

Enhancing Shelter Plus Care Operations



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1. Introduction

Enhancing Shelter Plus Care Program Operations

The purpose of this booklet is to identify the key challenges facing Shelter Plus Care (S+C) program operators and to share practical approaches used by experienced Shelter Plus Care grantees and sponsors to enhance program operations.

In recent years, HUD has assessed a number of local Shelter Plus Care projects and has sponsored a national evaluation of the program. This work has shown that there are a number of common challenges facing local S+C program operators. These challenges can make it difficult for S+C projects to meet their goals or comply with HUD's program requirements. This booklet introduces some tools to overcome the challenges to effective S+C program management.

The booklet begins with a brief description of the overall program and a set of guidelines to follow when preparing an application for funding. It then discusses the operational areas that commonly present problems for local S+C projects. The topics covered are:



- Getting Your Program Off the Ground
- Property Acquisition and Rehabilitation Strategies
- Participant Outreach and Retention Strategies
- Tracking Supportive Service Delivery and Outcomes
- Grant Administration
- Moving Beyond Shelter Plus Care

Under each of these topics you will find general information on effective S+C project management approaches as well as examples of “promising practices” currently being implemented by local projects around the country. The appendices at the end of the booklet provide contact information for the local S+C projects cited in the text and sample written materials. We hope that by sharing some of these practical approaches to common implementation problems, we will have provided some tools that local project staff can use to improve their own operations.

1.1 The Shelter Plus Care (S+C) Program

The Shelter Plus Care program is an important source of permanent housing assistance to homeless people with disabilities. The Department of Housing and Urban Development began awarding Shelter Plus Care funds in 1992 to state and local governments and public housing agencies as a way to assist a population that has been traditionally hard to reach. The S+C program targets homeless people with disabilities such as severe mental illness, chronic substance abuse, dual diagnoses (co-occurring mental illness and substance abuse), and/or HIV/AIDS.

The program builds on the premise that housing and services need to be linked in order to ensure stability of housing for this hard-to-serve population. Local S+C grantees must therefore match the rental assistance provided by the program with an equal value of supportive services appropriate to the target population. Details regarding program requirements may be found in HUD's publication, "Understanding the Shelter Plus Care Program," also available on line at <http://www.hud.gov/cpd/spcptoc.html>.

Local S+C projects typically involve a partnership between the grantee agency, one or more housing sponsors, and a network of supportive services sponsors or providers.¹ Together, the partners are responsible for the broad range of activities associated with providing housing and supportive services to homeless people with disabilities. These activities include:

- recruiting participants;
- assessing participant needs and developing individualized service plans;
- locating housing;
- administering rental assistance;
- coordinating case management and supportive services; and
- reporting on progress.

Local grantees may choose among four Shelter Plus Care housing components:

- ***Sponsor-Based Rental Assistance (SRA)***—grant funds are used to provide rental assistance through contracts with sponsor organizations over a five-year period; participants reside in housing owned or leased by the sponsor;
- ***Tenant-Based Rental Assistance (TRA)***^{3/4} grant funds are used to provide rental assistance over a five-year period; with some exceptions, program participants choose their own housing;

¹ In this booklet, we refer to local S+C initiatives as "projects," reserving the term "program" for the national S+C program.

- **Project-Based Rental Assistance (PRA)**^{3/4}grant funds are provided for rental assistance through contracts between a grant recipient and a building owner; the term of assistance is either five or ten years depending on the level of rehabilitation conducted on the units; and
- **Single Room Occupancy (SRO)**—grant funds are provided for rental assistance in conjunction with the moderate rehabilitation of single-room occupancy units; the rental assistance term is ten years.

1.2 Applying for S+C Funding

Successful implementation of a Shelter Plus Care project starts with careful preparation of the competitive funding application. In recent years, potential grantees interested in applying for S+C funding (or any of HUD’s competitive homeless assistance programs) have been required to participate in a Continuum of Care (CoC) planning process, either at a local, regional or state level.

A Continuum of Care plan assesses the needs of a jurisdiction’s homeless population, the resources available to address those needs, and the gaps in available services. Competitive grant requests under S+C (and other programs) must be targeted to fill gaps in the Continuum.² S+C funding can be a critical component in meeting the needs of homeless people with disabilities, a population that, prior to S+C, had not been reached by many homeless assistance programs.

Developing an effective Shelter Plus Care project starts with careful planning at the application stage. The following pre-proposal activities are well worth the effort:

- **Conduct a Needs Assessment**^{3/4}Survey stakeholders in your community prior to submitting a proposal. You should solicit input from shelters, nonprofit housing providers, public housing agencies, mental health services providers, substance abuse treatment providers, and AIDS services providers to determine their perceptions of the needs of homeless people with S+C-targeted disabilities, the resources available to meet those needs, and the gaps in resources.
- **Identify the Target Population**^{3/4}Work with outreach agencies to develop a profile of the “hard to reach” homeless in your community. Are they families? Single adults? What are their disabilities? Do they have multiple disabilities (HIV/AIDS, mental illness, substance abuse)? It is important to make sure there are enough potentially eligible participants in your target population to make full

² Under the HUD/VA appropriations bill passed in October 2000, dedicated funding was allocated for S+C grant renewals. This means that – at least for grant renewals – S+C planning is exempted from the competitive Continuum of Care planning process.

use of the rental assistance you request. For example, one S+C sponsor applied for funding to assist mentally ill parents who have children living with them. After the grant was awarded, staff found it difficult to identify and enroll families who met all the eligibility criteria because homeless parents with mental illnesses often did not have custody of their children.

- ***Survey the Housing Stock***^¾Assess the available housing to find out if it meets the needs of the target population as identified by service providers and outreach workers. For example, if you plan to target potential S+C participants who have been resistant to engaging in services and have limited skills for independent living, you may need more highly supervised residential settings. An SRO with on-site staff, a PRA, or a cluster of SRA units where case managers can check on clients frequently and efficiently may be most appropriate. If the community lacks such clustered housing, the SRA or TRA components offer an alternative, although participants may need more support (or more intensive monitoring) to succeed in scattered site settings.
- ***Foster Collaboration***^¾Establish good communication among housing sponsors and service providers early in the application process. This will set the stage for later collaboration once the grant is awarded. The importance of collaboration among housing and service providers will be highlighted throughout this booklet.

Once a grant is awarded, the real work begins. The remainder of the booklet discusses effective approaches to ensure smooth project implementation.

2. Getting Your Project off the Ground



Once a Shelter Plus Care grant has been awarded and executed, launching the project requires careful coordination of supportive services and housing. A number of parties may be involved in project start-up, including: grantee staff from a city, county, or state; public housing agency staff; sponsor representatives; outreach and supportive services providers; and landlords or property managers. Successful and timely implementation of a Shelter Plus Care project depends on effectively organizing the efforts of all of these players.

