



II. Components of the Community Model

As described in the preceding chapter, the Community Model’s service philosophy influences every aspect of *how* services are delivered. But it also determines *what* services and programs are offered. The menu of services and programs now provided by the Community Model is extensive, but every program and service is essential. The entire Community Model can be broken down into seven main components:

1. **Outreach** – Contact and engagement of homeless people living in public spaces, prisoners and other individuals who will not or cannot access services.
2. **Drop-in or Day Center** – An easily accessible, safe and welcoming place where homeless individuals can receive services and just hang out.
3. **Advocacy and Supportive Services** – Lamp Community’s person-centered method of case management and other supports.
4. **Member Services Department** – Including entitlements applications, rep payee services, money management and employment support for members.
5. **Respite Shelter** – Emergency and extended stay congregate shelter.
6. **Transitional Housing** – Transitional and sometimes permanent semi-private cubicle living with intensive supportive services.
7. **Independent Housing** – Permanent single room occupancy residential hotels and efficiency apartments with on-site or visiting supportive services.

One other essential component of Lamp Community is the program’s focus on expanding Member Employment Opportunities, including businesses operated and managed by members that serve community needs, as well as program staff positions open to members. These are discussed in Chapter IV.

Each of these program components operates independently but is deeply integrated with the others. Sometimes it is difficult to recognize where one component ends and another begins. For example, the Drop-in Center and Respite Shelter are co-located on the same site, and are often referred to collectively as the “Safe Haven.” Together, these components form a network of options dedicated to support and recovery.

And by structuring programs to make it easy for members to move from one component to another, the Community Model increases its effectiveness. Staff can respond quickly to members’ decisions to begin taking medication, reduce substance use or make other significant life changes. There is a program component, and a supportive environment, to answer every member’s needs.

The following provides an overview of the different components of the Community Model as they have been implemented by Lamp Community, including a description of each program, its staffing levels and issues specific to its operation.

1. Outreach

Homeless people with mental illness, dual diagnoses and/or long histories of homelessness are typically reluctant to ask for help with these problems. Providers who intend to assist people unserved by existing programs must aggressively seek out isolated, chronically homeless individuals and engage them. They must conduct assertive outreach efforts to homeless persons in the streets, public spaces, jails and prisons.

Outreach and initial engagement efforts entail repeated and consistent interactions that build trust and solidify the provider's relationship with the individual in need of services. The goals of these formal and informal interactions are to:

- Develop a trusting relationship
- Care for immediate needs
- Link people to ongoing services and supports that will help them address the underlying causes of their homelessness and other barriers to independence.

In the Community Model, the outreach component is wholly integrated into the Drop-in or Day Center program (**#2, below**). The advocates and peer advocates who provide services in the Drop-in Center are also the people who conduct outreach to homeless people living in public spaces throughout the surrounding neighborhood in pairs, by van and on foot. Advocates supervised by the Drop-in Center director also visit the local prison and jail to engage soon-to-be-released prisoners who have mental illness and no lodging alternatives. Sometimes, they visit isolated residents in local single room occupancy hotels. After almost 20 years, Lamp Community is so well-known that many Skid Row denizens know to direct homeless people with mental illness to the Drop-in Center. Nevertheless, Drop-in Center staff continues to conduct outreach to ensure that the persons most in need of assistance are engaged.

Having Drop-in Center advocates perform initial engagement activities helps a homeless individual establish a trusting relationship with at least one staff member before she even comes through the door. That staff member can continue to act as the individual's advocate as she becomes fully engaged in the Drop-in Center program. This continuity makes services more effective and reduces people's chances of dropping out of programs.

Sometimes, the strongest relationships are established by peer advocates, who have the added credibility and empathy borne of experience. While a member will change advocates when he moves to shelter or housing, the advocate who engaged him remains easily accessible. As in other aspects of the Community Model program, there is no time limit on the advocate-member relationship.

Outreach Staff	Number	Salary Range¹
Outreach Worker/Advocate	Part of drop-in center staff	\$25,000-\$32,000
Outreach/Peer Advocate	Part of drop-in center staff	\$9-\$10/hour

¹ Salary ranges reflect the costs of living in Los Angeles. Average salaries may be lower or higher in other urban areas across the United States.

