COMMUNITY MODEL
For Homeless People With Mental Illness

Ending Chronic Homelessness Among People with Mental Illness:

The Community Model

How to create a comprehensive network of programs to support and house chronically homeless people with mental illness using harm reduction and community-building strategies developed by Lamp Community of Los Angeles and OPCC of Santa Monica, California.

A Manual Commissioned By:

Shelter Partnership, Inc.

Lamp Community

Bringing light to homeless men and women living with mental illness.

OPCC

Empowering people to rebuild their lives

RAND CORPORATION

February 2005

Funding Provided By:

THE CALIFORNIA ENDOWMENT

Shelter Partnership
523 West Sixth Street, Suite 616 ■ Los Angeles, California 90014 ■ Fax (213) 689-3188 ■ (213) 688-2188

February 2005

Dear Colleagues:

According the U.S. Surgeon General, as many as one-third of individuals who experience homelessness has a mental illness. Persons who are homeless and mentally ill, especially those who are chronically homeless and have co-occurring substance disorders, are generally recognized as the most difficult people to "engage" and provide with affordable, permanent housing that they can maintain. It is often said that these individuals are "system resistant." We would instead suggest that the systems in place don't adequately address their needs and desires.

That is why we are thrilled to present this Manual, which shares with our colleagues a successful strategy, the Community Model, that has been developed by Lamp Community of Los Angeles and OPCC of Santa Monica, California. Focusing on how to create a comprehensive network of programs, including employment, to support and house chronically homeless people with mental illness using harm reduction and community-building strategies, this Manual provides insight to others challenged with providing new ways of working with this most visible population.

The journey in developing this Manual began 20 years ago when Mollie Lowery, founder and Executive Director of Lamp Community, and I began working together to address the growing needs of people without homes in Los Angeles. As a technical assistance provider, Shelter Partnership has always been interested in the most promising models and Lamp Community from the beginning was just that. As we both grew (and aged), Mollie and I talked often about how to share Lamp's success with others. The magic moment arrived in late-2000 with a call for projects by The California Endowment under their Mental Health Initiative.

With our collaborative partners, Lamp Community, OPCC and the RAND Corporation, we have collectively been able to replicate, evaluate, and train others in the Community Model approach. We look forward to continuing this journey. Towards that end, we welcome your comments and questions and can be reached on our project web-site at www.communitymodella.org.

Sincerely yours,

Ruth Schwartz
Executive Director

Acknowledgements

Author

Ted Houghton

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Designer

www.robinoconnell.com

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Publications
Shelter Partnership, Inc.
523 West Sixth Street, Suite 616
Los Angeles, CA 90014
(213) 688-2188
(213) 689-3188 fax

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Introduction

Swiftly packing together bundles of newly-laundered linen for shipment to a nearby hotel, Samantha is a model of efficiency and purpose.[1] Seeing the energy with which she manages Lamp Community's large industrial laundry, cheerfully singing to herself while scheduling the day's deliveries, it's hard to imagine the person she describes of four years ago. "I was trouble back then," she says of her years on the streets. "And it took a long time for me to see that. I mean, even when I started working here, I messed up *a lot.*"

Samantha's transformation began slowly, when she started hanging out at the Day Center operated by Lamp Community, a nonprofit organization that offers a comprehensive array of supportive housing and service options to people living with mental illness in Los Angeles' Skid Row neighborhood. Mentally ill, illiterate and prostituting herself to sustain her crack addiction, Samantha's previous efforts to change her life had ended abruptly in failure. Sometimes her disruptive (and often psychotic) behavior won her a quick exit from substance abuse treatment programs or faith-based missions. Other times, her own fear of "not measuring up" to the demands of service providers led her to sabotage any chances for improving her life.

At Lamp Community, however, Samantha finally found people willing to accept her for who she was. "They didn't judge me," she remembers, "I was a wreck, but they made me feel like a human being for the first time in a long while." Staff at Lamp Community didn't make any demands on Samantha the first few weeks she was there. They just listened to her tell them what *she* thought she needed to do. They provided a lot of support, some positive reinforcement and let her know about the bevy of service options they offered. After a couple of false starts, Samantha began to address her mental illness with medication. Slowly, she reduced the frequency of her crack binges. After a few months, she began working occasionally at one of Lamp Community's businesses. All of these businesses (and many of Lamp Community's program positions) are staffed by the organization's program participants, who are known as "members."

Lamp Community was able to help her achieve this where other service providers could not by employing an innovative service approach that permeates every program in the organization. Lamp Community members and staff refer to it simply as "The Community Model."

The Community Model is a comprehensive method of service provision that has helped thousands of homeless people with mental illness achieve residential stability and an improved quality of life. Employing harm reduction service strategies in a safe, flexible and non-hierarchical environment, the Community Model allows people to tailor their own paths to recovery and wellbeing.

[1] Some names have been changed to protect members' privacy.

The Community Model has proven particularly effective at serving dually-diagnosed individuals and other members of the vulnerable and difficult-to-engage chronically homeless population. A prototype for the federal "Safe Havens" program, the Community Model's success also helped shape the federal government's recent "Collaborative Grant to Help End Chronic Homelessness" initiative. Over the years, the Community Model has been adapted and replicated by other nonprofit providers, most recently by the OPCC (formerly Ocean Park Community Center) network of shelters and services in nearby Santa Monica.

Samantha now knows this history well. She's the first to say that the service philosophy of the Community Model made it possible for her to become a full-time manager of Lamp's laundry service, with a salary that allows her to have an apartment of her own in South L.A. And like most longtime members of Lamp Community, she's become invested not only in her own success, but in the success of her peers and the larger community around her. It's the secret of Lamp Community's effectiveness. "I'm where I am today because a lot of people stood behind me and said I could do it. Now, I try to do the same thing for others who need that kind of helping hand."

1. History of the Manual

In 2001, The California Endowment launched a three-year, $24 million initiative to gain greater understanding of the barriers that limit access to effective mental health services and find ways to break through those barriers. In response, Shelter Partnership, Inc., in collaboration with Lamp Community, OPCC, and the RAND Corporation, developed a proposal to showcase one of the most successful and imaginative approaches to engaging homeless persons with mental illness in the nation, the Community Model, developed by Lamp Community in Los Angeles over the past two decades. The proposal was one of 46 grants awarded statewide by The California Endowment that year.

The resulting collaborative established many goals, including the replication of the Community Model through the establishment of a Safe Haven for chronically homeless and disabled people in Santa Monica. Another primary aim of the grant was the wide dissemination of information on the model's components and characteristics. To achieve this, the collaborative set out to demonstrate to other innovative Southern California mental health and homeless service organizations how to implement this model in their own communities. This manual is one of the primary components of the training and education portion of the grant.

The manual attempts to explain the philosophy and structure of the Community Model to demonstrate how it engages chronically homeless persons with mental illness more effectively than more traditional mental health and housing programs. It also embodies the lessons learned from the collaborative's experiences during the last three years in adapting and using this model in a suburban community on the west side of Los Angeles.

2. Using This Manual

This manual is intended to assist service providers and policymakers to incorporate the Community Model approach into their programs for chronically homeless people. It complements the Community Model Training Institutes that the collaboration hopes to continue to offer on a periodic basis. It is hoped that the manual will be useful both as a book read from start to finish, as well as a reference guide on specific issues regarding services to homeless people with mental illness.

The content of the manual is based upon observations, interviews, focus groups and surveys with the staff and members of Lamp Community and OPCC, as well as Safe Haven providers across the nation. The manual is organized into five sections, with appendices:

- ***Introduction:*** *How to use this manual, questions and answers concerning the Community Model, and a brief history of its implementation.*
- ***Part One:*** *An overview of the principles underlying harm reduction and community, and a review of the characteristics of the Community Model.*
- ***Part Two:*** *A review of the service and housing components of the Community Model and issues specific to their operation and staffing.*
- ***Part Three:*** *"How to Build Community," a detailed discussion of strategies to incorporate the Community Model philosophy into housing and service delivery.*
- ***Part Four:*** *An overview of the Community Model's strategies to expand employment opportunities for members.*
- ***Part Five:*** *Concrete issues related to developing a Community Model program, including siting, physical configuration of program space and funding resources.*
- ***Appendices:*** *Listings of resources for training, technical assistance and funding, as well as a detailed narrative describing the establishment of a Safe Haven program in Santa Monica, California.*

3. "What is the Community Model?" and Other Questions

What is the Community Model?
The Community Model is *both* an overarching service philosophy of **harm reduction** and **community-building** *and* a comprehensive menu of specific **housing, service and support components:**

- **Harm Reduction:** The Community Model's service philosophy is rooted in the principles of "harm reduction," a set of practical intervention strategies that reduce the negative consequences of drug use and mental illness. Rather than focusing solely on stopping the use of drugs and alcohol, harm reduction emphasizes improving an individual's quality of life, health and wellbeing. By offering addicted persons the option of first adopting methods of *safer use* and *managed use* before attempting complete *abstinence*, harm reduction often reaches people who have not responded to other treatment approaches.

- **Community Building:** In keeping with the tenets of harm reduction, the Community Model services are always offered on a voluntary basis. This non-coercive service philosophy is bolstered by an equal emphasis on building "community." Individuals are encouraged to explore their strengths and see how they can contribute to a larger community. By providing a safe, non-judgmental and loosely-structured environment, the Community Model empowers people to support each other as they improve their health and life conditions.

- **Housing, Service and Support Components:** The Community Model's commitment to empowering the individuals it serves determines not only *how* services are provided but also *which* service components are essential to the overall success of the program. Program components are there to facilitate accessibility, stability and personal development, including:
    - **Accessibility:** Outreach and drop-in components, along with informal socialization opportunities (dining, safe areas to gather), ensure that services are readily accessible to all.
    - **Stability:** An array of temporary, transitional and permanent housing options provide residential stability. Offering a wide range of places and ways to live is crucial to reaching as many people in need as possible.
    - **Personal Development:** Case management advocacy, support groups, employment opportunities and other supports enable individuals to help themselves grow as members of a larger community.

Who is served by the Community Model?
The Community Model is designed to serve homeless single adults with mental illness. The voluntary nature of services has made the Community Model especially effective at reaching dually-diagnosed persons, chronically homeless people and other individuals with special needs who have not been successfully engaged by other programs. The

Community Model has *not* been used to serve homeless families and offers only basic referral services to homeless people without severe and persistent mental illnesses.

What are the goals of the Community Model?
The primary goal of the Community Model is to improve the residential stability of homeless people. Quite simply, it *ends* people's homelessness, without imposing overly restrictive requirements on behavior and program participation. The Community Model achieves this by creating a lifelong community where people can improve their health and general wellbeing in a variety of residential settings.

For some, achieving residential stability may mean fully independent living in a private apartment. But for many of the formerly homeless, dually-diagnosed individuals served by the Community Model, this may be an unrealistic objective. Others need living options that offer more structure and support. Some Community Model "members" (program participants) choose to live in a respite shelter of congregate sleeping alcoves or shared single room occupancy (SRO) units; others reside in "transitional" housing of semi-private cubicles. Many maintain permanent efficiency apartments in "independent housing" supported by on-site services. All housing options provide varying levels of supportive services and allow residents to remain as long as they choose.

By focusing first on providing a homeless person with mental illness a safe, stable and tolerant place to live, the Community Model answers that person's most urgent need, housing (as it would most likely be articulated by the homeless individual). Once individuals are confident that their immediate crises have been resolved, they are more able (and likely) to work on other aspects of their lives that threaten their wellbeing. Only then does the Community Model help them to address mental health, substance use, employment and other barriers to greater independence.

Is the Community Model successful? How is success measured?
Lamp Community's use of the Community Model has helped end the homelessness of thousands of individuals during the past two decades. Two years after placement, approximately 70% of Lamp Community's members remain stably housed in independent housing, transitional housing or the respite shelter, an extremely high rate of success for this challenging population. This is all the more impressive because most people served by Lamp Community have repeatedly failed to complete other programs.

While almost all of the participants in the Community Model experience an improvement in their health and wellbeing and a decrease in psychiatric instability and substance use, these goals are secondary to the primary goal of achieving residential stability. Once they are stabilized in housing, these other positive outcomes naturally follow. As a result, participants increase their independence, socialization and even employability, while reducing their dependence on expensive systems of emergency care, including psychiatric and medical hospitals, the criminal justice system and emergency shelters.

Lamp Community's development and use of the Community Model has been repeatedly recognized as an innovative program that reaches some of the most challenging to engage individuals within the homeless population. It received HUD's Community Service Excellence Award, was cited as a model by the California State Governor and is one of a handful of agencies being studied by a nationwide HUD best practices research project.

4. A Brief History of the Community Model

Skid Row

On any given night, an estimated 700,000 people are homeless in the United States.[2] As many as 84,000 of them reside each night in Los Angeles County, one of the metropolitan areas hardest hit by homelessness.[3] Unlike most cities, Los Angeles' homeless population is heavily concentrated in the city's beach communities and a 40-block area east of Downtown L.A. known as Skid Row.

Surrounded by the city's railyards, public transportation terminals, wholesale food markets and the downtown business district, Skid Row has offered inexpensive accommodations to low-wage workers and down-on-their-luck individuals for over 80 years. Zoning laws and other municipal policies have helped preserve the area as a valuable source of affordable housing stock. But these efforts have also helped concentrate poverty in the area, along with a plethora of service programs meant to assist individuals to escape their impoverished circumstances.

With the advent of widespread homelessness in the early 1980s, and the increasingly severe shortage of affordable housing in the Los Angeles area, the neighborhood became a magnet for homeless single adults. The crowded sidewalks of Skid Row now provide sleeping space each night for thousands of homeless individuals who cannot gain entry to the district's more than 7,000 beds in single room occupancy (SRO) hotels, missions and shelters. The resulting blend of substance abuse, ill health and crime is a grim spectacle that remains unnoticed or ignored by most of the metropolitan area's residents.

New arrivals to Skid Row who are motivated and resourceful can often negotiate their way into treatment programs and other services that may help them rebuild their lives. Others, addicted but capable, may survive by selling drugs and single cigarettes, or engaging in other marginal and often illegal pursuits. Many cycle in and out of shelters, rooming houses, hospitals and jails for years.

Homelessness and Mental Illness

A particularly vulnerable segment of the Skid Row population is comprised of homeless individuals living with mental illness. Nationwide, approximately 25% of all homeless single adults have severe mental illness. More than half of these also struggle with secondary diagnoses of substance addiction, developmental disabilities, HIV/AIDS or other health problems.[4] With few of the social skills necessary to develop relationships to "make it" on the streets, and less adept at negotiating barriers to treatment and services, members of this segment of the homeless population are more likely to experience regular crises and remain homeless for extended periods of time.

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[2] National Law Center on Homelessness and Poverty, "Out of Sight - Out of Mind? A Report on Anti-Homeless Laws, Litigation, and Alternatives in 50 United States Cities," 1999.

[3] Shelter Partnership, Inc, "The Number of Homeless People in Los Angeles City and County, July 1993 to June 1994," 1995.

[4] Koegel, Paul, et al. "The Causes of Homelessness," in Homelessness in America, 1996, Oryx Press.

Faith-based missions and other traditional service providers on Skid Row are sometimes able to serve homeless people with mental illness. But more often, these providers are unable to meet this challenging population's complicated needs. Their staff often lacks training in mental health issues. Strict behavioral requirements and rigid programming make participation difficult for people with mental illness. Services are often fragmented; negotiating the system often requires more motivation than this group can initially muster.

These barriers are especially problematic when a mentally ill individual also has problems with addiction. Traditional housing and service programs for individuals with substance addictions are usually based on the "Minnesota Model," a therapeutic community treatment approach that begins with a primary goal of abstinence and sobriety.[5] This model has proven effective for a substantial minority of addicted persons, although a significant percentage of program participants do not respond to its treatment regimen.[6] This is especially true for homeless individuals with mental illness. Often, drug use helps alleviate their mental health symptoms – often referred to as "self-medicating." In these cases, sobriety is often not their first priority. By imposing a rigid hierarchy of goals where sobriety is the first goal, many programs lack the flexibility to address the special needs of this population.

In addition, traditional mental health and housing programs often require sobriety and the use of psychotropic medications as a condition of access to housing and services. Faced with this daunting choice, many homeless individuals choose to remain on the streets rather than risk failure in a high-pressure program. Unable to engage these individuals on the terms dictated by the program, staff members often refer to this population as "service resistant."

The Los Angeles Men's Place

Recognizing the enormous gap in services for homeless individuals with mental illness, Mollie Lowery left her position as Executive Director of Ocean Park Community Center (now simply called OPCC) in 1985, joining with local community activist Frank Rice to find a way to serve the homeless mentally ill population living on Skid Row more effectively. Says Lowery, "We believed that people with mental illness could – and would – come in to a place if they felt it was meeting their needs. I didn't for a minute believe that mentally-ill folks were out there on the street because they didn't have enough sense to come in out of the cold. They were out there because they didn't see any other options."

In June 1985, Lowery and Rice opened the Los Angeles Men's Place (LAMP), a "Day Center" that provided homeless people with mental illness a safe and clean space that met their basic survival needs: food, clothing, hot showers, toilets, advocacy and other services. It focused on reaching out to homeless people on the streets, building their trust

[5] Anderson, DJ. Origins of the Minnesota Model of Addiction Treatment. Journal of Addictive Diseases. 18(1):107-114, 1999.
[6] Gerlach, R. Acceptance & Abstinence? The International Journal on Drug Policy. 3(2):83-6, 1992.

and engaging them in on-going support. While the staff had few resources to offer at this time, demand for their assistance was unremitting: homeless people with mental illness in the area quickly recognized that at LAMP, somebody was finally providing a place where they felt welcome. Instead of "patients" or "clients," they were referred to as "guests," (and more recently, "members"). Instead of set programs and strict standards of behavior, they themselves were encouraged to determine the nature and pace of their recovery plans.

After the LAMP Day Center had operated successfully for a year, an overnight encampment took root in front of the building. Each night, up to twenty members were sleeping outside LAMP's doors, insisting that it was safer and friendlier to sleep on the sidewalk there than in the local mission beds. In response, LAMP began providing respite shelter services in March 1987, clearing out the Day Center every evening so that beds could be laid out for eighteen members at night. Staff quickly realized that the beds not only satisfied an urgent need for the people they served; the stability and continuation of contact afforded by the shelter also made services more accessible and effective.

The Community Model

With few precedents to follow, LAMP staff had to develop their own methods to respond effectively to the complex needs of the population, by providing a safe and non-judgmental environment where people could develop solutions to their problems that were practical and workable *for them*. Thus were born the beginnings of the Community Model, a practical and now comprehensive service philosophy that has since helped make services more effective and more responsive to the needs of homeless people with mental illness across the country.

It wasn't always easy, and the next steps were never obvious. During the first two years of operation, for instance, LAMP pushed sobriety and banned individuals with obvious addiction problems. It soon became clear, however, that many of the people coming to LAMP were dually-diagnosed with both mental illness and substance addiction. LAMP first responded to this problem with referrals to existing drug and alcohol treatment programs. But these more traditional programs were unable to address all of the needs of the dually-diagnosed population. For example, at the time many abstinence-oriented substance addiction interventions did not allow the use of any psychotropic medications. LAMP found that their members' mental illness made them unwelcome in most substance abuse treatment programs, and their addictions often masked their mental illnesses. As a result, they rarely received help except emergency services in times of crisis caused by their mental health or addiction problems.

It was clear that LAMP's Community Model had to become more flexible to be effective. If the point was to engage people who were not being served by other programs, then LAMP's services *had* to become more tolerant and less judgmental. Consequently, LAMP began to develop its own drug recovery services based on the precepts of harm reduction. LAMP's addiction services now offer a broad spectrum of recovery interventions in loosely-structured, informal settings, offering members help with

everything from reducing the most harmful effects of their drug use to supporting them to achieve total abstinence.

The Need for Housing
LAMP had always helped its members to find and retain housing with local nonprofit housing developers like the Skid Row Housing Trust. But in the late 1980s, it became clear that without better access to a variety of housing options, and the stability this housing engendered, LAMP's members could not achieve their full potential. The organization first attempted to develop permanent and independent housing by leasing a building in Santa Monica, 15 miles away from downtown Los Angeles. But because of the distance, a dearth of community support and a lack of public transportation at that time, many people living in the Santa Monica building returned to the Skid Row area within the year.

While disappointed that the placements did not stick, LAMP staff realized that the rhetoric it espoused about the importance of "building community" was actually being confirmed by this wholesale return. Embracing its members' affirmation of the community it had created, LAMP redirected its housing efforts to the Skid Row neighborhood. In the ensuing years, the agency has developed Lamp Village, a 48-unit transitional (but not time-limited) housing program, and Lamp Lodge, a 50-unit permanent housing program. It also collaborates with local community-based housing development organizations to provide housing-based supportive services, and master leases about 50 residential hotel units in the neighborhood.

Member-Operated Businesses and Employment Opportunities
To further empower members and provide the local neighborhood with resources, the organization, now known as Lamp Community, has developed an array of services over the past decade that includes three member-operated businesses: 1) a linen service that provides laundry service for local hotels, missions, and shelters; 2) public showers and toilets that provide a vital service to the homeless people on Skid Row; and 3) a coin-operated laundromat. In addition, Lamp Community creates extensive opportunities for current and former members to work as staff in all of the organization's programs.

After almost twenty years, the Community Model now offers Lamp Community's members a complete range of housing, services and employment opportunities, sustained by an extraordinarily supportive community of peers. The success of the Community Model has helped demonstrate the validity and effectiveness of the harm reduction approach to serving the homeless mentally-ill population, and has helped inspire the creation of similar, federally-funded "Safe Havens" around the country.

The OPCC Community Model and Safe Haven
The recent collaboration between OPCC, Lamp Community, Shelter Partnership and the RAND Corporation replicates the Community Model in a Safe Haven being established by OPCC in Santa Monica, CA.

Transferring the lessons learned on Skid Row to create a fully-realized, comprehensive program in Santa Monica has been a challenge for OPCC, the lead agency on the project. Community concerns, especially around siting, along with questions of funding, organizational culture, staff training and other issues have all helped the groups involved to understand even more clearly what is entailed in developing and operating a program for homeless mentally-ill persons based on the Community Model. "The Community Model is a product of many years of experience, experiment, and continual re-evaluation," says Lowery. "It doesn't happen overnight."

The collaboration's replication experience has helped inform the creation of this manual. The lessons learned from both the two-decade development of the Community Model on Skid Row and the more recent replication and siting efforts in Santa Monica are described herein. With the dedication of the provider community, it is our hope that this manual will allow other groups seeking to make their services more responsive to the needs of homeless mentally ill persons and other chronically homeless populations.

Ruth Schwartz, the Executive Director of Shelter Partnership, Inc, recounts the thinking that led to the Community Model collaborative: "In 2001, The California Endowment, the largest health care foundation in California, requested proposals for 'Special Opportunities in Mental Health Funding.' Mollie Lowery and I immediately knew it was the opportunity we had been hoping for – to evaluate, replicate and train others in the hugely successful Lamp Community Model. And we knew that OPCC in Santa Monica would be the perfect partner, because of the great need of the population there and OPCC's similar and progressive service delivery paradigm."

I. The Philosophical Framework of the Community Model

The Community Model developed by Lamp Community is based on a "harm reduction" service philosophy – treatment focused on reducing the negative consequences of addiction and mental illness. The effectiveness of this approach is reinforced with a second, agency-wide emphasis on "building community" – a continual, collective effort by both staff and members[1] to show how every individual is part of a larger whole. The approach seeks out opportunities to both draw from and contribute to strengthening an often underused resource – the individual members of the homeless and formerly homeless community.

It is this focus on both *harm reduction* and *community* that has made the Community Model particularly effective at serving chronically homeless people. Many members of this group have never had a say in directing the course of their recovery; few have had the opportunity to be members of an affirmative and supportive community. The Community Model makes it possible for them to realize both of these experiences. The following pages explore the general precepts of 1) harm reduction and 2) community building, as the two are understood within the context of the Community Model. This will be followed with more specific discussions of the Community Model's *Characteristics* and *Components*.

"When we talk about what we do, just using the word 'community' is a huge statement," says Paul Alderson, the director of Lamp Community's newest program, funded by the federal Collaborative Grant to Help End Chronic Homelessness. "Very consciously, we're saying we're not an organization, we're not an agency, we're not a corporation – we're a community. That's a rare thing, and it's emphasized right from the very first day of employee orientation."

1. Fundamental Principles of Harm Reduction

What is Harm Reduction?
Harm reduction is a set of practical strategies that help people reduce the negative consequences of drug use, alcoholism and mental illness by addressing the *conditions* of use and treatment. Rather than focusing solely and immediately on cessation of drug use or acceptance of mental health treatment, harm reduction makes improving the quality of the individual's life, health and wellbeing the primary criteria for success.

[1] This manual uses the terminology of Lamp Community, which refers to program participants as "members." In addition, the term "drugs" can be understood to include not just illicit drugs, but also alcohol and legal drugs used without prescriptions.

Practitioners often say that harm reduction strategies "meet people where they're at." They mean that harm reduction does not impose one treatment goal (total abstinence or a psychotropic medication regimen) on every individual. Instead, the course and pace of treatment is determined by the individual; the practitioner's role is to educate that person on available treatment options and the consequences of his or her choices.

In this way, the practitioner provides support and guidance to help individuals determine themselves how to improve their health and wellbeing, whether through medication, behavioral therapies, safer use of drugs, managed drug use or abstinence. Ambivalence and relapse are not unexpected, and are not reasons to cut off services or take away housing. Services are always voluntary, flexible and readily accessible.

Some mainstream substance abuse providers view harm reduction strategies as controversial or ineffective. Many subscribe to the more common "therapeutic community" model of drug treatment. The therapeutic community surrounds the individual with a highly-structured environment isolated from his or her normal surroundings. This environment reinforces abstinence with intensive counseling, peer pressure and medical treatment of the disease of addiction. This method has helped many motivated individuals achieve sobriety. However, therapeutic community providers have had considerably less success treating chronically homeless people, people with dual diagnoses and other persons facing extensive barriers to independence and self-sufficiency. The non-judgmental and graduated nature of harm reduction services offers a viable treatment alternative for these more vulnerable groups.

"A lot of shelter providers are intimidated by harm reduction," says Shannon Murray, Lamp Community's Deputy Director and chief clinician. "They think, 'Oh, no, everybody in the shelter is going to start getting high!' The fact is, there are probably people there who are already using drugs. Acknowledging this allows a more honest and open relationship with the member. This is what 'starting where the person is at' really means."

Defining Principles of Harm Reduction

Harm reduction is practiced in a variety of ways by different providers. The Community Model follows an interpretation of harm reduction modified specifically to address treatment issues facing people with mental illness or dual diagnoses of mental illness and substance abuse. The Community Model's harm reduction philosophy can be defined by the following principles:[2]

- **Mental illness and addiction are public health concerns, not criminal justice or moral issues.** Rather than respond with condemnation or enforcement, harm reduction focuses on minimizing the harmful effects of mental illness and addiction, both on the individual and on society.

[2] These principles are modified from harm reduction principles developed by the Harm Reduction Coalition. For more information and training resources on harm reduction strategies, go to www.harmreduction.org, the website of the Harm Reduction Coalition.

- **Improving quality of life – of the individual, the community *and* society at large – is the primary criteria for measuring the success of interventions and policies.** While abstinence is undoubtedly a positive outcome of treatment, for some addicted persons, managed and safer use of drugs may be a more realistic (and still beneficial) goal. Similarly, psychotropic medications can work wonders for many people, but can be ineffective for others. For some, the side effects of medication may outweigh the benefits. Rather than imposing a predetermined goal, all interventions are measured by the simple question, "Does it improve the health and wellbeing of the individual and those around him or her?"