This section discusses the initial tasks required to launch a local S+C project and ways to ensure that early implementation goes smoothly. These early tasks include:

- Clarifying and coordinating the roles of the local S+C project partners;
- Obtaining housing for S+C participants;
- Identifying and engaging eligible participants; and
- Addressing landlord and community concerns about the project.

2.1 Coordination Among Shelter Plus Care Partners

Most local S+C partners will have made preliminary agreements at the time of the grant application about their respective project responsibilities. However, once the S+C grant has been awarded, grantee and sponsor staff will need to review their assumptions about the roles and responsibilities of each entity in implementing the program. For example, preliminary agreements may need to be revised if the grant amount differs from the amount requested or a sponsor that initially planned to participate is unable to meet its commitment.

Furthermore, the agreements made at the time of the application were probably not specific about day-to-day operational issues such as what information is to be collected about incoming clients, how clients are to be tracked through the program, or how reimbursements for administrative costs are to be handled. Grantees and sponsors must clarify what needs to be done and distribute the tasks so that each partner performs the duties they are best equipped to manage. Some strategies for ensuring effective coordination are presented below.

Negotiate a Memorandum of Understanding

A Memorandum of Understanding (MOU) is a useful tool for establishing the respective roles of the parties involved in the S+C project. The MOU should be jointly developed and signed by the grantee, the sponsors, and the service providers. It should include a management plan that outlines the responsibilities of the grantee and the sponsors. It should also include tenant selection criteria that identify the target population for the S+C project and the requirements for tenancy. Two sample MOUs are provided in Appendix B.

Create a Coordinating Committee

Some S+C grantees have established coordinating committees to oversee project implementation and monitoring. These committees are sometimes created when the application for Shelter Plus Care funding is made. The committee may include city and/or county representatives, a HUD field office representative, one or more sponsor representatives, a property management or landlord representative, and supportive service providers. During the project implementation phase following grant award, the committee meets—as often as weekly—to assess progress and resolve initial operational problems. Once the project is well underway, meetings may be less frequent; monthly meetings may be sufficient to maintain communication about program operations.

Taking Coordination to a Higher Level: Developing Shelter Plus Care Coalitions

The Alameda County (CA) Housing and Community Development Department, a Shelter Plus Care grantee for Oakland, CA, and the surrounding East Bay area, formed a regional coalition of Shelter Plus Care program providers in order to share information about project experiences and resource needs. The coalition members found that by working together, they could be more effective when approaching the HUD Field Office with requests regarding the Shelter Plus Care program. The county has recently expanded this regional coalition to a national level. They have developed a distribution list of dozens of Shelter Plus Care program providers nationwide and regularly fax updates about impending legislation affecting the Shelter Plus Care program. (Contact: Hazel Weiss, Director)³

³ Appendix A provides full contact information for the S+C projects cited in this booklet.

Negotiating a Subcontract for the Administration of Funds

One result of early planning and collaboration in *Seattle, WA*, led to a subcontracting arrangement with a non-profit management company, the *Plymouth Housing Group*. King County, as the grantee, sought an efficient means of managing multiple Shelter Plus Care grants and began a search for an experienced housing agency to administer rental assistance for local S+C projects. Plymouth Housing Group secured the contract.

On behalf of the County, this group acts as the intermediary between the grantee and the multiple housing sponsors. They conduct landlord recruitment, perform Housing Quality Standards inspection, verify client incomes, and process rental payments. Their work is paid for, in part, through S+C administrative funds. (*Contact: Susan Young, Program Manager*)

2.2 Obtaining Housing

Depending on which program component is being implemented, S+C housing can take many forms: scattered-site rental units, clustered units within a building or development, or an entire building or home that houses only Shelter Plus Care clients.

Securing appropriate housing can be a significant challenge. If you have selected the SRO or PRA components, you must identify the property that will serve S+C participants when submitting the grant application. As will be discussed in the next section, it can be difficult to find buildings that are affordable, in a good location, and offer adequate space.

Unless they happen to already own or lease units, SRA sponsors must locate property owners willing to lease individual units or clusters of units to the sponsor. Typically, they do not identify these units until after the S+C grant has been awarded. This is true for TRA sponsors as well. With assistance from the sponsor staff, TRA clients locate their own housing upon entering the project, usually in privately owned rental housing.

SRA and TRA sponsors must be prepared to conduct significant landlord outreach. Landlords who are unfamiliar with the S+C program may be resistant to leasing to formerly homeless individuals with disabilities. They may have concerns about timeliness of rental payments, reservations about the ability of clients to maintain their apartments, or fears of drug activity in the property.

Project staff often find that marketing directly to landlords is the most effective way to secure housing on behalf of their participants. This means that staff must

take the time to make telephone calls and in-person visits to discuss how the program operates and allay any concerns. In the course of these visits, it is important to stress the advantages of the S+C program for the landlord. These include:

- ***Certainty of payment***—With the sponsor as lease-holder, the owner can be assured of receiving the rent payment each month (sponsor staff may also serve as representative payees for S+C participants to make sure the tenant contribution to rent is paid as required);
- ***Assurance of supportive services for tenants who need them***—Sponsor staff should emphasize that case managers will make regular home visits to check on client well-being and housekeeping; and
- ***Support from the sponsor if any problems arise***—Project staff should provide participating landlords with the name of a contact person in case of problems or concerns.

In addition to appealing to the property owner's individual interests, you should also stress the value to the community of expanded housing opportunities for people with disabilities.

Establishing a Forum for Information Exchange

The Consultation Center in New Haven, Connecticut, is the sponsor for two Shelter Plus Care grants. The Center initiated a Landlord and Service Provider Forum when they received their first Shelter Plus Care grant. The Forum was originally created for landlords and nonprofit housing providers to learn about the program. Housing staff from local mental health agencies also attended the Forum meetings and received training on how Shelter Plus Care could assist their clients.

Over time, the landlords and housing providers that participated in initial Forum meetings have become actively engaged in improving the delivery of housing to Shelter Plus Care clients. Through their continued involvement in Forum activities, a variety of issues have been identified and addressed. One of the Forum's most recent projects is the development of a welcome guide for new participants outlining basic tenancy information for new renters. The Forum's ongoing activities have proved very beneficial in supporting the goal of providing stable housing to a very needy population. (*Contact: Susan Zimmerman, Director of Community Service System Development*)

2.3 Overcoming Community Resistance

During the early implementation of a project, sponsors may need to address community opposition to the Shelter Plus Care program. Neighborhood residents may be resistant to the idea of formerly homeless individuals with disabilities moving into their community. Direct communication between sponsor staff and concerned residents can help overcome these concerns and win the support and acceptance of the community. This must be balanced, however, with a need to protect the confidentiality of S+C participants.