Principles and Strategies for Effective Outreach

“Street outreach” to homeless individuals living in public spaces is most effective when outreach teams observe and employ some basic principles and strategies:

- Work in pairs.
- Employ formerly homeless individuals as outreach workers to increase credibility. Make sure they are well-trained and equipped.
- Bring food with you. It’s the easiest way to be useful to the individual to be engaged.
- Be prepared to address immediate needs. You can prove your value by supplying food, clothing, blankets or use of a phone, or by helping homeless people obtain prompt access to medical care.
- Let the person tell you what she needs. Don’t make assumptions or judgments. Ask open-ended questions.
- If you are suggesting places where the individual can go unaccompanied to get assistance (shelter, food, medical help, etc.), be sure to carry clear maps and directions to those locations.
- Do not require sobriety or compliance with mental health treatment as conditions for receiving services or entry into the Drop-in Center.
- Even if you work on foot, have a van available for the timely transportation of the individual and his or her belongings to the Drop-in Center or shelter.
- Be consistent. Once a relationship is established, daily visits are much more effective than erratic contacts every few days.
- Try to avoid having people fill out forms on the street. Focus on building the relationship.
- Once a relationship is established, don’t be afraid to reflect reality back to a person. Don’t go along with a person’s delusions in a misguided effort to develop rapport. If an individual’s leg is dangerously swollen, or he’s losing weight, make the observation and see if he wants to talk about it.
- Remember that homeless individuals with mental illness and addictions are still capable of making informed choices. Concentrate on giving them the information they need. You are a resource and a guide, not an instructor telling people “what is best” for them.
- Respect a person’s right to refuse services.
- Don’t promise what you cannot deliver.
- Have realistic expectations.
- Celebrate every success.

2. Drop-in or Day Center

The Community Model Drop-in or Day Center provides a safe and unstructured environment, easily accessible from the street. It is a neutral but welcoming place designed for engaging homeless people with mental illness and dual diagnoses. A wide range of sometimes eccentric behavior is tolerated. People can hang out with friends and associates in the front courtyard during the day, without having to participate in any programming, as long as they observe the rules to refrain from violence, theft and on-site drug or alcohol use. Sobriety and medication compliance are not required.

Food, showers, phone service and advice are readily available to anyone who shows up at the Drop-in Center. Although activities at the Drop-in Center are unstructured, services

and meals are provided on a consistent schedule to encourage a sense of stability. At present, the Drop-in Center serves 250 to 300 breakfasts and lunches to members each day.

Reflecting the typical daily routines of homeless people, the Drop-in Center opens and closes early, from 8 am to 3:30 pm every day. At any given time, two or three staff members are present in the public spaces of the Drop-in Center. While these staff members perform many of the same functions as a typical case manager, the Community Model calls them “advocates,” to reflect their more collaborative style of working with members. Advocates meet with new potential members and explain the services and activities available to them at the Drop-in Center and at other Community Model sites. Formerly homeless individuals also work as peer advocates, helping advocates to engage and escort members and perform other non-clinical support functions.

The advocates also encourage each potential member to complete an intake interview. Conducted on site at the center, the intake interview explores a person’s medical, psychological and substance use history. Intake interviews are entirely voluntary: if a person doesn’t want to do one, he is free to remain at the drop-in center for an unlimited time (though advocates will ask again each day, or engage the individual and build trust in other ways). Once a person completes an intake interview, he or she becomes a full member of Lamp Community and gains access to all of the services and supports the Community Model provides (*see #6, below*). The member will continue to work with an advocate to develop a service plan, though this, too, is not mandatory (though persistently encouraged).

Drop-in Center advocates also conduct street outreach, on foot and by van, to search out homeless individuals with mental illness who are reluctant to visit the site. Because Lamp Community’s Drop-in Center is well-known and centrally located in Skid Row, an area where homeless people from all over Los Angeles have been concentrated, street outreach is not as critical or extensive as it is at OPCC in Santa Monica and other localities where homeless people are more widely distributed.

