



**Integrating  
Formerly  
Homeless Seniors  
into Affordable  
Senior Housing**



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The authors would like to extend their thanks  
to the following individuals whose work was  
critical to producing this document

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# **Integrating Formerly Homeless Seniors into Affordable Senior Housing**

**A Toolkit for Professionals**

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## INTRODUCTION

### Selfhelp Community Services, Inc.

Affordable housing for seniors has been a top priority for Selfhelp since 1964 when we opened our first apartment building to 200 older adults in Flushing, Queens. Today, we own and operate ten affordable apartment buildings for 1,417 senior residents, and we are building more throughout New York City and Long Island.

Selfhelp, which was founded in 1936, also provides a comprehensive range of services to over 20,000 seniors each year at 27 different locations. We operate many programs including the following:

- The largest program serving Holocaust Survivors in North America
- Five senior centers with a combined membership of about 10,000 seniors
- A social day program for people living with Alzheimer's disease
- Services for seniors living in four Naturally Occurring Retirement Communities (NORCs)
- A computer-based virtual senior center for the homebound
- A court-appointed guardianship program
- Home care
- Case management
- ...and more



Our newest development with 57 affordable studio and one-bedroom apartments for seniors located at 333 Lenox Road, Brooklyn.

(Our website explains everything that we offer and how to connect with our various programs: [www.selfhelp.net](http://www.selfhelp.net)).

### Why have we created this toolkit?

Social workers who have worked with homeless individuals and families are well acquainted with the permanent supportive housing model that provides intensive on-site services for the formerly homeless and people living with disabilities. This type of housing began in 1964 but grew in the 1980s when homelessness exploded in New York

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City.<sup>1</sup> Also in 1964, Selfhelp opened the Kissena Apartments which was the first permanent affordable housing residence for Holocaust Survivors developed by a not-for-profit organization with on-site supportive services.

Over the years, a distinction has been made between permanent supportive housing and affordable housing, although these differences sometimes blur. Although affordable housing is designed for a general population of low-income individuals and families, the model may also provide services.

Recently, with homelessness at the highest levels since the Great Depression,<sup>2</sup> we have seen affordable housing developments formally add permanent supportive housing units for the homeless. In these cases, the formerly homeless residents receive the type of intensive services seen in any permanent supportive housing residence. The only difference is that they are living within a population that has no history of homelessness.

Today we are also seeing formerly homeless individuals qualify for residency in affordable housing developments with no supportive housing units at all. This toolkit is designed for social workers and others at these developments who are faced with the prospect of integrating formerly homeless residents into housing that is not specifically designed for them. We focus on formerly homeless seniors in this toolkit.

### Selfhelp's Van Cortlandt Green

In 2016, Selfhelp opened Van Cortlandt Green (VCG), Selfhelp's tenth affordable senior residence and our first in the Bronx. Located in Riverdale, the residence has 85 studio apartments for low income seniors (30% of 60% AMI) aged 62 years old or older.

In half the units, preference is given to applicants who live in local Bronx Community District 8. Additional preferences are given to tenants with mobility impairments (5% of apartments), those with hearing or visual impairments



Van Cortlandt Green with 85 studio apartments for seniors in the Riverdale section of the Bronx.

(2% of apartments), and Holocaust survivors (10% of apartments).

VCG is designed to help seniors live independently in their own homes. Units are adaptable for persons with disabilities, with accessible bathrooms and kitchens that can be adapted for wheelchairs. The development was financed with 4% New York State Homes and Community Renewal (NYSHCR) low income housing tax credits<sup>3</sup> and tax-exempt bonds.<sup>4</sup> There are eight Section 8 units.<sup>5</sup>

Even though there were no mandated set-aside units, formerly homeless seniors occupied about 30% of the units at VCG. They applied like everyone else and showed an ability to pay the rent through subsidies, usually Section 8. Most of the formerly homeless came directly from the New York City homeless shelter system where case workers (and community-based nonprofit homeless providers) helped them to successfully apply.

As the new formerly homeless residents arrived, we realized that our service model, known as the Selfhelp Active Services for Aging Model (SHASAM), would need to be adapted to address the multiple traumas experienced by many of the formerly homeless residents.

## TRAUMA:

### THE CHALLENGES OF INTEGRATING FORMERLY HOMELESS RESIDENTS

There are many potential challenges, behavioral and practical, when integrating formerly homeless seniors into affordable housing designed for the general population of seniors. Practical challenges include no furniture or personal items as a result of being homeless, disconnection from medical and mental health care, few community or family supports, and very little spending money. These practical challenges are often more easily identified and resolved than behavioral challenges, especially those related to past traumatic experiences.

