

Factors Leading to Success in Permanent Supportive Housing

Developed for the

New York State Office of Alcoholism and Substance Abuse Services

August 2011

Prepared under the

**Center for Substance Abuse Treatment
State Systems Technical Assistance Project
Contract No. 270-03-1000/hhss27000020T**



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CONTENTS

	Page
I. INTRODUCTION	1
A. Purpose of the Technical Assistance.....	1
B. Consultant's Background	1
C. State Agency Background.....	1
D. Housing Providers' Background.....	2
II. TECHNICAL ASSISTANCE SUMMARY	3
A. Methodology.....	3
B. Observations	3
C. Recommendations	7
D. Outcomes.....	8
 APPENDIX A	
 APPENDIX B	
 APPENDIX C	

I. INTRODUCTION

A. Purpose of the Technical Assistance

In January 2010, the Center for Substance Abuse Treatment (CSAT) State Systems Technical Assistance Project (SSTAP) finalized a comprehensive technical assistance (TA) plan for the State of New York. The plan was based on the State's CSAT Core Technical Review. This report reflects TA delivered under SSTAP in accordance with the TA plan. Specifically, SSTAP provided TA to design and facilitate focus groups on factors leading to success in permanent supportive housing.

CSAT is one of three Centers of the Substance Abuse and Mental Health Services Administration (SAMHSA). JBS International, Inc. (JBS) is the SSTAP contractor. JBS is a health and human services consulting firm based in North Bethesda, MD. JBS contracted with the Corporation for Supportive Housing (CSH) to deliver the TA.

B. Consultant's Background

CSH is a national nonprofit organization and community development financial institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH's mission is to provide advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH helps create an expanded supply of supportive housing for people, including unaccompanied adults, families with children, and young adults who have extremely low incomes, who have disabling conditions, and/or who face other significant challenges that place them at ongoing risk of homelessness. As of December 31, 2010, CSH's lending, grant-making, and project-specific assistance have led to 49,928 new units of supportive housing being developed or added to the development pipeline. About 32,727 formerly homeless adults and children now live in supportive housing units CSH directly created.

C. State Agency Background

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is the single State authority for substance abuse in the State of New York. While the agency has been a grantee of more than 20 U.S. Department of Housing and Urban Development Shelter Plus Care Homeless contracts since the mid-1990s, the OASAS Bureau of Housing Services was established in 2007 to enable successful long-term recovery by helping recovering homeless individuals and families gain access to both affordable permanent housing and stable living wage employment. The bureau provides supportive services to assist program participants gain both daily life skills and marketable work skills. The housing programs contribute directly to a community's economic strength and stability through the rental subsidies paid directly to private landlords.

The housing portfolio has grown from 850 apartment units in May of 2007 to 1,500 units in July 2011. There now are more than 400 apartment units for homeless families in recovery. Access to Permanent Supportive Housing (PSH) has been expanded from New York City and 11 other communities to New York City and 22 other communities. OASAS is an active partner in the New York/New York III Homeless Initiative and has also established an Upstate PSH program model that includes access to housing in nine rural counties.

OASAS believes that PSH needs the following elements to be successful:

- **Choice.** Services need to be tailored to meet individual needs, and be flexible and open to modification as the person moves forward in recovery. Choice regarding where a person or family wants to live is essential for PSH programs to make sense.
- **Voice.** "Nothing about us without us." Direct involvement in planning and carrying out programs and services is a critical component for success. One way of opening up agency program

planning and evaluation meetings to members of tenant councils and other interested program participants is to “open chair” these meetings.

- **Empowerment.** Case management and counseling services need to go beyond simply **doing** for individuals and families. Interventions need to educate and empower individuals to make their own informed choices in matters affecting their lives and to accept responsibility for those choices. Helping individuals in PSH programs to find and keep jobs that pay a living wage is critical for people to attain meaningful self-sufficiency.
- **Dignity and respect.** All services and communications need to be built on tangible evidence of dignity and respect for all involved.
- **Hope.** Recovery of hope is essential for recovery from addiction, co-occurring psychiatric disorders, and life trauma. Living in safe, affordable permanent housing is a strong affirmation that “good things can happen to me.”
- **Life success.** For homeless individuals and families, success positively affects multiple generations and communities.