Drop-in Center Staff	Number	Salary Range
Drop-in Center Director	1	\$40,000 & up
Advocates	3	\$25,000 - \$32,000
Peer Advocates	2	\$9-\$10/hour

3. Advocacy and Supportive Services

All of the Community Model’s programs employ advocates to assist members. This section explores the essential role of advocates, as well as the centrally-located, specialized services that support them in their work. It also examines one of the most important – and sometimes overlooked – elements of the Community Model, the program’s ability to offer money management services as Representative Payee for its members who receive Supplemental Security Income (SSI).

Making Members Their Own Case Managers

Case management is at the core of almost every effective program serving homeless people. Case managers link homeless individuals to treatment and specialized programs, assist them with applications for entitlements and guide them through the all-important housing placement process. Along the way, they offer comprehensive support, encouragement and timely advice.

The Community Model offers members all of these services, but with a crucial difference in the way the services are delivered. It begins with the nomenclature: “case managers” are replaced by “advocates.” “People are not just cases to be managed,” is a common remark from Lamp Community’s advocates when explaining their service philosophy.

But the difference goes beyond semantics. Instead of managing people’s progress, the Community Model’s advocates’ role is to support members as they learn to become their own case managers. Most of Lamp Community’s members have tried and been unable to conform to the standard, time-limited, linear case management service plan of shelter, treatment, employment and housing placement. Lamp Community has been able to engage many people for the long-term by allowing them to set the course of their stabilization and recovery themselves. Empowering members in this way encourages them to take responsibility for improving their life situations.

As a result, members “own” their service plans. Their commitment to complying with the goals of these plans is stronger and more personal. The goals vary greatly, from staying healthy to getting an apartment and a job. They can also change every week, as members choose to build on previous accomplishments, or reconsider personal objectives that have proved too ambitious.

Members are encouraged to take the lead in their recovery and stabilization. But advocates are there every step of the way, supporting members as they set and attempt to achieve personal goals. Advocates’ caseloads range from one for every ten members in transitional housing to as many as forty members for each advocate in the drop-in center. Their activities vary as well, depending on the focus of the program. For example, Drop-in Center advocates spend most of their time completing assessments, developing service plans and securing entitlements. Transitional housing advocates devote the majority of

Services provided by the Community Model include:

- Meals
- Clothing
- Hygiene, Showers & Laundry
- Individual and Group Counseling
- Health Education
- Social Service Coordination
- 12-Step Recovery Programs
- Harm Reduction Education
- Relapse Prevention
- Voluntary Drug Testing
- Psychiatric Evaluations, Prescriptions & Monitoring
- Medication Management
- Specialized HIV Case Management
- Entitlements Advocacy
- Money Management
- Representative Payee
- Employment Training and Placement
- Socialization and Recreational Outings
- Art and Performance Instruction
- Referrals to other necessary services

their working hours helping members meet the challenges of recovery and find permanent housing.

Typical tasks and responsibilities of advocates include:

- **Complete initial assessment/screening** – Advocates at the Drop-in Center ask new members to sit for an assessment of their life situation and history. Advocates try to develop as complete a picture of the member as possible, reviewing the histories of both their weaknesses and strengths. The assessment reviews the member's mental health, physical health, addictions, homelessness, education, employment, entitlements, criminal history and family relations. Advocates try to find out as much as they can in this initial evaluation. However, the member controls how much information he or she is ready to share at this early stage of their relationship. A full assessment may require more than one sitting. Once completed, it forms the basis for the member's service plan.
- **Develop a service plan** – After an assessment is completed, the advocate works with the member to identify large and small personal goals he may want to pursue over the coming months. The advocate explains the Community Model to the member and reviews all of the services and supports available to him in the program. The member then works with the advocate to develop a service plan that establishes personal goals and outlines the program steps necessary to achieve them, which the member then signs. The member and the advocate may revisit the service plan as often as twice a week while the individual is in the program.
- **Obtain identification documents** – Often, individuals first arrive at Lamp Community without complete documentation (driver's licenses, social security cards, etc.). The advocate's familiarity with government procedures speeds the application process.
- **Create and implement an entitlements plan** – During the initial assessment, the advocate evaluates the member's current entitlements situation and explores their eligibility for Supplemental Security Income (SSI) and other benefits. The advocate looks closely at the member's mental health treatment and hospitalization history, medications and history of medication compliance and other signs that she is eligible for SSI because of a psychiatric disability. The member then decides whether she wants to apply for entitlements. The advocate will then initiate and follow through on the application process, which can take anywhere from three weeks to more than six months.
- **Link to medical and mental health care providers** – The advocate will connect the member to a primary medical care provider and a mental health clinic, or have someone accompany the member to the hospital, as necessary. A visiting psychiatrist and nurse are available one to two times a week to complete psychiatric evaluations and basic medical check-ups.
- **Medication management** – Advocates in all of the Community Model programs are responsible for helping their members manage the psychotropic medications prescribed by the psychiatrist. The advocates are not responsible for directly dispensing medications. But they help members count out their meds for the

week, and have access to a locked cabinet at each location where members can store the medication.

- **Make referrals to treatment and other outside programs** – Most members receive the majority of their services from Lamp Community programs, but advocates do not hesitate to help link members to residential and outpatient treatment and other services.
- **Set budgets** – Advocates develop a budget with each member. They work with the member to set a budget that reflects the member’s resources and priorities. The member will sign the budget and a copy is sent to the Member Services Department, which can then act as rep payee and bank for the member (*see Rep Payee, below*).
- **Meet one-on-one with members** – Advocates have one-on-one meetings with each member they serve at least twice a week to discuss movement toward personal goals, recovery efforts, housing placements and other issues.
- **Lead support groups** – Each advocate leads two groups a week at his or her program site that are open to all interested members. Groups include: the men’s and women’s groups, a recovery group, health education, art classes, life skills education, yoga sessions, socialization group that goes on an outing every Thursday, anger management group, a group on obtaining and managing public benefits.
- **Make housing placements** – Advocates take the lead in helping members negotiate the complex procedures to find and secure all types of private and subsidized housing and shelter.

Peer Advocates

Peer advocates are part-time employees who receive stipends to assist advocates to serve members. The peer advocate pool is chosen from formerly homeless Community Members who are in recovery. Their experience helps build credibility with new members and improves communication between members and staff. Peer advocates conduct outreach, escort members to appointments and services, assist advocates by following up on service plan activities, participate in groups and facilitate socialization at programs. Some peer advocates are later hired as full advocates.

Psychiatric and Medical Services

One to two days per week, a psychiatrist is available at different Community Model sites to provide psychiatric assessments, prescriptions and follow-up care. Having ready access to an on-site psychiatrist familiar with working with homeless people with mental illness vastly improves the ability of advocates to help members address their psychiatric issues.

Recently, Lamp Community hired a full-time medical nurse. The availability of an on-site nurse increases Lamp Community’s capacity to meet members’ basic medical needs quickly and efficiently. Interactions with the nurse also provide additional opportunities for engaging and building trusting relationships with members. With additional funding, a visiting medical doctor would further benefit members and reduce their dependence on emergency room medical care.

Clinical Supervision

Both the psychiatrist and the nurse report to Lamp Community's Deputy Director. Advocates and Peer Advocates report to their Program Directors, who receive supervision from both the Executive Director and the Deputy Director.

Advocacy & Supportive Services	Number	Salary Range
Deputy Director	1	\$50,000 & up
Psychiatrist	.33 P/T	\$30,000 +
Nurse	1	\$45,000
Advocates	20 (spread thru all programs)	\$25,000 - \$32,000
Peer Advocates	10 (spread thru all programs)	\$9-\$10/hour

4. Member Services Department

The Lamp Community Member Services Department is a discrete, three-employee unit co-located with the Member-Operated Businesses, a few blocks away from the Drop-in Center and with an entrance separate from the Transitional Housing next door. Advocates and members are supported by the Member Services Department in three important activities, including the linchpins of the Community Model, representative payee services and money management:

Benefits Applications

Advocates assess each member's eligibility for entitlements and share this information with the Member Services Department. The Member Services Department will then assist the advocate and the member to compile the documentation and complete the application forms required to qualify for Supplemental Security Income (SSI). Usually, SSI is awarded to members because they have a psychiatric disability. Members who cannot qualify for SSI are assisted with applications for General Assistance, the California State welfare program for single adults which is administered differently by each of the state's 58 counties.