- **Harm reduction also acknowledges the many severe and lasting harms and dangers associated with untreated mental illness and drug use.** Some ways of treating mental illness and using drugs are clearly safer than others. Harm reduction offers a range of treatment options and levels of sobriety to increase the chances of successful treatment, *not* to devalue abstinence. Says Mollie Lowery, Lamp Community's founder, "To practice harm reduction without offering every avenue to recovery available just doesn't make sense. Twelve-step groups are as much a part of harm reduction as needle exchanges."

- **Choice is essential for recovery.** Individuals with mental illness or addiction are capable of making competent, informed decisions about the goals and consequences of their treatment and behavior. With education, guidance and support, they are the persons best situated to determine the course and pace of their treatment.

- **Socio-economic and biological factors influence people's vulnerability to mental illness and addiction.** Poverty, class, racism, social isolation, past trauma, gender discrimination and other social inequalities all affect both people's susceptibility to mental illness and drug-related harms, as well as their capacity for effectively dealing with these problems.

2. The Importance of Community

Community-Building Principles

Like most programs using harm reduction strategies to address homeless people's mental illness and addiction problems, the Community Model harnesses the power of community to help homeless people improve the quality of their lives. As its name implies, the Community Model puts perhaps even more emphasis on building community than other harm reduction programs – so much so that it is perhaps the most important element in the success of its programs and services.

A few principles direct the Community Model's focus on community:

- **Services are provided to the individual in the community in which he or she resides.** While some interventions may occasionally require leaving the

community for limited periods of time (hospitalization, medical detoxification or, if desired by the member, residential substance abuse treatment), the Community Model attempts to provide all necessary services and supports to the individual where they live. In this way, new, healthier behaviors are learned and adopted in the context of the community in which the individual will need to maintain them in order to continue a healthier way of life.

- **Services and housing are voluntary, non-coercive and loosely structured.** People choose to participate in the Community Model, and they retain control over the extent of their participation. They impose rules on themselves. While violence is not permitted and negative behaviors can have consequences (including brief suspensions of services), members themselves determine how they will use the Community Model's resources, without being penalized for non-participation.

- **The Community Model's members are the primary agents of change.** The Community Model seeks to empower members to share information and support each other in strategies which meet their actual conditions of use and health. Individuals are encouraged to explore their strengths and see how they can contribute to a larger community.

- **To the greatest extent possible, the Community Model is non-hierarchical and non-judgmental.** Members must be routinely consulted and have a real voice in the creation of programs and policies designed to serve them. Success is defined differently for each individual, according to their personal situation.

- **All programs and services within the Community Model are integrated with each other.** Staff at all levels regularly speak to and cooperate with each other in order to assist people achieve the most desirable outcomes in their treatment and care. Programs and policies are designed to encourage a high level of cooperation and continuity.

- **Mental illness and addiction are lifelong cyclical illnesses that often require lifelong recovery processes.** Mental illness and addiction are chronic health issues. Most individuals do not progress in a linear manner from psychosis and addiction to psychiatric stability and recovery. Repeated episodes of relapse and mental health decompensation are normal stages of this progress. For individuals with severe mental illness, addictions and challenging life circumstances, the recovery process often lasts a lifetime.

- **Housing is essential for good health, psychiatric stability and wellbeing.** It is almost impossible to achieve psychiatric stability without residential stability. The Community Model offers a wide range of housing options to accommodate people's diverse and cyclical needs for privacy, structure, socialization, services and support. Regardless of their health conditions, members always know they

have a home within the Community Model. Housing is never withheld as a punishment for members who relapse or decompensate.

Together, these harm reduction and community-building principles guided the development of the services and programs that now constitute the Community Model. These principles form the foundation of a comprehensive service philosophy that permeates all of the Community Model program components, from its drop-in center and respite shelter, to its independent housing units and member-operated businesses.

The Community Model's program components are discussed in Section II. But first, the next chapter will explore the characteristics that all of these programs share. While these characteristics are closely related to the principles listed above, they warrant more direct scrutiny within the context of the Community Model's day-to-day operations.

Adopting the Community Model: A Checklist

Use this checklist to identify the assumptions your organizational culture currently shares or does not share with the Community Model. This can help you assess the challenges you will face when integrating the Community Model into your organization's existing service philosophy.

Does your agency and staff:

- …believe that mental illness and addiction are public health issues, not moral failings? Is this belief incorporated into all aspects of programs and services?
- …accommodate both harm reduction and abstinence-oriented services, and offer multiple treatment choices to program participants?
- …believe that services are more effective when voluntary?
- …believe that housing is essential for recovery and stability?
- …attempt to empower and involve consumers in both individual *and* organizational decision-making processes?
- …have a long-term commitment to the community that it serves? Does it nurture an environment that provides life-long support to its program participants?

3. Characteristics of the Community Model

According to the Community Model's practitioners, seven characteristics distinguish and unify service delivery in its program components. **The Community Model is:**

1. **Supportive and Lifelong**
2. **Tolerant**
3. **Flexible and Non-Linear**
4. **Voluntary**
5. **Consistent**
6. **Accessible and Integrated**
7. **Diverse**

This chapter will review how these characteristics apply to the Community Model.

1. The Community Model is Supportive and Lifelong
Homeless single adults with mental illness tend to be isolated and afraid, with few resources or places where they can feel safe. Personal experience has taught them to distrust others and to avoid personal relationships and other entanglements. They are the most marginal members of a subculture already on society's margins.

The Community Model attempts to recreate, or establish for the first time, a community in which the homeless individual with mental illness is welcomed as a valued member of a mutually supportive society. Members do not always form close friendships, but they are given the opportunity to interact with others in a safe space that encourages them to develop social bonds and trust others. They learn that other members respect their rights and will not injure them or steal from them.

And just as recovery from mental illness and addiction can be lifelong processes, the Community Model provides a supportive community that is available to members for as long as they need. Once an individual becomes a member of this community, she retains that membership for life, regardless of the strength or consistency of her participation. All of the program components are available to community members as they need them over time. This sense of community extends beyond program sites as well, as members tend to look out for each other when they meet in other housing and institutions.

Like many homeless people with mental illness, Roger's erratic behavior landed him in and out of jail for years. He credits the support network he developed at Lamp Community with helping him change. He now lives in a privately-owned residential hotel a few blocks away from Lamp Community's facilities. While Roger rarely frequents the drop-in center anymore, he says that he and other Lamp Community members still look out for each other in his new residence. "That's the way it should be. I first came to Lamp from jail, because I saw that the people there who had been at Lamp looked out for each other. And they didn't end up back in jail. People in other programs always seemed to find their way back behind bars. I didn't want that for myself."

2. The Community Model is Tolerant
Using harm reduction strategies to serve members "where they're at," the Community Model allows a

wide range of behavior often not accepted in other social contexts, even other shelters and service programs. Individuals' idiosyncrasies are not subject to the judgment, criticism or punishment they often encounter in other environments. This courtesy is modeled by staff and longtime members; as a result, new members quickly adopt the live-and-let-live attitude that surrounds them.

Lamp Community made a key decision in its effort to create an atmosphere of tolerance: none of the programs have uniformed security guards. The absence of what for many of the members is an oppressive symbol of capricious authority deescalates tensions. With no one to challenge, and no one to harass them, members rise to the occasion and take more responsibility for their behavior. Though the lack of uniformed security places additional burdens on staff from time to time, it has also made Lamp Community safer and less prone to incidents than most other programs serving homeless people.

The Community Model's high level of tolerance extends to service delivery as well. Housing and services are not withheld to punish members when they relapse, do not comply with treatment, or do not reach an expected level of success. Each member is expected to progress at his or her own pace. To be sure, staff challenges members to take responsibility for improving the quality of their lives, especially when members fail to meet the personal goals they set for themselves. But a mutual understanding that backward steps are a predictable part of the process helps make successful steps forward more frequent.

Members and staff regularly state that the Community Model works because it has no punishment, only rewards. There *are* consequences for some negative behaviors: a member may be asked to take a walk around the block, or leave for a few minutes, hours or days (and sometimes for as much as a couple of weeks), though no individual is ever completely cut off from the program. To remain a full participant, members are expected to continue working toward goals they have set for themselves. The difference is that staff serves mainly an advisory role; it is the member who is empowered to decide on the course of treatment and judge the pace of that treatment. Says Mollie Lowery, "I tell members what I think, but I also tell them that's just my opinion. I have my own biases." The final decision is left to the member.

"People leave other programs because they put too much pressure on you," one member observes. "They pressure you to do things only when they tell you to do them. It makes all the wrong things happen. Lamp doesn't do that. They don't have a bunch of rules that don't make any sense."

3. The Community Model is Flexible and Non-Linear

Recovery from mental illness or addiction is a cyclical process. Individuals usually experience periods of full functioning and sobriety, alternating with decompensation and relapses. It is not a linear process where recovery moves forward in only one direction. The pace of recovery also varies among individuals. Many people struggle their entire lives with the wrenching back-and-forth of the recovery process.

The Community Model reflects the non-linear nature of recovery. Members are not expected to meet deadlines for moving from one stage of recovery to the next. There is no fixed path to achieving a healthier lifestyle. Instead, they are offered a diverse and comprehensive menu of services and housing options to help them improve their quality of life. Members tend to appreciate being given the opportunity to choose their course of treatment, and as a result, become more invested in successful outcomes.

The flexible nature of this non-linear method is most apparent in the Community Model's use of its housing resources. Members do not always follow the traditional "Continuum of Care" approach of moving through stays in drop-in centers, emergency shelters and transitional housing, on their way to an ultimate goal of permanent housing. Some are placed directly into settings that are appropriate without going through all these steps. Others choose to remain for unlimited amounts of time in a shelter bed, or in the Community Model's deceptively named transitional housing (which has some members who are actually permanent residents). In short, the Community Model will provide people what they need only if they decide they need it. Importantly, individuals are not seen as having failed when they decide to move from permanent or independent housing to transitional housing, though this would be viewed as a backward move in most other programs.

4. The Community Model is Voluntary

Most providers believe that treatment for mental illness and addictions is more effective when participation is voluntary. To maximize opportunities for success, Community Model services are delivered in a non-coercive manner. Members completely control the extent and nature of their participation in the Community Model program. It is up to each member to decide what types of services and housing that he or she is ready for and when.

"I don't like to be ordered around. I want to have a choice. This place gives you a choice about how to get started again."
– Lamp Community shelter member

The program's emphasis on choice doesn't mean that there are no rules. Violence, theft and drug use on program premises are all prohibited. Members who break these rules may be asked to leave on a temporary basis. In addition, members may choose to impose other rules upon themselves to further their recovery from mental illness or substance abuse. For example, a member may choose to move into a Community Model housing program that offers a lot of structure to members who are entirely trying to stop using drugs. The members in that housing have decided on imposing rules that include curfews and drug testing to help them reach their health management goals. Once a member volunteers to live in this housing, he must adhere to the rules. If the member repeatedly violates the rules, he will be counseled by staff and members to move to a less restrictive Community Model setting, while retaining the opportunity to return when appropriate.

Involuntary hospitalizations and incarcerations are avoided in the Community Model, and are used only when all other alternatives have been exhausted.

5. The Community Model is Consistent
Chronically homeless individuals experience substantial instability in their lives. To counter this volatility, the Community Model stresses consistent service delivery and a safe and stable environment. Programs maintain daily routines so that members can rely on predictable staff hours, meal times and activities. The flexible nature of the service delivery and the unpredictability of members' lives outside the program ensure that services are never too rigid. The Community Model attempts to balance order and consistency at a macro level, while remaining respectful of and adaptive to individual differences on the micro level.

Another important way to make services consistent is to ensure that the makeup of staff remains consistent. Holding on to qualified and passionate employees is a challenge for all organizations paying nonprofit salaries. Lamp Community is no different; its salaries average less than most area providers. Yet it has been able to retain many of its employees by providing multiple sources of supervisory support, access to extensive training, flexible schedules and a strong package of benefits. Most important, employees say they feel that their individual efforts are noticed and valued by Lamp Community management. While some may mention the obvious challenges associated with serving the Community Model population, they are able to take these in stride, in part because management constantly contextualizes their work within the larger mission of the organization.

6. The Community Model is Accessible and Integrated
The Community Model is open to all homeless individuals with mental illness. There are no additional eligibility criteria. Outreach teams search out homeless people living with mental illness, and anybody can wander into the drop-in center's courtyard, which opens onto the street. They will be welcomed by a staff member (or another member) and assisted with their immediate needs (food, showers, referrals, use of the phone, etc.); intake interviews come later. Members are allowed to just hang out in shared spaces. People who are not mentally ill are fed and referred to other programs and providers.

"I know who I can trust: my caseworker," one member relates. "Even when she knew I was up to no good, she was always around whenever I wanted to see her."

Staff members zealously maintain an open door policy: persons with mental illness become especially frustrated when they need to resolve an issue and are unable to talk to someone in a timely fashion. Staff tries not to miss any opportunities to be there when members decide to make significant changes in their lives. Physical accessibility is reinforced with emotional accessibility. Staff are ready to return hugs and "shoot the breeze" with members because these interactions can often lead to positive changes.

Access to staff is also increased by *integrating* different Community Model programs as much as possible. Regular meetings, visits and cross-trainings, as well as the exchange of staff between different programs help ensure that all program components are working with the member toward the same goals. Members are encouraged to utilize services at different sites, which are located near to each other.

7. The Community Model is Diverse

Community Model staff reflect the racial, ethnic, socioeconomic, sexual orientation, gender and educational diversity of the members. This diversity facilitates staff's efforts to build trust with members. Equally important, staff's life experiences mirror those of members. Presently, more than half of Lamp Community's eighty staff members are former or current members who have personal experience with homelessness, mental illness and/or substance abuse. Staff also undergoes extensive training to ensure that members are treated in a culturally sensitive manner.

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 Range**[1]
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.

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

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

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

III. How To Build Community

What does it mean to "build community?" Many Community Model members say it's the way the program helps them develop supportive relationships with staff and other members. They repeatedly refer to the program as being "like a family." They appreciate that the program "doesn't make you feel like you're being judged." For many members, being surrounded by an understanding, supportive community of peers and helpers allowed them to succeed where they would have failed in other programs.

Program staff say that the supportive "family feeling" of the Community Model is no accident, but the result of a continual, conscious effort to make the people they serve feel welcome and respected. One program director puts it simply: "We don't yell or order people around." Establishing trusting relationships and nurturing the strengths of community members requires additional effort and time. But when a network of mutual supports is combined with a tolerant atmosphere, services become more accessible, more appealing and more effective.

So how does an organization achieve this ideal? The preceding chapter described the fundamental principles and underlying characteristics that guide service delivery in the Community Model. This chapter explores concrete strategies to integrate these concepts into new or existing programs, including:

1. **Redefining Success**
2. **Leadership and Flattening the Hierarchy**
3. **Making Services Supportive and More Tolerant**
4. **Expanding Choice and Flexibility**
5. **Integrating Services and Increasing Access**

The chapter also provides specific information on other important issues related to the Community Model, including:

6. **Training and Supervision**
7. **Responding to Relapse and Decompensation**
8. **Dealing with Violence and Other Disruptions**
9. **Adopting the Community Model**
10. **Implementing the Community Model – One Provider's Experience**

1. Redefining Success

Most social service programs require participants to take predetermined steps toward fixed goals on a schedule imposed by the program. Helping program participants achieve one standard set of objectives makes measuring "success" and "failure" in these programs fairly straightforward. For example:

- Most substance abuse treatment programs make sobriety the defining goal of every participant's treatment plan – the length of time each client is clean and sober is simple to measure and easily understood by funders.
- Employment programs likewise use job placements and length of time employed to measure their success and justify their programs.
- Recently, pressure from funding agencies has forced many homeless shelters to begin tracking how many people they place into permanent housing each year, in an effort to refocus their mission from providing emergency lodging to ending homelessness.

The Community Model, on the other hand, assists members to establish their own personal goals and develop strategies to achieve these objectives at a self-determined pace. This open-ended method presents difficulties when trying to evaluate the program's effectiveness, for a number of reasons:

- The provider must be ready to help members address a variety of barriers to residential stability, from addiction and homelessness to social isolation and unemployment. The milestones for each differ substantially.
- Members establish widely disparate personal goals, from ambitious ventures like total sobriety or full-time employment, to more modest achievements like maintaining good hygiene or just showing up every other day. All of these goals are equally valid, but difficult to compare or quantify.
- Each member will work toward these goals at his or her own pace. Some members will choose *not* to address some issues that affect their ability to live independently.
- While members may achieve or miss milestones, an individual's progress in the program is solely a relative measurement; "failure" is not a recognized outcome in the Community Model.

All of these factors make it difficult to aggregate data in order to evaluate the effectiveness of the Community Model program as a whole.

Further complicating matters, the Community Model serves perhaps the most challenging segment of the homeless population: chronically homeless single adults with mental illness and dual diagnoses. These folks are precisely the individuals who cannot gain access to more mainstream programs – in part because the performance measurements used to evaluate these programs necessitate screening out people less apt to succeed in them. Employment programs will face difficulties fulfilling the ambitious job placement

and retention benchmarks they are required to meet if they take on too many individuals who are homeless, mentally ill and have other substantial barriers to employment. In contrast, the Community Model selects participants in exactly the opposite way, by welcoming primarily individuals who have failed in (or been failed by) other, less flexible, programs.

Nevertheless, Community Model programs must be held to some standard of success. They need to have the capacity to measure their programs' performance, both to guide the continual improvement necessary for any effective program, and to convince government, funders and the public of the model's value. They also need to find ways to help members measure their individual progress as they work toward their goals.

Lamp Community has responded to these challenges by creating performance measurements that focus on the *relative* improvement achieved by members. These measurements apply to both the progress of each individual and of the aggregate performance of each program.

- **Measuring Individual Progress** – Members work with their advocates (case managers) to set individually-tailored personal goals. While these goals may include ambitious undertakings such as compliance with a new psychotropic medication regimen, they mostly consist of small steps toward more independent living. "For some people, just trusting us enough to walk into the drop-in center is a major success," says Shannon Murray, Lamp Community's Deputy Director. Each week, a member meets with his or her advocate to set new personal goals and review progress on previously agreed upon objectives. Members' progress is measured on a relative basis – tracked solely within the context of the individualized plan they have developed with their advocates. If a member is not ready to start tracking continuous sobriety, the advocate may instead agree to note how many days he or she didn't imbibe that week. And if that is too daunting a goal at that time, the two may instead agree to first track how many groups the member attends each week.

- **Measuring Program Performance** – To assess the overall effectiveness of the Community Model program, Lamp Community has implemented a performance measurement tool that measures individual's progress, while still accounting for the disparate levels of functioning of members. Developed in conjunction with the California State government's "Integrated Services for Homeless Adults With Serious Mental Illness" program, Lamp Community's evaluation instrument begins by establishing a baseline with each member when she is first engaged by the program. The baseline reviews the individual's recent employment and education history and interactions with such public systems as hospitals, jails and prisons over the year preceding arrival at Lamp Community. While this self-reported data hardly tells a person's entire story, together the information can do much to gauge the individual's relative independence and level of functioning over the previous year. By comparing this baseline data to information tracked during an individual's participation in Lamp Community programs, the

individual's relative improvement (or deterioration) can be easily assessed. Data collected includes:

- **Number of Days Homeless**
- **Number of Days Hospitalized for Medical Reasons**
- **Number of Days Hospitalized/Institutionalized for Psychiatric Reasons**
- **Number of Days Incarcerated**
- **Number of Days Employed**
- **Number of Days Enrolled in Educational Activities**

Collecting these types of data achieves a number of objectives:

- By not concentrating on collecting information on sobriety, medication compliance and program attendance, the Community Model allows members themselves to determine the course of their treatment, rather than having the program impose a predetermined solution upon them.
- The data collected instead tends to reflect the objectives most often voiced by members: staying out of the hospital, staying out of jail or finding a permanent home.
- The data measures the frequency of the interventions most likely to require significant public expenditures. As the Community Model reduces its members' need for these interventions, the social and economic benefits of the program become clear. The data confirms the many individual success stories, while also providing a compelling cost-benefit analysis.

When service providers contemplate adopting the Community Model, they sometimes voice concerns that harm reduction may foster complacency among the people they serve. After all, sobriety is difficult enough to achieve even when all participants in a program are focused on this goal. If drug use by participants is tolerated, what will motivate others trying to stay clean? When a program boasts a high level of tolerance and emphasizes choice, is it really just enabling participants to continue destructive behaviors?

"Of course, our goal is to help members become as independent as possible," says Shannon Murray, the Lamp Community Clinical Director. "But if you set goals too high, people fail, and then everybody feels terrible." Shannon is quick to point out that most of Lamp Community's members "failed" other programs' unrealistic expectations. So why not try a new approach? "When you encourage someone to set lots of small, realistic goals, there's a good chance they're going to succeed. And when they do, they start thinking, 'Hey, I *can* do this,' and they get motivated for bigger challenges. Once they have a few successes under their belts, the sky's the limit."

But won't some program participants just take advantage of Community Model lodgings without working on the issues that brought them there in the first place? Paul Alderson, the Chronic Homelessness Initiative Director, doesn't see this happening at Lamp Community. "We may employ a softer, less punitive approach, but we're not going to let you alone. If a member is doing drugs in his room, we might say that's okay, but someone is always going to be coming at the person with new alternatives until we reach him somehow." Mollie Lowery agrees. "If you're in a Lamp program, you've got to be working toward *something*. If you can't meet the goals you set for yourself, we'll revisit your plan, but you've got to keep trying. People usually respond to that kind of support by renewing their efforts."

Lamp Community continues to refine its data collection activities. For instance, not all homelessness is the same: spending many months on the street usually indicates a higher level of instability than an extended stay at a transitional housing program. By separately tracking street homelessness and nights spent in shelter and other facilities, a clearer picture of a member's previous residential instability emerges.

Other categories of useful information that could be tracked include enrollment in entitlement programs, or renewed contact with family members. Finally, efforts to confirm self-reporting with information from public agencies would make the baseline information more accurate, although confidentiality issues and staff time constraints must be addressed to achieve this.

2. Leadership and Flattening the Hierarchy

Practitioners of the Community Model are quick to contrast the program's egalitarian management approach with other programs' more hierarchical organizational structures. They say that by "flattening the hierarchy," the Community Model encourages staff collaboration and increases opportunities for members to take leading roles in their recovery and rehabilitation.

To be sure, with only two levels of management between the executive director (the deputy director and the program directors) and front-line staff, Lamp Community is aggressively democratic compared to most nonprofit service providers. But the program's egalitarian emphasis doesn't come naturally. It must be cultivated through the example of the executive director's everyday interactions with staff and members. Paradoxically, the "non-hierarchical" Community Model requires a strong, deliberate and self-aware leader more than most other programs do.

Of course, every nonprofit organization can benefit from sound leadership. There are, however, some actions and attributes a leader can adopt that are particularly important to a successful Community Model program. Lamp Community management staff say the following activities and leadership qualities are necessary for directing the effective operation of the Community Model:

- **Attention to Internal Operations** – The Executive Director of a Community Model program must be prepared to spend time managing actual service delivery as well as external affairs. As the nonprofit sector becomes larger and more complex, much more of the typical executive director's time and energy is spent on fundraising, community and media relations, public policy issues and strategic planning. While these concerns must be addressed, the Community Model executive director should also remain engaged in the day-to-day operations of the program.

- **Constant Presence** – Engagement in day-to-day operations requires maintaining a continual availability to both members and staff on the front lines. The

Executive Director exemplifies the Community Model's ideals of accessibility and support by spending a great deal of time outside of the office and in the field:

- The executive director "models" the tolerant behavior that staff (and members) must adopt to be effective.
- Externally, he or she consistently articulates the Community Model, dispelling misperceptions and building valuable relationships.
- He or she demonstrates inclusive, nonjudgmental language in all settings.
- The executive director's daily schedule is loose enough to permit impromptu meetings and unscripted interactions and more relaxed conversations with members and staff.
- Formal reporting to the executive director by management staff is supplemented and sometimes replaced by more casual interactions and collaborations at the program sites.
- An open office policy permits anyone – staff and members – to approach the executive director to discuss issues important to them.

- **Flattened Management Structure** – To further facilitate close contact with "the front lines," Lamp Community's program directors report to the executive director via the deputy director or in some cases, directly. The deputy director provides guidance and clinical support to program directors and staff, supplementing the executive director's supervision. There are no assistant program directors, only direct service delivery staff in each program: mostly advocates, peer advocates (members and former members) and a couple of positions (social worker, nurse) that are slightly higher in stature than these entry level slots.

  The relative lack of hierarchy of the Community Model ensures that the executive director is able to maintain contact with program staff. By cultivating an ongoing dialogue between decision-makers and line staff, program management becomes more democratic, collaborative, responsive and transparent. The resulting reduction in administrative support is compensated for with an array of meetings, cross-trainings and employee exchanges

Making the time to "be there in every way" for members and staff is not easy, and may not come naturally to some managers. For Mollie Lowery, the founder and Executive Director of Lamp Community, this compassionate approach appears to be an extension of her personality. "You always get a hug when you see Mollie," says Robert, a longtime resident of Lamp Lodge, a 50-room permanent supportive housing residence. It's clear that Robert has learned from Mollie's example – he gives her two more hugs, as well as hugs for everyone else in the building's courtyard, before returning to his room with a smile.

By modeling supportive behavior, Mollie sets in motion a cascade of encouragement and support, from staff to tenant, tenant to tenant and back to staff. But her tactile methods are not for everybody. "We think we're as supportive as Lamp," laughs Lou Anne White, OPCC's Safe Haven Director, "But I just can't hug that many people every day. We let our members know we're with them in other ways." OPCC's success supports Lou Anne's contention, but Robert would probably advocate for more hugs, not less.

between programs. Some staff say that the absence of assistant program directors can put added pressure on program directors; there's no one immediately able to step into the position in case of illness or other absence. But most agree that the ready availability of the executive director and deputy director to line staff make up for this occasional disadvantage.

- **Boundary Spanning** – Just as the executive director must attend to both external and internal concerns, he or she must also balance administrative management responsibilities with the creative work of leading a community. Paul Alderson, the Chronic Homelessness Initiative Director, says "it's a right brain/left brain kind of thing. It's a struggle for one person to mesh the operational, structural and administrative duties of running a comprehensive program with the fuzzier, less tangible responsibilities of building a community. It takes a special person to be that kind of 'boundary spanner.'"

  To Paul, the focus of the Community Model differs from other programs he has supervised because, instead of managing an organizational structure that works toward set goals and benchmarks, program leadership must cultivate an entire culture. This culture creates an environment that provides the support and direction that members need to help themselves. Working without clearly-defined or standardized objectives can be disorienting for management. But developing a culture of support can help many individuals succeed over the long term.

- **Incorporating Societal Change** – More than one Lamp Community staff member observed that one of the factors that makes Mollie Lowery an effective leader is the way that she demonstrates how daily activities and interactions within the program relate to the larger goal of changing society. Making societal change an explicit goal drives the Community Model program design in innovative ways. It provides a context that helps members understand the hardships they encounter and the central role they play in overcoming those barriers. And attaching a greater meaning to the work at hand helps boost morale among staff. Most important, focusing on societal change increases the impact of this relatively small program, helping to spread the Community Model's innovative solutions to the problems of homelessness, mental illness and poverty in the United States. This manual is just one result of the Community Model's efforts to effect change beyond the immediate scope of the program and its members.