D. Housing Providers’ Background

OASAS partners with 42 nonprofit housing providers in the PSH programs, including 22 in New York City, 5 in the New York suburban counties, and 15 in upstate New York. Almost all of these agencies also operate addiction treatment services and more than 50 percent operate mental health treatment services. All have served homeless persons for more than 20 years. Appendix A lists these partner agencies.

II. TECHNICAL ASSISTANCE SUMMARY

A. Methodology

CSH collaborated with OASAS to conduct a series of 13 focus groups with tenants who live in OASAS-funded PSH. In preparing for the focus groups, CSH developed a Tenant Focus Group Facilitator's Outline (see Appendix B) to guide the conversation and ensure consistency. CSH also worked with OASAS to recruit participants and handle focus group scheduling. CSH staff facilitated the focus groups, and OASAS Bureau of Housing Services staff members attended each group. OASAS staff members prepared and shared meeting notes with CSH.

Any interested individual who had experienced homelessness as a result of substance abuse and who was either a current or former resident of OASAS-funded PSH could participate in the focus groups; group participants received no compensation. To offset the cost of traveling to the focus groups, participants in New York City received a \$4.50 round-trip Transit Authority Metro card.

A total of 110 persons participated across the 13 focus groups, which CSH conducted between March 2, 2011, and June 8, 2011. Each focus group was about 1 hour and 45 minutes and focused on receiving feedback from participants about their experiences with OASAS PSH. Participants were also asked to complete an anonymous three-page survey (Appendix C). Of the 110 focus group participants, 102 completed a survey (a 93 percent response rate). CSH compiled these surveys and analyzed the results.

OASAS and CSH thank the following organizations for hosting the focus groups and showing such gracious hospitality to participants and the staff:

- Cazenovia Recovery Systems, Inc.
- Central New York Services, Inc.
- Fairview Recovery Services, Inc.
- Hope House, Inc.
- Mid-Hudson Addiction Recovery, Inc.
- Palladia, Inc.
- Project Renewal, Inc.

B. Observations

First, a description of the housing model is in order so that one can better understand the observations from the focus groups. CSH defines PSH as a "successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives." CSH further defines PSH as being available to a person or family whose head of household is homeless or at risk of homelessness and has multiple barriers to employment and housing stability, including serious mental illness, alcohol or chemical dependency, other disabling health conditions, or all the above.

In the section the OASAS Bureau of Housing Services prepared for the Alcohol and Substance Abuse Providers of New York position paper, OASAS identified its housing vision as follows: "Safe, affordable permanent housing and stable living-wage employment are fundamental to successful long-term recovery. The vehicle to help individuals, families and communities facing addiction and homelessness is Permanent Supportive Housing. Permanent Supportive Housing (PSH) programs are the means by which the State agency and fifty provider agencies are able to give hope to individuals, families and communities in recovery." Together, the CSH and OASAS definitions describe a housing model created to meet the unique needs of persons in recovery who have experienced homelessness. In the words of one focus group participant the model seems "designed just for me."

The following observations are themes that mirror the topics covered in the focus groups and focus group surveys. Where possible, CSH integrated observations from the focus groups and surveys.

1. Demographics and household composition

Of the 102 survey respondents, 44 percent were female and 57 percent were male. The average age for all survey respondents was 43, with a minimum age of 20 and a maximum age of 62. This falls at the upper end of the average age range for OASAS PSH participants of 30–45.¹ CSH and OASAS staffs noted that this average was older than expected. This could indicate that younger individuals are either unable or not choosing to access PSH through OASAS. It could also be due to self-selection among the focus group participants, with older respondents having more interest in sharing feedback about the impact of PSH on their lives. On average, survey respondents had been in housing for 1.69 years. The minimum time reported was 1 week, and the maximum time was 9 years.