#### **Mr. Morrison**

##### **Part 1**

**Last year, Mr. Morrison came to Selfhelp's Van Cortlandt Green. After having been wrongfully detained for more than a year at Rikers Island, he went home to find that his mother had been placed in a nursing home and that the apartment in which he spent a lifetime was no longer there for him.**

**Now homeless, he went to a men's shelter which, he said, felt more dangerous than jail. He tried crashing with friends, rotating on different couches, but soon realized that this would not be sustainable.**

**Continued...**

The Substance Abuse and Mental Health Administration (SAMHSA) states that “given the likelihood of trauma among people experiencing homelessness, understanding trauma and its impact is crucial to providing quality care.”<sup>6</sup>

Trauma is defined as “the emotional, cognitive, behavioral and physiological experiences of individuals who are exposed to, or who witness, events that overwhelm their coping and problem solving abilities.”<sup>7</sup> Homelessness can indeed be traumatic. People arrived at Van Cortlandt Green after losing their homes, communities, stability and social networks. Some survived on the streets into their old age, and may have been easy prey for criminals because of their health and mobility limitations. Many led “conventional” lives and became homeless late in life because of inability to pay rent, high medical bills, serious illness, personal issues, and/or overall scarcity of affordable housing for seniors.



Selfhelp has unique experience providing what has come to be known as trauma-informed person centered services (TIPC) to older adults.<sup>8</sup> We developed a model of person centric trauma- informed care out of necessity as we helped refugees from Nazi Germany beginning in 1936. We refined the model for survivors of the Holocaust (we serve about 4,300 today), and more recently have applied the trauma-informed perspective to the needs of immigrants from the Former Soviet Union and China who came to us after living through their own traumatic experiences.

Social workers using a trauma-informed approach create an environment where residents feel safe and are able to form trusting relationships with building staff. Peer support is encouraged, collaboration and mutuality between tenants is facilitated, and tenants feel empowered to discuss issues and make independent decisions.<sup>9</sup> Depending on how long they have been homeless, and their individual circumstances, a formerly homeless resident may bring behaviors that are symptomatic of Posttraumatic Stress Disorder (PTSD).

## NORMAL AGING AND TRAUMA

There are many causes of trauma, some related to natural aging, and others resulting from homelessness and other psychosocial factors. Social workers in affordable housing settings for seniors may want to conduct a differential assessment to determine whether certain behaviors are the result of normal cognitive symptoms of aging or related to past traumas. And there are several factors associated with normal aging that may make it more or less difficult for older adults before, during, and after traumatic events. These include impaired cognition, mobility, or senses; social isolation; limited finances; and acute or chronic mental or medical problems.<sup>10</sup>

To make matters even more challenging, many older adults without histories of homelessness have had a history of traumatic events in their lives such as the unexpected death of a loved one, personal life-threatening illness, physical assault, sexual assault, accidents and disasters, childhood violence, warzone exposure, and others.<sup>11</sup> But these traumas often go unrecognized because other issues such as depression, anxiety, or substance use may be more obvious.

Table 1 outlines changes in thinking and behavior that are usually associated with normal aging.

**Table 1: Normal cognitive symptoms of aging**

Aging domain	Changes seen in normal aging
<b>Memory</b>	Recall of past events that have been stored over many years remains relatively preserved in old age. Recent memory or the formation of new memories is more vulnerable to aging.
<b>Attention</b>	Simple or focused attention such as the ability to watch television tends to be preserved in older age. More difficult is dividing attention between two tasks, i.e. trying to pay attention to the television and simultaneously talk on the telephone.
<b>Language</b>	Verbal abilities including vocabulary are preserved as we age. But it takes longer and is more difficult to find the right words in a conversation or recalling names of people and objects. The information is not lost but it is more difficult to retrieve.
<b>Reasoning and Problem Solving</b>	Traditional ways of approaching solutions are maintained in older persons. Problems that have not been encountered during one's life may take extra time to figure out.
<b>Speed of Processing</b>	Aging affects the speed with which cognitive and motor processes are performed.

Adapted from Emory Alzheimer's Disease Research Center, Fact Sheet: Cognitive Skills and Normal Aging.<sup>12</sup>

Table 2 provides examples of trauma behaviors sometimes seen in formerly homeless tenants. It is not exhaustive, and not every behavior and reaction will be seen in your residence.