Emphasize Benefits to the Community

Shelter Plus Care program sponsors can win community support by framing the project as an asset to the local economy. For example:

- Some successful sponsors describe the rental assistance that Shelter Plus Care provides as income that supports local landlords and the community in general.
- In areas where the housing market is soft, housing units that might otherwise have remained vacant are being rented using S+C funds.
- Staff can also discuss how the rehabilitation of abandoned buildings (under the SRO and PRA components) can improve neighborhoods, with S+C tenants and staff patronizing local businesses and bringing more money to the community.

Recognizing the potential of the Shelter Plus Care program for improving their neighborhood can help residents overcome their initial reluctance. Emphasize that case managers will visit participants regularly and make sure that participants' service needs are met. Also, make it clear who among the project staff will be available to help if any problems arise in the neighborhood.

3. Property Acquisition and Financing

Under the Project-based Rental Assistance (PRA) and Single Room Occupancy (SRO) components, grantees may rehabilitate existing buildings. Up-front funding for rehabilitation activities must come from sources other than Shelter Plus Care funds. It is important to keep in mind that Shelter Plus Care funds are not seed money for property rehabilitation. Instead, S+C funds provide the rental income necessary to house clients and help to retire the debt and pay operating expenses.

Before your PRA or SRO project becomes operational, there are three main tasks that you will need to accomplish: selecting a property or multiple properties, securing the initial funding for acquisition and rehabilitation, and establishing a realistic time frame for start-up activities.



3.1 Site Selection

There are a number of factors to consider when identifying properties for a PRA or a SRO project:

- **Location.** A suitable location is critical. Will the neighborhood accept the project? Is there good public transportation? Are social service agencies accessible to the site?
- **Local regulatory compliance.** Research the regulatory requirements governing your project and identify the local approvals you will need. Any construction or rehabilitation project will need to comply with local zoning codes, building codes, and construction permitting procedures. Depending on the population served, you may also be subject to licensing requirements through a mental health authority, human services department, or public health agency.
- **Design of the building(s).** Determine what kind of building is best suited for your project given the target population. The building must accommodate all potential uses. In addition to living space for the clients, what other activities will occur at the site? Do you need private office space for service providers to meet with clients? Will you need common kitchen facilities? Do you need separate space for an on-site property manager or other supervisory staff?

Additional information specific to the SRO component of the S+C program can be found in the HUD booklet titled, “Understanding the Section 8 Moderate Rehabilitation Single Room Occupancy Program.”

3.2 Managing Initial Financing for Rehabilitation

Once you have selected a site, you can begin the financing process. You will not be able to draw down the Shelter Plus Care grant funds until rehabilitation has been completed and program participants move in. You will need to establish a financing plan that ensures cash flow through the acquisition, rehabilitation, and lease-up phases of the program. Different funding sources can be used to cover expenses associated with each phase of property rehabilitation. Short-term financing may be needed to acquire the property you plan to use for your project. Then, sources of rehabilitation funding will be needed to finance the \$3,000 (at least) per unit that you must contribute to improvements. Through active networking among homeless assistance providers, some S+C grantees have used a variety of sources for debt financing including Federal Home Loan Bank, HUD’s HOME program, and state affordable housing programs. In some cases, specialized funding may be available, such as historic preservation funds, programs for particular populations such as homeless youth, or targeted neighborhood revitalization funds. An example of how one sponsor obtained financing for a Shelter Plus Care-funded SRA project is presented below.

Leveraging Multiple Financing Sources

Community Housing Trust, a sponsor-based rental assistance S+C program, used a number of funding sources to acquire and renovate Veronica House in Washington, DC. CHT staff identified the property before applying for S+C funds. They secured a \$1,000 bank loan to leverage a short-term loan from an economic development financing intermediary to purchase the property. Due to the weak real estate market at the time, the seller was willing to hold the mortgage for six months until CHT could obtain long-term financing. During this six-month period, CHT completed the modest renovations needed at the property, pursued long-term financing, and applied for Shelter Plus Care funds. By the end of the six months, the organization had assembled long-term financing from several sources, including loans from a foundation, a non-profit mental health housing developer, a local housing trust fund, and a commercial bank. CHT paid off the short-term note as the property was ready for lease-up. The Shelter Plus Care funds were then used to cover operating expenses through the rental assistance. (*Contact: Claudia Coonrod, Executive Director*)

3.3 Effectively Timing Shelter Plus Care Funding Requests

Prior to applying for Shelter Plus Care funds, providers who are rehabilitating housing units must realistically anticipate the amount of time the work will take before the units are ready for occupancy. It may also be prudent to anticipate some delay between initial lease-up and the time Shelter Plus Care rental assistance funds are reimbursed through the grantee. There may be delays obtaining approvals from the grantee to process the draw down request, the grantee may not submit the draw down request right away, or there may be delays transferring the funds received from HUD to the sponsor. One sponsor's approach to avoiding a "cash crunch" while the initial draw down request was processed is described below.

Securing Gap Financing

Once rehabilitation work began, the *Friends House of Rose Hill*, a PRA housing development for people with HIV/AIDS in New York City, submitted a Shelter Plus Care application and funding was awarded. Anticipating a possible delay between project completion and receipt of Shelter Plus Care funds to reimburse rental assistance costs, the Executive Director approached the organization's Board and asked them to approve a loan to cover the gap. The agency secured a bridge loan from the Low Income Housing Fund that was used to pay rental subsidies. The gap financing covered the six-month period prior to the program's first draw-down of Shelter Plus Care funds. (*Contact: Jill Clockadale, Executive Director*)

4. Participant Outreach and Retention Strategies

S+C specifically targets homeless persons who are difficult to serve. Many potential clients have been living in shelters or on the streets for years. They are often mistrustful of people who try to “help” them and may have limited skills for independent living. Identifying individuals who meet the program’s eligibility requirements and are ready to agree to the terms of the program can require extensive outreach to potential applicants and service providers.

Not surprisingly, S+C grantees often experience high turnover rates as participants may enter the program reluctantly, stay only briefly, and leave without notice. This is a loss for both participants and programs: the human cost to the participant of returning to homelessness, and the seemingly wasted investment of the S+C project in recruiting the participant in the first place. High turnover may also jeopardize relationships with landlords and service providers. Such setbacks will happen, given the nature of the program. But S+C project operators have identified a number of practical approaches to identifying eligible applicants, engaging them in the program, and helping them stay in housing.