The majority of respondents (70 percent) reported that they live alone, while 30 percent indicated they live with a family member, partner, or roommate. When describing who is in their family, 73 percent indicated they had children, with 61 percent of those respondents reporting children under the age of 18, and 39 percent over 18. The discrepancy between the percentages of respondents reporting that they live alone versus those reporting children in their family is likely due to children who are not currently in the custody of the survey respondents.

2. Experience of homelessness

The survey asked participants to indicate what caused them to become homeless; respondents could select more than one option. A total of 92 percent selected alcohol/drug abuse problems, 30 percent mental health problems, 33 percent not enough money to pay the rent, 18 percent evicted by landlord and 8 percent indicated they left for personal safety. The high percentage of respondents who selected alcohol/drug abuse is consistent with the target population of persons in recovery for OASAS-provided PSH. Almost all respondents (89 percent) indicated they experienced an increase in alcohol/drug problems, mental health problems, medical conditions, or problems with the law while homeless.

A total of 41 percent of respondents reported that they first became homeless between the ages of 26 and 40, with 37 percent having their first experience under the age of 25. On average, respondents indicated they had been homeless 1.46 times before entering PSH. The fact that this average is greater than one indicates that many of the respondents were in a cycle of repeated homelessness and housing instability before entering PSH. One can further observe this instability in the number of locations in which respondents lived while homeless. About 50 percent noted living with family or friends while homeless, and 89 percent accessed shelter or other emergency housing. Many respondents selected more than one location, indicating that they were cycling between available options while homeless.

3. Satisfaction with current housing

When asked whether they were satisfied with their current housing accommodations, participants almost universally said that they were satisfied. These responses are supported by those in the focus group survey, in which 95 percent of participants reported that they were “very satisfied” or “mostly satisfied.” One participant reported, “My place is not just an apartment; it’s a home.”

A few tenants reported issues with maintenance, but this did not appear to detract from their overall satisfaction. Participants particularly appreciated the opportunity to select from among available housing units in a given community and convenient locations near transportation and other amenities.

4. Safety of building and neighborhood

The majority of focus group participants reported that they felt their building and neighborhood were safe. This is supported by the survey results in which 82 percent of respondents indicated they felt their neighborhood was safe, with 16 percent indicating they felt it was “somewhat” safe. The participants who indicated they did not feel safe mostly cited gangs and drug-related activity in the building or

¹ New York State Office of Alcoholism and Substance Abuse Services Bureau of Homeless Services, ASAP Position Paper section on OASAS Permanent Supportive Housing Programs.

neighborhood as the reasons. Participants in the New York City focus groups primarily mentioned concerns about safety.

5. Satisfaction with case manager

When asked about satisfaction with their case managers, focus group participants were almost unanimous in their positive responses. They particularly noted how critical the help of a case manager was in connecting them with services and helping them navigate through difficult systems. Participants also reported that case managers were helpful to them in establishing and achieving goals. In a New York City focus group, participants mentioned that it might be beneficial to change case managers after 3 to 5 years due to the familiarity that occurs over time. In contrast, other participants felt that having the same case manager for an extended period was beneficial. The surveys reflected the overall satisfaction with case managers noted in the focus groups, with 94 percent of respondents saying they were “mostly” or “very” satisfied with case management services.

6. Satisfaction with supportive services

When asked about what aspect of supportive services benefits them, the majority of participants reported that the services are helping them to move toward independence and feel empowered. They also noted that supportive services have enabled them to stay sober, regain custody of children, and rebuild relationships with families. Participants mentioned that linkages to educational and vocational services were especially helpful. In the focus group survey, 85 percent of respondents reported that they are “mostly” or “very” satisfied with the support services they receive. Although not directly speaking about services, a few participants, in response to this question, expressed that they would like to have a larger apartment to accommodate visits with children and to be able to move to another county while retaining their housing subsidy.