**Table 2: Common trauma behaviors and reactions in the formerly homeless**

Domain	Trauma Based Behaviors	Common Trauma Reactions
<b>Motivation</b>	Difficulty getting motivated to participate in activities or events. Does not follow through on appointments, does not respond to assistance.	Depression and diminished interest in everyday activities. Learned helplessness.

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Domain	Trauma Based Behaviors	Common Trauma Reactions
<b>Fear</b>	Feels uncomfortable or unsafe in their apartment. Appears tired and poorly rested. Is up roaming around at night.	Nightmares and insomnia
<b>Interactions with others</b>	Perceives other residents as being abusive, and isolates within the residence. Avoids meetings with counselors or other support staff. Has interpersonal conflicts, appears agitated, tense or nervous. Invades others' personal space or lacks awareness of when others are invading their personal space.	Flashbacks, triggered responses, feeling detached from others. Irritability, restlessness, outbursts of anger or rage. Hyper-alertness or hypervigilance. Boundary issues.
<b>Emotionally unavailable</b>	Does not emotionally respond to others. Emotionally shuts down when faced with traumatic reminders. Feels emotionally "out of control." Staff and other residents become frustrated by not being able to predict how he or she will respond emotionally.	Emotional numbing or restricted range of feelings. Avoidance of traumatic memories or reminders. Emotional swings.
<b>Difficulty with authority</b>	Is triggered when dealing with authorities, and by house rules. Will not accept help from others. Has difficulty trusting staff members. Feels targeted by others. Complains that the system is unfair, that they are being targeted or unfairly blamed.	Feeling unsafe, helpless, and out of control. Increased need for control. Difficulty trusting and/or feelings of betrayal. Loss of a sense of order or fairness in the world.
<b>Isolates</b>	Cuts off from family, friends, and other sources of support. Seems spacey or "out of it." Is not responsive to external situations.	Feelings of shame and self-blame. Dissociation.

Adapted from Elizabeth K. Hopper, Ellen L. Bassuk, and Jeffrey Olivet. Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. <sup>13</sup>

## SELFHELP'S SHASAM SERVICE MODEL FOR SENIORS

There are many advantages to the SHASAM model for both the general population of seniors and those with histories of homelessness. Perhaps the most dramatic benefits are improvements in the health of the residents.

When an outside researcher evaluated SHASAM service recipients over a three year period, they discovered that dual eligible beneficiaries<sup>14</sup> (those on Medicaid and Medicare) who received SHASAM services, had a 68% lower chance of being hospitalized than did a comparison group of older adults in the same zip codes, also dual eligible beneficiaries, who did not receive these services. Dual eligible beneficiaries who received SHASAM used the emergency room 53% less than the comparison group.<sup>15</sup> SHASAM has particular cost savings for those older adults with chronic diseases; both Medicare spent twice as much, on average, for SHASAM residents as for other older adults in the same zip codes.



Photo credit: Senior Care Resources

### Three key SHASAM outcome goals

**1. Increase Housing Stability.** The primary outcome goal of SHASAM services is housing stability for all residents, and particularly for formerly homeless seniors. SHASAM engages in eviction prevention with residents who fall behind in their share of the rent, and work closely with the resident and management company to find solutions. We address economic issues by ensuring that tenants receive all benefits and entitlements for which they are eligible. SHASAM ensures that people are able to buy and cook food, and if they are not functionally able to do this, we connect them to home care or housekeeping services.

**2. Enable seniors to live independently in their own homes.** SHASAM provides senior residents with socialization and volunteer opportunities, referrals to community-based resources such as home-delivered meals, home care, mental health services, and case management, and a wide range of other services and programs. SHASAM has proven to be easily adaptable to the specific needs of the client.

**3. Improve health by reducing social isolation.** Loneliness and social isolation are harmful to health which is why the SHASAM model prioritizes helping residents expand their social networks and create new friendships by mindfully creating socialization events and activities that bring people together. Research has shown that health risks associated with social isolation are comparable to the dangers of smoking cigarettes and obesity.<sup>16</sup> The health-damaging aspects of social isolation can be particularly bad for older adults especially when they lose a spouse and their need for social support and companionship increases. Older adults who experience one or another aspect of social isolation are at greater risk for all-cause mortality, increased morbidity, diminished immune function, depression, and cognitive decline.<sup>17</sup>

SHASAM prioritizes the health of the resident by providing on-site wellness programs and physical activities. The social worker helps the resident connect to medical and mental health providers, provides access to transportation to appointments, and makes sure that their prescriptions are easily filled on a timely basis.