3. Making Services Supportive and More Tolerant

Creating a Supportive Atmosphere

Like all programs serving homeless people, the Community Model strives to be "supportive." All too often, supportive is a catch-all phrase used to describe any service provided by agencies serving homeless people. But to Community Model staff, it describes a particular approach that allows members to define the types of services they

will receive and how these services will be delivered. Staff's role is to elicit participants' wants and needs, provide constructive responses and alternatives, and then support participants' efforts to achieve their goals.

"It takes longer to do it this way," says Lou Anne White, OPCC Safe Haven Director, "but people need to have input on how they get services. We ask them all the time, in groups and one-on-one. A lot of times, especially in the beginning, they'll just go, 'you guys decide,' but that's not good enough. You have to be persistent and get them involved in decisions if you want to help them achieve real change for the long-term."

Supportive Helping Behaviors

Verbal	**Non-Verbal**
Supportive	Good eye contact
Is non-judgmental	Sitting close (but not too close)
Non-confrontational	Calm tone of voice
Calls member by first name	Occasional smiling
Interprets and clarifies to check message	Nodding of head
Summarizes to assure "on the same page"	Positive facial animation
Uses verbal reinforcers ("I see," "yes," "mmm")	Normal rate of speech
Asks open-ended questions	Attentive listening

Unhelpful Behaviors

Forceful advice ("you should do," "I think you")	No eye contact, closing eyes
Preaching	Sitting far apart
Placating	Sneering, frowning, scowling
Blaming	Yawning
Cajoling	Yelling, shaking pointed finger
Extensive probing (using "why" a lot)	Fidgeting
Directing, demanding	Rolling eyes, huffing
Talking too slow or too fast	Squinting

Promoting Tolerance

Another key to the Community Model's effectiveness is its high tolerance of behaviors not always accepted in other social contexts. The tolerant attitude modeled by both staff and members allows the program to engage homeless individuals with mental illness that other programs have been unable to reach. Some of the ways services can be made more supportive and tolerant include:

- **Allow time and space for "just hangin' out"** – Homeless people with mental illness usually appreciate the structure a program can give to lives that have become all too disordered, but most (especially those living on the streets and in public spaces) will respond negatively to too much structure, too fast. Most appreciate having a considerable amount of private time when they won't have to maintain "normal" appearances. Formal interactions like intake interviews and referral assistance are essential, but they should be supplemented with periods in

which members can have casual, brief conversations to provide opportunities for building trust with both staff and other members.

- **Be aware of how you converse with members** – Community Model staff and members engage in adult-to-adult interactions, not doctor-patient or parent-child relationships. Be on a first-name basis. Steer clear from clinical or medical language and jargon. Avoid instructing or giving advice, unless asked. Be readily available.

- **Focus on strengths, not disabilities –** Allow the member to articulate his or her needs – ask open-ended questions and avoid assuming information. Don't try to establish a relationship by talking about a person's substance abuse or other problems. At the same time, don't ignore obvious signs of addiction or go along with the individual's delusions; acknowledge them without disparaging them. Eventually, the person will be ready to talk about and address such issues.

- **Recognize your own beliefs and how they affect your relationships** – Differences in deeply held values and beliefs can interfere with building a trusting relationship. Try to understand where your values are likely to diverge from those of the people you serve. Some Community Model staff find that participating in therapy helps them understand their own motivations and how these affect the way they relate to members.

> "Everybody brings their own 'stuff' – moral values, preferences, dislikes – into a helping relationship," says Paul Alderson. "You've got to realize when your stuff is getting mixed up with their stuff. If you recognize when your idea of the 'right' way to do something is undermining the approach a member has chosen, you'll be able to adjust. You end up being a lot more helpful to that person."

- **Empower members to help each other –** A program that establishes trust and provides support through hundreds of casual, nonjudgmental interactions requires a lot of unstructured time. Staff cannot do all this work by themselves. Members must be enlisted in the effort to create a program culture where their intuitive impulses to support each other are channeled into constructive, supportive relationships. Members' capacity to support each other can be developed both in informal interactions and through therapeutic group work.

- **Maximize job opportunities for members and former members** – Hiring people who have experienced homelessness, addiction and untreated mental illness into advocate, peer advocate and other positions makes it easier for the program to establish trust and credibility with all participants. It helps facilitate mutual support networks and provides inspiring role models to members. Hired members must be well-trained and adequately supervised to minimize conflicts and inappropriate interactions.

- **Review incidents and events with staff and members** – Every few days in any social service program, some event occurs that elicits strong reactions among staff and program participants. It may be a participant's personal achievement, such as moving into a new apartment; it might be an argument or an altercation between members; it could be a birthday celebration or a member's death. All of these events can touch the lives of members and staff in a variety of unpredictable ways; sometimes they precipitate crises and relapses, other times they instigate positive improvement in someone's life. Community Model staff can use these events to initiate constructive discussions about what happened and why, and how members (and staff) feel about themselves, others and the program. Formal and informal debriefings can prompt positive change and reduce bad feelings.

Tolerating Relapses and Other Setbacks

In addition to making services more inviting, exhibiting tolerance means permitting members to continue participating in the program despite relapses and other setbacks. It's the social service equivalent of unconditional love, a logical tactic for maintaining the participation of people who essentially have no other service alternatives.

High tolerance does not equal a lack of consequences, however. Members who consistently fail to comply with the service plans they developed are presented with alternatives – leaving the program for a day or two, moving from a transitional housing cubicle to a respite shelter bed, or spending some time in a more structured residential treatment facility. But these options are presented and discussed with the member as a series of choices he faces, not punishments. Thus, the conventional response – rebelling against authority – is not as readily available; the member is instead left to decide what course of action he will choose.

Members play a significant role in creating and maintaining the supportive community of the Community Model. They have primary responsibility for teaching new members the program's basic rules of behavior. They also familiarize new members with the many resources offered by the Community Model. Some Lamp Community members are particularly adept at distracting a member craving drugs on a stressful day. Others provide companionship to members fighting depression. Some members have learned how to enforce the program rules against violence, by keeping an eye on those with a propensity for aggression and working with staff to deescalate violent situations. "Working next to Lamp Village, I see it all the time," says Michelle Yu, Director of Development. "Members develop a sense of ownership in the Community Model. They become much more likely to help other community members meet their goals."

Being tolerant of bizarre behavior and failures to comply with service plans requires patience on the part of staff (and fellow members). Staff just has to remember that recovery and progress toward goals is entirely the responsibility of the member. Staff's role is limited to assisting the member to achieve those goals and to ensure that other members are negatively affected as little as possible. In the long run, the program has a better chance of helping a member succeed by remaining available rather than by alienating him or her.

4. Expanding Choice and Flexibility

The Community Model offers flexible services and supports that address almost all of the needs of homeless people with mental illness and/or dual diagnoses. Members choose which services and supports they would like to receive and determine how they will use them. Simply by giving homeless people a choice in their treatment, housing and program participation, the Community Model empowers its members. As a result, members become more invested in achieving positive outcomes when pursuing their goals.

Of course, the Community Model has to balance members' ability to choose with the equally important needs of other members and of the program itself. If every participant was given free rein to engage in illegal activities, threaten staff and impose on other members, the program would quickly lose its effectiveness. So how does Lamp Community define and maintain the line between keeping a semblance of order and maximizing member choice?

When an individual enters a Lamp Community program, she must observe three simple, non-negotiable rules:

- No violence (including credible threats of immediate violence)
- No theft
- No on-site substance use (although this rule is not enforced in independent housing)

Members who break these rules face sanctions:

- In the case of violence, they may be asked to leave the program site, for as little as a few hours to as long as an entire week. If serious bodily harm is inflicted they most likely will face arrest.
- Theft is harder to deal with, as it can be difficult to identify the thief. The individual at fault may have to leave the program for a few days, sometimes going to another placement within Lamp Community.
- Drinking or using drugs at a program site may merit a few hours' to a day's suspension from a program. In some cases, a warning may be issued on a first offense; repeated infractions usually result in a transfer to another program or a longer break from Community Model participation.
- Rules are enforced on a case-by-case basis by program directors, though staff must balance flexible responses with avoiding the appearance of favoritism. Members are judged against the standards which can be reasonably expected of them. People with different levels of functioning must meet different standards.

The Community Model's responses to drinking and the use of illegal substances vary most widely, depending on the program:

- Members in the **drop-in center and respite shelter programs** are afforded the most latitude: they tend to be newly enrolled in the Community Model, or are more experienced members who have had particular difficulty addressing their addictions. On-site use will result in a program suspension of a day or less. If they arrive at the program drunk or high, they are allowed in as long as they remain quiet and unobtrusive. In some cases, they may be asked to go directly to their shelter beds. Any restrictions that are imposed are based on behavior, not on the substance use itself.
- Members who have chosen to live in **transitional housing** follow personal service plans they developed with the assistance of their advocates. These plans usually identify reducing or ending substance use as one of many goals. The transitional housing program offers residents more structure to help achieve this objective: many opt for drug testing and an initial period of being restricted to the building. On-site substance use may result in a return to the respite shelter, or enrollment in an even more structured residential treatment program. Or it may merely provide an opportunity for residents to talk about the process of relapse and recovery and renew their commitment to their original goals.
- **Independent housing** residents are focused on maintaining their residential stability; often, this includes a commitment to sobriety or reduced substance use. As long as they are not disruptive to other residents, however, they may choose to use in the privacy of their rooms. Once again, rules address negative behaviors linked to substance use, not the substance use itself.
- **Member-operated businesses** sternly prohibit substance use on the job. Inebriated or high members are sent home, although their positions are held until they are ready once again to try to abstain from substance use during work hours.

"It's up to the member to decide how much structure or sobriety they can handle, but it's not a free-for-all," says Clinical Director Shannon Murray. "For the program to work, there have to be consequences. People have to learn how to act in the world. We're not helping them if we let them use mental illness as an excuse, because they won't get that consideration in the real world. The trick is to provide a safe, supportive environment where they get lots of second chances."

Guests voluntarily participate in these programs to help them reach their individual health management goals. Depending on the service plans they develop and the programs in which they participate, they agree to follow additional restrictions to the three basic rules. If they violate the rules they accepted, they will be held accountable. And at any time, the member may choose to go to a setting that requires less structure or to rework her service plan.

"Many programs for homeless people have adopted harm reduction language," observes Mollie Lowery. "Most of them just use this language to get people to work toward the

program's goal – becoming clean and sober. If that's not the individual's goal, then that's not harm reduction."

By emphasizing member choice and flexibility, the Community Model empowers people to make their own decisions about the way they want to live. More often than not, they choose to stop or reduce their drug and alcohol use. And because they have made that decision themselves, they are more invested in achieving a positive outcome. Their chances of succeeding increase accordingly.

Some of the ways the Community Model increases program flexibility and encourages member choice include:

- **Allow members to choose groups** – Members residing in the respite shelter must attend the morning meeting. Beyond that, they are free to choose which therapeutic and social groups they want to attend, and how often they will attend them. Members in transitional housing are expected to attend two groups per week; which ones they choose is up to them.
- **Offer a wide range of groups and activities** – The opportunity to choose is only valid if there are a number of options to choose from. Lamp Community offers many different groups by allowing members from all programs to participate, increasing the number of participants. They can choose from women's groups, men's groups, living with HIV/AIDS, Activities of Daily Living, anger management, good health, job search support, veteran's group, mothers of children in foster care, current events discussions and many others. In addition, many other activities are offered to members, from art classes and music groups to field trips and cultural events.
- **"De-clinicize" groups** – Instead of offering a weekly group on substance abuse issues, the provider can hold a forum for people to talk about "keeping healthy." The same issues can be raised and addressed, but participants won't feel stigmatized or defined by their disabilities.
- **Options must be readily available** – Programs, shelter, housing and activities need to be immediately or quickly accessible to encourage and facilitate participation. It isn't really a choice if people face weeks of waiting to get what they have decided they need.
- **Don't "schedule recovery"** – The Community Model avoids time constraints and deadlines for "full recovery." Recovery is rarely a linear process. Expectations that a person will move on to the next "stage" by a certain time can encourage failure and disengagement from the program.
- **Housing is not dependent on program participation** – Except for violating rules against violence and illegal activities, a member's choices and level of participation in treatment and other program activities cannot be allowed to jeopardize his or her housing situation.
- **De-emphasize hierarchies of independence** – The Community Model is not a linear continuum in which people progress to ever greater levels of independence or drop out. It is instead a set of equally valid housing and program options. People do not fail or go backward from one program to another. There are no

fixed paths to recovery. Only personal choices. As one member remarked, "I don't want to be ordered. I want to have a choice. This place gives you the choice to get started again."

- **Increase member input through once-a-morning meetings** – Every morning, staff and members meet in each program to share information on activities and events in the community. In addition to going over available resources, members have a chance to discuss what is going on within the program. Everything from interpersonal dynamics to house rules are discussed. Members decide how they want the program to operate, and how it can best serve them.
- **Increase member input by hiring former members and maintaining peer advocate positions** – Blurring the boundaries between staff and members is a great way to empower members and ensure that their needs will be met in a way they believe is effective.
- **Counter ingrained attitudes of shame and disappointment** – Traditional attitudes toward sobriety and drug use are deep-rooted among service providers and members. Despite the Community Model's efforts to destigmatize disabilities, members will often feel ashamed or guilty when they fail to maintain sobriety. As one member admitted, "When Mollie saw that I was using again I felt really bad that I let her down." The Community Model tries to accentuate the positive achievements of individuals and deemphasize setbacks.

The Community Model preaches "member choice" and empowering program participants. But don't members often make bad choices? What is the role of support staff in helping people make the very personal choices that help improve the quality of their lives? Patricia Lopez, Director of the Respite Shelter, says that just by facilitating discussion, staff can trust members to make the choices that are best for them.

She mentions a recent morning meeting at the shelter. "Quite a few members staying at the shelter wanted to be able to watch TV whenever they wanted to [Right now it doesn't go on before 3 pm and is turned off at 10 pm]. "So we talked about it." Discussion at the shelter residents' meeting explored why the TV was only on for a few hours an evening. Some residents mentioned the value of being able to get a good night's sleep; others talked about the importance of holding group meetings in the shelter area. Some residents said they didn't want the TV on all the time. "We were willing to change the rules, but first, we put it back on them. We asked questions and listened to almost an hour of discussion. In the end, the residents decided that the TV hours could be changed, but nobody wanted to make the change anymore. After evaluating all the options, the shelter residents ended up leaving the TV schedule alone."

5. Integrating Programs and Increasing Access

Over the past decade, most service providers have worked with all levels of government to create what is often called a "continuum of care" for homeless individuals. This service continuum helps homeless people move through a linear progression of programs that facilitate gradually increasing levels of independence. It acknowledges that many homeless people will not require all the steps in this progression: some may not need treatment; some will go directly into independent housing. The continuum of care expects that, in some instances, people will not be able to comply with a program and may have to return to a previous program level.

This continuum of services has helped thousands of homeless people return to housing and stability. But thousands more remain homeless. Traditional outreach programs and drop-in centers cannot engage them; shelters frighten them; the eligibility standards and participation requirements of transitional programs make it difficult for them to qualify or meet expectations. When an individual fails during one step of the process, he or she often is alienated from all assistance and falls through the gaps between programs, homeless once again.

Most individuals unserved by the continuum have mental illness or dual diagnoses. Most have been homeless for extended periods of time. These are precisely the individuals served by the Community Model. "The Community Model works because our people aren't expected to comply with the program. Instead, the program and service wrap around them," says Paul Alderson. "It's person-centered treatment. It's breaking out of the traditional system of segmented services and bringing everything homeless people need within reach."

The Community Model differs from more traditional homeless services by eliminating (as much as possible) the gaps between its services and programs. Services (and individual service plans) are integrated. Members are able to gain access to whatever services they believe they need quickly and seamlessly. The Community Model:

- emphasizes a unified culture across all of its programs
- facilitates communication between staff of different programs
- eases members' transitions from one program to another

Breaking down segmentation and barriers between programs requires continual reexamination of program administration, rules and protocols. Here are some of the strategies that Lamp Community employs to integrate its programs and increase members' access to services:

Increasing Access:

- **Street Outreach** – Like many programs serving homeless people, Lamp Community operates a street outreach team that initiates contact with and engages homeless people living in public spaces. Teams of two people walk the area, although a van is also available to the team. Because of the concentration of homelessness in the Skid Row neighborhood, most new members arrive at the drop-in center on their own, through word of mouth.
- **Geographic Proximity** – Locating all of Lamp Community's programs within blocks of each other also facilitates interaction between program members and staffs. This proximity is one way cultural differences are limited between programs. It also allows members to receive services available at other programs almost instantaneously, and permits those seeking services multiple points of entry.
- **Regular Schedules –** Providing services, assistance, meals, activities and social events on a regularly scheduled basis encourages homeless individuals

to rely on Lamp Community for many of their needs, the first step toward long term engagement with the program.

- **Ready Responsiveness** – When working with homeless individuals with mental illness, it is important to be able to react quickly to requests for assistance. Often, a person may be open to taking steps toward a goal one day, then refuse services the next. You never know when someone will be ready to enter detox, start taking medication or move into housing. Improving your ability to facilitate placements at any time will increase the chances for success. One program director goes so far as to carry a handcart full of application papers and resource manuals whenever he travels between program sites, in case he meets a member he has been attempting to place into housing or otherwise engage into services.

Integrating Programs:

- **Lots of meetings** – Communication between staff of Lamp Community's different programs is fostered through a meeting regimen that may appear excessive compared to most service programs.
    - Each program's staff and members meet first thing every weekday morning.
    - Program directors then meet together each day with the Executive Director and Deputy Director and overnight staff to share information about the day-to-day operations of each program component.
    - Program directors have one-on-one meetings with each staff member once per week.
    - All staff meetings occur once every quarter.

  Often, staff members from one program will attend the daily meeting of another component, both to better understand the program, and to discuss the progress of members they both serve.
- **Self-Conscious Reflection** – Program director meetings not only cover program needs, administrative issues and the progress of individual members. They also provide a forum for discussing Lamp Community's culture. These meetings allow management staff to develop consistent policies and approaches across programs. They tease out inter-program conflicts, employee rivalries and differences in service provision. More than any other activity, these frank, sometimes contentious discussions help ensure that all programs are using the same strategies to work toward the same goals.
- **Cross-Training Between Programs** – From time to time, a Lamp Community program will take on employees from other programs and train them in their procedures and activities.
- **Employee Exchange** – Employee understanding of other programs is further encouraged through the temporary exchange of employees between two programs. For example, a drop-in center employee may work for a few days during the month at a Lamp Community housing program to get a better grasp of the skills required of their members to succeed in housing.
- **Attendance at Group Events** – Lamp Community encourages all members and staff to attend group gatherings held at each of the program facilities.

Professional relationships, trust and friendships are nurtured through informal and celebratory gatherings, like holiday and birthday parties, outings and advocacy events.

- **Including Members and Non-Social Work Staff** – Members, former members and support staff all help build community. Sometimes the person working the front desk or cleaning up the kitchen can make the best assessment of a member's needs and state of mind. Keeping open lines of communications between these workers and members and the social work staff helps the program respond more quickly and effectively.

"At Lamp, everyone knows George," smiles George Rivera, a longtime member and employee of Lamp Community. "I have credibility because I know what people are going through. They know they can talk to me and I'm not going to scold them. I use more of a smooth approach. I say, 'If you're using, be safe and don't share needles.' Sometimes they feel guilty. They'll start crying. I tell them that it's okay, we can start again tomorrow."
"When I first started working here, I'd get frustrated when people would start using again. I felt it too much. I had to set boundaries, so I started working nights. But even when I'm working janitorial, I'm still an advocate. Because I'm here all the time – nights, weekends – I got a much better idea of what's going on. I let Patricia, the program director, know who needs help. Usually, I know before anyone who needs to be hospitalized. I love this place. I make it my business to make sure it runs smoothly."

Facilitating Transitions

When guests experience significant changes in their lives, they often reassess the goals they have set for themselves. Being released from jail or prison, suffering an incident of abuse, overdosing on drugs or some other cataclysmic event may cause a member to reevaluate their present life circumstances. As a result, they may choose to utilize other services and housing offered within the Community Model. A resident of the respite shelter may decide to move to transitional housing and attempt to stay sober. A transitional housing resident may rededicate himself to maintaining sobriety and choose to work part-time in a member-operated business.

Crises offer an opportunity for more intense engagement, but only if the program is ready to respond. Programs attempt to maintain some excess capacity in order to react quickly to these openings, though high demand for shelter beds and housing units can make this difficult. In some instances, the shelter can operate a bed above capacity, or a housing program can rent an additional room from other housing providers.

Often, during crises the individual's bond with the community is strengthened. Cheryl Emmons, Director of the Lamp Village Transitional Housing program, observes, "When members in need see that their advocate and other members are around when no one else is, they learn something about Lamp. It may become a turning point in their relationship with the community." During these times, staff and members are able to show – rather than just talk about – the existence of a real, supportive and caring community.

A transition from one Lamp Community housing or service program to another can be initiated either by the member or his or her advocate. Usually, it is the member who

expresses a desire for more independence and privacy, or perhaps for more participation and structure. If the advocate believes the member is capable of handling more independence, however, he or she will not hesitate to broach the subject with the member. In some cases, staff will allow a member to reside in a new type of housing on a trial basis. The advocate will observe how the member is utilizing the room, cubicle or bed. With the advocate's support and some luck, the member will adjust to the new setting and thrive. If the new residence is not a good fit, the advocate will help the member return to the previous setting or try another housing option. After a brief transition period, a newly-settled member will get a new advocate, although the former advocate will continue to keep in touch and be available as a resource.

6. Training and Supervision

Most people in the social services field have some intuitive understanding of what it takes to assist people to become more independent. But this intuition must be augmented with extensive professional and practical training. The goals of training are twofold: one, to impart the techniques and strategies of helping people overcome barriers to independence, and two, to understand the personal dynamics of the relationship between the provider and the recipient of this assistance.

And training in itself is not enough. To be effective, direct service provision staff needs ongoing supervision that models essential behaviors, closely monitors performance and provides constructive feedback. While few would disagree that supervision is necessary, the lack of supervisory capacity is probably the most common weakness in the typical social service agency. Supervisors need training, too.

The Community Model depends on classroom training of some of the basic concepts of social work. Every worker must understand the causes and complications associated with identification, overidentification, disidentification, personalization, transference, countertransference and other dynamics of social service relationships.

But the Community Model also uses practical, on-the-job training to initiate employees into its community-oriented, less clinical, approach to service delivery. "Training begins on day one here," says Paul Alderson. "We have to challenge people at their foundations. Usually, the more educated they are, the harder it is to do. People don't realize how our own personal biases and beliefs can get in the way of helping others set and pursue the goals they need to achieve."

It can be difficult for workers used to mainstream social service delivery to accept some of the precepts of a harm reduction program like the Community Model. If a worker believes that a homeless person can overcome homelessness only by achieving sobriety, he will not be effective serving a person unwilling to attempt abstinence. The worker's professional, cultural or religious beliefs may prevent him or her from establishing trust with those who do not share those viewpoints.

Lamp Community has always emphasized communication between staff and departments. When Lamp collaborated with other area providers to secure a federal grant to "help end chronic homelessness," the program they developed together used the Community Model approach. This meant that there would be lots of opportunities for workers and programs to coordinate their efforts -- in other words, a lot of meetings.

For example, Lamp Community's Collaboration Grant staff participates in the following weekly meetings:

- Lamp Community staff morning planning meeting (3 days/week)
- Executive Team Meeting w/ top management of all participating agencies
- Quality Assurance multi-agency case management staff case reviews
- Integrated Service Team (line staff & staff/programs linked to initiative)
- One-on-one supervision meetings (management & front line staff)
- Clinical supervision (clinical director and program director)
- "The Ladybug Picnic" (program directors of participating agencies)

The "ending chronic homelessness" grant is the most extensive collaboration with other providers Lamp Community has ever attempted. "We decided to do it because we wanted to spread the culture of the Community Model to other agencies at the same time we improved ourselves learning from their approaches," says Paul Alderson, who is responsible for the program. "It requires even more meetings than we have within Lamp, which is saying a lot. Just the same, we can't give any of them up. They've all evolved from our needs."

"You have to make it safe enough that people are willing to question themselves," adds Mollie Lowery. "I ask people to write down why they do this work, then think of times that your motivations interfered with your ability to help someone. Often we find that our own values get in the way. You have to figure out in what way did your beliefs make you ineffective."

Training

- 2 weeks of initial, closely supervised, on-the-job training
- Crisis Intervention, a 2-day course offered by Los Angeles County Department of Mental Health (LADMH)
- De-escalation Techniques
- Harm Reduction Strategies (1 day at Lamp & 2 days at LADMH)
- Working with Severely Mentally Ill People (LADMH)
- HIV/AIDS Training
- Ethics, Confidentiality and Professional Standards
- Cross Trainings between different Community Model programs once/month

Supervision

- Program Directors meet with their staffs for two hours once per week
- Deputy Director meets with Program Directors twice per month
- Executive Director and Administrative Staff meet with Program Directors twice/month

- Program Directors hold 1-on-1 meetings with each staff member once per week
- Entire Lamp Community staff holds "town hall" meeting once a month
- Clinical Supervision
- Staff Retreats
- Dramatherapy Workshops

The availability of training resources and approaches to supervision vary among agencies and geographic areas. Every agency's management must decide what the most effective approach is for their organization. For the sake of comparison, the following is an overview of the training modules and supervisory activities used by Lamp Community. Some training is provided by Lamp Community staff, while other components are provided by offsite agencies; supervision can vary from program to program within the organization.

7. Responding to Violence, Relapse, Decompensation and Medical Issues

Serving homeless people who have severe mental illnesses, addictions and physical disabilities can be a challenge. Implementing the Community Model's unusually tolerant approach to these problems may intimidate agencies that have not served this population before. Or they may be skeptical that anything but a program that requires abstinence and compulsory medication can be effective. Here are answers to some commonly asked questions:

What does it mean to treat substance abuse and mental illness as a public health issue (as opposed to a matter for law enforcement)? What are the responsibilities and legal ramifications for the provider?

Addiction to drugs and alcohol is a problem for tens of millions of Americans. Millions more suffer from severe mental illnesses. Criminalizing some of these addictions and the negative behaviors caused by mental illness has led to an explosion of the incarcerated population, without producing a discernible drop in drug use or serious mental illness. Treatment focused on abstinence has enabled many people to recover from the disability of addiction, while leaving many unresponsive to mainstream treatment modalities. Thousands of people are ineligible for, or are unable to comply with, many treatment programs for addiction and mental illness. Homeless people are especially vulnerable to criminal punishment for drug use because they are impoverished and live in public spaces.

The Community Model attempts to help those who have not responded to or been offered treatment for mental illness and substance abuse. To engage people who have not been reached by traditional mental health and addiction programs, the Community Model employs harm reduction strategies that accept that illegal drug use will sometimes occur.

