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SUPPORTIVE HOUSING OPTIONS NYC

2016
Edition

A guide to supportive
housing models for
individuals living with
mental illness.

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INTRODUCTION

This guide to Supportive Housing Options offers a description of the different models of housing available in the five boroughs of New York City designed to serve individuals with mental illness. The models have been developed over time by the New York State Office of Mental Health (OMH), the New York City Department of Health and Mental Hygiene (DOHMH), the New York City Department of Health (DOH) and the New York City Department of Homeless Services (DHS), in conjunction with mental health housing provider agencies. The models provide various levels of support and services to address the different needs of people with mental illness.

It is important to remember that although a particular residence may have been funded as a particular model, in practice and over time, variations within the model have developed. Therefore, a particular residence may differ from its model type as described in this guide. Keeping the possibility of variations in mind, this guide can be used to select the housing model that will best serve the needs and preferences of an individual applicant.

CONGREGATE TREATMENT

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| I. The Facility | Supervised Community Residences are congregate care facilities, which house approximately 10 to 24 residents; similar to a group home. These programs are considered transitional , as their goal is to move residents to a less supportive level of care within 18-24 months upon successful completion of the program. Rooms are often shared but some programs will have single rooms for residents as they advance in the program. Bathrooms are shared and all meals are served in the community dining room. They are licensed by the NYS Office of Mental Health and operated by nonprofit agencies. |
| II. The Residents | Exclusively for people with mental illness who are 18 years of age or older. Supervised CRs will consider applicants who have low to moderate ADLs and have some insight into their mental health needs. Programs are expected to view applicants' substance abuse on a case-by-case basis, where applicable. In practice, many providers expect a certain period of sobriety prior to admission. They also assess for motivation and insight. Additionally, it is expected that applicants are motivated to accept residential treatment and integrate with the residential community. |
| III. Services | These are Level II residences, staffed 24 hours a day, seven days a week. Three meals a day are provided and residents are encouraged to participate in meal preparation as part of their ADLs development. Supervised community residences are structured, high demand settings. Services typically include counseling, activities of daily living (ADL) skills training and/or assistance, socialization, case management, crisis intervention, money and medication management. Attendance in a structured day activity is strongly encouraged. Participation in community meetings and other activities also is usually strongly encouraged. |
| IV. Finances | The rent is SSI Level II or PA Level II. Residents usually receive the minimum PNA for personal items. |
| V. Other issues | Most residences have an established curfew at night, but arrangements can be made with staff if the resident will be returning later. Overnight guests are not permitted. |

* In 2016, the *minimum* monthly personal needs allowance (**PNA**) for people receiving SSI benefits is \$163.

APARTMENT TREATMENT

I. The Facility
Apartment Treatment Programs provide **transitional housing** in shared apartments in the community, which usually house two to four people. Many times they are scattered throughout the borough, but sometimes can be together in one building. Depending on the layout of the apartment, residents will either have their own bedroom or share larger bedrooms. Also shared are bathrooms and common areas. These programs are licensed by the NYS Office of Mental Health and operated by nonprofit agencies. They are considered transitional as they work with tenants to graduate to more independent housing within 18-24 months.

II. The Residents
Exclusively for people with mental illness. The minimum age for applicants is 18. Apartments are gender specific. Applicants are expected to **have moderate to high ADL skills** and to be motivated to accept services offered by the residential program. The program is expected to view applicants' substance abuse on a case-by-case basis, where applicable. In practice, many providers expect a certain period of sobriety prior to admission. They also assess for motivation and insight.

III. Services
These are Level II residences. Residents usually do their own cooking and other household chores such as shopping, cleaning and laundry. In **Apartment Treatment Programs** residents receive a variable number of visits depending on the length of time they have been in the program and demonstrated service needs. Residents visited between 3 to 7 times a week by assigned worker. Services include counseling, ADL development, case management, socialization, crisis intervention, and budgeting. While program staff monitors the medication, residents should be compliant and able to take their medication independently. Attendance in a structured day activity is strongly encouraged including day program, school, sheltered workshop, volunteer work, vocational training, or gainful employment. Participation in community meetings and other activities is also strongly encouraged.

IV. Finances
The rent is SSI Level II or PA Level II. In addition to a PNA* residents receive a stipend for food and cleaning supplies

V. Other issues
Apartment mates and the program will usually negotiate guest policies and other house rules.

* In 2016, the *minimum* monthly personal needs allowance (PNA) for people receiving SSI benefits is \$163.