**Mr. Morrison  
Part 2**

**While incarcerated Mr. Morrison was diagnosed with spinal stenosis which made walking painful, and was told by doctors that he needed surgery. However, after this recommendation was made, he was not provided with appropriate treatment in jail.**

**His condition worsened and he had to wait months until his release before finally getting the medical care he needed.**

**Over a period of seven months, he recovered while residing in the NYC shelter system until he was provided with transitional housing for over four months, and then qualified for permanent housing at Van Cortlandt Green.**

**Continued...**

**SHASAM services are person-centered**

SHASAM services are person-centered. This means that the resident is the expert on their own life and they are provided with maximum self-determination and choice. The social worker identifies and respects the resident's hopes, capacities, interests, preferences,

needs and abilities. This model serves to encourage and support successful independent living and many of the features are consistent with person centric trauma-informed care. Safety, collaboration, trustworthiness/ transparency, choice, and control and empowerment are shared elements between the two.<sup>18</sup>

### **SHASAM services are culturally competent**

As with any social work based service, cultural competence is an essential key to success. This means that program staff should receive training in how culturally diverse populations experience their uniqueness, and how they may have been impacted by oppression and discrimination. Training should include concepts of intersectionality which is “the theory that the overlap of various social identities, as race, gender, sexuality, and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual.”<sup>19</sup> Diversity includes national origin, color, social class, religious and spiritual beliefs, immigration status, sexual orientation, gender identity or expression, age, marital status, and physical or mental disabilities.<sup>20</sup>

#### **Mr. Morrison**

**Today, Mr. Morrison says that having his own home at times “feels unreal.” Although he continues to have multiple health concerns he feels comforted by the fact that his housing is secure and that he has social service staff on-site to assist him with his needs and advocate for him when necessary.**

**Since moving to Van Cortlandt Green, Mr. Morrison has obtained his passport, and for the first time in his 65 years, traveled outside of the country.**

**The peace of mind and affordability that his new residence provides opened up this new opportunity and a new chapter in his life.**

**End.**

## BEFORE THE MOVE-IN

Without preparation for their tenancy, some formerly homeless people will not succeed at paying rent, getting along with neighbors, meeting the lease requirements, and other obligations of tenancy. The list below are some specific steps that Selfhelp recommends when integrating formerly homeless residents into affordable permanent housing.

### □ Taking a pre-arrival inventory

Prior to the lease-signing, the program social worker should ask the tenant what they will be bringing with them to their new home. Many residents coming from homeless shelters will qualify for a “one-shot deal” from the NYC Human Resources Administration (HRA) to purchase furniture or for moving expenses (for people who have furniture in storage). An application would normally be initiated by the shelter case worker, or by the housing social worker who would see that it is completed. There is no set amount for a one-shot deal. Every situation is assessed individually.

Nonetheless, some formerly homeless tenants may arrive with no furniture or personal items. The affordable housing program should be prepared for this eventuality by finding out in advance what the tenant will be bringing with them. Some programs will want to keep a stock of pre-purchased items on site such as beds, dressers, tables, chairs, towels, kitchen equipment, etc., just in case. Clients may arrive with nothing more than a black plastic trash bag filled with some personal items, and they may also need clothing.

Other potential needs that should be clarified before move-in are whether the client has immediate medical or mental health needs, needs prescriptions filled urgently, whether they need help arranging transportation to see their doctor or attend their program, and whether they have any functional disabilities that require mobility equipment, vision and hearing assistive devices, or other accommodation.

### □ Helping the tenant understand their lease

For seniors who have successfully maintained housing throughout their lives, a review of the lease may be a perfunctory activity. Landlords and management companies usually just provide the written lease to the tenant for signature. There is an assumption that the tenant will read it, understand it, and follow it. Potential issues arise if the tenant



is cognitively incapacitated, in which case they will need to have a family member with power of attorney or legal guardian review the lease and ensure its execution.

A lease review and signing for a formerly homeless senior should be regarded as a social work intervention because it may be a triggering event for re-traumatization. The resident may be delighted to sign the lease because it will provide them with permanent housing in a nice building. At the same time, they may feel some trepidation as they recall having lost a prior lease(s) resulting in homelessness.

A trauma-informed approach to a lease signing would begin with the social worker creating a safe environment and having a conversation with the tenant as to what their new apartment means to them. Recognizing and validating fearful or unusual feelings, and having the lease discussion from the client's point of view, will be far more effective than providing a didactic explanation of the lease requirements. The tenant with a history of trauma may not need to have all the lease terms spelled out for them prior to the lease signing. The social worker should consider using two or three short sessions over a week or two to review all the pertinent facts.



