolution
- Offer Benefits/money management assistance including assistance applying for public benefit programs, referrals for payee services, credit counseling referrals, assistance with budgeting and establishing bank accounts.
- Provide health/medical coordination and referrals or direct services for primary care medical services, health education, HIV/AIDS care and referrals.
- Provide behavioral (mental health and substance use) health coordination and referrals or direct services including individual assessment and counseling, group counseling, residential care, peer support, psychiatric care and referrals, referrals and advocacy.
- Provide employment/vocational/educational training coordination and referrals, on and off-site training, educational opportunities, financial assistance for work training at education, and work opportunities connected with the services program.
- Support community building/social activities and social inclusion activities for tenants including peer support, community meetings, outings and field trips, organizing/political activities, consumer/tenant involvement opportunities and support such as tenant councils.

Consider 1.0 FTE for every 15-25 higher need PSH clients and transition to lower levels of care over time 35-45 clients per 1.0 FTE