The application process for SSI in particular requires extensive documentation of the individual's history of mental health treatment and other information. Usually, a member's mental health and medical records must be located, sometimes in other states, in order to make a compelling case for disability. If such information cannot be located, a person must be evaluated by a physician or licensed psychologist for a specific period of time before an application can be submitted. Because SSI approvals are based on very specific criteria, the Community Model has centralized the process within one specialized department familiar with all the vagaries of SSI eligibility. The Member Services Department's knowledge of the SSI process and the advocates' familiarity with the applying member combine to increase the chances of approval.

Money Management

Over 80% of Community Model members who are approved for SSI name Lamp Community as their representative payee. The budgets of those who do are sent to the Member Services Department with instructions to schedule weekly, twice weekly or daily

pay outs to each member. Members know that the Member Services Department can only pay the amount agreed upon by the member and his advocate, on the schedule agreed upon by the member. Approximately one-quarter of the more than 200 members who use Member Services as their payee choose to withdraw \$5 to \$20 five days a week in order to limit their ability to buy drugs or alcohol.

If a member would like more money than he is budgeted for that day, he must return to his advocate and obtain her approval for the increased allocation. If the money is wanted for self-destructive behavior, advocates will try to dissuade the member from breaking his or her budget. With no powers to change the budget, the Member Services Department is protected (somewhat) from the wrath of members who want more of their money more quickly. Members know that they have to go to their advocates to get more money and arguing with Member Services is futile (and likely to upset other members in line behind them). The time and energy required to go and plead with an advocate at another site usually helps de-escalate the situation.

As Director of Member Services, Ray Alvarez acts as representative payee for over 200 Lamp Community members. Five days a week, his department gives SSI and General Assistance recipients small amounts of their entitlement checks: \$10 a day every day (and \$50 on Fridays) to active users trying to head off the temptation to binge; more substantial weekly or twice-weekly payments to members in recovery. "For some of our members, it's a harm reduction tool," says Ray, "for others, we're just their bank."

When a member wants to take out more than the amount budgeted for that day, he must first meet with his advocate to adjust the budget they agreed upon. Otherwise, Ray and his staff cannot dispense it. Sometimes this can frustrate a member, but Ray and his staff must stand firm. "People have to understand that causing a scene won't get you more money. Don't confuse mental illness with abuse. Most members get this, because we've had a long relationship with these folks. They know we've never disrespected them, so they don't tolerate it when others do. I guess we're that popular here, strange as it sounds."

If a member decides that she wants to take out all of her money at once, after one last conference with her advocate, she will be given sixty days to find a new rep payee. Often, however, convenience wins out. "We're the only rep payee that deals with greenbacks," Ray points out, "the others give them checks, which I never understood. They end up losing a big percentage to check cashing fees that way."

Paying out cash may be risky, but in almost twenty years of operation, there's never been a robbery. "Security is non-existent here, which is kind of scary. I mean people in the neighborhood know what we do." That the biggest problem is the occasional temper tantrum is testament to Lamp's credibility within the Skid Row community. "It doesn't happen too often, but when someone gets out of line, I just focus on the behavior. I ask them to take a walk, de-escalate the situation. If they refuse to budge, I call the Director of the Drop-in Center 'cause it's usually one of the newer members. He'll back me up, take the person to talk it over with his advocate. No problem." Ray smiles, "Really. You'd be surprised how well it works."

Support Groups

Member Services employees also lead support groups for members and former members who are employees in the Community Model. These include groups that address that allow peer advocates, front desk staff and employees of Member-Operated Businesses to discuss issues specific to their jobs. In addition, Member Services offers members weekly classes on public benefits systems and application procedures.

