

## **GENERAL SUPPORTIVE HOUSING INFORMATION**

### **What is supportive housing?**

Supportive housing is a combination of affordable housing and support services designed to help individuals and families use housing as a platform for health and recovery following a period of homelessness, hospitalization, or incarceration or for youth aging out of foster care. **In New York City, Supportive housing in single site buildings and scattered site units that are unlicensed are considered “Community Care.”** Supportive housing under the category of community care is affordable, permanent and independent housing that meets the needs of tenants by providing support and that is integrated within a neighborhood and community. **We refer to state licensed housing with support services as “Level II” housing.**

The following FAQs apply only to prospective and actual tenants of Community Care supportive housing in NYC.

### **What are the various types of supportive housing available in NYC?**

Supportive housing may be provided in either single site or scattered site settings:

- **Single-site (also referred to as congregate):** A designated building where each individual or family has a private living quarters and may share kitchens and/or common recreational rooms or other facilities.
- **Scattered-site:** Units in apartment buildings spread throughout a neighborhood or community that are designated for specific populations, accompanied by supportive services.

### **What is a “population” in the context of supportive housing?**

Supportive housing programs are funded and designed to provide support services to populations of people with specific situations/histories that could benefit from supportive housing. These “populations” become eligibility criteria to access particular programs and may reflect terminology in use at the time the programs were first funded and established. For example, NY/NY III Population A refers to a Request for Proposal (RFP) first issued in 2005 as part of a cooperative agreement between New York State and New York City to develop supportive housing for chronically homeless single adults with serious mental illness or (SMI) and a co-occurring substance use disorder (SUD).

[Here](#) is a table that lists all of the populations served in supportive housing.

### **How does an agency become a supportive housing provider and who monitors their work?**

New York City (NYC) and New York State (NYS) have RFPs to which interested non-profit social service agencies apply. New York State Office of Mental Health (OMH) issues RFPs which are posted on their website Please check the website for current open procurement opportunities. NYC has a current open procurement is referred to as NYC 15/15. RFPs usually require social service plans, budgets, staffing plans, and more. Once a provider is awarded, a City or State agency will initiate a contract and monitors the housing program’s performance.

More information can be found on the [DSS](#), [DOHMH](#), [HPD](#), [OMH](#) and [OASAS](#) websites.

## **APPLICANT ASSESSMENT / ELIGIBILITY DETERMINATION**

**What is a Supportive Housing Application (2010e)? Where is it completed and by whom? How often are housing applications updated?**

- [The 2010e](#) is NYC's required application for New Yorkers to access supportive housing.
- The application is completed on-line via the CAPS system.
- Here is a training [video](#) and [PPT](#) about completing a Supportive Housing Application.
- The application can be completed by a variety of service providers on behalf of a person seeking housing— homeless service providers, community based mental health providers, hospitals, etc.
- For the psych eval component, below is the updated list of New York State licensed professionals permitted to complete comprehensive psychiatric evaluations:
  - Licensed Clinical Social Worker (LCSW)
  - Licensed Master Social Worker (LMSW) requires cosign
  - Licensed Medical Doctor (MD)
  - Licensed Mental Health Counselor (LMHC)
  - Licensed Psychiatrist (MD)
  - Licensed Psychiatric Nurse Practitioner (NPP)
  - Licensed Psychologist (PhD, PsyD)
  - Physician Assistant (PA)
- For guidance on how to complete a comprehensive psychiatric evaluation please refer to the [CUCS guide Suggested Outline for the HRA 2010e Psychiatric Summary](#).
- Supportive housing applications are valid for a year and do not need to be updated unless there is a change in family composition or client need.
- Psychiatric evaluations are not required for all supportive housing types. It is only required for supportive housing that serves the SMI population. General Population, ESSHI Senior, NY/NY III Pop E and F and G do not require a psychiatric evaluation.

**How are Supportive Housing Determinations made? By whom? How do they assess what kind of housing the applicant needs, and can adjustments be made after the determination?**

- Supportive Housing Application determinations are made by the HRA Placement Assessment and Client Tracking PACT Team. They review all of the documentation submitted with the application and make determinations based on the criteria for each supportive housing program (e.g. NYC 15/15 or NY/NY III Pop A).
- The applicant's housing needs are assessed based on the information - applicant's behavioral health history, current presentation, and treating provider's recommendation(s) provided in both the psychiatric evaluation (PE) and psychosocial assessment (PS).
- The Determination Letter offers a point of contact on the HRA PACT team. Reach out to the HRA PACT reviewer to get more guidance about adjustments that could be made to the application that might result in a different determination.