Implementing the following guidelines will help protect the provider's reputation, legal standing and relations with the community:

- Do not permit recreational drug and alcohol use on the program premises. This rule should be enforced vigorously, although responses and sanctions should address the addiction, rather than punishing the individual.
    - When residents live in private rooms, efforts to build trust and independence usually outweigh the value of interfering with an individual's private activities. If substance use is quiet and private, and does not impinge on a resident's ability to live independently, it should be treated like substance use by people of independent means.
    - Instead, address the negative behaviors sometimes associated with substance abuse. Drug dealing, violence, loan sharking and harassment are just some of the actionable behaviors that require a quick response from law enforcement. This limits interventions to instances where the substance use is clearly destructive to the fabric of the community.
- Make a specific effort to ensure that substance use immediately around the program site is not out of line with the expectations of the neighborhood. In Skid Row, illegal drug use is rampant in public places. Around Lamp Community program sites, drug use is comparatively tame. In an affluent neighborhood, expectations for appropriate behavior may preclude even hanging out in front of the program, much less using drugs outside the door.

What do you do when severe drug or alcohol use or untreated mental illness is causing an individual substantial harm?

Addiction and mental illness can cause some people to hurt themselves in terrible ways. Every program must do all it can to mitigate the grave physical effects of such abuse. But in almost all cases, these efforts must be undertaken with the voluntary participation of the individual in question. Except in instances where harm is clearly imminent, making a subjective judgment to intervene against the will of an individual is ill-advised and, in some cases, illegal. Such intervention will probably interfere with your ability to assist an individual effectively in the long run.

In most states, the only clear criterion for intervening to stop a person's self-destructive behavior is when that individual is an immediate danger to himself or others. By law, a person can be involuntarily hospitalized *only* if he or she meets this definition. But a licensed psychiatrist is the only person who can make this decision, and in most cases it must be seconded by an attending psychiatrist at the hospital, to ensure that the decision is a valid one. People are considered a danger to themselves or others when:

- The individual has made a clear and credible statement that she will harm herself; a method is identified and/or readily available; and the individual has a

history of such behavior, or clearly believes she has a reason to engage in such behavior.
- The individual has made a clear and credible statement that he will harm someone else. He has a weapon available to them and is exhibiting violent tendencies, or has a history of violent tendencies.
- When he is so physically incapacitated that he cannot protect himself from the elements, harm from others, or a medical condition that will soon threaten his life.
- In almost all cases of involuntary hospitalizations, police will be involved and will have a say in whether the individual is committed. In these instances, make sure you have a mental health history for the individual and can clearly document the individual's mental illness in order to make a credible case for hospitalization.

Patricia Lopez, Lamp Community's Respite Shelter Director, tries to avoid involuntary hospitalizations as much as possible. "If a person has benefits, we try to do a voluntary hospitalization. Sometimes, it's difficult to convince someone to go along with that. But if you can calm him down and you've built up the level of trust between you, you can usually avoid an involuntary commitment." It is difficult to voluntarily hospitalize an individual without benefits in California. In cases in which voluntary hospitalization is not an option, Lamp Community must depend on the Los Angeles County Hospital Emergency Room or the Psychiatric Emergency Team (PET) to make an involuntary hospitalization.

What are proper and effective responses to relapse or decompensation?

When someone shows up inebriated or high to a shelter or transitional housing program, he or she should be allowed to enter the premises. If the individual is not disruptive, they can engage in quiet activities, although interaction with staff or other members should be kept to a minimum. Usually, it is best to have them go to their bed or room and sleep it off. "Even when people are high, they can still act appropriately," says Shannon Murray. However, it is not productive to discuss the individual's addiction problem with him or her at this time. A time the next day should be found to follow up while the incident is still fresh in everyone's minds.

Peer support and input is critical when discussing incidents of substance use, so that the discussion does not become a battle between the provider and the individual. In some instances, the person will immediately rededicate him or herself to her service plan. In others, the advocate and the individual may decide that she is better served in a more structured residential treatment facility, or in a less structured program within the Community Model.

Shannon Murray recalls one member who had just been released from prison to Lamp Village transitional housing. "He went from the most structured environment – prison – to the much less structured environment at Lamp." Despite an addiction to heroin, the individual did well in the program – for a while. "But he started using again because he

was immersed in the Skid Row milieu. After four relapses, he decided he needed the structure of a therapeutic community, so we helped him enter one. Lamp Community can't be everything to everybody, after all." Murray points out that people can be sober but not be "in recovery." "They need to dry out and get some stability before they can start working on recovery. It's about changing a person's way of thinking, and sometimes you can't do that when you're still on Skid Row." When this person graduates from residential treatment in a few more months, Lamp Community will be ready to offer him an independent apartment if he's interested.

During crises caused by inebriation or decompensation, longtime members play almost as important a role as staff. They "talk each other down," and encourage one another to refocus on reality, defusing paranoid delusions and other barriers to functioning. Without security guards around, this approach often works. It doesn't end the decompensation, but calming people down allows clinicians to resume working with the individual constructively.

How do you deal with chronic health issues? What are your alternatives?

Many homeless people arrive at a Community Model program with chronic health issues, from HIV/AIDS to infirmities associated with aging. Neither Lamp Community nor OPCC have much in the way of medical services, making individuals with medical problems one of their greatest challenges.

A Community Model program must try to be accessible to everyone, but every now and then someone with dangerous health issues will seek shelter. If you are unable to accommodate their medical needs, it is important to conclude that as early as possible. Depending on the extent of the disability or illness, placement into a hospital or a skilled nursing facility may be appropriate.

In the Los Angeles area, individuals receiving SSI can be placed into a skilled nursing facility within two to three days. Individuals without benefits, however, must seek admission to a hospital through the emergency room, which in Los Angeles, can take more than a day. Though they are reluctant to accept homeless people for more than a few days at a time, hospitals are better able to place people into a skilled nursing facility within a reasonable time. After being discharged from the hospital, however, it is more difficult for an individual to gain entry to a skilled nursing facility. Entering into a Memorandum of Understanding (MOU) with such a facility can provide you with a dependable option for people with serious physical disabilities.

How do you respond to violence and disruptions? Are there ways to minimize incidents?

Although the Community Model seeks to "decriminalize" certain behaviors, it is important to develop a positive relationship with local law enforcement. Lamp Community offers ongoing training modules for local police officers on all aspects of homelessness and how to work with homeless people. The training includes one day at the Police Academy and half a day in focus groups at Lamp Community. Police officers' response is surprisingly positive when they get a chance to meet people and observe a program at work.

By not having uniformed security guards, tensions are deescalated. Members step in to assist others to fit in with the precepts of the program, with an emphasis on no violence. Open settings for the programs also help minimize violence. Employing de-escalation techniques, like allowing a distressed member to have an escape route at all times during conversation; having those conversations in open areas; speaking in low tones and other tactics are all valid.

8. Addressing Concerns about the Community Model

The preceding chapters offer an array of actions and strategies to help a service provider establish a new Community Model program or adapt the Community Model service philosophy to its existing programs. As they use these tools to implement the Community Model, providers must also take steps to educate, reassure and win the support of staff, board members, funders and even program participants.

Some of these stakeholders will question the effectiveness of a program that does not enforce total abstinence. Others will have concerns about the mechanics of operating a program in which some participants may regularly use substances, while others are trying to maintain their sobriety. Some will be skeptical that participants can maintain housing, employment or psychiatric stability without completely abstaining from drugs and alcohol.

In short, stakeholders are asking, "Why adopt the Community Model?" Why risk it? Their concerns are not unreasonable. But placing the Community Model in the larger context of homeless service provision and your agency's mission can help assuage their apprehensions:

- **The Community Model serves homeless people with mental illness and dual diagnoses who have not been assisted by other programs** – Survey the people you plan to serve. How many have been helped by existing substance abuse treatment programs? Some will say that a program may have once helped them, but they are now once again using. Many more will talk about being repeatedly kicked out of programs, or not being accepted in the first place. The Community Model doesn't supplant other treatment options, it supplements them, giving

people who have failed or been failed by other programs a new way to succeed. In short, nothing else has worked for them, so why not try a new approach?

- **The Community Model's emphasis on choice is more effective than not serving people at all –** If homeless people with mental illness and dual diagnoses are not being served by existing programs, how will a new program engage them? By empowering participants to direct the course of their treatment, issues related to authority and personal autonomy are put aside. Often, individuals are "difficult to engage" because they are preoccupied with power struggles with institutions and authority. By requiring an individual to work on self-improvement without dictating the terms of that very personal enterprise, individuals who are paranoid, distrustful or just plain discouraged are no longer faced with one of their major barriers to participation – a long-held perception that they are not allowed choices. Mollie Lowery points out that programs can only be effective if the people they serve agree to accept assistance. The onus is on the provider to figure out what type of assistance they will accept – then provide it. "When you say you 'treat people where they're at,' you have to mean it. If someone is sick and cold, but he doesn't want to come inside because he doesn't want to stop using immediately, I could leave him on the park bench. But if I did, I'm not being very effective, am I?"

- **The Community Model may be the service philosophy closest to the original intent of your agency's mission** – Most programs serving homeless people began with the intent of ending people's homelessness. To achieve this, many shelters and residential programs began to offer an array of services – from addiction treatment and mental health services to job training – that helped people become more independent. Somewhere along the way, these tools intended to help people achieve residential stability became ends in themselves, usurping the programs' original mission of returning homeless people to permanent housing. It is true that some people are so incapacitated by mental illness and addiction that they need to be stabilized before being placed in permanent housing. But it is also true that an increasing number of studies argue for a "housing first" strategy whenever possible. Programs serving homeless people with mental illness and dual diagnoses that place them into permanent housing first and then provide services and support to them there achieve higher rates of long-term residential stability than programs that withhold permanent housing until sobriety and psychiatric stability are achieved.[1] A recent study found that a "housing first" program had a housing retention rate of approximately 80%, a rate that presents a profound challenge to clinical assumptions held by many housing providers who characterize chronically homeless people as "not housing ready."[2] If a program's

[1] Carol Siegel, et al, "Comparison of Housing Alternatives for Severely Mentally Ill Persons in New York City," SAMHSA 2004.
[2] Sam Tsemberis, PhD, Leyla Gulcur, PhD, and Maria Nakae, BA., "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis," American Journal of Public Health, April 2004, Vol 94, No.4.

goal is to re-house people unserved by existing programs, the Community Model's more tolerant, "housing first" approach is an effective option.

Practitioners, funders and other stakeholders will have other questions about the Community Model. Some of the most common questions asked include:

What do we mean by "lifelong community?" Isn't such an open-ended commitment enabling?

The "lifelong community" provided by the Community Model offers an indefinite duration of support for members for as long as they believe they need that support. There are no program "graduates." Instead, individuals newly-arrived at the drop-in center participate alongside members who have resided for years in transitional housing or independent housing. More experienced members provide stability for newer members.

Longtime Community Model residents may choose to join newcomers in continuing to receive the more formal supports offered: participation in groups, ongoing case management, psychiatric consultations and help with referrals to other services, as necessary. But longtime members are more likely to rely on the decidedly informal supports offered by the Community Model: they come to the drop-in center and other program gathering places for meals, art classes, answers to an occasional question and simple companionship. Some may have ascended to one of the many jobs available to Community Model members.

Members' extended – yes, even lifelong – connection to the Community Model program does not equal stasis, however. Staff and members are always encouraging – and expecting – their fellow members to continue to work towards their goals. When a member achieves one goal, he or she will quickly set a new one.

There is plenty of time and space for "hanging out" in the Community Model, but the camaraderie made possible by these casual interactions serves a purpose. Staff and members keep track of each other in a non-threatening, casual environment where gentle interventions are possible. Surprisingly, members are often more likely to show up at the program when things are going badly for them as when they're doing well. They know someone will be there ready to help them.

Doesn't offering lifelong services become expensive?

The Community Model serves people with multiple barriers to independent living. By definition, they will most likely require care and support, in one form or another, for the rest of their lives. One landmark study found that when this care is provided in hospital emergency rooms, psychiatric institutions and correctional facilities, it costs an average of more than $40,000 a year per individual in major U.S. cities. If the individual is instead sustained by placement into subsidized housing with on-site supportive services, these costs are reduced by 40% per year per unit created. The study found that savings

achieved by supportive housing pay for all but $995 of the annual cost of constructing, operating and providing services to these units.[3]

Individuals with similar disabilities who live in a Lamp Community residence – the respite shelter, transitional housing and even independent housing – cost considerably less to subsidize than most supportive housing. Most of Lamp Community's programs provide housing and services for less than $10,000 per year per member. This is a result of Lamp Community's considerable cost efficiencies, including:

- Streamlined management staff
- Many duties are performed by members, peer advocates and former members
- Programs and sites share staff
- Some housing units are cubicles
- There is no security staff.

To be successful, does the Community Model require a concentrated catchment area like Skid Row?

Certainly, the concentration of extreme poverty in Skid Row has shaped the nature of Lamp Community's service delivery. Very few programs for homeless people have so many living right outside their doors, and hardly any can site all of their program locations within walking distance of each other.

But Skid Row preceded Lamp Community by decades. The provider has merely responded to the environment that existed. While having sites closely situated helps the program keep in contact with its members, the lack of affordable housing outside of the district keeps people tied to an area teeming with rampant drug use and other impediments to independence. The provision of "lifelong community" is in part a necessity borne of geographic limitations.

The Community Model can thrive beyond these boundaries, however. The replication by OPCC in Santa Monica covers a much larger area. OPCC has responded by incorporating more transportation support, including working with the City of Santa Monica to reroute the public bus lines. Lamp Community is also expanding. The agency now provides supportive services to residents of affordable housing developed by A Community of Friends on the other side of Downtown Los Angeles. These new enterprises demonstrate that as long as members can move easily between program sites, the Community Model can operate effectively.

What services should be provided by the Community Model? What services should be delivered by other agencies?

Every provider must decide, and constantly reevaluate, which services and supports should be delivered directly by the agency itself, and which should be left to other

[3] Culhane et al, "The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals," Corporation for Supportive Housing, May 2001.

government and nonprofit providers. For example, many programs serving homeless people living on the streets directly provide basic medical services, both to answer an important need and as a way to engage hard-to-reach individuals. In San Francisco, medical services are often provided on-site in supportive residences through an arrangement with the County Health Department. On the other hand, Lamp Community provides an extremely comprehensive array of services, yet chooses to allow its members to continue to receive all medical care off-site from nearby medical providers

It is important to know what your agency's strengths are, and which services your management staff is capable of supervising well. Look also at what other providers in your catchment area offer – and what services are not available to people in your neighborhood. Establishing links to services in other agency's programs, through memoranda of understanding or contracts, can make each other more effective, and increase the number of people you can serve.

9. Implementing the Community Model: One Provider's Experience

Depending on the organization's culture, management will face challenges when implementing what for some will be a major change in service philosophy. Management and direct service staff will question aspects of the Community Model that differ from the way they currently deliver services. Funders and board members may be concerned about how the change will affect the organization's efficacy. Program participants and the public may also have questions about the Community Model program.

The leaders of OPCC faced a number of challenges when they first considered adopting the Community Model service philosophy to operate a new Safe Haven program in their community. OPCC's experience implementing and embracing the Community Model offers some lessons to other providers.

In some ways, OPCC had built-in advantages implementing the Community Model. Most obviously, Lamp Community founder Mollie Lowery had served as OPCC's executive director in the early 1980s. And after forty years of providing services to low-income and homeless adults and children, OPCC shared many of the same principles that provide the foundation for the Community Model:

- Like Lamp Community, OPCC serves homeless people living on the streets and in public spaces with a drop-in center.
- OPCC also operates a comprehensive transitional program for homeless women with mental illness.
- And like Lamp Community, OPCC seeks to provide services that are client-centered, voluntary, flexible and focused on empowering people to rebuild their lives. Management is diverse and actively encourages program graduates to obtain employment in the agency and participate in the organization's governance.

Despite the conspicuous similarities between the two organizations, however, substantial differences quickly became apparent. Somewhat surprisingly, OPCC management found that many of the differences they discovered actually argued for the adoption of a Community Model program. John Maceri, OPCC's Executive Director, began to think that implementing the Community Model would revitalize OPCC and help the organization focus again on its original mission:

> I think we had become too comfortable with our current program designs. We were very focused on "measurable outcomes." There is increasing pressure from funders to demonstrate success that can be counted and reported and, as a result, we had drifted away from a nonlinear approach to service delivery. Moving people through the "continuum of care" – from emergency shelter to transitional programs and on to permanent housing – became the only achievement worth measuring. As important as it was, and still is, getting credit for housing placements took priority over acknowledging the dozens of incremental improvements our clients were making along the way. Product was becoming more important than process. While we subscribed to a nonlinear philosophy of service delivery, we were practicing a very linear model in the pursuit of a narrowly-defined "success."

John makes clear that he believes the solution to ending homelessness is permanent housing. And he agrees that funders are entitled to expect that their money will produce outcomes that improve the quality of people's lives. But he does believe that OPCC's programs needed to expand their definition of success:

> The quality of an individual's life can be improved simply by taking a shower regularly. It's not particularly earth shattering – especially when compared to securing an apartment – but it is an important step toward regaining self-esteem. We acknowledged those steps, but we forgot to celebrate them. We were becoming so focused on the end result that we diminished the client's journey.

Despite operating a network of effective and diverse programs, OPCC staff had long been frustrated by their inability to offer comprehensive assistance to homeless men with mental illness. OPCC had a comprehensive program for homeless women with mental illness that took into account their many barriers to independence. But men with the same barriers had difficulty complying with the eligibility criteria and participation requirements of programs serving less disabled homeless people.

Presented with an opportunity (and possible funding) to expand its services for homeless men with mental illness, OPCC's senior management team spent over a year considering different program models and discussing how a new program would fit with the agency's other services. Early on, the team focused on creating a "Safe Haven," as defined by the U.S. Department of Housing and Urban Development. OPCC management knew that they needed to establish a program that explicitly served people who were not served by existing programs. Although Lamp Community was one of the prototypes for the Safe Haven program, the funding does not require providers to follow the Community Model

service philosophy. OPCC management had to weigh the benefits of the Community Model's inclusive and supportive services against possible resistance to its harm reduction philosophy from OPCC staff and the community.

> The staff went through a kind of evolution around the project. There was apprehension about many things. Would it drain our resources? Who would supervise it? Where would we site it? How would it fit with our other programs? How would we measure success? We had some very animated conversations about it. It brought up a variety of issues for individuals on the team. After sifting through all of them, we finally reached consensus that the Safe Haven was an important and valuable addition to OPCC that we could all support.

John and the OPCC management team agree that they were able to attain consensus because they observed the following principles:

- **Have honest discussions about how you define success:** Staff members in the same program often have diverse opinions about what constitutes a successful outcome. Staff members who are in recovery themselves usually define success as total abstinence from drugs and alcohol; they may view anything less as unacceptable. Staff in transitional housing programs may define success as placement into permanent housing, while access center staff may consider someone who shows up every day for the sack lunch program a success. Talking through these differences reminds staff that the people they serve have different needs depending on their circumstances. Says John, "'One size fits all' doesn't work for homeless people, especially those with mental illness. Our own biases about what constitutes 'success' can get in the way of understanding what people need and how programs can be structured to meet those needs."

- **Come to a common understanding about the goals of the program** – The Community Model can't work without a shared foundation of values and practices. Management and line staff must agree on how flexible the organization will be about sobriety and program requirements. Management needs to develop consensus on measurement criteria both with staff and funders.

- **Make sure staff has a forum where they can honestly express their concerns about the Safe Haven and/or the Community Model** – Not everyone will embrace the Community Model program and its principles. Resistance may be based on a misunderstanding of how the program operates. At OPCC, one staff member said he "didn't like the fact that we weren't holding clients accountable in the Safe Haven program." Safe Haven participants were in fact being held accountable, but his definition of "accountable" differed from that of the program. This was not uncommon at OPCC, an agency that employs many of its program graduates, a policy that offers advantages as well as challenges. Staff can be extremely empathetic, but often judgmental: they overcame tough life circumstances and pulled their lives together, so why can't everyone else do the same? Some staff will never accept harm reduction as a legitimate strategy and

will not be able to work in a Community Model program. On the other hand, OPCC's experience is that empathy usually wins out when staff have the opportunity to talk honestly about their fears and concerns.

- **Just because everyone has the same information doesn't mean that they have the same understanding** – Often, people can attend the same meeting, hear the same information and come to completely different conclusions. We all have life experiences, biases, attention spans and moods that can greatly influence our opinions and conclusions. It may require many conversations reviewing the same information before a group can achieve consensus. Staff needs time to digest information and ask questions. They will rarely come to a complete understanding after just one presentation.

- **Patience is a necessity during the planning process** – Staff cannot be forced to embrace the Community Model. For some, the Community Model philosophy is so different from their core values that they will never implement the program properly. Even staff open to the language of harm reduction will require time to fully understand and implement the Community Model. They will need the support of key stakeholders, from line staff to supervisors to executive management, to make the program successful. The stresses involved in program development, siting battles, funding challenges and the ongoing day-to-day operations provide many opportunities for staff to lose sight of why we do this work. The journey is as important as the destination, even if it takes awhile to get there.

1. A Central Commitment to Member Employment

From its inception, the Community Model has emphasized the value of providing members employment opportunities in *all* of its programs, administrative departments and support activities. This commitment to member employment has extended beyond program positions and led to the creation of a number of small business ventures operated entirely by members.

Lamp Community staff positions and Member-Operated Businesses achieve a number of important program objectives. They:

- acclimate members to a working environment without the high pressure
- provide members with opportunities to improve their job skills and work habits
- improve member functioning and socialization
- restore members' sense of purpose
- increase members' income
- reduce program salary costs
- meet the needs of members and other low-income and homeless neighborhood residents.

The commitment to member employment can be a challenge to implement. Supervising members as full and part-time employees takes a significant amount of the Community Model staff's energy, creativity and flexibility. It requires all of the Lamp Community to struggle with commonly held assumptions about disability, power, professionalism, formal education and recovery. The reward, however, is substantial: a stronger, more effective organization that boasts a marvelous diversity of people rich in life experience.

2. Positions Available within the Community Model

At present, 48% of all paid positions at Lamp Community are held by current and former members, all of whom are persons diagnosed with a serious mental illness. The jobs fall under one of two main categories: 1) employment opportunities within the Community Model program and 2) positions in businesses operated by members.

1. **Member Employment Opportunities –** Members and former members are regularly hired into paid full-time and part-time positions within the Community Model's many programs and support activities. These include:

    - Front desk positions
    - Administrative office support
    - Maintenance

- Housekeeping
- Kitchen employment
- And other support positions within the organization.

But the Community Model's focus on member employment goes far beyond opening up a few token positions on the support staff to members. Members and former members are integrated into all clinical activities as well. Lamp Community provides training and support to allow members to work as full-time and part-time employees receiving salaries and stipends in positions such as:

- Escorts
- Peer Advocates
- Advocates
- Mentors
- And in some instances, positions in Management.

2. **Member-Operated Businesses** benefit both members and the neighborhood, creating and reinforcing a sense of community on Skid Row. Many types of Member-Operated Businesses can be developed within the Community Model. Lamp Community has had particular success with the following:

   - **Linen Service –** Lamp Community operates a commercial laundry that provides linen services to local non-profit residential hotels, shelters and other businesses. All the linen is machine laundered and pressed and folded by hand. Currently, the business employs 20 members in full and part-time positions.
   - **Public Showers/Toilets –** Lamp Community operates public showers and toilets, providing full-time employment to two members.
   - **Laundromat –** Lamp Community manages the only coin-operated laundromat in the Skid Row area. It employs three members in full-time positions.
   - **Other businesses –** Less successfully, Lamp Community operated a grocery on Skid Row for many years. Other possible business opportunities (depending on the locations available to the program) include messenger services, copy shops and coffee stands.

3. Maintaining the Financial Viability of Member-Operated Businesses

The income of the Member-Operated Businesses varies. The linen service and the laundromat almost break even; the others operate at a small loss. Shortfalls are made up with a Community Development Block Grant award of $59,000 per year.

The businesses were not always on such sound financial footing, however. Established in 1990 to expand and diversify agency revenue and job opportunities, the businesses were initially operated like charities rather than for-profit enterprises. As a result, business

decisions would be made that increased employment and benefited members, but lost substantial amounts of money.

For example, Lamp Community's experiment operating a small grocery market ended after two years. There was, and continues to be, a need for a clean, safe and affordable outlet for packaged goods, deli foods and cigarettes. The few stores that exist in the neighborhood mostly traffic in liquor and drug paraphernalia. But the store's poor customer base rarely bought much more than two aspirins and a soda in any one purchase. Store income was minimal and not enough to justify the small number of jobs it generated.

Lamp Community's linen service provides a cautionary tale with a more positive conclusion. In 1997, after seven years of operation, the linen service was losing $4,000 a month, a significant deficit for a frugal agency like Lamp Community. The business was failing because Lamp Community expected customers to contract with the service merely because it was a good cause. The poor revenues that resulted made it difficult to replace linens that were fraying or turning gray. Overused machines broke down and caused delays. Customers noticed and complained, or worse, took their business elsewhere.

Losing money and business, Lamp Community management finally decided to close down the service for a few months to review ways it could be made viable. With the assistance and expertise of a consultant, the Executive Service Corporation, Lamp fashioned a practical plan to reopen the linen service with a more realistic business plan. The California Community Foundation pitched in $100,000 to replace some equipment and inventory, and in late 1997, the Linen Service was back in action.

It took some time to achieve profitability, however. Lamp Community had given customers only one week notice before shutting down, leaving them to scramble for alternative services. They were wary of depending on Lamp Community again. Eventually, the linen service was able to land two major contracts that guaranteed a minimum monthly income that ensured the stability of the business. By turning to outside resources familiar with developing business plans and operating for-profit concerns, Lamp Community's businesses were able to become viable companies in their own right.

4. Challenges and Issues Related to Member Employment

Members must observe work rules; shirking duties and substance use are not tolerated in the workplace. However, these employment opportunities provide a great deal of flexibility to members who are not yet ready to work in more demanding jobs. Members and their advocates work with business directors to determine the workloads and schedules that will give them the best opportunity to succeed. Mistakes, absences, lateness and other issues are addressed in a supportive manner.

Providers that expand employment opportunities for the people they serve face many unique challenges and issues. Most of these are directly related to the demanding

transition members face when they become an employee for the organization that has been their service provider.

During this transition, the member-employee must:

- become an employee providing services and support in the same places where he or she was recently a recipient of these services and support.
- develop peer relationships with agency employees who may have recently delivered services to him
- sometimes limit old peer relations
- observe confidentiality policies and understand unfamiliar business ethics
- build basic work skills and habits
- manage the financial consequences of employment, including a probable reduction in benefits, a possible change in eligibility for entitlements, withholdings for child support and a new responsibility for health care costs.

5. Integrating Members with Professional Staff

For the organization, the biggest challenge is integrating member-employees with personnel who are more educated and professionally trained. It can be a clash of cultures. In many cases, "professional" employees have a difficult time accepting that persons who have learned from life experience rather than organized schooling can – and should – be hired to equivalent positions and paid competitive wages for similar work.

The assumptions and biases of professional employees rarely interfere with their ability to work with members. But it is not uncommon for professional employees to have difficulty building effective relationships and working as a team with people they used to serve. The informal and intuitive, but sometimes disorganized, care offered by former members can conflict with the clinical, educated but occasionally regimented care of the professionally trained. Skilled supervisory staff must constantly address both explicit and hidden conflicts between these two classes of employees. Organizations and employees must also know when to admit it is not working out: sometimes the Community Model is simply not the right fit for some professional employees, even when they could be assets in another, more traditional setting.

6. Policies for Member Employment

Some of the policies Lamp Community uses to clarify the role of member-employees include the following:

- Payment for some positions is identified as a stipend to prevent member-employees from losing access to entitlements.
- Member-employees are selected through a formal recruitment and interview process.
- Employed members regularly make decisions on program expansion and the selection of new member-employees.