7. Employment

In the focus group surveys, 39 percent of respondents reported that they are currently employed, while 28 percent reported they are in a formal vocational skills training program. Of those who reported being employed, 54 percent reported full-time employment. The majority (55 percent) of participants are interested in employment services that could help them obtain a job or get a better job. In the focus groups, many participants who did not report a current focus on employment were concentrating on education.

8. Additional services

Focus group participants had the opportunity to identify additional services that they would like to receive. Most participants indicated that they would like to receive assistance with employment, education, and training. This was followed by assistance with financial services and budgeting. Several family focus group participants also mentioned that they would like funding to go on family outings and would like access to substance abuse prevention programs for their children. Other participants mentioned wanting help with accessing other subsidized housing or moving toward home ownership.

9. Reunification with family

An extremely important benefit of OASAS PSH is that it offers participants the chance to reunify with children or other family members. Of the survey respondents for whom the question was applicable, 85 percent reported that they have reunited with their children since entering PSH. Given the wording of the question, these responses likely include both persons who have regained custody of their children and those who have reestablished relationships with them but not physical custody. Some respondents indicated that they were able to reunify with children immediately, but, on average, it took 1.81 years after entering PSH.

Reunification with children and family was a significant theme in the focus group conversations as well. Many participants reported that permanent supportive housing provided them with the stability to reunify

with children and family members. Focus group facilitators also noted that the groups contained a higher than expected number of households headed by males who had been reunited with children through PSH. In speaking about reestablishing family contact, one participant stated, “The more I maintain the person I have become, the less they worry. It gives them peace of mind. I’m one of them now.” In a focus group in Albany, every participant reported that PSH had enabled them to reunite with some or all of their children.

10. Supportive housing community

The surveys asked respondents about their current housing. Some 41 percent reported that they live in an apartment building where some of the other tenants are eligible for services, while 31 percent reported that they live in an apartment building where all tenants are eligible for services. A total of 15 percent reported that they live in a single-family house or duplex, while 12 percent reported that they live in a building where no other tenants are eligible for services. Those participants who lived in a building with other PSH program participants felt as though this provided them a support network. Participants who lived in a building without others in the PSH program did not feel that this was detrimental to their recovery, but still felt that having others in their building in recovery could be beneficial. A downside reported to having other program participants nearby is the potential to be negatively influenced by someone who is relapsing.

11. Connection to community

In addition to receiving services in the community, which 100 percent of survey respondents reported that they do, participants were asked about ways in which they connected to the community in which they lived. Many stated that Alcoholics Anonymous and Narcotics Anonymous meetings were a significant source of community connection. Some participants live in buildings that hold tenant meetings and felt they were a positive way to connect. A number of participants also expressed that it was helpful to have neighbors in recovery to assist them with childcare, sobriety, and other needed supports.

12. Impact of supportive housing

By far, the most robust response received in the focus groups concerned a question that asked participants to compare living in supportive housing with when they did not have their own home. It is clear that participants greatly value supportive housing and can enumerate its positive impacts in their lives. Participants reported that the rental assistance they received in PSH allowed them to improve their quality of life regarding medical issues, childcare, familial relationships, employment, finances, and the length and quality of their sobriety. Many individuals expressed that PSH is the only thing that has worked for them in terms of maintaining their recovery. Individual participants who had previously been incarcerated felt that PSH was their key to staying out of prison. A veteran who has cycled through treatment many times reported that PSH was the key to his sobriety. One participant stated: “I had many apartments; now I have a home.”

The focus group results are consistent with national PSH findings, which show that 80 percent of participants are able to maintain housing for 12 months or more, and the health and wellness of tenants improve, including improved mental health and decreased substance use. Use of the most costly (and restrictive) services in health care, criminal justice, and child welfare systems declines, including reductions in:

- Use of jails by more than 50 percent.
- Child welfare system encounters by more than 60 percent.
- Detox use by more than 80 percent.