## THE FIRST 30 DAYS and BEYOND

Like any other group who are stereotyped, seniors who have experienced homelessness will vary in the ways that homelessness may have impacted their lives – in particular, their ability to subsist in, and manage the demands of, independent housing. The circumstances leading to homelessness, the length of time the person has been homeless and their experiences while living in shelters and/or the streets are all variables with consequences, interpersonal, personal, behavioral, and spiritual.

**Leaving the homeless identity behind.** Formerly homeless seniors will often bring with them negative self-conceptions that can get in the way of successful integration. And yet, research has shown that formerly homeless individuals will eventually connect with the general population who are not affiliated with homelessness or shelter life. “When exiting a stigmatized status, like homelessness, social distancing may be particularly important as it helps redefine the self as apart from that previously held stigmatized status.”<sup>21</sup>

Sympathy and camaraderie, rather than shame and embarrassment, often exist among people who share the same stigmatized identity. Homeless individuals are likely to group together as friends due to their shared stigma, and they may continue to do so in the integrated residence as long as a sense of stigma prevails – either from other tenants or building staff.<sup>22</sup>

Many seniors from the general tenant population will be sympathetic toward the formerly homeless residents because they may be intimately knowledgeable about homelessness through a personal acquaintance or family member. The program social worker will identify these residents and continue the process of integration by creating social events around this core group. These are the tenants who will prove to be most helpful in removing stigma from the environment.

**Creating new relationships** with the general population of seniors will help formerly homeless residents to re-discover their personal identities. Severing ties with friends from the street can be difficult because these people were constructed street families who supported each other during the worst of times. Leaving them may bring on a sense of loss or grief, and even trigger re-traumatization, all of which should be explored by the social worker.<sup>23</sup>

**Mr. Handley**

**Part 1**

**After working as a superintendant for 15 years, and over 10 years in the same apartment building, the building was sold and the new management company replaced him with another super with whom they had worked before.**

**Without employment, a home, or family and friends who could assist, he ended up at two different city men's shelter over a course of a year.**

**Continued...**

**Maintaining a home.** Some homeless seniors may have lifetime experience in apartment maintenance and have the skills necessary for meeting the demands of living independently in the community. Others may have had that experience and those skills at one time, but as a result of prolonged homelessness have “lost” both the skills and the benefit of prior experience. Still others may not have had the opportunities to develop either the experience or the skill set. It is, therefore, important that no assumptions are made as to the tenant's capacity in this area.

**Experience with fire safety.** Due to factors discussed above, conducting rigorous fire safety training with residents is critical for ensuring the well-being of all tenants. While this is important for all tenants, people who have lived in shelters have little exposure to using electrical kitchen appliances and will need instruction and assistance in maintaining personal space that is free of any fire hazards.

**Money management and rent collection.** Paying rent, paying bills and budgeting in general may be foreign to some tenants who are coming from shelters. In addition to age-related memory loss issues that may impact this area of functioning, people coming from shelters, and especially those with prolonged homelessness, will be out of practice with how to handle money.

**Shelter behavior in a housing setting.** While having a private apartment to live in may seem a great improvement over living in a dormitory setting, people with shelter experience may have accommodated to constant company and find living alone difficult

to tolerate. Some tenants may therefore seek to be in common areas, with others, as much as possible. It is important that the social worker explores these issues privately with each resident as a trauma-informed social work intervention.

Also, during the first 30 days, the social worker should help the tenant change their address with Social Security, the post office, medical providers, entitlements & benefits providers, and other important entities. If they do not have a medical provider in the neighborhood, they should be referred to one. They should be connected to in-home services as needed, and to other community care if not already done at lease-signing or move-in day.

## TRAUMA-INFORMED SERVICE IMPLEMENTATION

### □ Intake interview

When any new resident moves in, they are introduced to the building's social worker who provides an orientation to the building and Selfhelp's service model. Each resident is interviewed, as discussed earlier, to ensure that they understand their obligations as tenants and that they will be comfortable in their new apartment and neighborhood. During the intake interview, current medical and social service providers are noted.