**What if someone’s preferences change? For example, in the application they indicated they would be willing to share an apartment or wanted to live in a specific borough but now have different preferences?**

- Placement entities try to meet applicant preferences, but this is often not possible given the vacant units that become available. Referrals will be made to boroughs and unit types that might not be listed in the applicant’s preferences.
- If a user needs to resubmit an application to reflect an updated borough preference, they should reach out to the reviewer/or unit supervisor in the PACT unit first to notify them of the resubmission.

**What does the Supportive Housing Determination Letter tell providers who are viewing apartments for referred clients?**

- The Determination Letter indicates what level of housing the client has been found eligible (Community Care or Level II) and which population within that level (e.g. 15/15, NY/NY I/II, Gen Pop, etc). The determination indicates whether the person could be referred to a single site or scattered site program. Many populations have both single and scattered site programs.
- Services that are “recommended” or “to be considered” are not required for the prospective tenant to live in the housing for which they were approved. These recommendations are intended to complement the housing provider’s intake and tenant service planning process.
- When “Medication Support” is included as a recommended service, the housing provider should inquire how medication may relate to the tenant’s personal goals as a part of the housing provider’s intake and tenant service planning process. This term does not mean medication administration, supervision or management is needed by the prospective tenant.

**How is the Standardized Vulnerability Assessment (SVA) used?**

- The SVA is used in the prioritization of referrals. Given that there are many more approved applicants than there are vacant supportive housing units, the SVA assists placement entities with identifying the most vulnerable households for referral.
- The SVA is a HUD Coordinated Entry requirement and relates to the likelihood of a client remaining homeless and results in a determination of low, medium, or high. It does not necessarily directly correlate to the client’s service level needs.
- A mix of applicants with low, medium and high SVA scores are referred to each vacancy.
- [Here](#) is a Fact Sheet and a [training](#) about the SVA.

**How is length of time homeless calculated in prioritization?**

- Homeless time is entered by the person completing the supportive housing application, as well as systemically collected in CAPS from a variety of NYC administrative systems. Homeless documentation from other systems can be attached to the application at time of submission to be included in the calculation.
- [This](#) webinar shows how to include homeless verification in the NYC Supportive Housing Application.

## **REFERRAL PROCESS FOR HRA'S OFFICE OF SUPPORTIVE/AFFORDABLE HOUSING AND SERVICES (OSHAS)**

### **How do clients get referred to supportive housing?**

- [Here](#) is a guide to Supportive Housing that details the referral process.
- Clients need an approved supportive housing application (2010e) in order to be referred.
- Once an applicant has an approved 2010e with a Determination Letter that lists eligible housing types, they will be referred to units for which they are eligible by one of the placement entities (HASA, OSAHS, CUCS, ACS) based on available vacancies.
  - Each entity refers based on the targeted population and service funding of the supportive housing. [Here](#) is a chart that indicates which referral entity refers to which service contract.
  - In CAPS, there is a Referral Request function in the Unit Roster for online units that indicates the referral entity that will be making referrals.
- When there is a vacant unit for which the client is eligible, the referral entity contacts the homeless service provider to let them know about the referral.
- HRA selects prospective tenants for referral to available supportive housing units based on the following factors:
  - Eligibility (Pop A, ESSHI-SUD, etc.)
  - The Standardized Vulnerability Assessment (SVA) included within the 2010 E Supportive Housing application. Prospective tenants with SVAs of “High” are prioritized.
  - Length of time the prospective tenant has been homeless.
  - Prospective tenant’s needs (e.g., borough, elevator building).
  - Prospective tenant’s recent referral history. If a prospective tenant already has an upcoming referral, the HRA Office of Supportive Affordable/Housing & Services (OSAS) will refer someone who does not currently have a referral.
  - Referrals will only consider specific eligibility criteria, such as age or gender, when the supportive housing unit is subject to a regulatory or contractual agreement that requires selection based on those criteria.
  - HRA will schedule up to three (3) eligible prospective tenants per unit. If the service provider or caseworker notifies OSAS that a selected prospective tenant cannot make the appointment, OSAS will swap in a new eligible prospective tenant, provided there is enough notice.