COMMUNITY RESIDENCE/SINGLE ROOM OCCUPANCY (CR/SRO)

I. The Facility CR/SROs are congregate care, Level II facilities and considered **"extended stay" housing**. In this model, residents typically stay between 2 to 5 years before they transition on to a more independent setting. CR/SROs are similar to Supported SROs, but have more on-site social service staff typically are not larger than 100 beds (generally, residences have 35-65 units). Many CR/SROs have **single rooms** with shared baths (approximately one full bathroom for every five persons) and a large central kitchen and additional kitchenettes on the floors. Some CR/SROs offer efficiency apartments with private baths to all residents. In most residences, each floor has a common space, and the building has one large community room for all residents. All residents receive occupancy or rental agreements. CR/SROs are operated by nonprofit agencies and certified by the NYS Office of Mental Health.

II. The Residents Exclusively for people with mental illness. CR/SROs are designed to serve residents with significant mental health needs. Residents are expected to have moderate activities of daily living (ADL) skills (some ADL training and assistance is provided). The program is expected to view applicants' substance abuse on a case-by-case basis, where applicable. Many providers expect a certain period of sobriety prior to admission. They also assess for motivation and insight. The minimum age for applicants is 18. **Almost all CR/SROs require applicants to be NY/NY eligible.**

III. Services Level II residences. CR/SROs are intended to offer flexible services to tenants based on their interests and needs. **Services offered are fairly intensive** and often include: **24 hour staff coverage, medication management, meal planning and cooking, ADL assistance and training, money management, case management, crisis intervention, and recreational activities.** CR/SROs typically offer a meal plan for a nominal fee. Participation in outside activities is strongly encouraged.

IV. Finances The rent is SSI Level II or PA Level II. Generally residents in this model of housing receive more PNA* than in other Level II housing programs to cover additional expenses such as the cost of meals.

V. Other Issues Guest policies are determined by each sponsoring agency. There is no curfew.

* In 2016, the *minimum* monthly personal needs allowance (**PNA**) for people receiving SSI benefits is \$163.

SUPPORTED SINGLE ROOM OCCUPANCY RESIDENCE (SUPPORTED SRO)

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| I. The Facility | Supported SROs provide permanent housing in single room occupancy (SRO) buildings. Vary in size from under 20 residents to over 600. Supported SROs offer leases to tenants for furnished single rooms that, in most cases, have recently been renovated. In some, bathrooms and/or kitchens are shared. Newer buildings offer “efficiency studios” with private bath and kitchenettes. Most are run by a nonprofit organization and receive funding for services from multiple sources, including NYC Department of Health and Mental Hygiene (DOHMH), NYC Department of Homeless Services (DHS), and/or the HIV/AIDS Services Administration (HASA). |
| II. The Residents | Supported SROs are intended to serve a population that is capable of living independently . Most Supported SROs serve a mixed tenancy which may include people who are formerly homeless and mentally ill, people with AIDS, DHS shelter users and low income working people. Tenants must meet eligibility criteria for housing category they are applying for (i.e. NY/NY, HASA, Community, etc.). Most Supported SROs have units for people living with mental illness who are NY/NY eligible. The minimum age for applicants is 18. Applicants are expected to have moderate to high ADL skills and have some insight into their mental health needs. SRO providers expected to view applicants’ substance abuse on a case-by-case basis, where applicable. In practice, many providers expect a certain period of sobriety prior to admission. They also assess for motivation and insight. |
| III. Services | These are Community Care residences. Supported SROs have a social service on-site, including case management, groups, activities, medication management (where needed), budgeting assistance and at least some vocational programming . Some ADL training may be provided. Many have AA/NA meetings on site. Participation in on-site programming is voluntary and off-site structured daily activity encouraged. |
| IV. Finances | Rent is SSI Level I, Living Alone Rate. Payment is 30% of resident's income. Tenants receive their own checks and are responsible for paying rent, utilities, and budgeting. In the case of a Public Assistance recipient, the shelter allowance of \$215 per month. Optional money management assistance may be available. Many Supported SROs are Section 8 subsidized. |
| V. Other Issues | Overnight guests are generally permitted two nights per week and there is usually no curfew imposed. |

SUPPORTED HOUSING

I. The Facility Supported Housing offers **permanent housing** in single and shared **apartments in the community**, typically housing between one and three residents. Services are provided on an as-needed basis. The apartments may be scattered site or located in one building. In shared apartments, residents almost always have their own bedroom. In this model of housing, tenants receive leases or subleases. These are unlicensed apartment programs run by nonprofit agencies and subsidized by the NYS Office of Mental Health and New York City Department of Health and Mental Hygiene.

