Unit One addressed the big picture of labor market realities—which industries are growing, which are shrinking, and technology’s impact on the market. They learned about a wide range of direct service careers in Community and Social Services and also consider indirect service provider careers that exist in the industry. They learned about the various kinds of career families and employer types available to employees in the Community and Social Services sector.

Unit Two addressed the inner workings of the job-seeker. What are her interests and passions? What kind of work environment will she enjoy? What careers should she consider based on what she knows about herself and what factors might influence someone making a career change? Students also learned to navigate career database websites, assess their own interests and conduct a group research project about careers in the Community and Social Services sector.

In Unit Three, students learned what it takes to prepare for a career in Community and Social Services, including the kinds of training and education opportunities the are available for someone interested in this field, the roles of volunteerism, internships, and field placements. They also learned about the importance of professional licensure in this sector.

In Unit Four students heard from Community and Social Service workers themselves, through firsthand accounts and interviews in text and video, and discussed what they learned. After learning about particular careers as a class, they conducted further research on Community and Social Service careers of their choice.

Unit Five addressed how to leverage existing and potential professional networks for job seeking, explore the job search process, including analyzing help wanted ads, learn about workplace expectations, and engage with a panel of Community and Social Service professionals. Students also learned how to become entrepreneurs, reading about Community and Social Service workers who have started their own businesses and practiced using online resources available to New Yorkers looking to become self-employed.
In Unit Six, students learned how Community and Social Service providers can use difficult past experiences to their benefit in the job market. They read narratives, practiced new vocabulary and created their personal “pitch”, doing interview role plays using the new vocabulary.

In Unit Seven, students learn about Community and Social Services from a client’s perspective. Regardless of their interest in pursuing CSS as a career choice, they use charts, articles, videos and role plays to expand vocabulary, practice reading comprehension and recall, and solve problems using percents, fractions, multiplication, division and calculating averages.

1. DEVELOPING A COMMUNITY AND SOCIAL SERVICES CLIENT VOCABULARY

Students learn and practice vocabulary relevant to accessing Community and Social Services as a client.

2. BARRIERS TO ACCESSING COMMUNITY AND SOCIAL SERVICES

Students learn about a variety of barriers that prevent people from seeking or being able to access the Community and Social Services they need. They write about their own experiences, read and annotate an article about barriers to service in marginalized communities, and use question stems to develop questions.

3. CLARIFYING QUESTIONS AND HELPFUL PHRASES FOR COMMUNITY AND SOCIAL SERVICE SETTINGS

Students brainstorm the factors that make some Community and Social Service encounters difficult, then generate questions and phrases that can be used to clarify these situations.

3.1 • Role Play Using New Questions, Phrases and Terms

Using their newly acquired phrases and vocabulary, students role play difficult Community and Social Service situations, as a method of problem solving.

4. COMMUNITY AND SOCIAL SERVICE RESOURCES*

Students research a variety of local Community and Social Service resources and make recommendations for services based on community member profiles.
5 · MENTAL HEALTH AND WELLNESS BRAINSTORM

Students list mental health and wellness care measures, discussing ones they currently engage in and ones they would like to do more often.

6 · FACT OR MYTH: MENTAL HEALTH, HOMELESSNESS AND ADDICTION

Students complete a True/False worksheet, learning about the realities of mental illness, homelessness, and addiction.

7 · A CASE STUDY SERIES: BROOKLYN COMMUNITY HOUSING AND SERVICES (BCHS)*

Students take a close look at one social services organization, Brooklyn Community Housing and Services (BCHS), and learn about the clients they serve, the careers available within the organization, and explore the ideas and philosophies behind BCHS’s mission and practice. Finally, students read and discuss an article about the benefits of social ties and write about their own community connections.

7.1 • BCHS Client Narratives and Chronic Homelessness*

Students read narratives about chronically homeless clients who have received services at BCHS. They consider the factors that led to each person becoming homeless and the impact BCHS’s services had on them.

7.2 • Identifying Careers: BCHS Videos*

Students watch a short video from the organization, highlighting clients and staff, then consider the careers that exist within the organization.

7.3 • Supportive Housing in NYC*

Students debate issues related to homelessness, read an article about the supportive housing movement which highlights the work of BCHS, then work in pairs to write responses to questions about the article.

7.4 • Main Idea and Supporting Ideas: Social Ties Are Good For Your Health

Students read an article about the benefits of social ties, work to identify the main idea and supporting details of the article, and respond to a writing prompt about their own experiences with social ties.