- To avoid conflicts of interest, Lamp Community members are not employed in program components they recently utilized or in which they presently participate. For example, a member living in the Transitional Housing program may work at the Respite Shelter, but not at the Transitional Housing component.
- Current labor, minimum wage, and ADA laws are posted at each work site.
- Each employee is provided with a copy of the Lamp Community Personnel Policies handbook, and is required to sign a statement that he or she has read, understood and agreed to these policies.
- Each employee is given a written statement describing the title of his position, compensation and benefits, starting date and schedule of hours.
- Each employee is responsible for maintaining a time sheet or time clock card.

7. Member-Employee Hiring Process

Recruitment - Lamp Community administrative staff regularly informs members about employment opportunities within the agency through postings at the Human Resources office. All members who meet the basic applicant criteria can apply for posted positions. At the same time, advocates are always on the lookout for opportunities to link members to jobs appropriate to their skill levels and interests. When considering members for employment as Peer Advocates, advocates look for members who demonstrate constructive leadership, volunteer for tasks, assume additional responsibilities and invest their time in improving the Lamp Community.

Basic Criteria for Potential Job Applicants

For a Lamp Community member to be considered for employment, he or she must be:

- A member of Lamp Community
- Eighteen years of age or older
- Able to get along with others on the job
- Stably housed in shelter, transitional or independent housing
- Managing his/her physical and mental health
- Referred by his or her advocate
- A citizen or have legal status for employment
- *Voluntarily* applying for an employment position.

Before any application can be submitted for any job, the member's advocate must discuss the potential candidate with the member's Program Director to assess her appropriateness for the position. Their discussion of the member's strengths and weaknesses will be shared with the member. If the Program Director and Advocate agree that the member is appropriate for an open position, she is encouraged to apply.

Application and Interview - The applying member's advocate then completes a referral form and sends the member to the human resources department, where the member will complete an employment application. The human resources department forwards the application and interview packet to the Program Director seeking to fill the position. The applicant must be interviewed within two weeks. If the Program Director finds the candidate appropriate, the member will be interviewed by the members participating in

the support group appropriate to the position (for example, Front Desk Clerks or Peer Advocates). The support group participants then advise the Program Director whether they recommend or oppose the member's application.

The Program Director will then meet with the applicant within 72 hours of the Support Group interview. One of three outcomes is possible: 1) she is hired; 2) she is being considered and must complete additional steps and interviews to obtain a final decision; or 3) she will not be hired, in which case her application materials will be filed with the human resources department for future consideration.

Sample Interview Questions for Peer Advocate Applicants

- What do you want to accomplish as a Peer Advocate?
- How can you contribute to the Peer Advocacy Program?
- Describe the personal support system you have in place.
- What is the best thing about having a mental illness?
- What is the worst thing about having a mental illness?
- Describe a lesson you learned "the hard way."
- How do you feel about working for a woman?
- Describe the differences between mental illness and developmental disabilities?
- What do you think will be the easiest and the hardest things about being a Peer Advocate?

8. Ethics and Confidentiality Policies for Peer Advocates

As both members and employees of Lamp Community, Peer Advocates face unique challenges regarding their past, current and future relations with members. To assist Peer Advocates to develop and maintain appropriate professional boundaries, Lamp has created a set of Ethics and Confidentiality Policies for people in the position.

Peer Advocates must of course follow all policies for regular employees, including the three most important:

- Staff may not begin or plan to begin sexual or romantic relationships with members.
- Staff may not lend or borrow money or valuables to or from members.
- Staff may not use illegal drugs.

Peer Advocates must also comply with policies specific to their position:

- Peer Advocates have full access to Lamp Community services except in instances where participation in groups or group activities could conflict with Lamp Community confidentiality policies.
- Peer Advocates can use staff's personal phone numbers for work-related business only; visits to non-member staff homes must also be work related.
- Peer Advocates will not establish new social relationships with any member receiving services or housing at a site where the Peer Advocate is employed.

- Social relationships with members at any Lamp Community site are strongly discouraged.
- Peer Advocates can maintain relationships with members that were established prior to their employment as Peer Advocates.

9. Sustaining Member Employment

Once a member is employed within Lamp Community, the agency offers supportive services to help the member sustain his or her employment and advance when possible and appropriate. Lamp Community provides the following supports:

- Like all employees, member-employees must attend extensive, interactive orientations and training in ethics, professionalism, member/employee boundaries, case management, suicide and violence prevention, crisis intervention and other issues.
- Lamp Community's Member Services Department provides weekly support groups to employees with similar job descriptions (front desk clerks, peer advocates, etc.). Participants who work five hours or more a week are paid for the time they attend the groups.
- For all employees working 30 or more hours a week, Lamp sustains both in-house and off-site Employee Assistance Programs that provide recovery support and individual counseling on issues related to employment.
- Each member-employee is assigned an in-house Job Coach/Mentor to assist and support her in her employment.
- Each member-employee continues to have access to an advocate to assist him with social services, housing, healthcare and recovery.

The Job Mentor and Weekly Support Group

Once hired, new Peer Advocates are assigned to a Mentor for the first year of employment. The Mentor facilitates the Peer Advocate Support Group. The goals of the Support Group are to:

- Provide a safe space in which Peer Advocates can express themselves emotionally
- Help Peer Advocates support each other, reduce stress and reinforce stability
- Provide a forum for on-going in-service training
- Solve problems and develop new coping skills
- Clarify values and attitudes
- Strengthen the positive aspects of their work lives, and eliminate or compensate for the negative aspects
- Practice communication and advocacy skills
- Develop good organizational work habits
- Bond together as a group to establish a sense of camaraderie and celebration.

The Mentor is also responsible for:

- Meeting with the Peer Advocate a minimum of one hour each week
- Guiding and counseling the Peer Advocate in job related matters
- Ensuring that the Peer Advocate completes the three months of orientation and first year training activities
- Coordinating quarterly reviews of the Peer Advocate's job performance and employment support plan.

Orientation and Training

As he begins employment, the Peer Advocate will meet with his Mentor and Program Director to write an orientation plan for his first three months on the job. The plan addresses:

1. Specific job responsibilities
2. What skill building and training activities the Peer Advocate will focus on
3. The schedule of counseling and support group activities the Peer Advocate will follow
4. The schedule of meetings with his Mentor
5. Other issues that need to be addressed by the Peer Advocate.

At the end of the first three months of employment, the Peer Advocate will meet with his Mentor and Program Director to review his performance, progress, career goals and future needs. If the Peer Advocate has satisfactorily met his employment obligations, the team will develop a plan for the next three months. This process is repeated every quarter in the first year.

From the second year on, the Program Director is responsible for supervision, evaluation, support, and training of the Peer Advocate. Typically, the Mentor is no longer directly involved in advising the Peer Advocate, although in some instances, the Mentor's support can be continued for the first three months of the second year.

Helping Peer Advocates Become Advocates

Many of the most promising members are hired as Peer Advocates. They may remain in this position, but also have the eventual opportunity to become full-time Advocates. To facilitate this career growth, the Community Model provides clear guidelines and benchmarks for the Peer Advocate to follow and attain. Each Peer Advocate works with his Program Director to create a career plan with a timeline for developing new capacities and enhancing skills.

After a year as a Peer Advocate, the member-employee may apply to become a full-fledged Advocate. When hired as a Peer Advocate, the member-employee already met the basic requirements for employment in the Community Model *(see box)*. To move up

and become an Advocate, the Peer Advocate must meet additional job requirements. He must be:

- Able to read and write English
- Computer literate
- Able and willing to work with men and women who have psychiatric and developmental disabilities
- Confident and have a strong sense of self. Good sense of humor is a plus.
- Able to cooperate and work effectively with people from various racial, ethnic, religious and economic backgrounds

The Peer Advocate must also take a number of steps to increase his independence from Lamp Community. The Peer Advocate must:

- Move to a permanent apartment that is not managed, owned or serviced by Lamp Community.
- Have a minimum of twelve consecutive months of clean and sober time (along with a demonstrated ability to manage prescribed drug use).
- Obtain counseling, mental health services and recovery support outside of Lamp Community.

V. Developing, Siting and Funding a Community Model Program

When Lamp Community was first established in 1985, its founders had to start from scratch. There were an enormous number of homeless single adults with mental illness living in the Skid Row area of Los Angeles. Yet only one program existed in the entire area that was willing and able to serve them. The founders of Lamp Community had to raise money, find a suitable location, rent and rehabilitate a building and identify ongoing funding resources to pay for the comprehensive program they envisioned.

As their program grew, and the need for additional types of housing and services became apparent, Lamp Community had to develop other properties to house the programs that met these needs. Though Lamp Community's management had successfully cobbled together resources to create programs before, they had little development experience between them. Moreover, they had to find the resources necessary to pay for the construction and operating costs of expansion.

The service provider OPCC faced similar challenges when its leaders recognized that homeless men with mental illness in Santa Monica had few housing and service options available to them. Once they decided to develop a Safe Haven program based on Community Model principles in their area, they had to raise money, find and develop a site and implement a program. OPCC already operated a number of programs serving homeless people and had development experience. Nonetheless, the Safe Haven was an ambitious undertaking and a new experience for many of the organization's leaders.

This section of the manual draws from the experiences of OPCC, Lamp Community and other organizations to give an overview of the complex process of developing, siting and funding a Community Model program and its components. While some providers will utilize this manual primarily to transform and improve the way they deliver services to homeless people with mental illness, many will be considering developing a new program and/or housing site.

Although it is hardly exhaustive, this section posits questions and provides a framework to help organizations prepare for the development process. For the most part, it tends to concentrate on the development process for one site or facility. It is important therefore for providers to keep in mind that different components (e.g., drop-in center or permanent housing) of the Community Model will have different development needs and timelines, require different funding or personnel, and potentially present different community outreach strategies depending on the type and location of the proposed site. Nonetheless, what follows will assist the provider to understand the development process for a range of facilities that make up the larger Community Model program.

This section also offers information about additional resources that can help guide the development to a successful conclusion. Text boxes use OPCC's recent experience

developing their Community Model Safe Haven program to illustrate the different stages of the development process.[1]

1. 'Who Is It For?' and Other Initial Planning Questions

From the start of the development process, think big. That doesn't mean you must build the largest facility possible, only that you must think *comprehensively* about the development. Developing a building is an extraordinarily complex endeavor: it's essential to *over*-prepare, constantly reevaluate and second-guess. Few nonprofit service providers have the expertise, experience or organizational capacity to take on physical development all by themselves. Constructing or rehabilitating a building is a relatively rare event for a nonprofit organization – even affordable housing developers often build only one or two buildings every four years. As a result, more often than not, key management personnel will be overseeing development for the first (and maybe last) time in their professional careers. You're most likely faced with a huge learning curve: don't hesitate to ask every question you can imagine and plan on using a bevy of experts and consultants.

A few initial questions can help you to envision what you want to accomplish through development:

1. **Who are you developing the program facility for?** What kind of program and living space will best meet their needs and most appeal to them? Do they have different needs and desires than people you already serve? Talk to service staff already familiar with the target population, then speak to members of that population themselves, one-on-one, or in informal focus groups. Creating an ongoing advisory group of people who would use the new facility can also help to keep their concerns in the forefront of the design process.
2. **What problems do you expect the new facility to solve? Are there other ways to address these issues besides development?** For example, if homeless people with mental illness are not being served by an existing drop-in center, would it be more practical to change service delivery practices there than to create a second facility? If a current shelter facility cannot meet the demand for shelter, can bed space be freed up by moving people through that shelter more quickly, rather than developing another shelter? Or would a new shelter that permitted unlimited stays allow the program to serve a more challenging population that is not receiving services now?
3. **How many people will the new facility serve?** Take the extra time to do a methodical analysis of what the demand for a new facility will be. How many people do you now serve? What is the size of the pool of potential users of a new facility? And how will they use it? If it's a shelter, what will be the average length of stay? If it's a drop-in center, how many hours a day will people want to stay there? Take into account structured programming as well as "just hanging

[1] For a detailed narrative of OPCC's experience siting a Community Model Safe Haven in Santa Monica, see Appendix B.

around" time. Think about staff needs as well. How many staff will be necessary and what kind of work spaces will they need? All of the answers to these questions must be later interpreted by an architect into physical layouts and square footage. All of the answers are hard to predict, but it's worth the extra time to make accurate estimates, so that you don't build a facility that is already too small to meet the need the day it opens.

4. **Will the size and nature of the target population change in the future?** This is almost impossible to predict, but it is worthwhile to try and predict how the size of the program will grow (or shrink), and how it may need to change in the future. For example, programs operating permanent affordable housing find that services offered to tenants change as tenants age – programs aimed at toddlers become unnecessary, while health services for seniors become increasingly important.

The 40-year old nonprofit service provider OPCC (formerly Ocean Park Community Center) operates programs for homeless people, runaway youth and other at-risk populations in the city of Santa Monica, a beachfront community west of Los Angeles. OPCC has had particular success serving homeless women with mental illness through their Daybreak network of programs, which includes a day center and shelter, a self-employment/crafts program called Daybreak Designs and Women in New Directions (WIND), an independent living program for formerly homeless women living in subsidized housing.

The effectiveness of OPCC's comprehensive services for women convinced staff to do more for homeless men with mental illness. "It was a need that just wasn't being met," says Sarah Lake, the social worker at OPCC's Safe Haven, "Men with mental illness came to us feeling like they'd failed in other programs." Lou Anne White, the Safe Haven Director, adds, "They'd see the women in Daybreak and ask us, 'When are we going to get something like that?' It was hard to see them struggle in programs that were not designed to serve them. They needed another option. When we looked at it closely, it became obvious that starting a Community Model program was the logical next step for OPCC."

2. Understanding Your Organization's Capacity and Culture

Before you embark on the development process, take a step back and evaluate your organization's ability to get the project done. Who is going to take the lead on seeing the project through? Ideally, you want a manager with extensive experience in real estate development to lead the project. But most organizations do not regularly develop buildings and few have such a specialist on staff.

And even when the project is in full swing, the time demands of development are notoriously uneven. A sixty-hour week of finalizing funding, applying for permits and interviewing architects may be followed by a relatively quiet month of waiting for approvals, followed by a chaotic week of revising budgets and architectural plans. The unpredictability of development's time demands makes it difficult to delegate the work.

All too often, the executive director or another senior staff person ends up carrying an enormous part of the workload. Other responsibilities can suffer as a result. While

development definitely requires the thorough attention of a nonprofit's senior leadership, it cannot be allowed to subsume all of the other important issues facing an organization.

In addition to gauging your organization's capacity for development, it is also helpful to assess its culture. Is the new development a logical outgrowth of its core mission, or does it represent a new direction for the organization? The Community Model thrives on a lack of hierarchy and an ethos of collaboration across different programs. This approach may make line staff feel more valued, but it might also confuse managers about their roles and the extent of their authority. In addition, incorporating harm reduction techniques into existing programs can alienate some staff accustomed to more mainstream treatment approaches.

Once OPCC decided to establish a Community Model program in Santa Monica, OPCC's project director Lou Anne White committed to working at Lamp Community for almost a year to learn the program firsthand. She observed innovative service strategies that she quickly applied to OPCC programs. But she also saw that some of the program's components were not as easily transferred. "After seeing it in action at Lamp, I knew we couldn't do money management for members the same way they did. We decided it was best to let the local Department of Mental Health office and others do that, so we could concentrate on what we do best. It's important to know what works and what doesn't work for you as an organization."

Some members of your organization may be more supportive of the development and the new program. Sometimes, the enormous commitment of time and energy to development leaves employees in some departments feeling undervalued. Do your best to understand how the new development is perceived by board members, staff and program participants alike.

Finally, when building a new facility, it's important to include the entire organization in the project. All staff and program participants can share in the excitement. Periodic updates and presentations on the development are a great way to ensure that all the organization's stakeholders have an opportunity to contribute their insights to the project. It's also a good morale booster and team builder.

3. Creating a Development Team

Once the decision to develop a new facility is made, it is necessary to create a development team. Individual team members' level of participation will vary as the development moves through different stages, but it is important to identify each team member as early in the process as possible.

The key members of the development team include employees within the nonprofit organization as well as outside consultants:

In-house:

- **Executive Director** – Oversees the project, does political and governmental outreach and makes final decisions regarding hiring, budgets and design.
- **Project Coordinator** – Resolves day-to-day issues related to development, works closely with Executive Director on all fundraising and political/government issues.
- **Program Director** – Ensures that development design meets the needs of the program, staff and participants.
- **Board Member(s)** – Assists Executive Director with fundraising and political activities.

Outside consultants (may be individuals or firms):

- **Housing Development Consultant** – Oversees implementation at every stage of development, from siting, funding, permit approvals, design issues, construction management, final certifications and other governmental relations.
- **Realtor** – Helps identify an obtainable site and assists in purchase negotiations.
- **Architect** – Designs physical structure, ensures construction meets specifications within budget.
- **Community Outreach Specialist** – Responsible for education and outreach to community residents to obtain their support for the project.
- **Attorney** – Works with Development Consultant to draw up contracts and anticipate and resolve any legal issues.
- **General Contractor or Construction Manager** – Oversees construction of the facility, works with other team members on scheduling, budgeting and realizing design.

Other Consultants and Combining Roles – In some cases, separate roles may be combined. If an organization has a long history and strong reputation in their community, community outreach may best be done by in-house staff. Or a dynamic, well-connected executive director may choose not to use up the limited time of board members on development issues. When combining roles, however, be realistic about time limitations. Be sure to reduce the other responsibilities of the staff member expected to act as project coordinator so that neither the development project nor other important duties are left unattended.

At times, the team may also include additional outside specialized consultants, such as an environmental consultant if there is a need for an environmental impact statement or cleaning up of hazardous materials. Funders will also play an active role in ensuring that their funding is being used wisely. Some have extensive resources for providing technical assistance to inexperienced developers.

In a relatively slow local real estate market, a realtor (or real estate broker) may not be necessary to the functioning of the team. In a real estate market that is very competitive, as many are today, the right realtor may be one of the most important team members. It may be difficult, however, to find a realtor with the time and inclination to locate a site for such a project. Since realtors usually work on commission, they depend on closing deals quickly. But publicly-funded facilities have many requirements that can slow down the negotiation process for a purchase, and many sites will have to considered before a successful sale can be completed. Also, some realtors may not support the ideas behind the Community Model, and may even choose to alert other opponents to the project. Providers must be aware of all of these issues when looking for assistance in this area. There are real estate brokers who have experience working with nonprofit service providers. Depend on word-of-mouth from colleagues you trust to find one.

Finding Team Members – So how else does an organization find outside team members? There are all kinds of ways, of course, but development is a good time to make full use of any professional relationships the organization has, through management staff and board members. Often, other nonprofits in your area that have developed facilities (especially affordable housing developers) can provide guidance and recommend effective individuals and firms to fill out your team. Private funders, foundations and governmental development agencies are a primary source of expertise and guidance. Most have architects and housing development consultants with whom they regularly work. Usually, engaging a strong housing development consultant is one of the best ways to help you quickly find other members of the team. Retaining a good housing development consultant lends credibility to a project, and attracts other effective professionals to your endeavor.

Some communities have local technical assistance providers for nonprofit development. When OPCC sited and developed their program, Shelter Partnership, Inc., a regional technical assistance provider, played a crucial role in this capacity. In addition, much affordable housing development is financed through federal Low Income Housing Tax Credits. Tax credit "syndicators" like the National Equity Fund (NEF), Local Initiatives Support Corporation (LISC) and the Enterprise Foundation can provide an enormous amount of technical expertise on development and can link organizations to effective consultants. Operating foundations and other development intermediaries like the Corporation for Supportive Housing (CSH) can also be valuable resources. Each of these national organizations has state and local offices with knowledge of area consultants. They're a great place to start if your organization has few local sources of nonprofit development expertise.

*John Maceri, OPCC's Executive Director, emphasizes the importance of having a full team of outside consultants: "It was a high-profile, politically sensitive project for our community, so I wanted to be the one out there taking the hits for the organization," he remembers, "but there's no way I could have done it alone. Everyone on the team played a critical role, especially our board members." The firm that oversaw the project's outreach to the community laid the groundwork for a successful siting, but many of OPCC's board members reached out to elected officials at a crucial juncture. In addition, one board member was a developer who was vital to evaluating the eventual site's value and suitability; another board member's law firm drew up and finalized more than ten documents related to the lease, purchase agreement, loan terms with the city, environmental reviews and other necessary paperwork – all "*pro bono*" (at no cost)*.

4. Locating the Facility

A Community Model program will be more effective and operate more smoothly if it is:

- Readily accessible and welcoming to homeless people who are generally distrustful of service programs
- Close to other services and amenities used by this group
- Some distance apart from other potential competing community interests

In addition to considering the needs of homeless people, a provider siting a facility must also address the concerns of community groups, government and potential funders. Zoning and environmental factors (addressed in *Sections 8 & 9*) will also have to be taken into account. Thinking through some of these issues early in the process can help achieve equilibrium between these competing factors.

Access – The Community Model's mantra of "meeting people where they're at" can be taken literally in this instance. While many factors will affect where a facility is located, every effort should be made to site it where homeless people with mental illness already are. Not only will the provider have ready physical access to the people to be served, it is more likely to be seen by the surrounding community as a solution to an existing problem rather than as a new source of trouble coming from outside of the neighborhood. Lamp Community is located in the heart of Los Angeles' Skid Row district, a neighborhood with one of the highest concentrations of homeless people with mental illness in the United States. Few providers will encounter such an obvious location for a facility site. But suitable locations in other localities share some of the same elements:

- **Near a park or public space** – Being within walking distance from a natural gathering place for homeless people will improve the immediacy and effectiveness of street outreach activities. On the other hand, a location directly adjacent to a park may draw unwanted and negative public attention to the facility, if program members are perceived to be monopolizing parkland as their own personal space.
- **Directly accessible by public transportation** – No matter how comprehensive a program may be, members will need to use public transportation to get to

entitlement centers, other programs and other activities. The less public transportation available in a locality, the more important this becomes.

- **Near other Community Model program components** – Lamp Community operates four program sites and hundreds of housing units all within walking distance of each other. Their close proximity helps both members and staff.

Proximity to Other Services and Amenities – While the Community Model should serve as an oasis of safety, order and consistency to members, it should not be far removed from the other services and amenities necessary to members' daily lives. Siting programs next to grocery stores, laundromats, entitlement centers and other government offices will make a Community Model facility even more relevant to the needs of prospective members. Close proximity to other services, such as pre-employment training programs, detox centers, outpatient rehabilitation and health clinics can also help make service delivery and collaboration with other groups that much easier.

Distance from Other Community Interests – Homeless people with mental illness encounter discrimination daily. They are often seen as dangerous, unpleasant and always from somewhere else. While fighting these misperceptions is important, it is nevertheless incumbent upon the provider to minimize any negative impacts a program may have on the community. During the onset of the siting process, geographic proximity to schools, retail business strips and some residential communities will most likely elicit organized resistance. While being close to any of these should not rule out a site, providers must be sensitive to the competing needs and concerns of other community interests.

5. Designing the Physical Configuration of the Facility

Whether a provider is developing a Community Model drop-in center, respite shelter, day facility or permanent housing, it is important to work with program staff early in the process to ensure that the facility meets the needs of the program and participants. Be sure to facilitate opportunities for management, front line staff and, in some instances, program participants to meet with the architect to discuss their needs and preferences.

Drawing on their experience operating Community Model programs, Lamp Community and OPCC identified the following items as essential issues to consider during the design process of a day center/drop-in center and shelter facility:

- **Outdoor space** – Members need an outdoor area apart from the street to relax, smoke or just hang out. The space can also be used for outdoor social and recreational activities. It should have attractive landscaping and seating areas to provide members opportunities to be alone or in groups.
- **Open indoor community spaces** – Indoor areas for dining and lounging should be comfortable and flexible, with partitions or moving walls that can be reconfigured according to group size and activities. Open space is easier to supervise, and as a result, safer. It is also more inviting to members who are distrustful or paranoid.

- **Semi-private sleeping space** – Members need semi-private space within the community where members learn to respect one another's privacy, without isolating themselves in closed door rooms. Individual or shared cubicles without doors work well. Each should have a bed, locked storage, and a place to hang or store clothing and other personal belongings.
- **Offices for staff** – Some private office space dedicated to management staff is necessary, but should be kept to a minimum to encourage as much interaction as possible between members and staff.
- **Offices for private meetings** – There is an additional need for private office space for individual counseling, to allow members to share personal or confidential information with staff, problem solving or dealing with a crisis.
- **Rooms for smaller groups** – Group therapy, 12-step meetings, education and support sessions can be conducted in the community room, but it is preferable to dedicate smaller rooms that can comfortably accommodate 8-10 people for this purpose.
- **Storage for residents** – In addition to locked storage in the cubicles for members' personal papers or other valuables, space for storing members' larger possessions is desirable.
- **Separate bathroom facilities for men and women** – Facilities should include toilets and showers. Providing separate bathroom facilities for staff may undermine the community ethos, but will improve staff morale.
- **Laundry facilities** – The ability to do laundry on-site is appreciated by members.
- **Kitchen facilities** – A full-service kitchen where staff, members and volunteers can work together to prepare and serve meals is essential. There should be adequate refrigeration and freezer space, stove and ovens, food preparation space as well as storage for dry goods, dishes and utensils.
- **Secure medication storage** – The medication cabinet must be locked and monitored by staff. It can be situated in a management office. For multi-site programs, it is often simpler to store medication in one location.
- **Overnight staff area** – Depending on program conditions and members, staff may not be required to be awake during the entire night shift. If the member population is mixed gender, overnight staff should be also. The staff sleeping area should be near the member cubicles to provide easy monitoring of the facility at night.
- **Outside storage area** – Members appreciate and are more likely to use a day center if they have a safe space to store carts and other large belongings.
- **Kennel space for animals** – Many homeless people have pets and will refuse shelter if it requires giving up their animals. Or they will attempt to use their limited resources to board animals when entering a shelter. An outside space for animals allows members to keep their animals nearby, while still maintaining the health and safety of other members who may be allergic or frightened by animals inside the facility.

Both Lamp Community and OPCC stress that an organization should spend the extra time thinking through what the program will need before *a site is identified. Work with an architect to understand your program's space needs, where the program components will be located in relation to each other and other like details. What are your program's parking, outdoor space, handicap access and sleeping space needs? Knowing this kind of information will help you visualize how a site can be used when you do your initial walk-through.*

6. Estimating Costs

It is possible (and imperative) to make general estimates of the cost of building, operating and staffing a new facility early on in the development process. It is more difficult to predict the cost of purchasing land or a building, or the "soft" costs of managing these endeavors. All of these costs vary greatly from locality to locality, and even from year to year. They will vary even more as concrete details of a specific development project become apparent. Nevertheless, it is important to get a ballpark figure for planning purposes before the development process goes too far. Consider the following:

- **Pre-development, development and "soft" costs –** As this chapter makes clear, developing a building is a major undertaking involving a lot of different professionals. The provider/developer must account for the cost of hiring and paying an architect, a development consultant, a realtor, lawyers, engineers, community consultants and others throughout the life of the process. Some of these costs, such as the realtor's fee, can be paid on commission, when funding is secured. Others, like architectural designs, occur during the pre-development phase, when funding may not be fully secured. Other "soft" costs, like office support, consultant expenses and other incidentals, will also arise and must be taken into account during the planning process.
- **Construction costs** – Experienced contractors and architects can usually provide a general cost per square foot for the new construction or gut rehabilitation of a facility. Of course, the more you know about the kind of facility you want to build (How big do you need it to be? Will it be architecturally adventurous? Will it be a green building?), the more accurate your estimates can be.
- **Building operation costs** – If your organization already owns or operates a building, you may already know the prevailing prices of many of the factors that determine the annual cost of operating a facility (water, heating and air conditioning, maintenance, security, property taxes, insurance, among others). If your organization does not already own a building, consult with other organizations doing similar work, or with board members that do. Be sure to think realistically about the true costs of operating a new facility: all too often, organizations are so focused on the costs of actually constructing a building, they don't account for all of the ongoing costs. In many instances, spending more upfront on such things as energy efficient windows and doors can reduce annual operation costs later.
- **Staffing and OTPS costs** – If your organization already operates social service or housing programs, the cost of staffing a new program is perhaps the easiest aspect to predict. If this type of program is totally new to your organization, rely on board members, other organizations and government agencies that fund these programs to make an accurate estimate of both staffing and Other Than Personnel Services (OTPS) costs.