### **How can homeless service providers learn more about the housing opportunity details to share with the prospective tenants before the interview, including borough, unit size, accessibility etc.?**

- The supportive housing provider should be using CAPS to enter the building features, unit features and correct unit type. Many supportive housing providers have not completed these fields in CAPS, so the placement agency does not know the details to share with others. It is critical that housing providers review site and unit features in CAPS and ensure they are complete so clients and referring agencies have this information. For example, if a building is a walk-up, the housing provider should check that option in CAPS.

- If the details are available, this information is transmitted with the referral via CAPS to the agency/homeless service provider working with the prospective tenant. In addition, the homeless service provider can assure better matches when submitting the application by indicating “yes” when responding to mobility needs for the applicant.
- There are resources that can be shared and discussed with applicants [here](#).
- The supportive housing provider should also make brochures, videos, photos and marketing materials available to homeless service providers when referrals are made.
- Supportive housing providers can coordinate open houses or provide information sessions in shelters or via on-line sessions.

**What is the role of the shelter provider in the referral process?**

- Shelter providers get a nightly email from CAPS letting them know any new referrals that have been made for clients in their shelter. The email also reminds them of supportive housing viewings scheduled to take place within 3 business days.
- Inform client of upcoming viewing and share the program type is, the unit type, building details, etc. If the client is agreeable, confirm interview in CAPS; if not, decline the viewing in CAPS.
- Prepare the applicant for the viewing and ensure that the client is escorted.
- Notify the housing provider if the client has existing wrap around services such as ACT, IMT etc. and other pertinent information regarding to existing services, accommodations, safety and or medical needs so that the housing provider is aware of these additional supports at time of viewing.
- Gather documents, upload them to CAPS.
- Submit One Shot Deal package, which typically covers first month tenant contribution, furniture allowance and security voucher.
- Coordinate move in.

**What is being done about clients who do show up but who reject the housing opportunity because they want a larger unit or they don't want supportive housing at all.**

Referring providers should be reviewing rejection reasons in CAPS and discussing these with the applicant. The provider should explore with the applicant why this unit did not fit their needs. Promote the applicant’s understanding of what is available and help them consider what is needed to be stably housed.

**Why are we sent referrals that don't meet the project income requirements?**

- Referrals are made based on the applicant meeting the criteria of the unit; the leasing process that assesses income is the next stage of the process that occurs only with accepted applicants. Income calculations are very specific to the type of rental assistance and financing each project has and it is not possible to accurately calculate this at point of referral. Furthermore, it is not efficient to do this for all three referrals when only one client will be selected.
- Generally speaking, most supportive housing projects are ELI or VLI; it is a rare exception when a client exceeds those income thresholds.
- As a reminder, clients with zero income are eligible for supportive housing.

**What can housing providers do when they are not receiving enough referrals to maintain an adequate occupancy rate?**

Contact your placement entity (OSAHS, HASA, CUCS, ACS) and / or the contracting agency (DOHMH, HASA, OMH, DOH, OASAS, etc.)

**Who do we contact if we are having issues with supportive housing eligibility, the referral process, or other placement issues?**

Contact the placement entity (OSAHS, HASA, CUCS, ACS) and / or the contracting agency (DOHMH, HASA, OMH, DOH, OASAS, etc.)

**Is it possible to make special requests when requesting referrals? Specifically high Medicaid users?**

- Requests that do not violate Fair Housing law can be included in the “Additional Requirements” field when requesting referrals. Placement entities will make the best attempt to meet allowable provider preferences, but if there are no eligible clients available to refer with those preferences, otherwise eligible clients will be referred according to priority.
- Reach to partner agencies to identify potential clients (H+H, community groups, homeless service providers) and coordinate with your contracting agency.

**The training mentioned I cannot make referral requests that violate Fair Housing and mentioned the protected classes. What are the protected classes?**

Follow the link below for information about protected classes covered under the New York City Human Rights Law. <https://www.nyc.gov/site/fairhousing/rights-responsibilities/what-are-the-protected-classes.page>

**NO SHOWS**

**Why are clients being withdrawn or not showing up for interviews?**

- HRA/DHS are working on a few special projects to address the no show issue; however, three referrals are sent for each vacancy to account for the no shows.
- Shelter providers as well as DHS administration can run reports in CAPS to review no show rates by program. Homeless service providers should work with clients to discern why they are not attending and to determine what supports need to be put in place to ensure the client will attend appointments in the future.
- If the shelter indicates that the client will not attend the interview, HRA will withdraw that client and swap in another eligible client to better the chances that three clients will show up for the interview.