The social worker conducting a trauma-informed intake for a formerly homeless resident knows that some of the questions asked of the formerly homeless resident could trigger an individual or re-traumatize them. Routine questions about the resident's housing history or family composition can pose great difficulty for the formerly homeless tenant. Here are a few steps that can avoid re-traumatization:<sup>24</sup>

**Table 3: Conducting a trauma-informed intake**

Area of concern	Suggested actions
Timing	Ask the resident when they would like to do their intake.
Space	Conduct the interview in a quiet and private space. Provide refreshments. Ask the tenant if they would like the lighting or room temperature modified. Offer the option of playing music at a low volume.
Preview	Before you begin, describe what will occur during the intake process and why you need the information.
Rules of engagement	Reassure individuals that they have the right to stop at any time. Inform individuals what you are writing down and why.
Facilitate documentation	Offer to read documents aloud to tenants who require it. Fully explain any documents you are asking them to sign, and offer them plenty of time to read the documents which should be in their language of choice. Do not use friends or family as interpreters.

Area of concern	Suggested actions
<b>Confidentiality</b>	Explain the limits of your confidentiality before you begin, since this may impact which issues an individual feels safe sharing with you. Clarify to what information you cannot keep confidential due to ethical, professional, or legal obligations.
<b>Post-interview check-in</b>	When you are finished, ask the tenant how they are feeling. Make sure the tenant does not leave feeling upset or physically ill.

Adapted from Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs by Sonia D. Ferencik and Rachel Ramirez-Hammond

## □ Comprehensive assessments

Comprehensive assessments are offered to each resident, both the general population and formerly homeless, to determine which services will best support their health and independence. This may be the opportunity to conduct a differential assessment of issues related to trauma if necessary. The comprehensive assessment would follow the same procedures as outlined in Table 3 and could also include the items listed in Table 4.

**Table 4: Conducting a trauma-informed assessment**

Area of concern	Suggested actions
<b>Preview</b>	Explain the assessment procedure. This increases the tenant's sense of control and safety.
<b>Information gathering</b>	Use self-administered written checklists as much as possible.
<b>Comfort level</b>	Provide the option of being interviewed by a particular gender if a choice is available.
<b>Interview style</b>	Avoid comments that imply judgment. Remain matter-of-fact yet supportive. Be aware of your own responses to hearing the clients' histories.

Area of concern	Suggested actions
Addressing trauma	Don't avoid trauma-related material, but the initial questions about trauma should be general and gradual. Don't probe too deeply yet. Avoid conveying the message "I don't want to hear about it."
Interview space	Respect the client's personal space. Have culturally appropriate symbols of safety in the physical environment.

Adapted from Patrick E. Boyle and Christina M. Delos Reyes. Trauma-Informed Care: Screening & Assessment. Center for Evidence-Based Practices at Case Western Reserve University.<sup>25</sup>

#### □ Assistance with benefits, entitlements, and other forms of assistance

All tenants will receive assistance with entitlements and benefits including Medicaid, Supplemental Nutrition Assistance Program (SNAP aka food stamps), Medicare, Senior Citizen Rent Increase Exemption (SCRIE), Section 8, Supplemental Security Income (SSI), Home Energy Assistance Program (HEAP), Verizon Lifeline mobile phone, Personal Emergency Response Systems (PERS), Supplemental Needs Trusts (SNT), Medicare Secondary Payer (MSP) assistance, Advanced Directives, advocacy, housing income recertifications, assistance with rent arrears, other housing issues, and emergency financial assistance grants. As helpful as these programs and services may be, formerly homeless residents may find discussions of their benefits and entitlements a triggering event related to their personal traumatic experiences of being destitute and past encounters with authority figures. Some will have strong feelings of having been *personally* targeted by officials when their public assistance or Medicaid was cut off, a common occurrence, usually not the fault of the recipient.

**Mr. Handley**

**Part 2**

**Mr. Handley worked closely with his case worker at the shelter to obtain all of the public assistance benefits to which he was entitled – the first time ever that he could not support himself.**

**His case worker helped him qualify for a rent subsidy which made him eligible for residency at Van Cortlandt Green.**

**Continued...**

## **□ Holistic health and wellness services**

Holistic health and wellness is a form of healthcare that considers the whole person -- body, mind, spirit, and emotions -- in the quest for optimal health and wellness. The services and methods of the SHASAM model are designed to improve residents' knowledge, confidence, and skills surrounding their health and health care so that they are better able to take charge of their own health. Residents are invited to participate in health screenings which are organized in partnership with local hospitals and other community partners, and health events pertaining to vision, hearing, eye, foot care, and gait and balance. Onsite flu and shingles shots are also offered. Residents are provided with activities and coaching to promote general wellness, and to reduce the risks of acquiring or exacerbating physical and behavioral health conditions. The program may want to invite community practitioners to provide holistic forms of trauma therapy such as acupuncture or trauma-sensitive yoga.<sup>26</sup>

## **□ Referral Services**

In response to the resident's presenting issues, the social worker makes referrals for other services. These may include medical providers, home health care, housekeeping, Meals on Wheels, NYC Department of the Aging's (DFTA) bill payer program, vision, hearing and speech specialists, legal assistance, managed long-term care providers, NYSARC

trust services, senior centers and more. Formerly homeless residents and others may benefit from a referral for diagnosis and treatment of PTSD.