*RAENs will provide regional adaptations.
Developing a Community and Social Service Client Vocabulary

Students use context clues to determine the meaning of Community and Social Service vocabulary, then answer questions and write original sentences using the new terms.

**PREP**
- Be prepared to explain the vocabulary terms as listed on the definitions sheet on the following page.

**MATERIALS**
- Developing a Community and Social Services Client Vocabulary worksheet
- Community and Social Service Client Definitions handout

**EXPLAIN**
1. Community and Social Services is an enormous and growing field of work and it is also a sector which most people will be a client of at some time in their lives, if not regularly. There are many new terms to learn as you build your knowledge about Community and Social Services. Today we’re going to learn some term that Social Service professionals often use and that clients should be familiar with in order to effectively obtain the services they need.

2. What are some words whose meanings you think it might be helpful to know if you want to use or have to engage with a Social Service agency, such as a Social Worker or Counselor, Job Coach, child welfare agencies, or applying for public assistance? Write the answers on the board as students brainstorm.
   - Client, benefits, referral, confidential, counselor, residential, advocate, eligible, dependent.

3. Distribute Developing a Community and Social Service Client Vocabulary worksheet and ask students to work on Parts I and II in pairs.

4. When students are finished, have them discuss their answers as a class. Clarify students’ understanding of the vocabulary using your own copy of the Community and Social Service Client Definitions handout.

5. After the discussion, distribute Community and Social Service Client Definitions handout to students and ask students to complete Part III of the worksheet on their own in class or for homework.
Developing a Community and Social Service Client Vocabulary

**PART I:** For each word, read the sentence and try to guess the meaning of the underlined vocabulary word from the context. Explain the meaning in your own words.

1. **Confidential**
   Sara’s therapist assured her that anything they talked about together would remain confidential, unless Sara threatened to hurt herself or someone else. In that case, her therapist would have to tell someone.

   *Meaning of the word*

2. **Eligible**
   People must earn below a certain amount of income to be eligible for public housing or other public assistance like food stamps (SNAP).

   *Meaning of the word*

3. **Referral**
   The student was having trouble getting to class on time because she didn’t have childcare for her daughter, so the school social worker made a referral to Little Sprouts Daycare.

   *Meaning of the word*

4. **Dependent**
   Marie has two dependents, so the caseworker recommended that Marie get an apartment big enough for an adult and two children.

   *Meaning of the word*
5 Advocate

Franklin’s court-appointed advocate explained his rights to him, and made some phone calls on his behalf.

*Meaning of the word*

6 Residential

When addiction is serious, alcoholics or drug addicts often go to a residential treatment center, so that they aren’t spending time in their normal routine, and their basic needs can be taken care of while they try to stop using alcohol or drugs.

*Meaning of the word*

7 Clients

The food pantry had approximately 1,000 regular clients, but due to the economic crisis, more were coming all the time.

*Meaning of the word*
PART II: Answer the following questions using complete sentences. Make sure to use the vocabulary word in your answer.

1. What kind of information do you think a social worker should keep confidential? Explain your answer.

2. Do you think undocumented immigrants should be eligible for financial aid for college? Explain your reasoning.

3. If you could get a referral for any service, what would it be, and why?

4. Do you have any dependents? If so, explain who they are. If not, would you like to have dependents some day? Explain your reasoning.
5. Why do you think residential treatment facilities are sometimes helpful for people living with mental illness?

6. Are you an advocate for a higher minimum wage? Why or why not?

7. How do you think a homeless shelter should treat its clients? Explain your answer.
PART III: For each of the vocabulary words, write an original sentence using the word that demonstrates the meaning of the word.

1. Confidential: ____________________________________________

2. Eligible: _______________________________________________

3. Referral: ______________________________________________

4. Dependent: _____________________________________________

5. Residential: __________________________________________

6. Advocate: _____________________________________________

7. Client: ________________________________________________
Community and Social Service Client Vocabulary Definitions

Confidential:
Information that will be kept secret, and not passed along to anyone else without the client’s permission.

Eligible:
Allowed to apply for something or try something. Ineligible means that the person is not allowed to apply for something.

Referral:
Directing someone to an organization or specialist. For example, a Social Worker may refer someone to an organization for help with applying for benefits, getting housing, getting childcare, getting counseling, etc. by providing a client with the organization name, location, contact information and services they provide.

Dependent:
A person (often a child) who depends on an adult (often a relative) for food, clothes, shelter, etc.