4.1 Outreach and Applicant Referral

When preparing an S+C application, you will typically identify one or more target populations (that is, the number of people or households with particular disabilities who will be served by the project) and the type of housing and services that will be provided. The challenge of outreach is to identify a sufficient number of applicants interested in and willing to enter the program and to match them with available housing. This can be an inexact science at best. A housing unit may not be available when the applicant is ready to enter your program. The applicant may disappear. Interest in the program may be significantly greater or less than you anticipated among a particular target population.

Effective S+C outreach requires networking with the full range of providers who may refer potentially eligible applicants. To make this work, you need to educate outreach providers about:

- The *eligibility criteria* for the local S+C project (What types of disabilities are served? What are the criteria for documenting homelessness?);
- The *process and requirements for applying* (Is there a formal intake form that has to be completed? An applicant screening committee?);
- The *type(s) of housing available* (Is it group living? Scattered apartments? Clustered units?); and
- The *requirements for continued participation* (such as compliance with a service plan).

Outreach workers need all this information to identify appropriate applicants for the project and—just as important—to describe the program accurately to prospective participants.

Holding regularly scheduled meetings for Shelter Plus Care housing and service providers serves as an opportunity to restate the Shelter Plus Care program’s goals and eligibility criteria, and update providers on the current status of the project. You can also use these meetings as an opportunity to exchange information about vacancies and new sources of referrals and services can be shared among attendees. Effective outreach to existing S+C partners can facilitate the referral process for potential applicants. The following are some examples of outreach activities.

Look for Referrals from within a Sponsoring Agency

You may recruit applicants from a pool of existing clients already served by your agency or one of your S+C partner agencies. Where a sponsoring agency offers a range of services to homeless clients, prospective S+C applicants may come to the agency for addiction treatment or emergency housing. While receiving initial services, case managers familiar with Shelter Plus Care can identify those clients eligible for the program and guide them through the process of confirming eligibility, creating a service plan, and locating housing for the client. This process ensures that you maintain an active list of potential candidates for the project and meets the needs of your hardest to reach target populations.

Coordinate with Outside Referral Sources

Sometimes you will not have a ready pool of potential applicants within your agency or partner agencies. In these cases, you will need to “make the rounds” to other service providers to provide information on the S+C project and inquire about potential referrals.

These providers may include shelters, medical or mental health clinics, or substance abuse treatment centers who serve homeless clients. Other organizations such as the Salvation Army, United Way, Volunteers of America, or Travelers Aid may also provide referrals.

Help Potential Participants Through the Application Process

The selection process varies widely once a potential candidate has been identified. In some local projects, a screening committee reviews applications and may interview applicants before deciding on admission. In other cases, selection decisions may be delegated to a particular sponsor staff member or service provider agency. Homeless people with disabilities may be intimidated by an application process that requires a lot of documentation and personal information. Case managers can play an important role in shepherding applicants through the application and screening process. For example, one S+C sponsor recruits applicants from a local mental hospital. Hospital staff notify S+C staff when a patient is due for discharge and has no subsequent residence and no resources to obtain housing. A case manager then visits the potential applicant and identifies his or her housing and case management needs. Together they fill out an application form and present it to the sponsoring agency's referral committee for consideration. The case manager's support helps these applicants avoid homelessness and negotiate the potentially intimidating application process.

4.2 Ensuring Participant Retention through Appropriate Services

Supportive services are the key to maintaining Shelter Plus Care participants in housing. Under Shelter Plus Care, these services must be paid for with sources of funding other than the S+C grant. As a sponsoring agency, you must have the skills and experience working with homeless and disabled clients to provide the support necessary to keep their clients housed. In particular, you must offer intensive case management, ongoing supportive services, and appropriate housing. Providing the level of service required to keep participants in their housing is essential to a successful program.

Identifying appropriate supportive services is best done as a two-step process. Developing a short-term service plan during the initial intake process helps clients begin to identify goals and understand how to achieve them. This initial plan is meant to begin the cycle of setting goals, participating in services, and attaining those goals. It is not designed to be a comprehensive service plan for the client. Once engaged in services, case managers can then further develop the initial service plan and detail the client and the case manager actions necessary to achieve these goals. This two-step process helps adjust clients to case

management and goal setting which may be intimidating to clients at first. Examples of an initial service plan and an ongoing case management service plan are included in Appendix C.

Create Case Management Teams

S+C participants often need close supervision, especially during the early weeks after the participant moves into housing. To maintain such frequent contact with S+C participants, case manager caseloads need to be small. A team approach also helps. Some local service providers for the Shelter Plus Care program have created teams of S+C case managers who meet regularly to discuss the progress of individual clients and make appropriate service recommendations. Case managers benefit from sharing experiences and information with their peers about the particular needs of this client population and the resources that are available. Clients benefit by having supportive service plans that reflect the input of multiple professionals. Sponsors can also tap into the results of these team meetings to identify gaps and redundancies in service.

Fostering Peer Support Systems

The Recovery Center in Monticello, NY, clusters its housing units. At one site, there are seven units within a single apartment building. All of the tenants are men who jointly participated in an earlier treatment program. The resulting bond among the participants enables early identification of problems. If someone relapses, or is at risk of relapsing, his neighbor will notify the Center of the problem. This allows for timely intervention and helps to keep the residents stable and housed. (Contact: Veronica Uss, Executive Director)

Separate Lease Enforcement from Social Service Delivery

An important indicator of success in an S+C project is participant stability in housing. For participants, this requires complying with two sets of obligations. First, the participant must meet the conditions of the housing lease or occupancy agreement. These include paying rent, meeting housekeeping expectations, and notifying the housing manager of any problems with the room or unit. Secondly, housing stability is linked to participation in appropriate services, usually under the supervision of a case manager.

Under most circumstances, the housing manager should not be responsible for monitoring participation in services, nor should the case managers be overseeing lease compliance. Housing sponsors can intervene in cases of lease or occupancy

agreement violations while the case manager provides support for the tenant, resolving any concerns that the client and landlord may have. Maintaining this separation between housing and social service delivery allows the respective housing and service providers to play to their strengths and better protect the interests of the client.

5. Tracking Supportive Services Delivery and Outcomes

The Shelter Plus Care program requires grantees to match the value of the S+C rental assistance with an equal or greater value of supportive services. Progress toward meeting the match must be reported in the grantee's Annual Progress Report to HUD. Grantees must also report participant progress in the S+C project, including stability in housing, changes in skills and income, and changes in levels of self-determination.

Because of the extensive service needs of the S+C target populations, most grantees find that the value of services easily surpasses the value of the rental assistance. But documenting the value of services provided as well as measuring the outcomes of these efforts for participants presents challenges. Within any S+C project, participants may receive services from a number of different service providers, each with its own record-keeping practices. Grantees must then collect and aggregate the information from multiple providers. It should be noted that the costs associated with tracking and documentation are not covered by the Shelter Plus Care program grant.