Real Estate Costs – More difficult to predict in the early part of the process is the cost of purchasing land or a building. Real estate costs vary tremendously depending on location, condition of the site and an owner's interest in selling. Until you are

considering a specific site, it is difficult to predict purchase prices. In some markets in the United States, real estate prices have risen substantially in the past few years, severely limiting the number of properties and locations available to nonprofit service organizations.

You can, however, consult with a knowledgeable realtor about general market conditions in the area that you are considering for a site. If you do, be sure you are talking to a realtor you can trust. You want to keep your inquiries confidential so that you can continue to control the timing and pace of your development plans as they relate to the community that will be affected. A realtor with strong ties to the local community who does not understand or support programs for homeless people may incite opposition to your project before it even gets off the ground.

The cost of buying or leasing the land or building for a program is of course subject to negotiation. It is also subject to surprising and untenable increases – make sure you have a good idea of your financial resources before ambitious dreams for your facility put your organization on perilous financial footing. The smaller your agency, the less you can depend on other agency program activities and assets to absorb costly overages. Be cautious and realistic about your organization's capacity to develop and expand.

New Construction versus Rehabilitation and Other Considerations – As you begin to evaluate sites for development, consider the value of the land by itself, separate from the actual building. Depending on the condition of the building, your program needs and various municipal building codes and zoning regulations, it may turn out to be less expensive to demolish the existing structure and construct a new building. The costs of substantial rehabilitation can sometimes exceed the costs of new construction, especially if the rehabilitation must conform to historic preservation criteria. Local parking requirements can also add costs to a siting project. Subterranean parking is particularly expensive. In addition, the building must meet the standards of the Americans with Disabilities Act (ADA), so any needed adjustments for that purpose may impose an additional cost burden.

Leasing versus Purchase – If your organization does not have the funds to make the substantial capital investment necessary to purchase a property, you may consider leasing. A particularly "hot" real estate market may preclude a large purchase price. Also, sometimes leases can be had for extended periods of time, from 30 to 99 years, making them almost equivalent to owning the property, for the purposes of the program and the organization.

Leasing presents a unique set of challenges the development team must address. Private owners are not always willing to enter into a long-term lease to a program serving what they see as an "undesirable" population. They may fear alienating the community or other tenants leasing space in the area. They may believe that the presence of the project may lower the value of the site and surrounding properties. Leasing property from local government or another public entity may be a possibility – if the project is seen as a

public benefit, it may be possible to obtain a lease on the property at or below market rates.

Regardless of the property owner, it doesn't make sense to invest substantial funds in improving or renovating a building if you can only lease it for a limited amount of time, less than five to ten years. The cost of relocating at the end of the lease must be considered when comparing this option with purchasing a property.

OPCC found an experienced Housing Development Consultant through Shelter Partnership. According to John Maceri, the Housing Development Consultant was extremely helpful in estimating costs and putting together the development budget, as well as securing the complex financing necessary for the project. "We were knowledgeable about the needs of the program and had a good understanding of the local real estate market. But we really benefited from the HDC's expertise at writing up successful funding applications, obtaining pre-development funds and complying with all of the requirements of the federal funding streams."

7. Identifying Funding Resources

Obviously, the range of many of your cost estimates will be determined by the amount of funding you believe is available to the project. There are many possible sources of funding for drop-in centers, transitional shelters and permanent housing programs. You will most likely have to depend on a number of them to fully fund a Community Model program. A qualified housing development consultant will be familiar with all of these funding sources. Some funding sources include:

Federal Funding – There are a handful of federal funding sources available from the Department of Housing and Urban Development (HUD) for building and operating different components of a Community Model program. They include the following funding programs:

- **Continuum of Care –** These funds are awarded on a competitive basis to localities and nonprofit organizations through the McKinney-Vento Act "Continuum of Care/Super NOFA" process. HUD requires that grantees have the support of State or local government. In some, the locality conducts the competitive grants process. Funding programs include:

    - **Supportive Housing Program** – This funding stream can be used for the acquisition, construction, leasing, operating and program costs of transitional housing, permanent supportive housing and Safe Haven[2] programs. It can also pay for the outreach, assessment and housing

[2] This funding stream is a component within the Supportive Housing Program that was created in 1999 to fund programs for homeless people with mental illness like the Community Model. Safe Haven funds can be used to pay for the acquisition, construction, leasing, operating and program costs of the drop-in center, street outreach and respite shelter portions of the Community Model. One advantage of Safe Havens funding is that it allows programs a lot of flexibility, such as giving participants an open-ended length of stay, though it limits overnight space to a maximum of 25 people at a time.

placement activities within the Community Model and most services that help improve homeless individuals' residential stability and independence. When Supportive Housing Program grants are used to fund transitional housing programs, residents' stays are limited to 24 months.

- **Shelter Plus Care** – This funding stream offers rental assistance and other support to homeless people with mental illness and other disabilities. It must be matched with service funding from other sources, although supportive housing grants and other federal funds can qualify as a match.
- **Section 8 Moderate Rehabilitation** – These funds can be used to subsidize rents in permanent housing that has undergone moderate rehabilitation.

- **Block Grant Funding** – These funds are awarded by a formula based on population and poverty rates and are administered by states and localities. All require that grantees have the support of State or local government. In some, the locality conducts the competitive grants process. Funding programs include:

  - **Emergency Shelter Grants** – This funding allocates funds to states and urban counties and cities according to a formula. It can be used to pay for rehabilitating buildings into homeless shelters, shelter operations and other essential homeless service costs and homelessness prevention activities
  - **HOME Funds** – These funds can be used to acquire and construct low-income, permanent rental housing. They cannot be used to fund the drop-in center, though they can fund shelter components of the Community Model, as long as participants' stays are open-ended and the housing meets certain minimal standards.
  - **Community Development Block Grants** – This flexible funding stream can be used to pay for the acquisition, construction, leasing, operating and program costs of the drop-in center, street outreach, respite shelter and permanent housing portions of the Community Model.

In addition to these funding streams, there are other federal demonstration programs, such as the "Collaborative Initiative to End Chronic Homelessness" or the "Ending Chronic Homelessness Through Employment and Housing Initiative" that may also be available to fund Community Model components.

State and Local Funding – States and localities may be another source of funding for Community Model programs. Much of this funding may ultimately come from federal dollars "passed through" state and local programs. However, many localities raise money for affordable housing development through a variety of fees and taxes on market rate development, hotel taxes and other sources.

In California, local redevelopment agencies are required to spend at least 20% of their redevelopment funds on low and moderate income housing. California also offers

funding streams for affordable housing, such as the Emergency Housing Assistance Program (EHAP) capital loans (which can fund Safe Havens), the Multifamily Housing Program–Supportive Housing Program (MHP-SHP), and Integrated Services for Homeless Adults with Serious Mental Illness funding. Check with your local social service department and development agencies for more information. Funding cannot be officially committed until you can prove that you have "site control" (*see below*). But often, informing your local development officials of your plans early on can help you gauge the locality's likelihood of supporting your project and understand their needs and concerns.

Private Funding – Projects in the faith-based community are often funded entirely by congregants' donations. For secular groups, private funding to build new facilities for homeless people is more difficult to obtain. Unless your organization has received a large private bequest specifically for the purpose of building a new facility, you're more likely to use private donations to fill funding gaps from year to year, or to pay for smaller capital purchases, like a van. Relying on private dollars to fund ongoing program operating costs is risky if you cannot depend on them from year to year far into the future. If you feel you may have the strong support of wealthy individuals, now may be the time to ask them to contribute to the construction of a new facility.

Foundation Funding – Foundations are another source of private funding. Few can provide a large amount of capital funds, but obtaining capital grants from five or six foundations can make the difference between failure and success, or an adequate facility and a state-of-the-art program.

Long-term Financing – If you are fortunate enough to receive full funding from your locality, you will not have to borrow money to pay for acquisition and construction costs. But more often than not, government funding will not pay for the entire cost of acquiring, building and operating a new facility and you will have to take out a mortgage, just as you would when buying a house. Banks are required to provide some below-market financing to comply with the Community Reinvestment Act and may be a source for relatively inexpensive, long-term loans. If these are not available, there are other intermediaries that provide financing at market rates for projects that are beneficial to a community but deemed too risky by commercial lenders. Such groups include the Low-Income Investment Fund and the Corporation for Supportive Housing. All of these sources will require proof that your organization has the ability to repay such loans. Your housing development consultant should be well acquainted with all of these options.

Bridge Financing – You will encounter a number of expenses during the pre-development phase of a project, including but not limited to drawing up architectural plans, fundraising, legal work and environmental assessments. These costs may be covered by government grants. When they are not, banks and some intermediaries can provide low-interest "bridge loans" to help pay for these early stages of the development process. In most cases, the loan does not have to be paid off until the primary funds are available, or until construction is completed. If the source of the funding is a nonprofit

intermediary, the loan may be forgiven if the project falls through (though your organization's credibility will seriously suffer if you are unable to pay it back).

Tax Breaks – In some instances, owners selling property for a "public good" such as a Community Model program may qualify for local, state or federal tax breaks. These may help make your offer more attractive to the seller. Once again, a housing development consultant will be familiar with these possibilities.

Combining Funding Streams – Just about every development project requires multiple funding sources. Some projects use over twenty different funding sources for capital and operating support. In most cases, a development project only gets off the ground when you have received a firm, substantial commitment from local or state government to fund the facility (often with their allocations of federal dollars). Once you have their support, you can go together with local and state representatives to foundations and other funders to ask for additional funds.

In some cases, state parameters for operating a program differ from federal rules, making it difficult to combine funding streams. Local restrictions can further make compliance difficult. For example, federal rules allow residents to stay in a transitional housing program for up to 24 months, while local zoning laws may limit residents' stays to six months. To allow a longer stay and comply with local rules, a provider may have to register as a permanent housing program, making the program ineligible for federal funds for transitional housing.[3]

The effort required to obtain all this funding can overwhelm an executive director attempting to raise the money single-handedly, and the reporting requirements alone are enormously time-consuming. Unfortunately, it's a necessary part of development. Make sure to be prepared and able to spend lots of time and effort on obtaining this support.

The OPCC Safe Haven ended up employing an unconventional acquisition strategy. Originally, OPCC planned to purchase the chosen site. But the major portion of the purchase price was provided by funds controlled by the City of Santa Monica. During the siting battle, residents objected to "giving away" public funds to buy a property that would be owned by a nonprofit. To address this concern, the City and OPCC negotiated an agreement that provided public funds to OPCC to purchase the property. In return, OPCC immediately turned over the deed to the City, and then leased the property from the City for a nominal fee. This arrangement satisfied federal funding requirements, allowed OPCC to purchase and achieve site control of the property quickly, and let the City retain ownership, thereby satisfying all concerns.

[3] To resolve these types of contradictions, providers must monitor legislation and advocate for changes at local, state and federal levels of government. For example, in 2000, a task force recommended changes to the California State Legislature to reconcile state Emergency Housing Assistance Program rules with federal definitions, allowing more flexibility to providers.

8. Finding and Securing a Site

Once you have determined the parameters of the facility you need, and have a general idea of the costs and sources of funding involved, you are ready to find a site.

Research All Rules and Regulations – As you begin your search, research local market conditions. Find out what purchase and lease prices are in your area, and whether buildings and land have been selling briskly or whether the market is "slow."

Acquaint yourself with (or hire a housing development consultant who knows) the building and rehabilitation regulations that may apply to your project. Three categories of regulations govern what can be built in a locality, or within specific areas of that locality:

- **Zoning Regulations** control land use and regulate the types of buildings that can be constructed in a community
- **Building Codes** regulate the design and construction of buildings
- **Building Maintenance and Use Rules** regulate how buildings can be used.

Local zoning regulations restrict how a lot or building can be used. Some zones require a "conditional use" permit for social service programs. The locality may need to provide planning approvals or a formal zoning change for the project to be sited. Approval of the project may be a discretionary issue determined by the executive or legislative branch of local government without a long, drawn out formal process. But even a "fast track" approval process can trigger a public hearing. It may also require a mailing notifying people living within a certain radius of the proposed project.

Even when government approvals are not required to site the project, local officials and elected leaders who oppose a project may be able to deny critical funding and other approvals for the program, so plan on addressing their concerns from early on in the process. Begin with discreet inquiries to your local Planning and Zoning Department to help you determine in advance what areas will permit a Community Model facility.[4]

Purchase Negotiations – Once you have located a site that appears to meet your needs, you will have to convince the seller that you are a serious buyer. You may encounter some skepticism. The seller may not believe that an offer from a nonprofit organization will be competitive with those of other buyers. If the owner also owns other properties in the area, she may be concerned about the effects that a facility serving the homeless will have on the immediate neighborhood. Often, properties owned by public entities are more likely to be available for purposes that contribute to the public good. You may have to work extra hard to make the case for your organization's credibility.

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[4]*For more on zoning regulations and building codes see* Hattis, D. B. (August 2001). Smart Codes in Your Community: A Guide to Building Rehabilitation Codes. Prepared for the U.S. Department of Housing and Urban Development: Washington, DC.

And even if the owner is supportive of your organization's mission, she may be hesitant to enter into negotiations with you. The complicated combination of funding streams necessary for such nonprofit development almost always causes delays in putting together a deal. Having cash on hand (either through reserves your organization has accumulated, or through a bridge loan) can help smooth this process. As you negotiate, be honest and upfront with the owner about your limitations – don't promise what you can't deliver. At the same time, you will have to reassure the owner that you have enough money to make a competitive offer. Also, don't downplay the difficulty of the work you do – now is the time to impress upon the seller the effectiveness of your organization and the community's urgent need for your new facility.

Negotiations on the terms of a purchase may take time. In a hot market, the seller may slow negotiations to allow more attractive offers to come in. The market will also have some effect on how much time it takes to raise money and seek planning approval from the city. Be conservative when estimating how much time will be required to accomplish these tasks. A team that naively commits to a short escrow period may risk losing the deposit money it commits at the opening of escrow.

Site Control – When your team agrees on the suitability of a site, it is time to attempt to gain "site control." Site control means that you have control of the identified property either through ownership, a long-term lease, a purchase agreement signed by you and the seller, or a signed option to buy the land at an agreed-upon price within a specified period.

To minimize your organization's risk, any site control agreement between the seller and you must have an escape clause that returns any payment you make if the site does not pass environmental and other inspections necessary to build your facility. Or conversely, you should not gain site control until all inspections of the building are completed. The inspection phase, commonly called the "due diligence period" *(see below)*, may begin before you secure site control, although, in general, spending on inspections should be kept to a minimum until you have achieve site control.

Site control invariably requires some upfront commitment of money by your organization, either through escrow, a down payment or lease payments. Government capital development funding programs will not release funds to you until you can demonstrate site control, although you will normally execute a memorandum of agreement with local government that will facilitate a funds transfer immediately as soon as you demonstrate site control. You can secure site control by:

- Making a cash down payment and securing a mortgage from a commercial lender.
- Entering into a contract that gives you the exclusive rights to purchase a property for a specific time period, with specific terms of sale, commonly referred to as an option. During the option period, you will attempt to secure funding and/or financing.
- Signing a lease, which does not require a cash down payment.

There are a number of strategies an agency can use to secure site control for its project. Two such methods are purchasing a lot or a building with cause, or securing a mortgage from a commercial lender with a down payment. OPCC was in a unique position of having a public entity (the City of Santa Monica) funding part of a purchase/lease. An agency can also enter into a contract that gives the purchaser the exclusive right to buy a particular site for a specific period, under specific terms. This is called "taking an option" on a site. During the option period, the purchaser will have the opportunity to secure funding and perform inspections and environmental evaluations of the site.[5]

Due Diligence – Once you have identified a suitable site with an owner interested in selling, you will enter into an agreement with the owner that allows you access to the property for a limited amount of time, commonly referred to as "due diligence." During the due diligence period, the buyer is expected to have building appraisers, structural engineers and environmental experts inspect the property to determine the condition of the property, identify any environmental hazards and evaluate how much rehabilitation the building will have to undergo. You and your architect will also initiate discussions with the local government on waste management, lighting, security and other issues. "Environmental Impact Reports" must be prepared before State agencies, the federal Department of Housing and Urban Development (HUD) and other funders will approve funding for the project.

"When you're ready to make an offer on a site, you've got to know your seller," says Maceri. OPCC's team quickly found out from local real estate brokers and internet research that the owner of the site was "a difficult seller." He was wealthy and not particularly motivated to sell, and had an antagonistic relationship with the city government. Undaunted, OPCC used this knowledge to its advantage. "We never let him know that the project was funded by the city, while making sure he understood we had substantial – but not unlimited – funding. It's a fine line, but the entire team kept on message."

Even more important, OPCC discovered that previous potential buyers had been scared off by the site's zoning restrictions and the significant environmental remediation necessary to build the underground parking required for commercial use. "We didn't need an underground garage, and the site's zoning was perfect for us. And without the environmental clean-up, we could give the seller the quick escrow he needed." There was little risk to OPCC, because they had knowledgeable team members ready and able to complete the assessments necessary to assure them of the site's viability. OPCC's awareness of the seller's situation helped them negotiate the site's price down by a third.

9. Obtaining Community Support

No matter what a provider does, attempting to site a housing or service program for homeless people will arouse some degree of community opposition. The public's perceptions and misperceptions of homeless people tend to be negative. However

[5] *For more information see* Hudson Planning Group (2001). "A Guide to Developing Housing for People Living with HIV/AIDS." Hudson Planning Group: New York. p. 6-2.

accurate or erroneous, homelessness is associated with people's fear and misunderstandings of mental illness, addiction, AIDS, crime and poverty. Even people who generally support efforts to assist homeless people are likely to object to programs sited near where they live, a phenomenon commonly referred to as NIMBY, or "Not In My Back Yard."

In most cases, opposition will be especially fierce to proposals to site a Community Model program. The Community Model is explicitly designed to serve the most difficult to engage homeless individuals – precisely the people who most frighten community residents. What is more, the program often serves these individuals right off the street, when many are least able to comply with some accepted norms of behavior. And even though they are proven effective, harm reduction strategies are interpreted by some as "enabling" the people they serve.

Most community opposition is based on ignorance and fear of the unknown. Sometimes it can manifest itself in ugly and cruel ways. But it is important to acknowledge that some community opposition may be warranted. A badly run or oversubscribed program can undoubtedly have a negative impact on the surrounding community.

Nevertheless, new Community Model programs are desperately needed to reach the tens of thousands of homeless individuals with mental illness who remain unserved by existing housing and service programs. Establishing an effective one in your area will ultimately reduce the most deleterious impacts of homelessness on the entire community. To site one successfully, you will have to expend an enormous amount of time, energy and political capital to overcome often vociferous and resolute opposition. If this opposition gets ugly, remember that there are also a substantial number of community members who understand the need for more effective services for homeless people. They support your project, however quietly.

Predict Your Project's Opposition and Support – Begin by identifying the community leaders and groups who are likely to oppose or support your project. Ask yourself the following questions:

- Is the site in an area where opposition is likely to be great or low?
- What are the most probable reasons that people will oppose the project?
- Which elected officials do you expect will support or oppose the project?
- How strong is their support or opposition likely to be? Is this support contingent on the positions of others?
- What community groups, businesses, and stakeholders may object to the project?
- Do you have allies among community leaders, local businesses and other stakeholders?

You can develop answers to these questions by considering the following:

- Look at the residents, businesses and buildings that neighbor your proposed site. How concerned are they likely to be about who abuts their property? (For

example, a row of high-end retail businesses is more likely to be concerned with adjoining a facility serving homeless people than a waste transfer station operator would be).

- Are nearby residents likely to be organized? Homeowner associations are more apt to oppose a project than the tenants of a single room occupancy residence.
- Are there churches, schools or other institutions nearby that may support or oppose siting your program in this area? Schools (especially elementary schools) will often oppose homeless programs on safety grounds, while churches can sometimes be strong allies.
- Will tax revenue be an issue? Local municipalities rely on commercial and property taxes. Will some officials prefer to see a commercial interest at the site, rather than a nonprofit, tax-exempt organization? Localities normally understand the need for services to homeless people, but be aware of this issue in case you need to educate public officials.
- What arguments against siting the program are most likely to be used? Do some community residents believe the area is already "saturated" with service programs? Or do area residents believe that your members will come from outside the community? Will they object to the physical appearance of the facility and the area immediately surrounding it? Are there concerns about how many people will be using the program? Or are there concerns about the nature of the program and the service delivery strategy itself?
- Estimate how much of the area your program is likely to affect. Will your members be using the same routes over and over to get to your program? For example, the six blocks from a nearby bus stop, or a street that leads to a nearby park.
- Find out if there have been any negative incidents in the area over the past few years involving the population you will serve.
- Are there other service programs at all similar to yours already located in the area? Speak with the operators of these programs to understand the community's concerns about their programs and how they have voiced those concerns.
- Identify which local elected officials or community leaders have recently supported or opposed similar programs in the area. How strong was this opposition or support?
- Who among your board members, staff and major funders have a presence in the community? Who do they know who has some influence over local public opinion?

Choose Your Organization's Representative to the Community – Once you have answered these questions, you should choose a public face or faces to make your case to the community. The executive director is an obvious choice. But there may be a key staff member who lives nearby or board members with deep ties to the area who can play critical roles in the effort.

Hire or Designate a Community Outreach Specialist – There are individuals and firms that can offer crucial assistance to you in educating the public about your project. Having a person on your team who has had experience presenting projects to area stakeholders

and responding to community concerns can eliminate needless controversies and smooth over conflicts with various groups. A Community Outreach Specialist usually performs functions such as:

- Crafting the overall message to the community
- Identifying the key issues that will generate opposition
- Developing solutions to community concerns
- Meeting with elected officials and community leaders
- Organizing information sessions, rallies and other events to educate the public and demonstrate public support.

Depending on the area you serve, finding an effective Community Outreach Specialist can be more difficult than hiring an architect or most other members of the development team. There is no listing in the yellow pages for them. But there are firms that specialize in managing the siting process, mostly for large companies siting large retail complexes or industrial facilities. If there are no such firms in your area, former community board members and other respected community leaders, or people who have worked for such leaders, can be good candidates for this role. Public relations firms that work on public interest issues may also be appropriate. In some cases, you may be able to get *pro bono* or discounted assistance from such firms. When searching for a Community Outreach Specialist to help site a Community Model program, look for the following attributes:

- Someone who can make a coherent, articulate argument; who is patient, inoffensive and thinks quickly under pressure
- Someone who knows the community, preferably a resident of the area with strong ties to community board members, business leaders, clergy and other local opinion makers
- Someone who understands the program you propose, including the need for harm reduction and innovative services to reach homeless people with mental illness.

Located in a large metropolitan area, OPCC was able to choose from a number of firms that specialized in conducting community outreach campaigns for companies siting large facilities. OPCC management asked area housing developers and political contacts for references, and inquired about community outreach efforts associated with large developments that had been recently sited in the area. "We finally settled on a firm whose principal was a former aide to a City Councilmember," says John Maceri, "And they had to be bilingual because the neighborhood was mostly Latino. An added bonus was that one of the firm's employees actually grew up in the area and still had many friends, family members and other useful contacts in the community." All of these attributes helped the project succeed. But even with these considerable advantages, OPCC still faced a fierce siting battle.

Informing Community Members – From the day you resolve to develop a new facility, you will have to decide when to tell key stakeholders of your plans. Potential funders, including local officials, will have to be informed early on, of course. But you will have to make a choice about when to announce your intentions to members of the public who may oppose your project.

Some providers choose to go public early in the process. This will give you more time to spend on community education activities. It will also allow you to shape your project to respond to community members' concerns. They will be more likely to feel that they were consulted as full partners in the project and may be more supportive of the project once it is in full operation.

On the other hand, early notification will give local groups who choose to oppose the project more time to mount an aggressive, organized campaign against the project. Minimizing the amount of time available to opponents may make the difference in successfully siting your project.

A good way to begin is to reach out to community leaders, clergy and elected officials you believe will be supportive of the project. They will appreciate being told early on in the process. They will be able to share with you their concerns and help you anticipate the forms that community opposition will take, as well as ways to counter that opposition. They will also be able to help you identify other potential allies you may not have thought about.

Understand, however, that even allies' support may not be as strong as you would like. Elected officials must balance the needs of a lot of different constituencies. While some may be willing to take a strong public stance in favor of your project, others may prefer to work for you behind the scenes. Some may choose not to take a public position on the project so that they can later portray themselves as honest brokers between competing interests. These less active roles can still be valuable to you, so be careful not to alienate potential supporters just because they are not willing to step up to the plate for you right away.

As a rule of thumb, you should publicly announce your project only after you have secured site control. There is no point in arousing community opposition to a site you only have a small chance of buying. Usually, a provider is required to make a public announcement only when requesting a discretionary approval of funding or permits from a public body. If such a request requires a public hearing, groups often make the announcement a few days before the hearing. Depending on the funding and political situations, you may choose to announce before you have achieved site control as a way to attract more support and funds. Often, however, it is best to wait until you have a signed purchase agreement and site control before making a public announcement.

Community Outreach – When you are ready to announce your site intentions, take some time to think about how and when you will tell people, who will tell them and in what order. If your organization has had support from an elected official in the past, but you have held off on talking to them because you anticipate their resistance, it may still be a good idea to let them know of your intentions right before the announcement. If you are unsure of the position that community leaders, surrounding businesses and other groups will take, a personal call from the executive director explaining the decision may be just enough to garner support or at least blunt opposition. Try to anticipate who may

become offended if they read of your plans in the papers before you have had a chance to tell them yourself. Then call them all as close to the public announcement as possible.

If you are fortunate enough to have significant public support for your project, you may want to take advantage of it and make a small event out of your announcement. A public announcement of your purchase made with elected officials and other community leaders alongside the provider sends a strong signal that there is support for the project (and puts that support on public record, should they get cold feet later on). On the other hand, you are more likely to choose to keep the announcement as low key as possible, so as not to rally opposition with a front page announcement in the local gazette.

Once OPCC had announced it had obtained site control, a substantial bloc of community members mobilized to oppose the project. They objected to the site on a number of grounds, including the effect OPCC's clients would have on local businesses, schools and residences. OPCC took concrete steps to address these concerns, convincing the City to reroute a local bus line to allow program participants to travel to OPCC without passing through a residential neighborhood. OPCC also promised to install bright lighting around the site and held tours of another one of their facilities located in a residential neighborhood.

But OPCC was also prepared with a ready-to-go comprehensive public relations effort. They distributed a one-page, color fact sheet explaining OPCC and the project. Community Outreach Specialists paired up with OPCC staff members to knock on hundreds of doors in the neighborhood, speaking with residents about the program, listening to their concerns and leaving materials if they weren't at home. In addition, they had their supporters fill the city council chambers at public hearings, arriving early to ensure they would be heard. Often, they had to endure hateful and abusive rhetoric from angry community members, but they remained calm, upfront and honest about the project and finally, after four months, the project was approved.

