

### Chapter 8: Aftercare Services

In order to ensure a successful transition from supportive housing, programs should provide services and supports to tenants for a limited amount of time as needed after the move to help them adjust to their new environment and responsibilities. As we noted earlier, this is a significant life transition for most tenants and can be an exciting, yet highly stressful, especially during those first few months post-transition. Despite all the work put into preparing tenants, most will likely be surprised by the diminishing support and other changes they experience initially after the move. Tenants could also be adjusting to several adjustments in community resources, local supports, and medical and behavioral health care providers. Case managers need to be alert to the process of termination, anticipate negative feelings and be prepared to help tenants manage their emotions and fears to avoid falling into crisis (e.g., relapse, decompensation, depression, etc.).

To mitigate these risks, programs should work with tenants to develop a formal aftercare plan before he/she moves out of supportive housing. The plan helps with transitioning the supportive housing case manager as a primary support to a secondary support and then a termination of the helping relationship. In essence, the worker's role is to terminate with the tenant in a way that does not undermine his/her residential stability and successfully integrates the tenant into the new community with appropriate community-based supports as needed.

Effective aftercare services are usually provided for three to six months, depending on the needs of tenants and the capacity of programs to provide services. Some individuals may need more frequent, longer support and others will need minimal supports so plans should be individualized to meet the needs of the specific person transitioning. Plans can be informal, where the worker visits the tenant in his/her new apartment periodically, or more formal with scheduled meeting dates and time frames assigned.

Some **key areas of aftercare support** for tenants during the first few months after the transition include:

**Practicing and mastering Activities of Daily Living (ADL):** Tenants who relied on case managers to assist with many of their ADLs may need significant support initially during an adjustment period. While staff should work with tenants to practice these skills before the move, it is important to ensure that tenants are able to perform them independently in their new setting and provide any additional support as necessary. In addition to ADLs (cooking, shopping, cleaning, accessing public transportation), staff should closely monitor tenants' abilities to perform critical activities that impact their health and safety - correctly dosing/taking medications, attending health appointments, understand safety and emergency protocols (fire evacuation procedures, how to call for help,

accessing/operating fire extinguishers) and managing mental health symptoms or relapse triggers. Some individuals may need assistance in connecting with services like Meals on Wheels or payee services to manage some of their ADLs.

**Budgeting and managing finances:** One of the primary reasons that some individuals lose their housing after moving on from supportive housing is non-payment of rent, resulting from an inability to manage their finances. While staff should work with tenants to develop a budget prior to the transition, there are often unforeseen costs realized after moving out and maintaining a budget may be more difficult than anticipated for some tenants. New landlords may not grant the same kind of leniency and flexibility that tenants have become accustomed to around late rent payments so tenants may need some support in adapting to these new standards. When choosing a new apartment, it is critical to ensure that tenants are not facing excessive rent burdens (keeping rents to no more than 30% of total income) and that tenants have some minimal level of savings or a reliable flow of income such that a single crisis will not result in a return to homelessness. Program staff should monitor tenants' ability to maintain their budgets and avoid arrears in rent, utilities or other debts and provide support during their first few months in their new home.

**Settling in and connecting to their new home and neighborhood:** Tenants may need support acclimating to their new home and connecting to their neighborhood. This may include assistance with:

- Furnishing their home and purchasing household supplies
- Meeting neighbors, connecting to groups (AA/NA or other support groups) and other natural supports
- Gaining familiarity with the new neighborhood and accessing community resources (grocery store, laundry, pharmacy, banks, schools, health clinics, hospitals, parks, schools, etc.)
- Accessing transportation (purchasing a car or accessing public transportation)
- Setting up utilities (gas, electricity, phone, internet, cable, etc.)
- Reviewing the basic obligations of tenancy (e.g. paying rent on time, not disrupting neighbors, maintaining a safe and healthy home, managing guests, and refraining from dangerous or criminal activity)

**Connection to services and providers:** Ensuring continuity of care for individuals throughout the transition is critical. Program staff should begin connecting individuals to new providers well in advance of the move but may want to wait until after the tenant has settled into their new home before the final warm hand-off. Workers should observe tenants' ability to independently manage their new provider relationships and maintain care engagement and provide any coaching or supports as necessary.

**Providing support for landlords:** In addition to assisting tenants, program staff should also offer support for new landlords. Case managers should provide landlords with contact information in case of any emergencies and be available to respond to crises on the property (for a limited amount of time). In case any issues arise around rent payments, property damage, neighbor relations, noise, illegal activity on premises or other lease violations during the first few months, case managers should be available to mediate conversations between the tenant and their new landlord to help maintain housing.

**Keeping connected:** Aftercare should also include opportunities for tenants to reconnect with their former community and friends for those that wish to maintain these connections. Programs can encourage former tenants to attend lunches or other community events. Some programs, like Jericho in New York, have formed a Moving On alumni group that gathers periodically and is invited to speak with current tenants about their experiences and encourage them.

### Strategies and Approaches to Aftercare services

Aftercare or follow-up services in Moving On efforts across the country vary in length, intensity and breadth. Some programs provide clear parameters on the type of care that will be provided to movers while others keep a more informal “open door” policy allowing former tenants to reach out when necessary. In the Detroit Moving on initiative, services were minimal due to limited resources and case managers were required to do one check-in per quarter with clients for 6 to 12 months after the move. On the other hand, the Jericho project in New York supports a robust aftercare program which consists of counselors providing help with budgeting and connections with community resources and participant tracking for up to two years. They also support an alumni network for graduates of their program and host events to keep them connected.

While some programs can only afford to provide informal or minimal supports, in order to ensure successful tenant outcomes, programs should ideally have dedicated resources and staff to provide services that move tenants through the transition ó from initial engagement to preparation to transition to aftercare. Most Moving On programs to date have had some source of private or foundation funding to support these services but, as grants, these sources are usually limited in scope and duration.

Ideally, as Moving On programs expand, these activities will be supported through more sustainable and mainstream sources of funding (e.g. CoC funding, Medicaid, human services funding, etc.). For example, the Atlanta Moving On project utilizes certified peer support specialists to deliver Medicaid billable follow-up services to movers, giving them the capacity to provide robust aftercare services

tailored to the specific needs of individuals. In addition, for tenants that may need ongoing support for an extended period of time, programs should consider connecting movers to service-enriched

housing programs that employ [resident service coordinators](#), which can offer light-touch case management and referral services as the need arises.

### [Chapter 9: Oversight, Governance and Evaluation](#)