- Psychiatric hospitalizations by 49 percent.
- Inpatient hospitalizations by 27 percent to 29 percent.²

13. Graduation from PSH

Although many focus group participants expressed interest in moving on from PSH in theory, they wanted to be sure that they were completely stable and ready to do so first. Some worried about being able to afford rent without the support of the subsidy and wanted to continue to be able to access supportive services. Focus group participants in New York City seemed less interested in moving on from PSH than in the rest of the State. This likely reflects the high cost of rent in that market and the perceived difficulty of affording it without subsidy. Of the participants who expressed interest in moving on, all reported that they would want to continue to access services.

Several participants expressed a concern that they would be forced to leave the supportive housing before they were ready to do so. This may reflect a policy on the part of some agencies to encourage tenants to move toward independence by not describing the subsidy and program as permanent.

14. Ideas for improving supportive housing

Focus group participants were asked for their ideas regarding how to improve supportive housing. A number of participants suggested that there should be more funding to expand the program and that it should be better promoted so that more individuals and families can access it. One participant expressed a desire for staff of treatment programs to be better informed about PSH, as he only learned about the program after he became homeless. Other suggestions included providing transportation services and paying case managers more.

15. Recommending supportive housing to others

When survey respondents were asked whether they would recommend the OASAS PSH Program to others, 98 percent said that they would. The remaining 2 percent indicated that they were unsure. Following is a sample of the reasons respondents gave when indicating they would recommend OASAS PSH:

- “This program helped me to become a better person and do more for myself since I've been in this program; I got my self-esteem back. I'm so grateful. Thank you OASAS.”
- “It is a great opportunity to get your life together and start accomplishing your goals. It has helped me become independent.”
- “It's very helpful for people who don't have anywhere to go when they come out of a program or prison.”
- “It has saved my life.”

C. Recommendations

It is clear from the focus group information and survey responses above that participants in OASAS-funded PSH overwhelmingly value the opportunity to participate and the ways in which it has increased their quality of life. It is also significant that focus group participants reported supportive housing as a key factor in maintaining their sobriety. Although some selection bias may exist, in that those who are most satisfied with the program are the most likely to provide feedback, the consistency of these comments

² Corporation for Supportive Housing, Supportive Housing Research FAQs, <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=4453&nodeID=81>

across focus groups and surveys makes this unlikely. Based on these responses, the primary recommendations to the State regarding this initiative include the following:

1. Preserve the funding for the OASAS PSH Programs and expand program availability if feasible.

Many individuals who had been involved in multiple systems, such as child welfare and criminal justice, reported that the stability and services provided enabled them to reduce their involvement in these costly systems.

The positive impact that OASAS PSH has on involvement with other systems also presents an opportunity for the State to:

2. Explore new partnerships or strengthen existing partnerships with criminal justice, child welfare, and other systems with which supportive housing tenants are involved. This might include expanding the Re-Entry PSH Initiative program for parolees or the CSH pilot program Keeping Families Together that works to prevent family disruption among highly vulnerable families.

In addition to these overarching recommendations, there are a few categories of services where it appears that more support may be needed.

3. Increase availability of supportive services in employment and education, financial services and budgeting, and substance abuse prevention services for youth. This could probably be accomplished by emphasizing and providing training on these topics to existing case managers. In some areas, funding for additional services may be required.

In response to some participants' expressed worry of being forced out of permanent supportive housing before they are ready:

4. The State might want to revisit community providers' understanding of the program and language they use when describing it. It appears that some program features (e.g., length of stay) providers convey to prospective PSH clients varies across the different locations.

D. Outcomes

Based on focus group qualitative data and focus group survey quantitative data, the State can feel confident in having created a program that meets the needs of the identified target population. The OASAS PSH Program participants report a high level of satisfaction with all aspects of the program and feel confident in recommending it to others.