Strategies to Address Opposition – A variety of community strategies can counter the myriad obstacles you will face when siting a facility.

- **Be Sensitive to Legitimate Concerns About Your Project** – Community opposition to facilities serving the homeless is typically based on fear and ignorance. But communities may have more targeted – and very reasonable – concerns about your site and your program. Concerns about increased vehicular and foot traffic, the building's appearance, lighting, landscaping and how much people will be "hanging out" in front of the facility are all legitimate. Sometimes minor complaints are merely legalistic tactics by people who will oppose the project no matter what – they may complain that a shelter is too large and when beds are reduced, they may complain it is inefficient and a waste of money. But never dismiss these concerns out of hand. By being extra-sensitive to smaller issues, you can win the support of some community members and opinion leaders.

- **Make Siting Procedures Public as Much as Possible** – Some groups confident of community support may choose to begin with an announcement that a new facility is needed, thus making the community a full partner in the quest to find a new site. Short of this, you may choose to hold public forums to explain your site

choice and hear community concerns. These actions will help assuage some skeptics (sometimes people just need a chance to voice their concerns). Appointing a community advisory committee can add structure to the process.

- **Craft a Public Relations and Media Plan** – Much opposition to homeless facilities is based on ignorance. Make an effort to place stories in local print, TV and radio outlets to explain what your organization does. Host open houses at similar facilities you already operate. Sharing success stories can do a lot to increase public support.

- **Provide Community Incentives** – If you will need to hire additional staff to build and operate the facility, you can offer to reserve some portion of those jobs for local residents. If the area immediately surrounding your site is in disrepair, you can budget some funds to improve appearances. You may also be able to get elected officials who support your project to allocate some public funds for this purpose.

- **Be Willing to Make Some Concessions** – At the onset of the siting process, recognize what concessions you are willing to make in exchange for community approval, and what is non-negotiable. The program's capacity, rules, target population, eligibility requirements, hours of operation and service components are all possible points of contention and compromise. You may even choose to ask for more than you need in any of these areas, with the expectation that you will give in to some of the community's demands. Just be certain of what you absolutely need to be able to do to have a successful program and don't give up these conditions in the face of unreasonable public pressure.

- **Place Your Project in a Broader Context** – The Community Model program is a key element in many new innovative approaches to ending homelessness. Many new federal initiatives focused on ending homelessness cite the Community Model as an effective response that will help achieve this goal. Many regional efforts have echoed these commitments, such as the Los Angeles County-wide "Bring L. A. Home" initiative.

    - **Legal Remedies**: Litigation should only be used as a last resort when attempting to site a facility serving homeless people (although opponents may employ lawsuits right from the outset of a siting battle). Lawsuits brought by a provider tend to be long and costly, and may alienate important supporters. But if opposition is being waged on a clearly illegal basis, legal remedies may be your only option. You may be able to challenge the legality of local zoning ordinances, or obtain State-level overrides on how those ordinances are being enforced. Federal and State Fair Housing Laws can also be utilized if opposition is based on grounds discriminatory against minorities, including people with mental illness and other disabilities. A public interest attorney can help you review appropriate legal options.

10. Building a Facility

The construction of a facility for homeless people is more complicated than most development because of community concerns, multiple funding sources and the needs of homeless people and the staff who serve them. Hiring a contractor experienced in building social service facilities and working with nonprofits can do a lot to make this process go more smoothly.

Construction Management and Planning – To ensure that the contractor is completing the job properly and on schedule, it makes sense to appoint a senior management staff person inside the nonprofit to help manage the project (someone other than the executive director). This point person and the contractor should work together to develop a management plan scheduling the project from beginning to end, from the initial inspection of the site to design and construction, including funding considerations. You can also hire an outside construction manager to supervise the contractor and act as your organization's eyes and ears on the project.[6]

Begin this planning process with an initial set of actions, including:

1. **Inspection Preparation** – Check with the local jurisdiction to determine any zoning issues, prior hazard records, height or coverage requirements, or fire regulations that may be applicable to the site.
2. **Exterior and Interior Inspections** – Note the overall appearance of the building, its design efficiency, its compatibility with neighboring buildings and any indications of water damage, wood decay, or rusted and corroded equipment. Don't try to do this all by yourself: there are plenty of structural engineers who can be hired to make a thorough assessment.
3. **Systems Inspection** – Have a specialist review the size, capacity and other relevant information of the electrical, plumbing, and HVAC systems.[7]

Building Codes – Your architect and contractor will be familiar with local building codes and regulations. While some states and jurisdictions have developed their own building regulations, most codes currently enforced in the United States are based on model codes developed by one of three model code organizations.[8] In the western part of the United States, for example, most communities adhere to the *Uniform Building Code* which was developed and published by the International Conference of Building Officials in Whittier, CA.

Building Design – Buildings should reflect the character of their neighborhoods, especially facilities serving homeless people that generally try to keep a low profile.

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[6] *For more on construction plans, see* Barba, E.M. (1984). "Construction Scheduling and Cost Control." Federal Publications, Inc., p. 1.
[7] National Institute of Building Sciences. (2000). "Residential Rehabilitation Inspection Guide." U.S. Department of Housing and Urban Development: Washington, DC. p. 1.
[8] Hattis (2001). p. 5.

Color schemes, material textures, the location of windows and a host of other design issues will have a substantial impact on the program environment, and thus the effectiveness of the program. There are now a number of manuals that discuss effective design elements for programs for homeless people.[9]

Cost is obviously an issue. There are numerous opportunities in every design project to save money and/or be more environmentally sound. The City of Los Angeles' Environmental Affairs Department outlined several ways that an agency can cut the costs of rehabilitation, including using permeable pavement, recycled content deck material, hot water jacket insulation, horizontal axis washing machines, compact fluorescent bulbs, light colored roofing, reflective film on west windows, among others. These suggestions will not only cost less at installation, but will save ongoing funds spent on heat and cooling systems, water conservation and gas consumption.[10]

Construction – Once the site is acquired and the inspection is complete, construction can begin. A presentation from the U.S. Department of Housing and Urban Development's Regional Conferences on Housing and Homeless People outlines six steps that every agency or developer should employ:

1. Finalize the scope of work for the contract, and have an outside cost estimator, contractor or architect provide current pricing (start prior to acquisition).
2. Bid or negotiate the construction contract. Make sure your bid package includes all information about your funders' requirements, such as hiring and wage requirements for the job. Include additional funds for inevitable change orders.
3. Check in on the construction/rehab work at least on weekly basis. Your architect/engineer will be a part of this process.
4. Manage the "draw" process. Pay the contractor monthly (specify this in the contract) based upon approved draw requests for the amount of work in place. Remember to obtain lien waivers with each draw request.
5. Maintain a 10% "retainage," withholding final payment until completion of construction.
6. Upon completion, prepare a "punch list" of items to be completed by the contractor. Do not release the retainage until it is completed to your satisfaction.[11]
7. Obtain copies of all warranties and manuals of security systems, fire alarms, heating, water and other building systems. Familiarize staff in their operation.

[9] Sultan, J. (No date). "Service Enriched Housing Design Manual." The Corporation for Supportive Housing: New York. p. IV.
[10] Gero, G., Simon, L. N., Luevano, M., Johnston, D. (No date). "Sustainable Building Program, Residential Rehabilitation." The City of Los Angeles Environmental Affairs Department: Los Angeles. p.4-5.
[11] Chamberlain, D. & Gale, K. (eds.). (February through April 2000). "Placemakers: A Guide to Developing Housing for Homeless People." AIDS Housing of Washington: Seattle, WA. p. 66.

11. Conclusion

Developing a Community Model facility is a huge but rewarding undertaking. To do it successfully, you will have to rely on an army of experts. To get the most out of their expertise, you and your organization will have to become as knowledgeable about the process as you possibly can be. Some other publications that can help you increase your expertise in the many aspects of developing a nonprofit service facility can be found in *Appendix A: Funding and Training Resources*.

Appendix A: Training & Funding Resources

In From the Cold – Safe Havens for Homeless People, *U. S. Department of Housing and Urban Development, Division of Community Planning and Development, no date. Available at: http://www.hud.gov/offices/cpd/homeless/library/havens/index.cfm*

This HUD "Tool Kit" is a guide for creating effective Safe Havens. Written by people who have developed and/or operated Safe Havens, the Kit includes eight chapters covering the key issues surrounding the creation of Safe Havens.

The Building Better Communities Network available at: http://www.bettercommunities.org/index.cfm?method=aboutbbcn

The Building Better Communities Network website is an information clearinghouse and communication forum dedicated to building inclusive communities and to successfully siting affordable housing and community services. This website was created to help those who site community housing, by providing them with the tools they need to successfully complete their housing efforts. The web pages on "Siting Tools" and "Planning and Design" are most relevant to efforts to build Safe Havens and Community Model programs.

Bankability: A Practical Guide to Real Estate Financing for Nonprofit Developers, Community Development Research Center, New School University, 1996. CDRC, New School University, 66 Fifth Avenue, New York NY 10011, (212) 229-5414

This guide provides technical assistance to nonprofit organizations seeking financing for housing and other development from private-sector lending institutions.

Beyond Housing: Profiles of Low-Income, Service-Enriched Housing for Special Needs Populations, The Enterprise Foundation, 1995. The Enterprise Foundation, Communications Department, 10227 Wincopin Circle, Suite 500, Columbia MD 21044, (410) 964-1230.

This report reviews the design elements of 29 service-enriched housing programs across the United States.

HIV, Homelessness, and Serious Mental Illness: Implications for Policy and Practice, by S.M. Goldfinger, E. Susser, B.A. Roche, and A. Berkman, Rockville, MD Center for Mental Health Services, 1998.

This paper provides an overview of available epidemiological data, reviews the literature on the interface between HIV/AIDS, homelessness, and mental illness, and explores what is known about sexuality and high-risk behaviors in this population. It examines risk reduction programs that have been developed and implemented with homeless people who have serious mental illnesses. Finally, it makes recommendations for appropriate public policy and future research directions.

Supportive Housing Financing Sources Guide with special emphasis on programs in Arizona, California and Nevada, Corporation for Supportive Housing, January, 2004. www.csh.org

This guide identifies potential financing and funding sources for supportive housing projects and programs. It provides both general information on categories of funding sources and detailed information on more than 40 sources and initiatives with the greatest potential for providing significant project funding.

Breaking New Ground: Developing Innovative AIDS Care Residences, AIDS Housing of Washington, 1993. AHW, 2025 First Avenue, Suite 420, Seattle, WA 98121, (206) 448-5242.

Focused specifically on developing and operating housing for people with AIDS, this book shares lessons that can be applied to many social service facilities.

Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness, A Report to the Legislature as Required by Division 5, Section 5814, of the California Welfare and Institutions Code, Governor Gray Davis, Grantland Johnson, Secretary, California Health and Human Services Agency, Stephen W. Mayberg, Ph.D., Director, California Department of Mental Health, May 2003.

This report presents results of the Department of Mental Health's implementation of programs at County and City levels serving homeless adults with mental illness. The results document the personal success of clients as well as the ongoing cost effectiveness of the program.

Final Report on the Evaluation of the Closer to Home Initiative, Corporation for Supportive Housing, February 2004.

The report focuses on six programs that aim to engage and house people whose combination of disabilities, long histories of homelessness and repeated use of emergency services have marked them as "difficult to serve."

Mental Health: A Report of the Surgeon General, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

The report in its entirety provides an up-to-date review of scientific advances in the study of mental health and of mental illnesses that affect at least one in five Americans. Several important conclusions may be drawn from the extensive scientific literature summarize in the report.

Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis, Sam Tsemberis, PhD, Leyla Gulcur, PhD and Maria Nakae, BA, American Journal of Public Health, April 2004, Vol 94, No. 4.

The Authors examined the longitudinal effects of a Housing First program for homeless, mentally ill individuals' on those individuals' consumer choice, housing stability, substance abuse, treatment utilization, and psychiatric symptoms. Two hundred twenty-five participants were randomly assigned to receive housing contingent on treatment and sobriety or to receive immediate housing without treatment prerequisites. Participants in the Housing First program were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms.

Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-Occurring Substance Use Disorders, Substance Abuse and Mental Health Services Administration, DHHS Pub. No. SMA-04-3870, Rockville, MD: Center for Mental Health Services, 2003.

The Substance Abuse and Mental Health Services Administration has developed this *Blueprint for Change* to disseminate state of the art information about ending homelessness for people who have serious mental illnesses, including those with co-occurring substance use disorders. The document offers practical advise for how to plan, organize, and sustain a comprehensive, integrated system of care designed to end homelessness for the population.

Appendix B: OPCC Safe Haven Siting Narrative

The following Case Study is based on observations and interviews conducted by the RAND Corporation Evaluation Team.

It is not possible to understand OPCC's experience siting a Safe Haven program in Santa Monica without first understanding a series of events and an ongoing drama that preceded even the conceptualization of the project. These events pertained to OPCC's longstanding need to relocate its Access Center and Day Break programs to new, nearby locations. How that search proceeded, and the way it exemplified the unique relationship between the City of Santa Monica and OPCC, all bear on how their experience siting a Safe Haven ultimately played out.

The adoption of the Santa Monica Transportation Facility Master Plan in 1997 made it necessary for OPCC to relocate the Access Center and Day Break programs. Santa Monica Big Blue Bus (BBB) owned the land on which the projects had been housed. Due to a steady increase in the number of its bus lines, BBB needed the space for purposes such as expanding the fleet, an alternative fueling center, and to enlarge maintenance facilities and customer service. All other tenants in the building were relocated immediately (i.e. in 1997) except for OPCC's Access Center and Day Break programs, which faced enhanced difficulties in identifying and securing another property. By the Spring of 2001, when The California Endowment awarded a grant to OPCC, Shelter Partnership, LAMP and RAND to establish a Safe Haven for mentally ill homeless adults in Santa Monica based on the Community Model, the problem of re-locating the Access and Day Break programs had yet to be resolved. With this in mind, during the process OPCC decided to relocate the Access Center and Day Break to a place where they could also house the Safe Haven.

In some ways, it is difficult to know the extent to which the experience of OPCC in siting homeless services in Santa Monica can be generalized to other municipalities because Santa Monica is somewhat atypical in how it views its responsibility to serve needy and even undesirable populations. Historically, Santa Monica has been extremely progressive on issues of social responsibility, manifested in a longstanding commitment to assist disadvantaged residents. Santa Monica has always been generous in its provision of services to homeless individuals and has a well-deserved reputation as a city that tolerates the presence of homeless people. Over the last decade, strong tensions have emerged between those who want Santa Monica to continue its commitment to social activism and those who question whether the commitment to providing services is making Santa Monica a magnet for homeless people, to the detriment of daily quality of life. Recent restrictions on when, where and how services are provided reflect this tension, but Santa Monica still displays an extremely generous approach to homelessness relative to most cities.

It is also the case that OPCC has an unusually long-standing and highly respected reputation within the city that served it well as the siting process unfolded. This equally well-deserved reputation stemmed from OPCC's considerable history of providing excellent services that address a variety of local problems in a manner that engenders strong, consistent community support. OPCC's supporters include high-profile state-level politicians, like State Senator Sheila Kuehl, local politicians, and local community members, ranging from influential citizens to formerly homeless city residents. The unique social and political climate in Santa Monica and the solid reputation that OPCC enjoys has resulted in a partnership between the City and OPCC that is also somewhat unusual. This is reflected not only in the extent to which the City has funded OPCC programs but in the way it has literally partnered with OPCC to help the agency achieve its goals.

Consistent with this, the City played a pivotal role in aiding OPCC's siting process from the beginning of OPCC's scheduled displacement from the Big Blue Bus property in 1997. Numerous City offices were involved in facilitating OPCC's relocation, including the Department of Human Services, the Transportation Department, the City Manager, Resource Management, the Housing Department, and the Planning Department. The extent to which officials from each of these departments actively assisted this process was unusual – even in Santa Monica. City officials themselves acknowledged that this level of support would not have been provided to various other social service agencies in the City. They attributed this to the fact that OPCC is a "homegrown" organization and that it has generated an especially notable degree of community goodwill and credibility. As a result, the City has always worked to support OPCC. There is a 30-year funding history between the two parties, and OPCC performs myriad social services roles for the City with its homeless populations, almost as an extension of the City itself. This connection, combined with the fact that OPCC was being relocated from a City property and the additional fact that the City was concerned that it not exacerbate the homelessness problem in Santa Monica, propelled the City to assist in the siting effort.

The City does not own a lot of surplus property (as many other cities may), so it wasn't able to provide an actual location for the Access Center and Daybreak. However, it was prepared to purchase an appropriate site for OPCC with available housing funds. City staff determined that the City's Housing & Redevelopment Division could provide loans to OPCC in accordance with the Consolidated Housing Trust Fund Guidelines, which would allow for the acquisition and renovation of property for housing purposes.

In 1997, after months of meetings between the City and OPCC to explore and decide who would be responsible for specific tasks and duties in the move, it was decided that the City would provide financial support for purchasing a property that OPCC would own and operate. Initially, the City spearheaded the effort to secure a feasible site for OPCC. In 1999, it identified a property around Fifth and Broadway in the downtown section of Santa Monica. The City's effort to acquire this property for OPCC's programs, however, sparked a severe and aggressive backlash from local businesses, which mounted so much pressure against OPCC and the City that the City eventually had to pull away from the deal. The community outcry in response to the Broadway site exemplified the intensive

mobilization that constituencies in Santa Monica are effective at organizing, and prepared OPCC for the need for comprehensive community outreach in its future efforts. Ironically, the Fifth and Broadway location addressed concerns that were later to surface when OPCC identified an alternative site that was more distant from downtown Santa Monica. Opponents later cited the need to locate the project closer to where OPCC's clients congregate and closer to where other social services are provided in downtown Santa Monica, which is exactly what the Broadway location would have done.

After the failure of the Broadway site, OPCC took the lead in the site identification search, but maintained contact with the City's Resource Management Department so that the City could weigh in on – and approve – OPCC's selections. This was a conscious decision. The City and OPCC determined that it would be more beneficial for OPCC to take control of the siting process because OPCC had a clearer idea of the type of property it was looking for and the type of setting in which the project could most feasibly be located. OPCC continued independently with its siting efforts for the next two years until 2001, when The California Endowment grant was secured by the inter-organizational partnership. At this point, OPCC's resources for the siting process expanded in that it could now draw on the resources of the grant and the strengths and experiences of its collaborating partners, particularly Shelter Partnership. From here on, the search criteria expanded to include a site that could house not only the Access Center and Daybreak programs but a Safe Haven as well.

The first year of the California Endowment grant involved extensive discussion between collaboration partners about the Community Model and documentation of its key elements. By the second year of the grant, the site identification process began in earnest. From 2002 to 2003, inter-agency collaborators met on a bi-weekly basis to monitor siting efforts, financing arrangements, and budgeting. Because OPCC's client base is in Santa Monica, the goal was to locate the project within that City. Unfortunately, there is an extremely limited amount of property available in Santa Monica that can be used for a project serving homeless people due to factors such as zoning laws, land prices, strong neighborhood and business organizations capable of marshalling impenetrable opposition, and the City's small size – only 8.9 square miles.

As a result, OPCC extended its site search beyond the borders of Santa Monica into Los Angeles, evaluating properties east to La Cienega, south to Los Angeles International Airport, north to Mulholland Drive, and west to the ocean. Toward this end, OPCC staff began meeting with local Los Angeles City government field staff including: Councilwoman Cindy Miscikowski (District 11), Councilwoman Ruth Galanter (District 6), Councilman Jack Weiss (District 5), and Councilman Dennis Zine (District 3). This contact was made in order to advise the council members of the plan to establish the Safe Haven, to notify them of the search for a viable site, to gauge their level of responsiveness, and to assess whether there were any areas in each district that the staff should avoid in siting the Safe Haven because of active neighborhood organizations, homeowners groups or businesses that might serve as irremediable obstacles. OPCC also asked the council members whether there were surplus government sites or potential commercial sites available within their districts. (Often there are properties sitting vacant

in a district that officials want to see redeveloped, to which they could steer OPCC.) While OPCC was notified of areas in the districts where active opposition could be anticipated, none of these meetings produced any information on available properties within the districts.

During the first year of extensive location scouting (2002), OPCC identified and examined approximately 300 unique properties within Santa Monica, Venice, Culver City, Inglewood, Palms, Mar Vista, West L.A. and Rancho Park. The key screening criteria used to identify potential properties included suitable distance from residential neighborhoods, school and businesses; proximity to other social service agencies; space for parking; outdoor space accessible to the building; and easy access to public transportation. Ideally, 15,000-20,000 square feet were needed to house the Access Center, Day Break, and the Safe Haven. Lou Anne White, Safe Haven Project Coordinator, conducted the initial screening of properties, which were identified through real estate listings, referrals by board members and realtors, and by driving through the neighborhoods included in the catchment area. When Lou Anne identified a potential site, she conducted a thorough site review with John Maceri, Executive Director of OPCC, to assess the property's location and the building's features in relation to program needs.

Potential properties proved to be situated primarily around commercial and motel corridors; these groupings included some hotels. Motels were more desirable than other types of properties because of their architectural design – individual rooms and lounge areas situated around courtyards, which could create a compound area for the center of the site. The main clusters in Santa Monica were found around Cloverfield and along Santa Monica Blvd. and Colorado Ave. In West L.A., the clusters were found primarily around Santa Monica and the San Diego Freeway, around La Cienega north of the Santa Monica Freeway, along Pico near the Westside Pavilion, and east of the San Diego Freeway in the area of Cotner near Pico and Santa Monica. In Culver City, the clusters were west of the San Diego Freeway near Washington Blvd. And in Palms, the cluster was around Palms and Jefferson.

During 2002, Nancy Lewis, a Housing Development Specialist, joined the collaboration to coordinate the financial aspects of the relocation process. Nancy's position was funded by the interest earned from The California Endowment grant, and she is scheduled to continue with the project until construction on the future OPCC site is completed. Often, Housing Development Specialists such as Nancy possess a familiarity with realtors, politicians and zoning laws in the area where a property is located, which facilitates the efficiency of siting efforts. As part of the inter-agency collaboration, Nancy helped to focus members on an overall plan of action for the siting process that included determining core components for identifying a site (politicians, community education, funding, actual location), directing preparation for dealing with politicians, identifying key players in local politics, assisting in the acquisition of pre-development funds, formulating an overview of operating costs, clarifying who the core members of the siting process should be, outlining the physical boundaries and catchment area for the siting process, locating funding sources and assisting the completion of those applications

(like EHAP loans), as well as organizing a fact sheet about Safe Havens. In addition to her expertise in funding and development, Nancy lent credibility to the project because she was so well known and respected in the housing development field.

Various challenges arose at distinct phases of the siting process. One challenge early on involved attempts at collaborating with brokers. Over a three-year period, approximately eight to nine brokers were approached sequentially to assist with securing a site, but such efforts at collaboration ultimately yielded little in the way of tangible results. Brokers rely on commission and proved to have little patience for the need to find a location that addressed all of the key criteria and for the time it takes to work through the siting challenges inherent in the location process for a project servicing an undesirable population. The high cost of real estate on the Westside and the limited number of available properties also hindered the pace of the site search, as did the negative response the project received by property owners as sites were visited. The owners were averse to housing a project that services homeless people and thought the project could bring down values in the area. The potential pool of sites was further limited by the need to adhere to the set of key criteria about location parameters.

The type of building needed to support the Community Model, in which people would reside at the facility over a long period of time, also presented a challenge to siting efforts. At first glance, commercial and industrial spaces seemed ideal because of the obvious challenges associated with placing undesirable populations in residential neighborhoods. While such settings had good internal space, they were frequently geographically isolated from the services clients would need to access. Commercial settings, in addition, rarely had outdoor space and/or had no (or limited) parking. This, in turn, created corridor concerns –concerns that high concentrations of program residents would be moving through the neighborhoods surrounding the commercial areas as well as within the commercial area, upsetting residents in the process and thus galvanizing them to resist the project.

Getting all of these location parameters to work simultaneously was an even more formidable challenge. On occasion, for instance, the physical layout of a site was acceptable but the location was either too far from where the client base typically congregated, too isolated from other social services, or too distant from public transportation.

In addition to the hurdles involved with locating and securing a site for the project, OPCC faced significant challenges with securing acceptance from local residential and business neighbors. Recent history in Santa Monica with community resistance to the attempted purchase of the Broadway site made it clear that obtaining public buy-in would be a potentially explosive issue.

Ultimately, in 2002, OPCC set its sights on a commercial property located at 1751 Cloverfield Avenue, on the eastern edge of Santa Monica. This was one of the first properties OPCC had identified when the site search began. It was also a property the City of Santa Monica had been watching for some time. Both parties had reservations

about the site because (1) the owner was known to be difficult and relatively unmotivated to sell below his price, (2) the price of the building was inflated, and (3) the property was not based in the downtown area of Santa Monica where OPCC's client base tends to be situated. However, given that an exhaustive five-year search (if one counts back to the first efforts to relocate the Access Center and Day Break in 1997) had produced no viable locations, and given that the site met important zoning and program needs, this property was determined by OPCC and the City of Santa Monica to be their best chance at a location for the OPCC programs.

The Cloverfield property was located on a corner lot at a very active intersection of one of Santa Monica's busiest streets and freeway entrance/exits, and in very close proximity to the entrance to the City Yards on Michigan Ave and to Bergomot Station, a collection of art galleries. The building, a minimalist, boxy and gray two-story structure in the shape of a warehouse, sat on a stark asphalt lot with virtually no landscaping. At that time, it had stood vacant and on the market for approximately five years, the most telling sign that its listing price ($5.7 million) was too high. The building had begun to take on a dilapidated appearance and the property looked neglected, witnessed most prominently in the scraggly weeds that lodged themselves in the tall fence that surrounded it. It would not be an overstatement to call it an eyesore.

Many of the features that made this property so undesirable to other investors and commercial developers made it particularly useful for OPCC's purposes. The distance of this building from residential neighborhoods and its location in an industrial corridor meant that OPCC could service an undesirable population with minimal impact on the neighboring community. This site exceeded the City's required 300-foot distance that homeless service projects must maintain from residential areas (the closest residence being approximately 800 feet away). The location was already appropriately zoned for use as a social service program and homeless center, so OPCC would not have to seek a conditional use permit or zoning variance. Moreover, the ample outdoor area that surrounded the building could be integrated into a new design as both a communal gathering area and an outdoor activity area for clients, and could simultaneously meet the parking needs of staff, volunteers and clients – further mitigating the project's impact on the surrounding community. The large and open internal spaces that characterized the actual building also met OPCC's program and space needs, as did the square footage. Finally, the property gave OPCC the opportunity to improve the neighborhood, in that OPCC's plans to rehabilitate the building and introduce landscaping would increase the property's visual appeal. While the selling price was a considerable impediment, these other factors outweighed this barrier and led OPCC and the City to actively pursue the Cloverfield location.

Santa Monica city staff played a key role in devising a financial plan and accessing funding resources that would allow the purchase of this building. In November 2002, the City gave approval to OPCC to enter into discussions independently with the seller, though it was clear that no decisions would be made about the price of the property without input and consent from the City. The seller's asking price for the location, at $5.7 million, was high relative to current market value. Moreover, as expected, he was difficult to negotiate with and often very slow in responding to offers. After numerous

counter-offers back and forth, the two parties were eventually able to settle on the mutually agreeable price of $5 million – seven months after negotiations had begun.