As sponsoring organizations and grantees, you must find efficient ways to collect and aggregate the information, both for meeting HUD reporting requirements and for your own project and grant management purposes. Some approaches to documenting the match and assessing project outcomes for participants are presented below.

5.1 Documenting the Match

Collecting service records from various service agencies and determining the associated costs of those services is time-consuming and requires periodic oversight on the part of the grantee. Grantees and sponsors alike need to understand the range of services eligible for inclusion toward this match and coordinate their efforts to ensure that it is done accurately and efficiently. It is also important to limit the reporting burden on service providers, since the costs of collecting and compiling the needed information cannot be charged to the grant.

Request Formatted Data from Service Providers on a Regular Basis

You should request information on supportive services at regular intervals, at least annually and preferably more often than that. When you do so, you should prescribe the format in which the data will be presented. To ensure full reporting on all S+C participants and to provide traceable documentation, you may wish to include a complete list of Shelter Plus Care client names and a list of all services eligible as a match under S+C. The provider can then list the type of service provided, track the units of service and estimate the dollar value over time. A sample list of services is presented in Appendix D.

Identifying and Using Preexisting Tracking Systems

The *Alameda County Shelter Plus Care* staff offer agencies a variety of options to document the match and will provide technical assistance, if needed. One effective and timesaving technique is to link S+C tracking requirements with tracking required for other programs administered by the service provider. For example, the local Healthcare for the Homeless program provides services to many current and prospective Shelter Plus Care program participants. Healthcare for the Homeless staff track their outreach and direct care activities to meet their own reporting requirements; this documentation is also used as match documentation for the S+C project. (*Contact: Hazel Weiss, Director*)

5.2 Documenting Client Progress

Providing appropriate case management and supportive services is essential to helping program participants maintain housing stability and promoting progress toward greater self-sufficiency and independence. Clients' service needs may change over time, especially as they begin to stabilize in their housing. Ongoing assessment and re-evaluation are essential to meeting clients' needs. As noted above, some local service providers for the Shelter Plus Care program have created teams of case managers. They meet regularly to discuss the situation of individual clients and make appropriate adjustments to the services they receive. Information sharing among case managers who all work with the same type of clients can help them revise service plans to set achievable goals with clients.

Among this very difficult to serve population, even the most basic tasks can be a measure of progress and should be viewed as a positive outcome of the program. For many clients, examples of progress include taking medication regularly, remaining drug-free, or continued engagement in services. These should be documented as progress for individual clients.

Case management records are one of the best tools for documenting client progress. If the level of detail is more than what is required for Shelter Plus Care program purposes, however, a simple grid can be prepared for each client. The services offered appear on the vertical axis and dates appear across the top. The number of service hours of each service received is then recorded in the appropriate cell in the grid. This can provide a useful visual summary of services received over time. A sample format is provided in Appendix E.

6. Grant Administration

This section clarifies features of grant administration for local Shelter Plus Care providers. There are a variety of administrative tasks associated with the Shelter Plus Care program that require the efforts of both grantees and sponsors. They include tasks associated with HUD reporting requirements and with general grant management.

6.1 Collecting APR Data

In addition to the documentation of services discussed in the last section, HUD's Annual Progress Report for S+C (and other homeless assistance program grants) requires information on project enrollments and departures, participant demographics, and participant outcomes (including length of stay in housing, changes in skills and income, and changes in levels of self-determination). Tracking and aggregating participant-level information on enrollments and departures, services received, and outcomes and goals achieved is a challenge,



projects that do not have automated record-keeping systems that allow easy aggregation. While the data collection task is generally left to the local project sponsors, the grantee is usually responsible for tallying the data and writing the Annual Progress Report. Efforts to improve the efficiency of data collection and tracking can save valuable time for all involved.

Creating a Computer Database

In the *State of Connecticut*, the grantee is the Connecticut Department of Mental Health and Addiction Services (DMHAS). The agency administers a total of 11 grants with 703 rental assistance subsidies. With such a large and dispersed program, manual compilation of program data would be extremely time-consuming. Agency staff established a statewide database shared by all Shelter Plus Care sponsors. Individual sponsors enter data from program service records into the database. The state can then access information on each program and, using a report generator function, create an Annual Progress Report within minutes. (*Contact: John Doyle, State Coordinator of Mental Health and Addiction Services*)

Computerize Client Information at the Sponsor Level

You may also want to create a database to collect client information at a local level. For example, using a simple database program, you can create the necessary fields for client and housing unit information. Then, case managers can enter relevant data. This kind of database allows staff to track matching services provided and to identify housing units used for the Shelter Plus Care program.

6.2 Ensuring Full Utilization of Grant Funds

Some grantees and sponsors find it difficult to spend the entire S+C grant amount within the five or ten-year term. The main reason for this is the formula used by HUD to determine the grant amount—the grants are based on the number of units of assistance requested multiplied by the full value of the rental assistance allowable for each unit over the full term of the grant. If there are delays in lease-ups, grant spending will be lower. Moreover, participants almost always contribute to rent, thus reducing the amount of grant funds allocated to rental assistance and slowing the rate of grant spending even further. The extra funding may be used for administrative costs, but (with HUD approval) grantees generally prefer to increase the number of people served rather than covering more of their administrative costs.

Allow Sufficient Ramp Up Time for S+C Project

Experienced S+C project directors anticipate the initial delay in spending in the early planning stages of the project. When setting initial goals and milestones in their applications, you can make it clear in the application that during the first several months of the contract, attention will be focused on securing housing providers, preparing rental assistance contracts and writing Memoranda of Understanding. All too many S+C project administrators are overly optimistic about the amount of time needed to bring housing providers into the program and do not allow for unplanned delays that may arise. These delays can lead to insufficient spending in the early years of the grant. This problem can be avoided by building in a ramp up period for a new S+C project that allows for contracts with housing providers to be signed over a period of several months.

Increase Service Targets

In the event that tenant rent contributions produce extra income, a Shelter Plus Care project can expand to provide additional units of housing or to change the unit size. As soon as the project director realizes that there might be extra funds, consideration should be given to revising the service target. In conjunction with the grantee, the sponsor can develop a revised service target plan specifying the

number of additional units that could be leased or the change to the unit size. The plan should then be submitted to the local HUD field office for a waiver. This approach can help ensure that you make maximum use of S+C funds and serve the greatest number of clients over the course of the grant period.