**We regularly have units sit vacant for many months because none of the three referrals show up for several referral cycles.**

- HRA/DHS is interested in partnering with agencies on creative approaches for hard to fill units (e.g. shared units, SRO suites) where we see high rates of clients not attending viewings. Some approaches might be Open Houses, partnering with a nearby shelter, developing and

distributing marketing materials to potential applicants, providing incentives. Please reach out to Alyson Zikmund (zikmunda@hra.nyc.gov) to discuss ideas and to coordinate.

## **BACKGROUND CHECKS and REJECTIONS**

### **What background checks are permissible by building owners, property managers and providers?**

- Housing providers, property managers, landlord and building owners of supportive housing are not permitted to conduct background checks and credit checks for prospective or current tenants.
- Property management applications CANNOT contain sections or ask any questions related to credit, housing court history, or previous involvement with the criminal justice system.
- Low Income Housing Tax credit documentation does not require background or credit checks and the [marketing handbook](#) guidance should be followed.

### **Are background checks allowed with rental assistance?**

- Only the PHA (public housing authority – NYCHA or HPD) issuing the voucher is responsible for the background check in these cases. Applicants have the right to appeal.
- PHAs administering rental assistance that prohibits participation by individuals on the lifetime sex offender registry or those convicted of manufacturing methamphetamine on federally assisted housing conduct these screenings at time of rental assistance application. The applicant is notified and provided instructions on how to appeal the decision, if desired. The PHAs cannot share information about applicants with third parties.

### **What if there were written agreements as part of getting a project sited in a community that criminal background checks would be conducted.**

Such agreements should not be entered into going forward. Please submit any such legally enforceable written agreement that already exists to HRA and HPD for review.

### **How do we screen for sexual offender concerns?**

- All referred applicants are eligible and there should not be any screening by supportive housing providers or management companies.
- Supportive housing providers cannot screen for sexual offence as a basis of admissions; if this is required for federal rental assistance, the PHA administering the rental assistance will conduct the screening.
- If you think your project has this type of federal assistance or other funding that triggers these automatic bars, contact HPD for more guidance about how to maintain low barrier entry policies and adhere to HUD's eligibility requirements.

### **What happens if an applicant is on parole or probation?**

- Individuals on probation or parole with residency restrictions must follow the reporting procedure of the jurisdiction that convicted them and the state in which they reside to clear the address. This is the responsibility of the individual.

- Registered sex offenders must report their permanent address in New York State and to their parole officer, if applicable. Both Federal and State law place the responsibility for complying with residency restrictions on the convicted sex-offender who is required to register under the terms of their release. See <https://www.criminaljustice.ny.gov/nsor/faq.htm>

**What should a supportive housing provider discuss with an applicant at the interview? Is medication compliance and social service participation acceptable rejection criteria?**

- See DOHMH Apartment Viewing Guidelines.
- Applicants are eligible for units to which they are referred; clinical assessments should not be conducted at the housing viewing.
- Housing providers should describe the service offered at the program and to see if it matches what the client expresses they want from their new home. Describe what supports, activities and programs are available on site and what referrals can be made to programs within the community and outside the community when needed. Describe how the full spectrum of services will support the tenant in developing and maintain their housing. Consider with the applicant how they will be able to live independently including, managing their daily nutritional needs and financial obligations.
- Support services are a part of the program offering. The tenant is NOT expected to reach out to the provider; however, the provider is expected to engage with all tenants at minimum monthly throughout their tenancy.
- Medication compliance is not a requirement for supportive housing. However, applicants are expected be able to understand medical instructions.

**What if the potential tenant is rescheduled but shows up under the influence again? Is there a need to reschedule again or move forward with another?**

If the unit is still available and the applicant is unable to go through the apartment viewing, the applicant should be rescheduled.