Once this price was agreed upon, the City provided OPCC a $400,000 "loan" from housing trust fund money. This money primarily was provided to allow OPCC to open escrow and obtain site control, which occurred on June 20, 2003. The City accepted that they were overpaying for the property – an independent appraisal had come in at 3% less than the agreed upon price – but believed that the building was worth obtaining at this price because of the lack of suitable locations and the architectural advantages of the building – its size, its wide open floors, a location that set it apart from residential areas, the presence of outdoor space, the fact that it was empty, and so forth.

Part of this early $400,000 loan from the City to OPCC was used to pay for architect Wade Killefer, of the Santa Monica firm Killefer, Flammang, and Purtill Architects to develop design plans for the new facility. Wade provided OPCC with paper plans and a three-dimensional model that reflected the renovations that would be made to the Cloverfield site in order to house OPCC's projects. The design included a renovated two-story 22,000 square foot building on a 33,000 square foot lot with an enclosed outdoor area. The two-story indoor area included small and large multi-purpose meeting rooms, kitchen areas, laundry and bathroom facilities, offices for staff, twenty-five beds for residents of the Safe Haven, and thirty beds for residents of OPCC's Daybreak Program. This design plan and model ultimately played an important part in the community outreach OPCC carried out.

Community education, a key component of OPCC's siting process, took place over the course of the 60-day escrow period between the time site control was obtained in June and the City Council Open Hearing in August. A longer escrow might have been more advantageous for OPCC, but the seller insisted on a short escrow, though he provided the option of a 30-day extension if it was needed to complete environmental review. While OPCC had gained authority to negotiate for the property seven months earlier, it chose not to begin the community outreach process until firm site control was achieved. This was in part because they were aware that the seller was neither eager nor predictable--they were reluctant to open potentially contentious community discussion on a possibility that might not even materialize. It was also in part to limit the available time for intense opposition to mobilize in the community. Sixty days seemed like a reasonable compromise between giving the community ample advance notice and constraining the momentum that community opposition can build. Within that 60-day time-frame, however, OPCC was clear that it would mount an aggressive community outreach effort that would go beyond what was required by law in terms of the radius covered in door-to-door outreach and mailings about the project and organization.

Once escrow was opened and site control achieved, the collaborators on the project hired a community relations firm, The Consensus Planning Group (CPG), to develop and carry out a community education program in collaboration with OPCC. In July, OPCC and the CPG delivered an informational pamphlet in English and Spanish to 1,950 residents within a 500-foot radius of the site, and conducted door-to-door outreach to

approximately 300 business and residential neighbors. Members of the collaboration believed that the CPG played a pivotal role in the effectiveness of the information provided to the community. However, many residents found the information incomplete or misleading, especially the considerable number of people who were monolingual Spanish-speakers. Residents complained that the information given to them was vague. They were told, for instance, that the project would help homeless people in the area and were urged to sign the return card in support of these services. Residents believed this approach oversimplified the issue and didn't give them room to express a more complex reaction. They did not want to say that homeless people aren't in need of services, but they did want to voice the belief that it might be better to place such a facility elsewhere, given its potential affect on their community, or to open a debate on which services were a priority from their community's point of view. Contributing to this sense of vagueness, perhaps, was a tendency on the part of CPG door-to-door workers to direct concerns expressed by business owners and residents to an Open House that OPCC would be hosting, rather than answering any specific grievances directly.

As part of OPCC's community education plan and because of the nature of the City's approval process for projects such as these, OPCC's Executive Director, John Maceri, attended numerous public meetings with a 3-D model of the potential site in-hand in order to speak about the project and answer questions. These meetings included the Housing Commission on July 17, the Social Services Commission on July 25, and the Disabilities Commission on August 4. OPCC also met with various staff from the City Yards, the project's closest neighbor, on July 22 in order to discuss plans for the project, hear concerns from the employees, and describe precautionary measures that OPCC would be taking to meet these concerns. Santa Monica City staff were present at many of these meetings in order to clarify the City's role in the siting process and to explain the steps that would be taken by the City to address community concerns. The Human Resources Manager, Julie Rusk, attended meetings at the City Yards as well as the Commission meetings.

These public meetings invariably attracted community residents, whose reactions to the Commissions varied. Opponents were present on each occasion, generally speaking in support of OPCC but against the Cloverfield location, but in some instances attacking OPCC outright. Their primary complaint was that the Pico neighborhood was already saturated with social service agencies and that there were numerous alternative properties that would better serve the project. They voiced a longstanding concern that the Pico area – which included some of the poorer neighborhoods in Santa Monica – was being made a dumping ground for services for undesirable populations, that the project would lessen the quality of life in the neighborhood, and that the wealthier sections of the city were not carrying their fair share of the service load. In making these claims, they were tapping into a source of tension between the Pico Neighborhood and City government that had existed for decades over whether the needs of this neighborhood were being equitably addressed.

The Housing Commission met in mid-July at which point community opposition had not become as intense as it would later be. Commission members asked questions about

OPCC's public notification plan, the design features, and the plan for regular updates on the building and project implementation, and ultimately voted to support the location of the project.

The Social Services Commission met next. After much contentious debate at their July meeting, the Commissioners decided that they would hold an emergency meeting on August 5 to further discuss the matter and decide what recommendation it would provide to the City Council. At this July meeting, the Commission was clear that it would not take either a positive or negative stand on the Cloverfield site. It recognized that numerous other locations had been examined by OPCC, 23 within Santa Monica alone, and that these properties were either unavailable to the project, had inadequate space for program needs, or had no parking. The Commission also recognized that many landlords were unwilling to lease to the project, and that the Cloverfield property was the only site that had met all requirements. However, the Commission also acknowledged the legitimacy of the issue of concentrating programs in a geographical area, noting that it was as important as the individual merit of these agencies and services. The Commission observed that the pattern of locating social service programs in the Pico area was the result of Pico residents not having the political voice needed to keep these programs from being placed in their neighborhood. The position of the Social Services Commission with regard to whether or not it would take a stand changed after the August 5th meeting, however. At this meeting, members of the Pico and Sunset Park neighborhood associations loudly voiced their concerns that the relocation would negatively impact their community in terms of property values and safety. While supporting OPCC and the need for continued homeless services in Santa Monica, this Commission ultimately passed a motion to oppose the approval of a loan by the City Council to OPCC for acquisition and rehabilitation of the Cloverfield property. They also passed an amendment to the motion asking the City Council to direct city staff to work with OPCC to locate an alternate site for the project.

By the July meeting of the Social Services Commission, community opposition had begun intensifying, primarily as a result of the efforts of the Pico Neighborhood Association (PNA), which at the time was led by a pair of local homeowners who were vitriolic in their opposition to the project. PNA produced and distributed a video to the surrounding community about the risks that OPCC's clients posed to the neighborhood, the City's general neglect of the Pico area, OPCC's disregard in not siting the project elsewhere, and the deterioration that would occur in the area as a result of the project. The video was intentionally inflammatory. It implied that the OPCC Executive Director stood to financially gain from the project and generally tried to characterize the intentions of OPCC and the City in as negative and nefarious a light as possible. The PNA also printed large signs for residents to post in their yards reading, "No Skid Row Here". Again, the main grievance of the PNA was the claim that the City of Santa Monica was using the area as a "dumping ground" for social service agencies. PNA argued that the fact that land in its neighborhood was cheaper didn't mean the neighborhood should be further depressed. The PNA rejected the notion that the Cloverfield location was situated in an industrial area, noting that it was situated within 750-800 feet of a residential community. The PNA leadership also expressed dissatisfaction with how little time the

community was being given to voice its opposition and to mobilize for a change in location.

While community opposition to the Cloverfield site in 2003 was aggressive, important lessons had been learned about community outreach from the experience of trying to push through the Broadway site in 1999. These lessons left OPCC more savvy about how to proceed. For instance, rather than having an open and unstructured town hall meeting, which in the case of the Broadway siting process had deteriorated into a bitter free-for-all, OPCC arranged and advertised an Open House for community members on July 28th. This gathering created a more personalized and structured way for people to learn about the organization, project and facilities, as well as to ask questions and meet OPCC staff. OPCC staff and clients were present, as were City staff and community residents. There were some opponents outside with "No Skid Row Here" signs, but they did not enter the building. Some City staff tried to engage the protestors in discussion, but there was no real dialogue. While this Open House did not quell community opposition, it didn't enflame it either. All in all, it was a more effective and controlled way of introducing the project to the community.

Even so, by the time the Disabilities Commission met in early August, community opposition had become so intense that the meeting room was filled nearly to capacity. The meeting was extremely lengthy and involved numerous highly contentious presentations by various community members stating concerns that had been expressed previously at the other Commissions, as well as a presentation by John Maceri on the history of OPCC and its siting efforts, the parameters and logistics surrounding the siting process, a summary of the building plan and services to be provided, and a general overview of community response thus far. The matter of OPCC was only item #6 out of 15 on the Commission's agenda for that evening, but the passion surrounding the issue swallowed up the vast majority of the time. Ultimately, the Commission had to postpone its last 4 items to the next meeting. In the end, the Commission stressed the importance of housing as a concern and voted to support OPCC and the services it provides. However, the Commission chose not to take a position on the location of the project.

During the community outreach period, OPCC also met individually with representatives from numerous neighborhood, religious and community organizations as well as local schools and businesses around the Cloverfield site, including Bergamot Station galleries, the Water Garden (a large office complex), Ralph's Supermarket, Saint Anne's Catholic Church, the Government Affairs Committee of the Santa Monica Chamber of Commerce, Mothers for Justice, the PNA, and Edison Elementary School PTA. They also contacted staff at Crossroads and New Roads Schools but weren't able to meet with them because of the headmaster's vacation schedule. Later, some neighborhood organizations complained that the outreach effort had not reached them. Even so, OPCC did go beyond the physical radius required by law in contacting its future neighbors.

Outreach to businesses, schools and neighborhood residents allowed many specific quality-of-life concerns to surface. While businesses were concerned about OPCC clients lingering in outdoor courtyard areas or trying to use their bathroom facilities, schools

were more concerned about the potential safety risks to their students by mentally ill clients, as well as how their students would react to homeless people using OPCC services as they passed through the area to get to the Safe Haven. Residents were concerned about the impact of homeless people on their property and safety. By learning about these specific apprehensions, OPCC, with the help of the City, was able to take specific steps to address these problems. One important modification to the site plans that resulted from OPCC's outreach was to plan for extensive and bright street lighting around the site. Corridor concerns were addressed by adjusting the public Big Blue Bus line so that clients will be able to travel to OPCC without passing through residential neighborhoods.

Outreach also enabled OPCC and City staff to identify a series of more general concerns expressed by the community and to explore how these concerns might be addressed before public debate in front of the City Council took place. The two most salient concerns that surfaced, beyond the broader and more general concerns of neighbors that the homeless programs be located anywhere other than near them, focused on (1) the fact that the City was essentially giving OPCC millions of dollars to purchase a building that OPCC, rather than the City, would own; and (2) the fact that locating a day program like the Access Center at Cloverfield would virtually ensure substantial movement of homeless individuals through residential areas as they moved from the downtown area of Santa Monica to the City's eastern boundary and back. As a result, by the time the proposed site purchase went before the City Council at the Open Hearing in August 12, OPCC and the city staffers supporting them were able to offer a compromise that addressed these community concerns. This compromise, which was unveiled at the Council meeting, involved a decision not to house the Access Center at the Cloverfield site and to have the city retain ownership of the building but grant OPCC a long-term lease at a pittance.

The City Council meeting began at 5:30 p.m., though the OPCC agenda item was scheduled for much later. Even by that time, the Council room's 90-100 seats were completely full. Many of the PNA supporters arrived somewhat later, having been part of a march to City Hall that started at 5:00. Protestors were very vocal in front of City Hall, chanting and holding picket signs with the "No Skid Row Here" slogan. Supporters of OPCC were equally visible and identifiable by their "Be Part of the Solution" and "Support OPCC's Relocation" tags. Once the room was filled to capacity, people were redirected downstairs, where a monitor was set up, but this space quickly reached capacity as well, leaving many people outside and milling around the hallways. People filed toward the front of the Council room, placing chits in a basket indicating their wish to be heard by the Council. By the time the Council members entered and took their seats, 80 people had signed up to speak, prompting a rule that each speaker would be limited to two minutes. By 7:50, when the OPCC agenda item was reached, that number had reached 150. By 8:40, it was up to 176, signaling that it was going to be a very long evening.

As stated in the formal agenda, the issue being considered was a recommendation that the City Council and the Redevelopment Agency (1) approve a housing trust fund loan and

grant to Ocean Park Community Center (OPCC), in the amount of $7,397,112, for the acquisition and rehabilitation of the real property located at 1751 Cloverfield Boulevard for temporary housing for low income persons, (2) adopt resolutions finding that the housing project is of benefit to the Ocean Park Redevelopment Project Areas; (3) that the City Council authorize the City Manager to negotiate and execute a relocation agreement between the Big Blue Bus and the OPCC, in the amount of $1,800,000; and (4) that discussion take place of alternatives, including Redevelopment Agency and City ownership of the Cloverfield property and other potential OPCC locations.

The OPCC siting issue was laid out for Council members by Robert Moncrief, the Housing & Redevelopment Manager for the City of Santa Monica. Moncrief began by citing an original report, a supplemental report, and a second supplemental report that had been delivered to Council members, and then went on to explicate the history of the project and the background and substance of each of these reports. In the first report, City staff recommended the relocation of OPCC to the Cloverfield site, noting the increased services that they would be able to provide by virtue of obtaining it and that it would solve the problem of having to relocate OPCC from its current Access Center site. The report noted that the facility was well-built, that architectural features could be added that would mitigate community problems, and that City staff viewed this as a last chance to build a comprehensive homeless facility.

The first report went on to explain that about 75% of the services provided by the new facility would focus on housing, allowing the city to provide a housing loan/grant for that portion of the project. Staff were proposing that the City provide $7,397,112 in loans and grants from several different sources. The loan portion would be funded with Tenant Ownership Rights Charter Amendment (TORCA) funds ($1,893,707) and HOME ($800,000) housing trust funds; the grant portion would be funded from the Redevelopment Housing Trust Fund ($4,703,405). Because the Cloverfield site was outside of Ocean Park where the redevelopment funds were targeted, a determination would have to be made that Ocean Park would benefit from this expenditure, but it was clear that Ocean Park would benefit from the provision at this site of low income housing. The remaining 25% of the services provided at the new facility, attached primarily to the Access Center, were not housing loan eligible. Additional funds needed to make the project happen would come from the Big Blue Bus, which would provide $1.8 million in relocation fees, and a $400,000 grant from the County. These funds would cover the housing deal completely but left a gap of $800,000 in operation costs that OPCC felt it could readily raise once there was a permanent site where services would be located.

Moncrief made it clear that the deal was constructed so that the $7.4 million being provided by the city would not be paid back unless there was revenue generated by the services, which clearly wouldn't be the case given that this project was serving "the poorest of the poor." He noted that the last major city initiative and financial commitment for the homeless population had been for the Upward Bound facility, which had occurred several years earlier. Given that the City was sitting on $120 million

allocated for housing, with a set aside for the homeless, this project seemed like a good idea and one that City staff could enthusiastically recommend.

Moncrief acknowledged, however, that the community had pushed back when this plan was vetted with them and had raised a number of issues and proposed solutions that seemed very feasible. The first of these had to do with alternative locations, which generated the first supplemental report before the Council. Community members had not been convinced that all viable alternative locations had been considered. They pointed, for instance, to the old police headquarters. This was not a feasible alternative, however, because the space on which the headquarters sat had already been designated as open space in the Civic Center plan and because the renovation of the space, even if a determination was made to use the building for OPCC, would be prohibitively expensive. They also pointed to the RAND building, once RAND had completed its new head quarters project, but City staffers rejected this for similar reasons – it was also designated for open space, was too big for the purpose, and would be prohibitively expensive to renovate. Moreover, to use either of these sites temporarily would hamper OPCC in terms of fund raising. To raise funds, Moncrief pointed out, OPCC needed to be able to guarantee donors that it would have access to a permanent site. The Santa Monica Airport had also been raised as a possibility, but all the buildings there were already leased. Moreover, these leases were all temporary by definition. Robbins Auto Top, located between Colorado and Olympic on 7th, had also been mentioned by community members. This building, however, was twice the size of what OPCC needed and was owned by the U.S. Postal Service, which wasn't interested in selling.

Community members had also proposed the Big Blue Bus site as a potential venue for the OPCC project. The City noted that given the current and eventual expansion needs of the Big Blue Bus, any siting of OPCC facilities on the property would have to be considered temporary in nature, which would impede OPCC's ability to raise funds. However, the City believed that it would be possible to relocate a smaller portion of the entire project—the Access Center—to the SWASHLOCK[1] location as part of a new integrated facility that would incorporate SWASHLOCK and the Access Center programs on the existing SWASHLOCK footprint. Moncrief noted that if the facility at Cloverfield was only going to be used for housing, new preliminary architectural plans would have to be drawn up and the estimated construction costs would have to be revised. Moreover, because Big Blue Bus funds would be used for the Access Center, the $1.8 million coming from the Big Blue Bus would no longer be available and the loan/grant amount from the City would have to increase. Moncrief acknowledged that OPCC was not thrilled with this compromise but would accept it. He noted that from the City staff's point of view, this compromise had merit.

Moncrief next addressed the second source of community concern: the fact that the loan/grant provided by the City to OPCC was allowing OPCC to acquire and retain ownership of the Cloverfield property—that the City was essentially giving this money

[1] SWASHLOCK is a free shower and locker program where individuals can store their belongings during the day while they are working, looking for employment, or going to school. The showers and restrooms are available to provide a place for people to clean up an maintain their hygiene.

away, rather than retaining ownership of the property that had been bought with its money. Moncrief explained that standard operating procedure in situations like this one was to provide a loan for 55 years. If the non-profit was a charitable organization and operated the facility for another 25 years, they received ownership of the property. As such, the deal was set up to be consistent with this approach. When community members expressed confusion as to why the City would give the property away with no right to retain ownership, City staffers re-examined the issue and decided that, with the Council's approval, they could do the following instead. They would lend the money to OPCC to buy the property. OPCC would then convey the property back to the Redevelopment Agency. The redevelopment agency would then lease the property back to OPCC for 55 years for as little as $0. (The City would not have the latitude to do this but the Redevelopment Agency does.). At the end of the 55 years, the Redevelopment Agency would be obligated to offer the title back to the City. If the City wanted it, it would then be unencumbered by redevelopment restrictions. (Currently, if the purchase involves redevelopment funds, the property needs to be used as housing for 55 years. This contingency would have been met so the City would be free to use the building in any way it saw fit.) A 55 year commitment was sufficient for OPCC to raise funds—from their point of view, it was almost equivalent to owning it. Moncrief emphasized that the idea for retaining ownership came completely from the community and acknowledged that City staffers felt stupid that they hadn't come up with this alternative themselves. (He seemed genuinely sincere in offering this comment, though he may have also been making the politically astute move of stroking the community and clearly communicating that their input had been heard and acted on.)

After discussing some other slight modifications to funding, the timeline for closing escrow, the availability of additional funds for more traditional affordable housing, and the Commission recommendations, Moncrief entertained questions from the Council members. For the most part, Council members asked questions that were designed to allay community concerns. For instance, Councilmember Feinstein noted the community's concern that these funds would be better spent on education, allowing Moncrief to restate that all of the sources that were being drawn upon were restricted to housing, with the exception of the Big Blue Bus money, which had to be spent on transportation-related issues. Only one Council member (Holbrook) seemed concerned about the recommendation. He had questions about who had authorized City staff to provide OPCC with the loan to open escrow, why the Big Blue Bus was paying relocation money, why OPCC was increasing its capacity, whether the issue had been raised earlier that TORCA funds might be used for a purpose like the one at hand, etc. Moncrief answered each of these in a measured way.

At 8:40 p.m., the open public hearing began. It continued until after 2:00 a.m. During that time, 118 individuals spoke, though many scheduled to speak left before their names were called once the hour grew late. Many of the speakers were ardent supporters of OPCC, including clients who offered testimonials regarding the impact OPCC had had on their lives. The strong presence of these people was the result of a concerted effort by OPCC's to mobilize support and to have their supporters put in their chits earlier. In all, 67 people spoke in favor of the acquisition of the Cloverfield property. A smaller, but

still considerable, number of people expressed concern over the Cloverfield location. What was interesting about the vast majority of these people was the fact that they began by stating their support for OPCC and its work, and their pride in living in a city that took its responsibility to the needy seriously. To hear them introduce their comments, one would have thought they were OPCC supporters. But invariably, their testimonies would change course and end with a number of objections to the project. Most commonly, these community members thought the location was a poor choice and wanted the facility placed elsewhere, or felt that more time should be granted so that the community could be more actively involved in the decision-making process. In all, 51 people spoke against the Council approving the recommendations before them that evening.

Halfway through the testimony, a break was called. During that time, there was an outburst as the two leaders of the PNA obstreperously demanded to know why Mayor Bloom would not allow them to show the anti-Cloverfield site video that PNA had produced. They were loud, arrogant, out of order, and impatient with the explanation that the process allowed people to express their opinions by signing up to speak. Rebuffed, they grew even more strident, crying for a recall, yelling that "King" Bloom would be taken down, and storming out in protest (though they actually remained on site). Their aggressive approach appeared to have little support among the community members in the audience.

Ultimately, all of the Council members with the exception of Holbrook applauded the process and indicated their support for the amended proposal. Both Mayor Bloom and Councilmember Genser took swipes at the PNA leadership, noting that they had abnegated the traditional responsibility of community groups to foster dialogue and had instead espoused strong points of view that quashed community discussion and bent the truth in an attempt to mislead. Each pointed out that the community had been able to see through these smear tactics. Overall, Council members indicated their understanding that OPCC had done all it could under the circumstances but also applauded community members for their active voice in shaping the ultimate solution and indicated their support for the proposed compromise. Only Councilmember Holbrook demurred, noting that he felt betrayed by the process—surprised that there was such a short escrow even though the City was paying top dollar, surprised that the location was being endorsed, surprised that his colleagues were ignoring the strong voices of opposition, surprised that anyone would question that the Pico Neighborhood is a service dumping ground, surprised that PNA was being faulted for their position when so many of the City Commissions had voiced the same opinion. In the end, however, his was the only negative vote. The revised plan (i.e. keeping the Access Center at the Big Blue Bus site and reorganizing the financing) passed 5-1. The compromise allowed the purchase of the property to occur while still leaving the community feeling that at least to some extent its voice had been heard.

In retrospect, it was clear that the City Council Open Hearing marked a turning point in public sentiment. Yes, complaints lingered about the City's and OPCC's handling of the event and the siting process in general. People felt that it had been a mistake not to move the hearing to a larger venue and not to hold it over multiple evenings in order to permit a

higher level of community input—many community members who planned on speaking left without doing so when they realized they would have to be there until the wee hours of the morning to speak their piece. Some community members felt deceived by not having been notified of the earlier than usual start time of the Hearing, which affected their ability to obtain seats, and by the fact that this change had not been posted on the city's website. Lingering frustration remained over what felt like a very brief window for community outreach and discussion of the issue – a window that opened only after money was already committed to the purchase of the property. While acknowledging that a lengthier public notification process could have added more fuel to the opposition and might have derailed a successful conclusion, community members viewed OPCC as sending a decidedly mixed message: "We want to listen to you but not for very long and only after the train has already left the station (i.e. after escrow has opened)." Being asked their opinion after a decision was effectively made did not leave them feeling that their input was really valued or desired. In addition, many of the other, more general concerns that were expressed during the Council meeting remained.

Even so, looking back on the experience, virtually all the key stakeholders—council members, city staff, business representatives, representatives of the relevant community organizations, OPCC – expressed acceptance of the conclusion that had been reached by the close of the evening. Indeed, many, though certainly not all, of those who opposed the project and argued that it should be housed elsewhere were ultimately satisfied with the compromise that was reached.

An unexpected message that emerged as people looked back on the siting experience was that the hostile nature of the PNA campaign ended up alienating many of the community residents it was supposed to galvanize. Other neighborhood organizations contiguous to the Pico area indicated that the initial concern and resistance they felt towards the OPCC project when the PNA first condemned it gave way to a strong distaste for PNA's tactics and a desire to see a compromise reached.

This dissatisfaction with how the PNA leadership handled the opposition campaign was expressed *inside* the Pico neighborhood as well. Many Pico area residents—most notably, the working class Latino segment of the community – offered that the PNA leadership neither understood nor represented their concerns. These individuals viewed the siting dilemma as an unfortunate confrontation between the needs and concerns of working class community members and the legitimate needs of homeless people. Working class Pico residents felt strongly that services for youth, employment services, and affordable housing were not being adequately provided in their community. The dissatisfaction with the siting process that these individuals expressed stemmed less from any antipathy for the homeless and more from their frustration over the lack of a safety net for the working class poor in their neighborhood – and over what they saw as the continued practice of siting programs in their midst that were not specifically addressing their primary needs. They felt further frustrated by PNA's middle-class domination of the opposition platform, which elevated NIMBYism as the primary rallying point and left

less room for their needs and concerns to be voiced. In an ironic twist, the PNA board ultimately alienated enough of its constituency through its handling of the opposition campaign that at the group's next meeting, many Board members were voted out and replaced by those representing the Latino and working class base.

For their part, City staff felt comfortable with the siting process. They held fast to the belief that services like those provided by OPCC are critical for bringing people off the street and benefit the community at large. They made it clear that they valued OPCC as a partner and viewed OPCC as a sophisticated and efficient organization that actively involves its community-based Board and that understands the importance of being a good neighbor. Their longstanding relationship with OPCC left them comfortable with the idea of negotiating a funding plan and supporting OPCC's outreach efforts to enlist community support. They knew that local community members would voice complaints but felt committed to supporting the siting process by focusing attention on the facts and delivering information in a transparent and direct way. They saw their role as educating the community on the particulars, such as the critical nature of zoning laws and the limitations of different kind of funding mechanisms, but also saw themselves as fulfilling the higher purpose of focusing attention on the humanistic reasons why a project like this was so important. They pointed out that being able to offer so many successful examples of OPCC's work at the Open Hearing was very helpful in building public understanding and support and made their job easier. They felt that they had listened to community concerns and had made planning and financing adjustments wherever possible. Staff also underscored the importance of sorting out specific community concerns that can be addressed with practical solutions from the more inflammatory concerns that are trumpeted by players with a political interest in derailing projects like these – people who complain but offer no viable alternatives. Ultimately, City staff suggested that facilities that provide social services to the homeless will inevitably generate highly charged, gut-wrenching reactions in their surrounding communities, and that public education campaigns are a crucial method for addressing these sentiments. It is virtually impossible to overestimate the impact that the unwavering support of City staff and elected officials had on the eventual outcome of the siting process.

In the end, the compromise that was achieved by not locating the Access Center at the Cloverfield location provided a new opportunity for many community residents to develop a greater degree of trust in OPCC with regard to the Cloverfield facility. People who felt slighted by the outreach program, either because it occurred over too brief a period or because it was initiated so late in the siting process, acknowledged that if OPCC lives up to the promises it has made to its neighbors, the project may not end up hurting the Pico community. Moreover, they offered that by keeping its promises, OPCC will enable them to leave behind the bitter taste in their mouths left by how the siting process unfolded. As such, the decisions and events that transpire from this point on will be as crucial to community relations and public support as the outreach efforts that have occurred to date.

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