Residential:
A residential facility is a place where someone lives and receives services.

Advocate:
Someone who helps a client in a Social Service agency. The advocate may be a lawyer, counselor or social worker. An advocate can also mean anyone who is for someone or something. For example, someone can be an advocate for a political candidate or a law that needs to be changed.

Client:
A person who uses the organization’s or agency’s services.
Barriers to Accessing Community and Social Services

Students learn about a number of barriers that prevent people from seeking out or being able to access Community and Social Services. Students write about their own experiences, read and annotate an article about barriers to service in marginalized communities, and use question stems to develop questions about the reading for a classmate to answer.

PREP

- Be prepared to explain vocabulary: disproportionately, stigma, access, capacity, cultural competency.

MATERIALS

- Addressing Stigma and Access to Care Among Minorities article
- Barriers to Service: Question Stems and Written Response worksheet

DISCUSS

1. Ask students to write as much as they can in response to the following two questions. You may want to write the questions on the board and designate a time allotment for writing.
   
   a. Describe a time when you felt alone. What was it like? How did it feel? Did you do anything to change it?
   
   b. Do you find it easy to ask for help? Why or why not?

2. While students are writing, write the following statements on the board:
   
   a. One in four adults—approximately 61.5 million Americans—experience mental illness in a given year.
   
   b. Approximately 60% of adults experiencing mental illness received no mental health services in 2013.
   
   c. African American and Hispanic Americans used mental health services at about one half the rate of whites in 2013 and Asian Americans at about one third the rate.

Source: https://www2.nami.org/factsheets/mentalillness_factsheet.pdf

Respond to Text in Writing
Cite evidence from the text to support your analysis

VOCABULARY

disproportionately
stigma
access
capacity
cultural competency
When students are finished writing, explain: Each year in America, a large percentage of people who need social services like mental health care, substance abuse counseling, and public assistance do not receive the help they need. Studies have shown that this disproportionately affects people of color, low income people, immigrants, and young people. Take a moment to read the statistics on the board.

What do you think are some of the barriers or challenges people face in accessing mental health care and assistance?

- Services are too expensive, clients don’t have insurance or insurance is not accepted, they don’t know what services they are eligible for, transportation barriers, social stigma, clients don’t feel comfortable telling someone their problems, not enough time for appointments, the idea that mental illness is “crazy people,” insufficient numbers of mental health professionals that understand their language/race/ethnicity/sexuality/gender.

We’re going to read about some of these barriers that prevent people from seeking out mental health care services. Distribute Addressing Stigma and Access to Care Among Minorities handout and ask students to read and annotate it, marking anything that seems important, interesting, surprising or confusing. They should circle any unfamiliar words and write any questions they have in the margins.

When students are finished reading and annotating, distribute Barriers to Service: Question Stems and Written Response worksheet.

Ask students to develop questions that a classmate will answer by filling in the blank portions of the question stems.

When students are finished, ask them to exchange papers with a partner and answer their partner’s questions, providing evidence from the article to support their answers.

When students are finished writing, ask them to exchange papers back with their partner and correct each other’s answers. You may want to provide guidance or a rubric for how peers should check each other’s answers. For example, they might receive up to a total score of 6:

- 2 points for answering the question correctly
- 1 point for complete sentences
- 1 point for providing evidence from the article
- 1 point if the evidence supports their answer (they should be able to explain how it supports the writer’s opinion), and
- 1 point for correct spelling and grammar.
Addressing Stigma and Access to Care Among Minorities

By Lindsey Wahowiak

Adapted from http://thenationshealth.aphapublications.org/content/45/1/1.3.full
http://diorvargas.com/poc-mental-illness/

When Dior Vargas was growing up, she dealt with major depressive disorder. And while she has gotten treatment for depression throughout her life, when she hears about it in the media, the people dealing with mental illness never look like her.

“I always felt like I was the only one, and like I didn’t have anyone to turn to and talk to,” said Vargas, a New York City resident who describes herself as a Latina feminist mental health activist. “I felt like I was alone. When people talk about mental illness, when it’s discussed or shown through the media, they never really show people of color. That’s…why I felt alone.”

Vargas is one of a growing group of mental health advocates who are fighting against stigma and disparities for minorities who face mental illness. And the disparities and stigma are truly a problem, said Larke Huang, PhD, director of the Office of Behavioral Health Equity at the Substance Abuse and Mental Health Services Administration. Huang says that racial and ethnic minorities—as well as lesbian, gay, bisexual and transgender people—face significant mental health risks because of inequities working against them.