**When is it permitted not to offer a unit to a referred applicant?**

- Prospective tenants can only be not offered a unit in accordance with the contracting agency's procedures. All rejection reasons must be detailed by providers in CAPS.
- Prospective tenant does not agree to the terms of the lease
- Some reasons that could warrant rejecting a prospective tenant are:
  - Prospective tenant does not meet the unit's funding or contractual requirements
  - Prospective tenant's income exceeds the maximum income limit for unit
  - Building/unit does not have features needed by the prospective tenant (roll in shower, elevator, etc.)
  - Single unit filled by another prospective tenant
  - Housing unit does not accommodate the prospective tenant's household composition
- Some rejection reasons that are not permissible are:



- Concerns related to the prospective tenants “insight” into their mental illness
- Prospective tenant chooses not to discuss or disclose information regarding their behavioral health
- Prospective tenant uses substances
- Prospective tenant does not currently take prescribed medications
- A reason related to a protected class under Fair Housing laws
- Each provider will be given three referrals for each vacancy to account for no shows. The first applicant who shows and wants the unit should be offered the unit.

**Is there an appeal process for a client’s supportive housing rejection?**

- Most placement entities will ask supportive housing providers to reconsider if they see a rejection that does not align with the low barrier policies. This happens in real-time as interview outcomes are entered in CAPS by housing providers.
- The contracting agency can also be reached out to when there is a pattern or rejections that is concerning.

**How are rejections by supportive housing providers being tracked?**

- The Local Law 3 reports annually on supportive housing application, referral and placement activity.
- Referral entities can run reports to assess rejection rates. They will reach out to housing providers and their contracting agencies when they see patterns of rejections that seem problematic.

**TENANT INCOME / OTHER DOCUMENTATION**

**What if the perspective client does not have an active income? Do they need to have income in place before they can be housed?**

- No, income is not an eligibility requirement for supportive housing, and in cases where the household has zero income the rental assistance will cover the full amount of the rent.
- Often supportive housing providers assist new tenants with benefit applications such as SNAP, Cash assistance and SSI/SSD.
- Documentation of household income is collected during the leasing process at which time the funder/housing provider confirms the client’s income and calculates the client’s rent share.
- In the event the client’s household income changes at any time during their tenancy, it will result in recalculation of their rent share..

**Can agencies ask for referrals of clients with tenant-based vouchers if the client has no income? What if the client has a voucher, can they use it in supportive housing?**

- No. Supportive housing projects have rental assistance either through a contract with NYCHA, HPD, OMH or HUD, or in their service contract line-item budget. These projects cannot utilize tenant-based vouchers for units that receive another form of rental assistance.

- In the few cases where a supportive housing unit does not have rental assistance, housing providers cannot require applicants have a tenant-based voucher as a basis for acceptance to the program. If the applicant has a voucher, it can be utilized in these cases.
- Clients should contact the DSS Helpline at (718)557-1399 to determine which voucher(s) program they may be eligible for.

**What if a household isn't eligible for the OSD because they do not have an SSN?**

Homeless service providers should apply for the OSD regardless. Eligibility rules are complicated and sometimes change and there could be circumstances where the household is able to receive the OSD funds. For households that are not eligible for the OSD, providers should work with the landlord to see if the tenant's share of the first month's rent can be waived, or see if philanthropy could cover that onetime expense.

**What is the maximum income limit for a unit?**

- Each housing program has different guidelines depending on funding streams and rental subsidy. Check with your funders to determine which income guidelines are used.
- In some cases, the tenant might be responsible for the entire rent if 30% of their adjusted income is equal to or greater than the rent.

**What is the best way to assist clients who need help getting documentation from the Social Security Administration?**

- Clients should contact the Social Security Administration to schedule an in-person appointment to apply for a duplicate card. Clients without a Social Security number and are eligible to receive one should follow up with the Social Security Administration as soon as possible to apply for one.
- Providers should avail themselves of SOAR training available through the NYC CoC and other places to assist with tips on how to submit SSA applications with higher rates of first-time success. Ideally, this should be started well before the housing process so that these benefits are in place and do not slow down the process.

**Is there a way to expedite the process for client who is waiting for their public assistance to be approved?**

- There is a temporary waiver for some clients who are not applying for on-going Public Assistance and only need Single Issue for the one shot deal to skip the interview portion of the PA process.
- Contact the DSS Helpline for other PA-related issues (718)557-1399
- As a reminder, making the client wait until they have the one shot deal to move in means that the housing provider is missing out on the subsidy portion of the rent as well. This often well exceeds the tenant-share so delaying move in by waiting for the OSD is a financial loss for the landlord.