### □ A Directory of Services

Ideally, this directory should be digitalized and instantly available to all service staff (at Selfhelp we call this the Red Book, even though it is not red, and not a book.) One team member should be responsible for updating it each month, and all team members should make note of any changes to contact information. It is important that each staff person also note if a referral sources is not appropriate or provides substandard services; in these cases they will be deleted. Selfhelp is currently working on a version of the Red Book that can be shared with other organizations.

### □ Socialization Programs

Socialization events take place around seasonal celebrations. During the first Thanksgiving since the opening of the building, Selfhelp and the management company put together an elaborate Thanksgiving dinner which helped formerly homeless tenants to meet their neighbors, and feel valued and cared for. We also provide birthday celebrations, meet and greets, and coffee hours that provide opportunities, in large groups and small, for residents to form mutually supportive friendships.

**Mr. Handley**

**Part 3**

**Mr. Handley has adapted very well to his new permanent residence. He volunteers in the building, participates in events, and works with the social worker to ensure his needs are met. He enjoys having a safe space, friendly neighbors, and the beautiful Van Cortlandt Park across the street from his new home.**

**End.**

### □ Care Transitions Assistance

Aimed at reducing the rate of hospital readmissions, our social workers provide support to people who are recently returned from the hospital. The goal is to maximize



understanding and compliance with discharge plans as well as to improve access to health and social services as needed.

## CONCLUSION

With homelessness at its highest since the Great Depression,<sup>27</sup> the need for affordable senior housing is greater than ever, especially as the population ages. There have been many creative models of financing and service provision developed over the years for affordable housing, and many excellent toolkit products are available from some of our premiere housing advocacy organizations. Nonetheless, this is a constantly changing field. Now into its 82 year, Selfhelp Community Services remains committed to helping seniors to live independently and with dignity in their own homes. This Toolkit is but one of our many contributions to that effort. Please contact us if you would like further information. Program and contact information is available on our website: [www.selfhelp.net](http://www.selfhelp.net).

## REFERENCES

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- <sup>1</sup> Supportive Housing Network. The Founders of the Supportive Housing Movement. Accessed 4-24-2018 at <https://shnny.org/events/2016-network-gala/distinctive-recognition>.
- <sup>2</sup> Coalition for the Homeless. Basic Facts About Homelessness: New York City. Accessed 4-13-2018 at <http://www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city>.
- <sup>3</sup> NYS Homes and Community Renewal. Accessed 4-20-2018 at <http://www.nyshcr.org>.
- <sup>4</sup> Tax-Exempt Housing Bonds Basics. Novogradac & Company LLP. Accessed 4-20-2018 at [http://www.ipedconference.com/powerpoints/Tax-Exempt\\_Housing\\_Bond\\_Basics.pdf](http://www.ipedconference.com/powerpoints/Tax-Exempt_Housing_Bond_Basics.pdf).
- <sup>5</sup> U.S. Department of Housing and Urban Development. Housing Choice Vouchers Fact Sheet. Accessed 4-20-2018 at [https://www.hud.gov/topics/housing\\_choice\\_voucher\\_program\\_section\\_8](https://www.hud.gov/topics/housing_choice_voucher_program_section_8).
- <sup>6</sup> SAMHSA. Trauma and Trauma Informed Care. Accessed 4-24-2018 at <https://www.samhsa.gov/homelessness-housing/trauma-informed-care>.
- <sup>7</sup> Lerner, MD and Shelton RD. (2001). Acute traumatic stress management: Addressing emergent psychological needs during traumatic events. The American Academy of Experts in Trauma Stress. Cited in Brown, Lisa (2013).
- <sup>8</sup> The TIPC acronym is also used for “Trauma Informed Primary Care.”
- <sup>9</sup> SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. Prepared by SAMHSA’s Trauma and Justice Strategic Initiative. July 2014. Accessed 3-27-2018 at <https://www.samhsa.gov>.
- <sup>10</sup> Brown, Lisa. *Assessing, Intervening, and Treating Traumatized Older Adults*. School of Aging Studies, University of South Florida. Presentation slides for 4<sup>th</sup> Biennial Trauma Conference, October 2013. Accessed 4-25-2018 at <https://www.kennedykrieger.org/sites/default/files/patient-care-files/assessing-intervening-and-treating-traumatized-older-adults.pdf>.