II. The Residents Exclusively for people with mental illness who are **able to live independently with minimal support services**. Some programs accept families with children, provided at least one adult family member has a mental illness. Apartments shared by single adults are usually for persons of the same sex. Residents should be **capable of seeking assistance if necessary**. Residents generally must be able to **take their medication independently** and **demonstrate a significant period of psychiatric stability**. Supported Housing providers are expected to view applicants' substance abuse on a case-by-case basis, where applicable. In practice, many providers expect a certain period of sobriety prior to admission. They also assess for motivation and insight. Overall, residents should be able to meet their own daily needs and manage their household with minimal assistance from staff. The minimum age for applicants is 18.

III. Services These are Community Care programs. Case management services are generally available, frequently off-site, Monday through Friday, from 9 a.m. to 5 p.m. on an as-needed basis. Residents are encouraged to attend a structured daily activity.

IV. Finances The rent is SSI, Living Alone Rate. Rent payment is 30% of the resident's income. Tenants receive their own checks and are responsible for paying rent and utilities, and budgeting.

V. Other Issues Standard rules and rights of tenancy generally apply.

SAFE HAVEN PROGRAMS (HUD)

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| I. The Facility | Safe Haven Programs are operated by nonprofit agencies and are typically funded by the US Department of Housing and Urban Development (HUD). The layout and size of the buildings varies; at present, there are only five Safe Haven programs in New York City. |
| II. The Residents | Safe Haven programs are extended-stay programs; they provide housing for individuals who are homeless, have been diagnosed with a serious and persistent mental illness, and have not successfully engaged in conventional housing or outpatient treatment. |
| III. Services | The primary goal of this housing model is to promote wellness and stability by providing housing and rehabilitative services in a low demand environment. Residents are permitted to remain as long as required while they acquire the skills necessary for independent living; the typical length of stay is two to five years. Wellness is also promoted through connection to community resources that include medical, psychiatric, and addiction outpatient treatments. Services include information about and access to entitlements and benefits; linkage with healthcare providers (on an as-needed basis); monitoring of medication; money management skill-building; individual and group counseling; referrals to more suitable housing conditions as necessary. Clean time is usually considered on a case-by-case basis. |
| IV. Finances | The rent is SSI, Living Alone Rate. Rent payment is 30% of the resident's income. |
| V. Other Issues | While this model typically offers low-demand services, there is structure available, including 24-hour per day clinical staffing on-site to monitor residents' level of functioning and provide rehabilitative services in the housing setting. Often, there are fewer posted rules than in other transitional settings; this helps to engage individuals in the program that have had difficulty in more traditional, more structured housing settings in the past. |

RESIDENCE FOR ADULTS (RFA)

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| I. The Facility | Residences for Adults (RFAs) offer the same services as Adult Homes, with the exception of the provision of personal care. These residences are licensed as nonprofit adult residences by the NYC Department of Health and Mental Hygiene (DOHMH). On-site case management is available to all residents and referrals to appropriate off-site services are made. Housekeeping, linen and meal services are similar to the adult home model. While most rooms are single, some are double. Bathrooms are shared, and there is a communal dining room where all meals are provided for residents. Although they are classified as Level II, Residences for Adults are considered permanent housing . |
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| II. The Residents | The minimum age is 21, however many residents are much older. Residents must be able to take care of their own personal hygiene needs (i.e., residents must be able to dress and bathe themselves). |
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| III. Services | These are Level II residences, staffed 24 hours a day, seven days a week. RFAs provide three meals per day, housekeeping, case management, on-site recreation, medication management, individual and group counseling. While a linen service is provided, clients are responsible for their personal laundry. Participation in a structured daily activity is strongly encouraged. |
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| IV. Finances | The rent is SSI Level II or PA Level II. Residents receive the minimum monthly PNA* for personal needs. |
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| V. Other Issues | Overnight guests are usually not permitted. |
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* In 2016, the *minimum* monthly personal needs allowance (**PNA**) for people receiving SSI benefits is \$163.

PRIVATE PROPRIETARY HOME FOR ADULTS (PPHA) (ADULT HOME)

I. The Facility Adult Homes generally are large congregate care facilities that house between 50 and 300 residents. PPHA's provide permanent housing for both men and women. Rooms and bathrooms are generally shared by two people. Licensed by the NYC Department of Health, (DOH), Adult Homes are usually operated as for-profit businesses. Length of stay is unlimited.