Most importantly, participants report that PSH is a key factor in enabling them to maintain sobriety and move toward self-sufficiency. These results, and national data on PSH, point to the fact that this is a very cost-effective intervention for the State. Participants who may otherwise have cycled in and out of treatment and other health, human service, and criminal justice systems are instead in stable housing and working to increase their income. The State may want to consider documenting the cost savings in a future study. Also, if it does not already do so, the State may want to consider administering a survey to participants when they enter PSH and annually thereafter to more accurately assess outcomes over time.

APPENDIX A

New York State OASAS Housing Providers

New York City:

- BASICS, Inc.
- Bowery Residence, Inc.
- Brooklyn AIDS Task Force, Inc.
- CREATE, Inc.
- El Regreso Foundation, Inc.
- Fortune Society, Inc.
- Greenhope Services for Women, Inc.
- Lower Eastside Service Center, Inc.
- Narco Freedom, Inc.
- Odyssey House, Inc.
- Palladia, Inc.
- Project Hospitality, Inc.
- Project Renewal, Inc.
- Promesa, Inc.
- Queens Village J-CAP, Inc.
- Samaritan Village, Inc.
- Turning Point, Inc.
- United Bronx Parents, Inc.
- Women in Need, Inc.

Mid-Hudson & Long Island:

- Concern for Independent Living
- Mid-Hudson Addiction Recovery Center, Inc.
- Multi-County Community Development Corporation, Inc.
- Recovery Center/ The Council on Alcoholism & Drug Abuse of Sullivan County, Inc.
- Regional Economic Community Action Program, Inc. (RECAP)

Upstate New York:

- Catholic Charities Cortland County
- Cazenovia Recovery System, Inc.
- Council on Addiction Recovery Services, Inc.
- Central New York Services, Inc.
- Credo Community Center for the Treatment of Addictions, Inc.
- Fairview Recovery Services, Inc.
- Finger Lakes Addictions Counseling and Referral Agency, Inc. (FLACRA)
- Hope House, Inc.
- Horizon Health Services, Inc.
- Liberty Resources, Inc.
- New Choices Recovery Center, Inc.
- Providence Housing Development Corporation, Inc.
- St. Peter Addiction Recovery Center, Inc.
- Twin County Recovery Services, Inc.
- Unity House of Troy, Inc.

APPENDIX B

TENANT FOCUS GROUP
SUPPORTIVE HOUSING FOR SINGLE ADULTS AND FAMILIES
FACILITATOR'S OUTLINE
1 HOUR 45 MINUTES

Recommended Materials:

1. Name Tags & Sharpie pen
2. One page Tenant Info form
3. Pens
4. Snacks
5. Beverages
6. Paper plates/napkins/cups

Optional Materials:

1. Flip Chart
 2. Markers
-

- **Assume late start during which time tenants are filling out the one page info sheet as they come in (10 minutes)**
 - Have way for them to turn them in confidentially – like a box or something.
- **Welcome**
 - 1) Introduce yourself and ask OASAS staff and the tenants to introduce themselves quickly- (everyone just gives their names- for now).
 - 2) Make sure everyone is comfortable, has refreshments and knows where the bathrooms are since there is no break.
 - 3) Thank everyone for coming!
- **Purpose and Outline of Discussion (5 minutes)**
 - 1) We have 2 main goals for our time together today.

OASAS, as a funder of housing for persons with substance use issues who have experienced homelessness, really wants to:

 - Learn about your experiences as tenants in supportive housing
 - Gather your recommendations about to improve Supportive Housing
 - 2) So we're all on same page, let's clarify what we mean by "supportive housing"
 - Permanent Housing + Supportive Services = Supportive Housing
 - Housing is:
 - Permanent - not Transitional or Temporary
 - Affordable
 - Independent (you have key to your own front door and a lease)