Member Services Department	Number	Salary Range
Director of Member Services	1	\$40,000 & up
Advocate/SSI Applications	1	\$25,000 - \$32,000
Advocate/Money Management	1	\$25,000 - \$32,000

5. Respite Shelter

Linked to Drop-in Center

In the Community Model, the Respite Shelter is closely connected to the Drop-in Center. At Lamp Community, the two are co-located. Until a recent renovation, they shared the same room, with the Drop-in Center's chairs and tables giving way to shelter beds every evening. Now, the Respite Shelter is located upstairs from the Drop-in Center, though it continues to share a common entrance. A back passageway connects the Respite Shelter to an SRO hotel next door, where Lamp Community rents out a few double-occupancy rooms to provide additional shelter accommodations.

Due to community siting concerns, the OPCC Safe Haven shelter component had to be located more than a mile from the organization's general drop-in center. The complicated logistics involved in moving people between the two sites makes engaging homeless individuals more challenging. Ideally, the Respite Shelter and Drop-in Center should be sited in the same building or very close to each other.

Safe Havens

Both Lamp Community and OPCC staffs refer to the Drop-in Center and Respite Shelter collectively as the "Safe Haven." In 1992, the United States Department of Urban and Housing Development (HUD) created a *Safe Haven* funding stream to fund programs based on the model pioneered by Lamp Community and other like-minded practitioners around the country.² While some facets of Lamp Community's drop-in center and respite shelter are mandated by HUD's definition of *Safe Haven*, many aspects of the program are purposely left undefined, such as treatment modalities and program rules. HUD currently considers *Safe Haven* an eligible program component under the Supportive Housing Program (see *Identifying Funding Resources* on page 90).

² The U.S. Department of Housing and Urban Development defines a Safe Haven as a form of supportive housing in which a structure or a clearly identifiable portion of a structure: (1) serves hard-to-reach homeless persons with severe mental illnesses who are on the streets and have been unable or unwilling to participate in supportive services; (2) provides 24-hour residence for an unspecified duration; (3) provides private or semi-private accommodations; (4) may provide for the common use of kitchen facilities, dining rooms, and bathrooms; and (5) in which overnight occupancy is limited to no more than 25 persons. A safe haven may also provide supportive services on a drop-in basis to eligible persons who are not residents.

Physical Configuration

The Respite Shelter's capacity and physical configuration depends on the site. Ideally, it should shelter no more than 25 people at a time in semi-private cubicles of four or five beds each. A congregate area for house meetings and TV watching helps build a sense of community, though it is also beneficial to have Respite Shelter residents spend time in the communal Drop-in Center space, where they may contribute some (relative) stability to that environment. At both Lamp Community and OPCC, the Respite Shelter houses both men and women in the same room.

The Lamp Community Respite Shelter is connected to seven rooms in an SRO hotel next door. Each room sleeps two members, as well as two advocates who are on call through the night. Members who have resided at the shelter for more than a month are eligible for these slightly more private accommodations.

Shelter Program and Requirements

The Respite Shelter operates seven days a week, employing three advocates and one peer advocate during the day and two advocates at night. At one advocate for every fifteen residents, Respite Shelter advocates have the lowest caseload ratio of all Lamp Community programs. In addition to the advocates, two members are paid a daily stipend of \$15 to escort members to and from the shelter in the mornings and nights.

Each weekday morning, Respite Shelter staff and residents meet to discuss scheduled activities, personal goals and issues that arise in the program. After the meeting, the shelter is officially closed between 11 am and 3:30 pm. However, during these hours residents may meet with advocates or participate in Drop-in Center activities. Ailing shelter residents may sleep in the shelter during the day, but television is available only between the hours of 4 pm and 10 pm. Residents are expected and assertively encouraged to work toward personal goals while residing in shelter.

Bed Management

Respite Shelter beds are available on a first-come, first-served basis. Once a bed has been assigned, the member is expected to return to the shelter by 6:00 pm to preserve his place in the shelter. If he returns inebriated, he remains eligible for shelter, but is expected to go directly to his bed. Respite Shelter residents typically remain for one to six months, although there are no limits on length of stay. Members leave the shelter during the day and are encouraged to participate in activities at the Drop-in Center and other Community Model sites.