II. The Residents PPHA's generally house a mixed tenancy of people with mental illness, the elderly, and medically disabled. The minimum age is 18, but the average age is generally 55 and older.

III. Services These are a Level II residences with staff on site 24 hours a day, seven days a week. Laundry, linen, housekeeping services, limited personal care and three meals per day are provided. Some Adult Homes offer **Assisted Living Programs (ALPs)**. Homes with on-site ALPs can accept a population with greater needs, i.e., individuals who are non-ambulatory, incontinent, or who require more extensive personal care. Recreational activities on site include bingo, crafts, movies and other sedentary activities. Attendance in a structured daily activity is not required. Not all adult homes have on-site CSS teams or psychiatric after-care teams.

IV. Finances The rent is SSI Level III or PA Level II, and money is managed by the residence. Residents usually receive the minimum monthly PNA* for personal needs.

V. Other Issues Usually a locked door policy at night, but arrangements can be made to come in later. Visitors allowed during the daytime; overnight guests may be allowed with special permission and a fee. When referring to an Adult Home, it is essential to consult the Do Not Refer List, maintained by the Department of Health. You can access the Do Not Refer List on-line, at:

http://www.health.state.ny.us/facilities/adult_care/memorandum.htm

FAMILY TYPE HOME FOR ADULTS (ADULT FOSTER CARE)

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| I. The Facility | Family Type Homes for Adults provide housing for up to four single adults with an unrelated family in the community. Providers offer support, furnished rooms, meals, companionship and security in their own homes. The length of stay is potentially unlimited. The program is operated by the NYC Department of Health (DOH) and monitored by HRA's Division of Voluntary and Proprietary Homes for Adults (DVPHA). Rooms may be either single or shared. |
| II. The Residents | Family Type Homes for Adults are available to the frail elderly, or people with medical, psychiatric and/or developmental disabilities. The minimum age for applicants is 18. Applicants should be able to manage a family-like atmosphere. No history of drug abuse will be considered and alcohol abuse might be considered for applicants who have been sober for five years or more. |
| III. Services | This is a Level I program. The host family provides 24-hour supervision. Furnished rooms, meals, laundry, housekeeping and medication management (if needed) are provided by the family. DVPHA caseworkers visit twice during the first two weeks of placement and every six months thereafter, or as needed. It is recommended that residents be connected with services in the community. There is no day activity requirement. |
| IV. Finances | The rent is SSI Level I, Community Rate. Residents must receive a minimum monthly personal needs allowance of at least \$120. Residents may be eligible to receive limited additional monies per year for extra expenses such as clothing, recreation and non-medically related transportation. |
| V. Other Issues | Individuals must comply with rules established by the host family. |

For more information on Family Type Homes for Adults, visit:

<http://www.nyc.gov/html/hra/html/directory/adult.shtml>

Or, call 311 or dial (212) 971-2930, (212) 971-2165 or (212) 971-0139.

HOUSING MODEL QUICK REFERENCE

Community Care The Community Care housing models are designed for consumers who have independent living skills. These models have less on-site supervision and support, and are permanent housing.

- Models:**
- **Supported Housing**
 - **Supported Single Room Occupancy Residence (SRO)**

Level I The Level I housing models are for consumers who are not able to live independently. They are categorized as long term care, with on-site supervision.

- Model:**
- **Family Type Home for Adults**

Level II The Level II housing models are designed for consumers who need assistance with developing independent living skills. There is a high level of support and supervision.

Transitional

Models

(18-24 months):

- **Apartment Treatment**
- **Congregate Treatment**

Extended Model

(2- 5 years):

- **Community Residence/Single Room Occupancy (CR/SRO)**

Permanent

Models:

- **Residence for Adults (RFA)**
- **Adult Home**

In Level II Housing, a **Support** residential program means a residential program which provides supportive services designed to improve or maintain an individual's ability to live as independently as possible and eventually access generic housing. For those individuals who are not ready for full participation in services and activities, there may be an extended period of engagement consistent with the individual's desire, tolerance and capacity to participate in such services. Support programs include the **CR/SRO** model.

Also within Level II Housing are **Treatment** residential programs, which refer to a rehabilitation oriented residential program which focuses upon interventions necessary to address an individual's specific functional and behavior deficits which must be resolved in order to access generic housing. The engagement of an individual in services and activities shall be consistent with the individual's desire, tolerance and capacity to participate in such initiatives. The Treatment model includes the Congregate Treatment model.