Poverty plays role in mental health stress

One of the major risk factors for increased stress and mental health issues is poverty, Huang told The Nation’s Health. “People of color are disproportionately represented in poverty, either below the poverty level, at the poverty level or just above it,” Huang said. She also pointed out that, “With poverty, there’s…post-traumatic stress disorder, depression, anxiety.”
But along with poverty, access remains a major issue adding to mental health disparities among minority populations. Access, Huang said, can be defined in many ways. Access to mental health professionals might be limited by a person’s insurance status, for example—more than half of U.S. residents without health insurance are people of color, Huang said.

Access goes beyond meeting with a specialist. Huang pointed to “enabling services” that need to align in order for a person to get mental health care. These can include transportation, child care, time off from work and other issues that people seeking mental health care might need in order to make and keep an appointment with a mental health professional, or even their primary care provider.

“We see life stress events that get in the way…of people completing treatment,” Huang said. “People who are limited in resources often have a difficult time getting to or keeping appointments. We also see discrimination and racism creating stress responses and traumatic experiences, that can also lead to reduced capacity to cope, to adjust and to seek care when needed.”

**Shortage of care often barrier for minorities**

For minorities facing mental health issues who do seek treatment, there are further roadblocks to their care. For one thing, there is a lack of sufficient mental health professionals working in the public health system—in community health clinics or for county departments of mental health, for instance.

But culturally competent care might be an even bigger hurdle for those seeking care. Stigma can make people reluctant to discuss their mental health needs with friends or family, or even their health care providers. Providers need to be trained to understand the populations they serve, Huang said—and to understand the differences and different needs between and within groups.

For example, within the Asian-American population, Korean Americans face psychological distress at different rates than Filipino Americans, according to the U.S. Department of Health and Human Services’ Office of Minority Health.
Shortages such as these also point to the lack of diversity among those being trained as mental health professionals, Huang said. People of color are more likely to serve communities similar to the ones they grew up in, and bring their own experiences to the care they provide.

“If health care providers are not trained to recognize and treat issues for the populations they serve,” Huang said, “it can lead to negative health outcomes, including high dropout rates for care.”

“Various studies have shown that people of color report more dissatisfaction with the care,” she said. “(We see) high rates of dropout because there is a feeling that they are not totally understood by their providers.”

Huang also mentioned that peer mentors who have experienced mental health problems and who are in recovery are valuable sources of support and can help to address the workforce shortage.

**Taking action: How advocates can help**

At national and local levels, public health advocates are taking steps to remove disparities and provide care to communities that most need it. Putting more culturally competent care providers into the field and training workers already in the field is also necessary. They will be able to more capably work with minority populations of color presenting with mental health issues, so service dropout rates can go down and the positive outcomes of care can increase.

And some organizations and individuals are working on smaller levels to fight stigma in their communities. Dior Vargas is combatting the stigma and loneliness some people face with her people of color and mental illness photo project. Vargas and other people of color share photos of themselves, identifying themselves and the mental health issues they face. Vargas said she chose a photo project because of its accessibility and potential reach.

“It’s simpler, because not everybody has access to video,” she told The Nation’s Health. “A picture’s worth a thousand words. I definitely want to take it to different mediums…so that people can go to it and…view it in person. I’m using my experience to turn it into a positive one for others, and to bring a conversation about this topic.”
Barriers to Service:
Questions Stems and Written Response

**PART 1:** Develop questions for a classmate to answer by filling in the following question stems.

**PART 2:** Answer your partner's questions in complete sentences and provide evidence from the article to support your answer.

1. What does __________________________ mean? Why is this important?

2. What differences exist between __________________________ and __________________________?

3. How is __________________________ related to __________________________?

4. Do you know of another instance where __________________________?

5. Do you agree that __________________________? Explain.
Clarifying Questions and Helpful Phrases

In preparation for Community and Social Service role plays, students will generate phrases that can help them clarify their understanding, communication, and advocate for themselves in Social Service settings. They will later use these phrases when doing role plays about difficulties encountered when trying to access social services.

DISCUSS

1. We’re going to think about our experiences in Community and Social Service settings, and how we can potentially improve the quality of care we receive. First of all, what do we mean by “Community and Social Service settings?”
   - Counselor or therapist offices, public assistance offices, fitness facilities, ambulances, substance abuse rehabilitation facilities, public housing offices, at home with personal care aides, job centers, group homes, shelters, support groups, personal care establishments (salons, barbers, massage), gyms, Medicaid/Medicare offices or phone calls scheduling appointments.