Respite shelter residents can stay indefinitely, although the vast majority moves on within six months. While residing in the shelter, residents are asked to pay a lodging fee equivalent to approximately one-fourth to one-third of their incomes. For SSI recipients, the fee is \$210 per month; members on General Assistance are expected to pay \$66 per month. The respite shelter fee is entirely voluntary: if a shelter resident has no income – or merely chooses not to share his income – he doesn't have to pay and may still remain

at the shelter. At any given time, about one-quarter of the shelter residents do not pay shelter fees.

Placement into and from Shelter

As the housing market becomes tighter than ever, Lamp Community has encountered the same challenge facing shelter operators everywhere – finding enough affordable, permanent apartments to allow shelter residents to move on to a higher level of independence. Members remain in the Respite Shelter longer than they must, because it is difficult to find affordable housing even for people with stable incomes. As a result, the shelter cannot accommodate members from the Drop-in Center as quickly as staff would like. The additional hotel rooms help a little, but Lamp Community must also refer members to nearby shelters and missions operated by other organizations. In most cases, members residing in other shelters continue to receive services from Lamp Community programs and staff.

Respite Shelter Staff	Number	Salary Range
Respite Shelter Director	1	\$40,000 & up
Advocate/Day	3	\$25,000 - \$32,000
Advocate/Night	2	\$25,000 - \$32,000
Peer Advocate/Day	1	\$9 - \$10/hour
Member Escorts	2	\$15/day stipend

6. Transitional Housing

In contrast to the unstructured environments of the Drop-in Center and Respite Shelter, Transitional Housing is a relatively structured program. This supportive housing option encourages members to address their health issues, especially substance addictions. Facilities provide individual, semi-private cubicles of about fifty to eighty square feet. Though there are no doors to lock, the incidence of theft is rare. Despite its name, Transitional Housing has no limitations on length of stay and some residents choose to make it a permanent housing option.

Residents of Transitional Housing meet each morning in a “Daily Planning” session. During this time, residents discuss planned activities, recent events and set rules for the program. In addition to prohibitions on violence, theft and on-site substance use, Transitional Housing residents voluntarily adopt quiet hours, curfews, a system of night passes and other community rules. In transitional housing, service plans are required, and serve as contracts between the member and the program. Residents are expected to work intensively with advocates toward self-initiated goals. New members with dual diagnoses usually stay on the premises for the first thirty to ninety days, except for chaperoned outings, to distance themselves temporarily from their former culture of drug use.

Among Transitional Housing residents, individual service plans vary greatly. Many members quit drug use “cold turkey;” others choose to decrease use gradually. Relapse is

tolerated, as long as house rules are respected. Extended relapses and their associated negative behaviors eventually trigger a move to the Respite Shelter or another facility.

Transitional Housing Staff	Number	Salary Range
Director	1	\$40,000 & up
Program Manager	1	\$35,000 & up
Advocates	6	\$25,000 - \$32,000
Peer Advocate	2	\$9 - \$10/hour

7. Independent Housing

The Community Model’s Independent Housing is a permanent supportive housing program. Members have private rooms and pay rent according to their means. A housing manager and one or two advocates provide on-site support to assist tenants with their needs and problems as they arise. While this staff can provide immediate on-site assistance to residents, they rely on other Community Model programs to provide additional, ongoing support and services.

Participation in activities is not mandatory, although many members choose to maintain contact with their advocates and continue to participate in on-site services or services offered at the Safe Haven and other programs. Members do not observe curfews and have tenants’ rights. Substance use inside rooms is not monitored, although if member behavior is disruptive to other tenants, the member will be warned and staff will work closely with him or her to prevent eviction.

Independent Housing Staff	Number	Salary Range
Housing Program Manager	1	\$40,000 & up
Residential Manager	1 (per site)	\$35,000 & up
Advocates	2 (per site)	\$25,000 - \$32,000