- Services are:
 - Voluntary
 - Flexible
 - Focused on helping tenants stay in housing.
 - Focused on helping tenants meet their goals.
 - Not:
 - A treatment setting
 - Licensed community care or a nursing home
- 3) CSH was asked to facilitate and write up these discussions for OASAS. We are a non-profit dedicated to helping communities create permanent housing with services to prevent and end homelessness. To give you a sense of how CSH operates and what we do:
- We have offices in 11 states including New York and work in many other locales
 - We give grants and make loans to help people build supportive housing projects.
 - We give lots of advice and train people on how to develop and run supportive housing.
 - We educate people about supportive housing and advocate for government funding.
- 4) Let's overview the areas we'd like to talk about today:
- a) The housing you live in
 - b) The support services you participate in (or could participate in if you wanted to)
 - c) Your personal goals and how the supportive housing program helps you achieve them
 - d) The community where you live and
 - e) What has changed for you since being housed in supportive housing?

Tenant Overview (15 minutes)

Now that we're all clear about what supportive housing is, and that everyone here lives in supportive housing, let's step back. Remember we're interested in your ideas about how to improve your housing and your opinions will be held in strict confidence, so please share them.

Reintroduce yourselves at this time and if you'd like, take a moment to share something about your journey to supportive housing, before we get to the specific questions.

Facilitator lays out ground rules: Lots to cover so brief responses, share floor with others. Facilitator will monitor time.

Your Housing (15 minutes – 3-4 minutes per question)

First let me know what you think of your housing—what is, or is not, working for you

Singles:

1. Are you satisfied with your current housing accommodations? If yes, please tell us why. If you are not happy with your housing, please explain why.
2. Do you feel safe in the building or neighborhood where you live? Why or why not?
3. Do you think that the rules and policies where you live make sense? Why or why not?
4. What's most important to you about your housing? Is there anything you would change if you could?

Families:

1. Are you satisfied with your current housing accommodations? If yes, please tell us why. If you are not happy with your housing, please explain why.
2. Do you feel like the building and grounds are safe for you and your kids? Why or why not?
3. Are you comfortable in the neighborhood where you live? Why or why not?
4. Do you think that the rules and policies where you live make sense for families? Why or why not?
5. What's most important to you about your housing? Is there anything you would change if you could?

• Your Supportive Services and Services Staff (20 minutes - about 5 min. per question)

Note: Explain what's meant by case managers – the person who checks in regularly with you about your needs and goals in order to help you maintain your housing (Note: many tenants don't identify their case manager by this title. Need to probe to establish common understanding of what we mean)

1. How effective do you think your case manager is connecting you to *benefits you're entitled to* (like SSI check, Medicaid or food stamps) or *services* (like health care, recovery supports or childcare) you want. (Note: Modified this ? b/c tenants weren't getting the distinction btw entitlements and services)
2. **Singles:** Are there any services that you are interested in getting, that you are not receiving?
Families: Are there services that you think you or your family would benefit from, that you aren't receiving?
3. How is your relationship with your case manager? (For example, do you feel like your worker is someone you can trust? Do you feel like they respect you? **Do you feel they are helping you achieve your goals?**)
4. What would you say is working for you about the supportive services you receive? What would you say is not working for you about the supportive services that you receive or are eligible?

• Your Supportive Housing Community (5 minutes)

- 1) Do other people in this Housing Program live in the same building as you?
 - If yes, what is good about this and what is not so good?
 - If you are the only person in your building in this Program, what is good and what is not so good about this?
- 2) Have you seen any efforts to help build connections among people, where you live, such as community dinners or social events?
 - If yes, do you think those efforts are working?
 - If no, what do you think would help build connections among people where you live?

- **Impact of Supportive Housing (20 minutes – about 4 minutes per question)**

- 1) What is different for you now that you are living in supportive housing, compared to when you did not have your own home?

Get initial responses then prompt for additional changes with regards to:

- Your ability to work on tough issues that are important to you like dealing addictions or working on mental health stability?
- Your health?
- Your finances?
- Your employment (has employment status changed? Is it easier to keep a job?)
- Your relationships with family and others important to you?
- **Families:** Has anything changed with regards to your children's health or schooling?