<sup>11</sup> Ogle, CM et al. *Cumulative exposure to traumatic events in older adults*. Aging and Mental Health. April 2014. Accessed 4-26-2018 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3944195/>.

<sup>12</sup> Emory Alzheimer's Disease Research Center. Fact Sheet: Cognitive Skills and Normal Aging. Accessed 4-26-2018 at [http://alzheimers.emory.edu/documents/fact\\_sheets/CognitiveSkillsAging%2062007.pdf](http://alzheimers.emory.edu/documents/fact_sheets/CognitiveSkillsAging%2062007.pdf)

<sup>13</sup> Elizabeth K. Hopper, Ellen L. Bassuk, and Jeffrey Olivet. *Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings*. The Open Health Services and Policy Journal, 2009, 2, 131-151. Accessed 4-24-2018 at [http://www.traumacenter.org/products/pdf\\_files/shelter\\_from\\_storm.pdf](http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf).

<sup>14</sup> Dual Eligible Beneficiaries Under Medicare and Medicaid, February 2017. Center for Medicare and Medicaid Services. Accessed 4-4-2018 at [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf).

<sup>15</sup> Selfhelp: Creating Health Care Savings through Affordable Housing Plus Services. Accessed 4/4/2018 at <https://selfhelp.net/pdf/events/Housing%20Research%20-%20One%20Pager.pdf>.

<sup>16</sup> House James S. Social Isolation Kills, But How and Why? *Psychosomatic Medicine*. 2001;63:273–74. [PubMed]

<sup>17</sup> Cornwell, EY and White, LJ. Social Disconnectedness, Perceived Isolation, and Health among Older Adults. *Journal of Health and Social Behavior*. March 2009. Accessed 5-9-2018 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756979/#R2>.

<sup>18</sup> Managed Care Technical Assistance Center (MCTAC). *Person-Centered and Trauma-Informed Practice*. NYS Office of Alcoholism and Substance Abuse Services (OASAS) and National Center on Addiction and Substance Abuse. Accessed 4-26-2018 at [http://www.ctacny.org/sites/default/files/trainings-pdf/820%20Intensive\\_Person-Centered%20Care\\_0.pdf](http://www.ctacny.org/sites/default/files/trainings-pdf/820%20Intensive_Person-Centered%20Care_0.pdf).

<sup>19</sup> Dictionary.com. Accessed 4-26-2018 at <http://www.dictionary.com/browse/intersectionality>.

- <sup>20</sup> National Association of Social Workers. *Standards and Indicators for Cultural Competence in Social Work Practice*. Accessed 4-26-2018 at <https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk%3d&portalid=0>.
- <sup>21</sup> Kristen Desjarlais-deKlerk (2017) Identity in transition: how formerly homeless individuals negotiate identity as they move into housing, *Journal of Social Distress and the Homeless*, 27:1, 9-18.
- <sup>22</sup> Parker, Josie L., "Self-Concepts of Homeless People in an Urban Setting: Processes and Consequences of the Stigmatized Identity." Dissertation, Georgia State University, 2012. [http://scholarworks.gsu.edu/sociology\\_diss/65](http://scholarworks.gsu.edu/sociology_diss/65).
- <sup>23</sup> Ibid.
- <sup>24</sup> Sonia D. Ferencik and Rachel Ramirez-Hammond. *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*. Accessed 4-24-2018 at <http://www.odvn.org>.
- <sup>25</sup> Patrick E. Boyle and Christina M. Delos Reyes. *Trauma-Informed Care: Screening & Assessment*. Center for Evidence-Based Practices at Case Western Reserve University. RPH Videoconference series. PowerPoint slides accessed 4-24-2018 at [https://www.centerforebp.case.edu/client-files/events-supportmaterials/2015-0422\\_TICVideoconference.pdf](https://www.centerforebp.case.edu/client-files/events-supportmaterials/2015-0422_TICVideoconference.pdf)
- <sup>26</sup> Omega Institute for Holistic Studies. *5 Alternative Therapies for Treating Trauma*. 2017. Accessed 4-26-2018 at <https://www.eomega.org/article/5-alternative-therapies-for-treating-trauma>.
- <sup>27</sup> Coalition for the Homeless. Basic Facts about Homelessness: New York City.