6.3 Making Effective Use of Administrative Funds

The S+C program allows grantees to allocate up to eight percent of the S+C grant to cover administrative costs, although the costs of only a narrow set of activities are eligible. The administrative funds allowable under the S+C grants are meant to be used only on tasks associated with administering the rental assistance. These include:

- processing payments to landlords;
- determining participant income and rent contributions;
- providing housing information and assistance;
- conducting Housing Quality Standards inspections; and
- receiving new participants into the program.

Administrative funds may not be spent on the costs of providing or administering supportive services or the grant itself.

The effort associated with S+C administrative requirements is considerable. Activities such as coordinating the program, securing and tracking supportive services, and providing case management are beyond the scope of what administrative funds may cover and must be paid for with other resources. When implementing a S+C project, the project grantee should anticipate the additional funds necessary to operate a successful S+C project. As a rough estimate, an early study done of the S+C program projected that the cost of coordinating a S+C project equals one full-time staff person equivalent for 50 S+C participants during the startup phase and up to 75 participants once the project is fully implemented.⁴

The key to effective use of the administrative funds begins with a clear understanding by all parties as to who is performing the eligible administrative tasks. Shelter Plus Care administrative funds should be allocated between grantees and project sponsors based on who is performing the key rental assistance administrative functions. The program allows for flexibility in allocating the funds between grantees and sponsors, depending on which party performs the eligible tasks. In some cases, grantees have given the entire

⁴ Fosburg, L., Locke, G., Peck, L., and Finkel, M., (Abt Associates Inc.) “National Evaluation of the Shelter Plus Care Program: Final Report,” Prepared for: U.S. Department of Housing and Urban Development, Office of Policy Development and Research: October 1997.

administrative fund to the project sponsors to cover the costs of administering rental assistance. Other grantees retain a portion of the administrative funds and a few grantees keep the entire fee. During the initial implementation phase, communication between the grantee and the sponsor about the costs and responsibilities associated with rental assistance administration can help to insure an appropriate division of administrative funds.

7. Moving Beyond Shelter Plus Care

The purpose of Shelter Plus Care is to provide *permanent* housing to homeless individuals with disabilities. For participants with severe mental illnesses, the housing provided by Shelter Plus Care in combination with ongoing supportive services may be the best solution to keeping them in stable housing. However, S+C grantees have found that some participants reach a point where they are ready to move beyond what is provided through the S+C program. For people with chemical dependencies—once they have been stabilized and are well into recovery—alternative sources of permanent housing may be more appropriate or preferred. Increasingly, this is also true for many people with AIDS as their prognoses continue to improve. Moving some of these S+C participants into alternative housing over time increases their progress toward self-sufficiency and opens up Shelter Plus Care rental assistance to new participants.



One challenge to program providers is to find suitable sources of affordable housing beyond the Shelter Plus Care program. The good news is that a number of projects across the country have found ways of securing permanent housing beyond Shelter Plus Care. This has been accomplished through the formation of linkages with public housing authorities and city and state agencies. Some grantees are also working on ways to sustain the availability of housing options developed under S+C, making contingency plans in the event that their S+C grant is not renewed or that participants require alternative types of housing assistance. The particular approach that you adopt will depend on your experience. Agencies with little housing experience tend to draw on the housing already available in the community, while more experienced agencies may decide to build their own housing.

Some local projects have also recognized that the supportive housing provided under S+C may not be appropriate for all homeless people with disabilities and some clients may require a higher degree of support in order to remain in housing. As a result, several projects have forged partnerships with not-for-profit housing developers to build Section 811 buildings for people who required alternative permanent housing. (The Section 811 program is a HUD housing production program that funds the development of affordable housing and on-site supportive services for low income people with disabilities.) For those clients who needed additional supportive services but could still live independently, Section 811 buildings have provided an alternative permanent housing option.

Acquiring Housing Units for S+C Participants

Community Housing Trust (CHT) in Washington, D.C., serves homeless mentally ill adults in some of the most affluent neighborhoods of the city. CHT staff were concerned that simply leasing units did not provide enough certainty that housing would continue to be available to their S+C clients. The organization therefore elected to purchase a group home for women and three efficiency apartments to house Shelter Plus Care clients. Owning the properties addresses some of the “NIMBY” issues that challenge special needs housing. In addition, using the rental subsidies to retire the debt on the property ensures that there is equity at the end of the program to serve clients in the future. Should the Shelter Plus Care grant not be renewed, the option of selling the property and using the appreciated proceeds to create an ongoing private rental subsidy is a viable option that addresses housing sustainability for seriously mentally ill, formerly homeless clients. (*Contact: Claudia Coonrod, Executive Director*)

Developing Partnerships with Other Housing Providers

At **Harborview Mental Health Services** in Seattle, Washington, a King County Shelter Plus Care program sponsor with substantial housing development experience, the housing coordinator developed relationships with Seattle Housing Authority and King County Housing Authority. Both Authorities agreed to move Shelter Plus Care participants into housing units that the Authorities had set aside under an admissions policy that gives a preference to people who are formerly homeless. The sponsor noted that through the Shelter Plus Care program, these tenants were developing a rental history that would allow them to be eligible for Housing Authority units. (*Contact: Paul Carlson, Housing Coordinator*)

8. Conclusion

Some program implementation issues are unique to each project, but many are common to multiple grantees and sponsors. The contents of this booklet are intended to serve as a reference and guide to S+C projects looking to improve their own project operations.

There are a few key themes underlying all successful S+C projects that are highlighted throughout this booklet. In general, an effective project depends on the following:

- **Advance planning.** An understanding of the environment that the project will operate within is essential to a project's success. This includes knowing the size and needs of the target population to be served, identifying the site or sites where the housing will be provided, and lining up the service providers who will provide the crucial supportive services needed to stabilize the S+C participants in permanent housing. Developing Memoranda of Understanding between grantees and sponsors helps to locate responsibility for aspects of the program prior to implementation. Connecting with other, more experienced S+C project directors (such as those cited in this booklet) and drawing on the lessons they have learned can also give new projects a head start in terms of program design.
- **Streamlining administration to create greater efficiencies.** Streamlining administration creates greater efficiencies in project implementation. Prior to program operation and implementation, existing materials for documenting programmatic reporting requirements should be identified or new materials developed that facilitate the provision of client services and the administration of the grant. These may include forms that identify supportive service matching funds, develop case management plans, and track tenant rent contributions. Grantees with multiple S+C grants may also benefit from the administrative efficiencies achieved through increasing the scale of program operations at minimal additional cost.
- **Collaboration among grantee and sponsors.** Collaboration among grantee and sponsors is essential to the success of a S+C project. Clear and ongoing communication between the grantee and the sponsor or sponsors insures that roles and responsibilities are clearly identified. Forming committees comprised of housing and service providers as well as the grant administrator and holding regular group meetings will allow for the exchange of information and ideas among the S+C project coordinators. This, in turn, enhances the effectiveness and quality of the program for the participants.