- **Personal Goals and Aspirations (10 minutes)**

- 1) Do you think that you might get tired of living in supportive housing someday and want to move to an apartment somewhere else in the community?
 - If you did want to move on, what do you think you would need to do that? (a better job, a section 8 voucher, a room-mate, etc.)
 - If you did move out, do you think you would still want to receive some kind of services?
- 2) If yes, what kind? How often?
Do any of you have interest in either working more than you do now, or in working a different kind of job?
 - If yes, are there particular things that you feel would help you do that (further education, skills training, child care, job coaching, etc.)

Wrap Up (5 min)

I want to make sure that I didn't miss anything so want to just ask a few general questions:

- 1) Is there anything else you want to tell me today?
- 2) Do you have any other ideas about how we could make the supportive housing better?
- 3) Thank you for participating today!!!

APPENDIX C

CSAT Focus Group Survey Tenant Information (Anonymous)

Please take a few moments to tell us a little about yourself. This information will be totally confidential. **Please do not tell us your name.**

Tell us about yourself

Male ____ Female ____ Age _____ What city do you live in: _____

Living Situation (circle one)

I live alone. I live with my partner. I live with 1 or more family members.

Who is in your family? (check all that apply)

- I have children younger than 18
- I have children who are over 18
- I do not have children
- I am married or have a long-term life partner
- I am single
- Other _____

Please Specify

Homeless Life

What caused you to become homeless (check all that apply)

- Alcohol/drug abuse problems
- Mental Health problems
- Not enough money to pay the rent
- Was evicted by landlord
- Was asked to leave by head of household or family member
- Left apartment for personal safety

How many times in your life have you been homeless? (circle one)

1 time 2 times more than 3 times

How old were you the first time you became homeless? (check one)

- 17 or under
- 18-25
- 26-40
- 41-50
- 51 or over

Where did you go when you became homeless? (check all that apply)

- Family or friend
- Motel
- Single Shelter
- Other emergency housing (church building, YMCA, Salvation Army)
- Family Shelter

If you have children, were they with you when you became homeless? (circle one) Yes No
If not, did they go to live with?

- Relative or family friend
- Foster care

Have you reunited with your children since you entered the Permanent Supportive Housing Program? (circle one)
Yes No

If yes, how long did it take? _____

Did any of the following issues increase as a result of your homelessness? (check all that apply)

- Alcohol/drug problems
- Mental Health problems
- Medical conditions
- Problem with the law
- Other _____

Please Specify

Current Housing Situation

What kind of housing do you live in now? (check one)

- I live in an apartment building where all tenants are eligible to receive supportive services.
- I live in an apartment building where only some of the other tenants are eligible for supportive services.
- I live in an apartment building where none of the other tenants are eligible for supportive services
- I live in a 1 or 2 family house.

How long have you lived in your current housing? I've lived here since: _____

Who helped you get into the Apartment Program?

How satisfied are you with your current housing situation? (circle one)

Very Satisfied Mostly Satisfied Not Sure Mostly Dissatisfied Very Dissatisfied

If you are dissatisfied, Why?

Do you feel safe in your neighborhood?

How satisfied are you with the case management services you receive? (circle one)

Very Satisfied Mostly Satisfied Not Sure Mostly Dissatisfied Very Dissatisfied

How satisfied are you with other services you receive? (circle one)

Very Satisfied Mostly Satisfied Not Sure Mostly Dissatisfied Very Dissatisfied

Are there services that you are **not currently receiving** that you would like to receive?

If yes, please list them below:

How do you access supportive services? (Check all that apply)

- I receive services in the building where I live.
 I go to an office in the community to receive supportive services.
 I don't choose to receive any supportive services.

Employment

Are you currently employed? (circle one) Yes No

If yes, how much are you working? (circle one) Full-time Part-time

Are you enrolled in formal vocational skills training? (circle one) Yes No

Are you interested in employment services to help you either get a job, or to get a better job?
(circle one) Yes No

Would you recommend the OASAS Housing Program to others? Why or why not?

Thank you for completing this survey.