## **WORKING WITH TENANTS ONCE MOVED IN**

### **If the client does not want services - how would one justify accepting them? What if our program bills Medicaid for services provided?**

- Supportive housing is intended for individuals and families that have been determined to benefit from easily accessible support services.
- The model is based upon the assumption that the providers will engage tenants over time and be able to support them in times of need, especially when the tenant may not be aware of the need. Continued attempts to engage a client help them move forward with the supports available are the basis of the service.
- Supportive Housing programs do not currently use Medicaid as a funding source. Only licensed Apartment Treatment or some Community Residence programs use Medicaid billing.

### **How do we serve a tenant that is not engaged, is decompensating, and is refusing mental health services?**

- Social service providers should be outreaching and engaging tenants throughout their tenancy. If a tenant is exhibiting change in behaviors that are concerning and is not in danger but appears to need additional help to engage in care, they may benefit from brief crisis services and/or longer-term mobile treatment services.
- Mobile Crisis teams are comprised of social workers and peers who respond in situations where a person is unable or unwilling to seek crisis care on their own. In urgent situations, a crisis team can get to a person's home within 2-3 hours to provide de-escalation, assessment and linkage to ongoing care as needed. Referrals can be made by calling 988 or visiting [www.nyc.gov/988](http://www.nyc.gov/988) and complete a referral [via this link](#)
- Mobile Behavioral Health Treatment Services & Care Coordination Services: The DOHMH Single Point of Access (SPOA) helps providers connect people with serious mental illness and substance use disorders who have not responded to traditional brick and mortar outpatient care to treatment and support services in their homes and community. For more information and to submit a referral, please visit [Mental Health: Single Point of Access - NYC Health](#).

### **How are housing providers addressing transgender tenants in shared living?**

- If an applicant who is transgender accepts an offer of housing in a shared living situation, that is their choice, and all parties should move forward with the leasing and move in process.
- There are supportive housing providers with specialized housing specifically set aside for eligible clients who are in the transgender community. Providers also ensure that staff receive the necessary training to help ensure all residents are provided services with dignity and respect.

### **What if the tenant needs a higher level of services than is available in the housing program?**

- Applicants referred to supportive housing have been determined to need easily accessible, on-site case management services to maintain stable housing and live independently. The on-site case management staff should engage tenants in services offered by the supportive housing program and link tenants to additional resources in their community consistent with person-

centered service plans. A key principle of supportive housing is community integration. Connection to local resources, activities and services that supports health and recovery. Supportive housing providers can [find behavioral health services on NYC 988's website](#), including mental health and substance use clinics, clubhouses, supported education, supported employment, peer support and self-help programs. This resource database is searchable by zip code, payment information, specialty, etc. Some tenants may require more assertive models of mental health treatment and psychosocial rehabilitation, such as Assertive Community Treatment (ACT). Housing providers can refer tenants to [NYC DOHMH's Single Point of Access](#) to determine eligibility and access these services that engage the tenant in their apartment.

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**What resources are available if a client's behavior is placing staff and other residents at risk?**

- Supportive housing providers can find a wide variety of training resources [here](#), which can help to prevent and respond to emerging crises.
- Supportive housing providers can assist tenants with developing crisis plans before a crisis happens, so that the tenant's preferences for responding to their own mental health crisis can be communicated in advance.
- For non-emergency mental health crises, call 988. Trained crisis counselors are available to provide telephonic crisis counseling. If the person in crisis is unable or unwilling to seek mental health services on their own or with the housing provider's assistance, 988 can refer the situation to a Mobile Crisis Team for in-person response. Providers can make online referrals to Mobile Crisis Teams [here](#).
- For emergency police or medical services, call 911.

**Are tenants allowed to be evicted due to behavior and extreme violence towards staff. What about the drug sales occurring in a unit?**

Violations of the lease are the basis for eviction and must be supported in housing court with documentation. Prior to the eviction process, you should engage with your contract service agency who may be able to offer additional guidance.

**If a prospective tenant does not want services when they move in, when the tenant is settled in and their units are not able to pass HPD inspections, the housing provider loses money. How can we mitigate that?**

Supportive housing providers can [find behavioral health services on NYC 988's website](#), including mental health and substance use clinics, clubhouses, supported education, supported employment, peer support and self-help programs. This resource database is searchable by zip code, payment information,

specialty, etc. Some tenants may require more assertive models of mental health treatment and psychosocial rehabilitation, such as Assertive Community Treatment (ACT). Housing providers can refer tenants to [NYC DOHMH's Single Point of Access](#) to determine eligibility and access these services that engage the tenant in their apartment.