Appendix A

Contact information for Shelter Plus Care Projects cited in text:

- *Alameda County Shelter Plus Care Program*
Hazel Weiss, Director
224 West Winton Ave., Room #108
Hayward, CA 94554
(510) 670-6486
- *Plymouth Housing Group*
Susan Young, Program Manager
2209 1st Ave.
Seattle, WA 98121
(206) 374-9409 ext. 114
- *The Consultation Center*
Susan Zimmerman, Director of Community Service System Development
389 Whitney Ave.
New Haven, CT 06511
203-789-7645
Susan.Zimmerman@yale.edu
- *Community Housing Trust*
Claudia Coonrod, Executive Director
4713 Wisconsin Avenue NW
Washington, DC 20016
(202) 364-1419
email: claudiacoo@aol.com
- *Friends House of Rose Hill*
Jill Clockadale, Executive Director
130 East 25th St.
New York, NY 10010
(212) 995-5000 ext. 106

- *The Recovery Center*
Veronica Uss, Executive Director
11 Hamilton Ave.
Monticello, NY 12701
(845) 794-8080 ext. 115
- *State of Connecticut*
Department of Mental Health and Addiction Services
John Doyle, State Coordinator of Mental Health and Addiction Services
410 Capitol Ave.
MS#14HOU
P.O. Box 341431
Hartford, CT 06134-1431
(860) 418-6903
- *Harborview Mental Health Services*
Paul Carlson, Housing Coordinator
Box 359797
325 9th Ave.
Seattle, WA 98104
(206) 296-7490

Additional Shelter Plus Care programs who assisted in the development of this booklet:

- *Janet Wattles Center*
Brad Gilbaugh Housing Services Coordinator
Rockford, IL
(815) 967-0517
- *State of Vermont Department of Mental Health Services*
Brian Smith, Housing Coordinator
Waterbury, VT
(802) 241-2722
- *Corporation for Supportive Housing*
Janice Elliott, Connecticut Director
Hartford, CT
(206) 789-0826

- *A Community of Friends*
Monique Lawshe, Executive Director
3345 Wilshire Boulevard, Suite 1000
Los Angeles, CA 90010
(213) 480-0809
- *Veritas*
Julio Gerena, Program Director
68 West 106th St.
New York, NY 10025
(212) 666-1411 ext. 124
- *Utica Community Action, Inc.*
John Furman, Program Planner
253 Genesee Street
Utica, NY 13501
(315) 797-6473

Appendix B

Letter of Intent from S+C Service Provider

[DATE]

[NAME OF S+C GRANTEE]

[ADDRESS OF S+C GRANTEE]

Dear [NAME OF S+C GRANTEE]:

[S+C SERVICE PROVIDER] provides substance abuse treatment services. Our goals are to promote recovery, self-determination, and empowerment. [S+C SERVICE PROVIDER] would like to participate in the Shelter Plus Care Service Provider Network. We can provide the following in-kind services:

- case management for our clients and graduates in recovery, including preparation of a self-sufficiency plan
- reports on AA and NA attendance
- drug and alcohol testing as medically appropriate
- referral into residential programs in case of relapse
- aftercare groups for clients

We anticipate a need to provide services to approximately ten clients per year. We estimate the value of these in-kind services to be in the range of \$_____ annually.

Please contact _____, executive director, at the number above, or speak with _____, program director, at _____, if we can provide any further information. We will look forward to your response.

Cordially,

MEMORANDUM OF UNDERSTANDING BETWEEN [S+C GRANTEE] AND [S+C SERVICE PROVIDER]

1. Background

The _____ Shelter Plus Care Program is funded by a grant from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both affordable housing and a full range of services to homeless individuals who are mentally ill, have chronic alcohol and drug problems, and/or have AIDS or related disorders. The Program is jointly administered by the _____ and the _____.

2. Purpose of Memorandum of Understanding

[Number of Service Providers] have committed to participate in the Shelter Plus Care Program to provide necessary service to the target population. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of _____, an identified service provider and hereinafter referred to as Provider; and the responsibilities of the County.

3. Scope of Services

Provider shall provide services as described in the Provider's Commitment letter, as set forth in Exhibit A.

[Grantee] shall administer all grant requirements, administer rental assistance to eligible participants, coordinate participant intake, referral, and service delivery among the Service Providers, and between Housing Providers and Service Providers, and provide technical assistance and training to Service Providers. [Grantee] shall make a good faith effort to seek and secure additional financial and in-kind resources on behalf of the Provider in support of Shelter Plus Care Program related activities.

4. Indemnity and Insurance

Provider shall indemnify [Grantee], its officers and employees, against any and all liability for injury and damage caused by any negligent or willful act or omission of Provider or any of Provider's employees or volunteers in the performance of the duties specified in this MOU.

[Grantee] shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile, and Professional Insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the [Grantee].

5. Record Keeping and Reporting

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete and current monthly service logs, application logs, and all related documents and records to assure proper accounting of funds and performance under the terms of this MOU. Provider agrees to participate in the local and national evaluation of the Shelter Plus Care Program using a data collection system developed by the [Grantee] and HUD respectively and provided to the Provider.

6. Compliance with Federal Regulations

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Shelter Plus Care Program, including, but not limited to, the requirements of 24 CFR part 85 (administrative requirements as detailed in OMB Circular A-102, and OMB Circular A-87), and 24 CFR part 24 (the use of debarred or suspended contractors). Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the provider's services. There will be no displacement of tenants or property owners through the provision of services pursuant to this MOU.

7. Nondiscrimination and Equal Opportunity

Provider agrees that no person shall, on the grounds of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in Shelter Plus Care or funded in whole or in part with funds made available to Provider pursuant to this MOU.

8. Term

The term of this MOU is _____[DATE]_____.

9. Amendment

This MOU may be amended with the written agreement by both agencies.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed this first day of January, 1994.

BY _____

BY _____

Community Development Agency Director

_____ _____
Date Date

Approved as to form:

BY _____
Deputy County Counsel

Date

SAMPLE SHELTER PLUS CARE MEMORANDUM OF UNDERSTANDING

Shelter Plus Care MOU Between Community MHC And Not For Profit Developer/Housing Management Co. With Support of the State Mental Health Authority

Management Plan

1. As described in the _____ Shelter Plus Care grant application, The Community Mental Health Center(s) (CMHCs) will be responsible for:
 - a. Screening and selection of eligible persons;
 - b. Detailed assessment of clients;
 - c. Case management services on site;
 - d. Maintenance and documentation of case management records;
 - e. Direct supervision of a supportive therapeutic community by resident manager;
 - f. Provision of crisis support services and Patient Special Housing Support Services;
 - g. Social rehabilitation and vocational support services as appropriate.