2. What makes some of these encounters difficult for yourself or anyone you know or have read about? Teacher writes responses on the board in one column under the heading Challenges.
   - Examples: busy/rude receptionists, the provider misunderstood me, I had to wait a long time to be seen, I misunderstood the provider, complicated forms, I was supposed to bring information or documentation I wasn’t aware of, no one spoke my language, the provider did not understand something about my culture/religion/race/ethnicity/sexuality/gender/ability/body type and was offensive, they didn’t take my insurance.

3. What can a client or consumer do to alleviate these problems?
   - Ask clarifying questions, ask for information to be repeated and/or written down, ask for a translator, ask for a provider of their same culture/religion/race/ethnicity/sexuality/gender/ability/body type or one that is culturally competent, ask friends for referrals to particular providers they know about who are culturally competent.
What are some phrases that the client could say that might be helpful in some of these situations? Write a few of them on the board under the heading *Helpful Phrases*.

**Examples:**

- I’d like to request a ________________ provider.  
  (ex. female, person of color, LGBTQ)?
- Can you repeat that, please?
- Can you write that down for me?

Ask students to work in pairs and generate phrases of their own, writing them down. Ask students to share some of their phrases and add them to the list on the board.

**Other examples of helpful phrases include:**

- Hello. My name is ________________. I’m here for a ____ o’clock appointment with ________________.
- I don’t understand. Can you explain that again?
- What kind of documentation do I need to fill out the paperwork?
- Do you have this form in ________________?  
  *(Client’s language)*
- Am I eligible for any other services?
- Is it safe to take if I’m pregnant or breastfeeding?
- Is it safe to take with ________________?  
  *(medication)*
- Are there any side effects?
- Can you write a letter for my employer/school/caseworker?
- Do you have a business card/brochure with the phone number?
- Do you accept ________________ insurance?
- Do you know what time I’ll be seen?
- Do I need a follow-up appointment?
- Do you have an interpreter or provider who speaks ________________?
Role Play Using New Questions, Phrases and Terms

Students have generated phrases helpful in Community and Social Service contexts and have learned client/provider terminology. They will now put them to use in role plays.

PREP

- Consider which students will work together in role play groups.
- Be prepared to explain vocabulary: Goal, Complication, Strategy, Protagonist.
- Cut paper into eighths, with enough for each student to have three 1/8 page slips.

MATERIALS

- Three 1/8 page slips of paper per student

EXPLAIN

1. We’ve generated helpful phrases and questions, and learned Social Service terminology. Now we will put these phrases and words into practice by using them to solve problems common in Social Service situations, including some of the challenges you discussed earlier.

2. Distribute three slips of paper to each student. On each slip, students should write a communication goal, for example, asking for a provider that speaks their language, understanding an intake form, explaining challenges/needs/symptoms, understanding a diagnosis. They should also write a complicating factor. This is something that made the communication difficult or made the goal impossible to achieve, such as misunderstanding the receptionist, arriving late to an appointment, needing an interpreter.

3. Collect the slips and quickly scan to select the ones you think will work well as role plays. Explain that groups of students will act out the scenes, using the helpful phrases and vocabulary terms learned earlier to try to solve the problems.
4. Divide the students into groups you have pre-selected before class, and distribute one scenario to each group, asking them to prepare a scene 2-3 minutes in length. First they should choose roles for the group participants, then start planning their scene. The scene must use some of the helpful phrases, questions and terms. Students should keep the goal in mind and try to use the phrases, questions and terms to reach their goals.

5. Once groups have prepared, students will perform their role plays. Hopefully, the protagonist will be successful, but this doesn’t always happen. The scene should be true to life, based on students’ experiences.

**DISCUSSION FOLLOWING ROLE PLAYS**

Once a group has performed, lead the audience to discuss their responses to what they’ve seen. Use the questions below and ones of your own choosing to lead the discussion. The goal is to identify the problem and the strategies the actors took in solving it.

1. Who was the Community or Social Service client?
2. What was his/her/their goal?
3. What was the complicating factor?
4. What strategies did the protagonist use to reach his/her/their goal?
5. Was/were s/he/they successful?
6. Has this ever happened to you as a client?
7. Are there other strategies you could or would use if this happened to you as a client?
8. Has this happened to someone you were accompanying to a Community or Social Service appointment?
9. What advice do you have for the provider?
10. What would you do differently if you were the provider?
Community and Social Services Resources*

Students will research a variety of Community and Social Services resources, examine scenarios involving different New Yorkers, and match them with the appropriate resource.