1. The CMHC will make every effort to maintain good relations with all surrounding neighbors of the house.

2. The CMHC will prepare and submit tenant applications of the administrating Public Housing Authority (PHA), maintain a file on each applicant, maintain a file on each resident, keep records on tenant accounts, and collect rents.

3. Housing Developer/Housing Management Entity will be responsible for evictions with CMHC staff assistance. Legal fees will be shared equally by CMHC and Housing Management Entity and included in the final judgment against the resident.

Tenant Selection Criteria

Residents of the Shelter Plus Care Project will be CMHC-referred clients designated as (identify target population, i.e., severely and persistently mentally ill).

Residents will enjoy the benefits of private sleeping quarters while sharing common baths, kitchen and common sitting and living space.

- A. Successful applicants must meet income and homelessness guidelines.
- 4. Income Guidelines: Residents must be at or below 50% of area median income. Income verification is required.

- 5. Homelessness: Per federal funding requirements, applicants must be homeless, as defined by the Department of Housing & Urban Development (HUD), i.e.:
 - any individual who lacks a fixed, regular and adequate nighttime residence;
 - any individual who has a primary nighttime residence that is:
 - a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) a temporary residence for individuals intended to be institutionalized, c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

- A. Residents must agree to sign a one-month lease.
- B. Residents must pay a security deposit in the amount of _____.
- C. Residents must have a minimum of 2 positive references.
- D. Residents should make a commitment to work toward independent living. If the resident has a history of substance abuse, he/she must be substance-free for the preceding 6 months or be enrolled in a program to remain substance-free. This may be a self-help program, such as Alcoholics Anonymous.
- E. Residents must be able to understand the house rules required in communal living and commit to them in writing.
- F. CMHC will not discriminate against residents on the basis of race, color, religion, ethnic background, national origin, sex, physical or emotional disability, sexual preference or class. Federal regulations do, however, recognize the particular privacy and security needs of homeless mentally ill people and do permit CMHC to operate this facility as a residential facility targeted to the mentally ill population. CMHC clients will be given the highest priority in all cases.

Tenant Lease Addendum

To be attached.

Documented House Rules

To be attached.

Case Management Plans

To be attached.

Resident Manager Job Description

To be attached.

CMHC Executive Director _____

Housing Management Entity Representative _____

SMHA Project Designee _____

Appendix C

Initial Client Service Plan

Date: _____

Client Name: _____

This service plan is a reflection of the goals presented by the client(s) to the Intake Coordinator, or whomever is completing the initial Intake. It is an extension of the Initial Assessment form contained in the Intake packet completed on all clients who request assistance and/or services from the organization.

This is the INITIAL Service Plan and thus is meant to begin the cycle of setting goals and working to attaining those goals through steps by both the client and his/her case manager.

Short-Term Goals:

Anticipated Achievement Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Long-Term Goals:

* approximate attainment dates set with the long-term case manager in ongoing Case Management Service Plan.

Staff Signature: _____

Long Term Client Service Plan

Date: _____

Name: _____

Client identified goal is: _____

<i>Steps to Goal Attainment</i>			
Goal #	Client Strengths	Client Actions	Case Manager Actions

Client Obstacles: _____

Follow-up: _____

Target Date: _____ Alternate target ate: _____

Achieved: _____ When? _____ Continue? Y/N _____

Client identified goal is: _____

<i>Steps to Goal Attainment</i>			
Goal #	Client Strengths	Client Actions	Case Manager Actions

Client Obstacles: _____

Follow-up: _____

Target Date: _____ Alternate target date: _____

Achieved: _____ When? _____ Continue? Y/N _____

Client identified goal is: _____

<i>Steps to Goal Attainment</i>			
Goal #	Client Strengths	Client Actions	Case Manager Actions

Client Obstacles: _____

Follow-up: _____

Target Date: _____ Alternate target date: _____

Achieved: _____ When? _____ Continue? Y/N _____

Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Appendix D

Request for Documentation of Service Match

Memo to: Staff with Shelter + Care clients
From: [S+C DIRECTOR]
Date:
Subject: Mandatory Federal Reporting Shelter + Care (S+C)

Dear:

As part of the federal mandatory report for the S+C Program, we are required to report any care activity for the period of time from _____ to _____. Our records show that your program had _____ clients that participated in the S+C Program.

For each client you will find attached a SHELTER + CARE REPORTING FORM. Complete the form for each client by _____. **This report is required regardless of the client's current status in S+C.**

It is critical that we record all care activity provided by all providers. This activity will be costed out to apply against the S+C grant.

Instructions:

1. Pull the clinical record on all clients for whom you have received a form.
2. Check the client record against the activities listed in items a-t on the form.
3. Check YES or NO for each activity. YES indicates that a service or referral for such service took place.
4. Indicate in the WHERE column the name of the agency involved in the referral.
5. Sign and date the verification at the bottom of the page. This form remains part of the federal records.
6. Return completed from by _____.

SHELTER + CARE REPORTING FORM

CLIENT NAME: _____

YES	NO		WHERE
		a. Outreach	
		b. Case Management/Care Coordination	
		c. Intensive Day Treatment/Therapy	
		d. Life Skills Training	
		e. Alcohol and Drug Abuse Services:	
		f. Mental Health Service	
		1. Hospitalization	
		2. Other	
		g. AIDS Related Services	
		h. Health Care	
		1. Clinic	
		2. Other	
		i. Education (GED or Other)	
		j. Employment Services	
		1. Job Training Enterprises	
		2. Other	
		k. Child Care	
		l. Children Services	
		m. Residential Management Services	
		n. Follow-up (transitional housing)	
		o. Crisis Bed	
		p. Representative Payee Services	
		r. Food Pantries	
		s. Other:	

I verify in accordance with Federal reporting guidelines that the above information is accurate and correct.

Date

Signature

Appendix E

Service Grid for Shelter Plus Care Client

Name of Client _____

Case manager: _____

Please enter hours of service received.

Sample Service Documentation

	1/5/00	1/12/00	1/19/00	1/26/00	2/2/00	2/9/00	2/16/00	2/23/00	3/1/00	3/8/00	3/15/00
Case management	1	1	1	1	1	1	1	1	1	1	1
Life Skills Training	1	1	1								
Child care					4		4	4	4	4	4
Housing search assistance										1	1
Substance abuse counseling	1.5	1.5	1.5				1.5	1.5	1.5	1.5	1.5
Budgeting		1	1	1		1					
GED	2	2	2	2							
Job training							4	4	4	4	4
Job search											