NOTE: This activity uses New York City public and community resources as a means for helping students practice computer literacy, paraphrasing and problem-solving skills. All communities have resources that can help residents live more safely, efficiently or with greater fulfillment. This activity can be adapted to local resources.

**PREP**

- Familiarize yourself with the resources used in this activity by reading the websites listed below.
- Write the names and web addresses of the following community resources on the board, or others that you select:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access NYC for Public Benefits</td>
<td><a href="https://a858-ihss.nyc.gov">https://a858-ihss.nyc.gov</a></td>
</tr>
<tr>
<td>Online Mental Health Support Groups and Forums @ PsychCentral</td>
<td><a href="http://forums.psychcentral.com/">http://forums.psychcentral.com/</a></td>
</tr>
<tr>
<td>CUNY immigration help clinics</td>
<td><a href="www1.cuny.edu/mu/forum/2001/11/03/cuny-help-centers-provide-free-services-for-immigrants/">www1.cuny.edu/mu/forum/2001/11/03/cuny-help-centers-provide-free-services-for-immigrants/</a></td>
</tr>
<tr>
<td>Tenants and Neighbors (Tenants Rights Organization)</td>
<td><a href="http://tandn.org/">http://tandn.org/</a></td>
</tr>
<tr>
<td>NYC Administration of Child Services (Foster Care, Juvenile Justice, Family Services)</td>
<td><a href="www.acs.nyc.org">www.acs.nyc.org</a></td>
</tr>
<tr>
<td>The LGBT Center of NYC</td>
<td><a href="https://gaycenter.org/">https://gaycenter.org/</a></td>
</tr>
<tr>
<td>ACCES-VR (Vocational Rehabilitation)</td>
<td><a href="http://www.acces.nysed.gov/vr/">http://www.acces.nysed.gov/vr/</a></td>
</tr>
</tbody>
</table>
MATERIALS

- This activity requires a computer lab
- Community and Social Services Resources handout*
- Community and Social Services Resource Recommendation worksheet*

EXPLAIN

1 There are many resources available to help New Yorkers* access much needed services for themselves and their families. These resources can provide New Yorkers* with the information they need to receive mental health care or substance abuse treatment, access low-income housing or secure childcare, prepare their taxes, enroll themselves in college or continuing education courses, find legal help, and apply for government assistance programs such as unemployment benefits or SNAP food assistance, among other needs.

2 Distribute Community and Social Services Resources handout. Ask students to navigate to the URLs on the handout to learn about local resources. Based on what you learn, you will provide recommendations to New Yorkers* who can benefit from their services.

3 On a clean piece of paper, write the following about each resource:
   - Name of resource and contact information.
   - What specific services or information does this resource provide?
   - Who is eligible and/or could benefit from this resource?
   - How is this resource useful for New Yorkers*?

4 When students are finished with their research, distribute Community and Social Services Resource Recommendation worksheet and have them complete it in pairs.

5 When students are finished with worksheet, discuss their recommendations as a class.
### Community and Social Services Resources*

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access NYC for Public Benefits</td>
<td><a href="https://a858-ihss.nyc.gov">https://a858-ihss.nyc.gov</a></td>
</tr>
<tr>
<td>Online Mental Health Support Groups and Forums @ PsychCentral</td>
<td><a href="http://forums.psychcentral.com/">http://forums.psychcentral.com/</a></td>
</tr>
<tr>
<td>CUNY immigration help clinics</td>
<td><a href="http://www1.cuny.edu/mu/forum/2001/11/03/cuny-help-centers-provide-free-services-for-immigrants/">www1.cuny.edu/mu/forum/2001/11/03/cuny-help-centers-provide-free-services-for-immigrants/</a></td>
</tr>
<tr>
<td>Tenants and Neighbors (Tenants Rights Organization)</td>
<td><a href="http://tandn.org/">http://tandn.org/</a></td>
</tr>
<tr>
<td>NYC Administration of Child Services (Foster Care, Juvenile Justice, Family Services)</td>
<td><a href="http://www.acs.nyc.org">www.acs.nyc.org</a></td>
</tr>
<tr>
<td>The LGBT Center of NYC</td>
<td><a href="https://gaycenter.org/">https://gaycenter.org/</a></td>
</tr>
<tr>
<td>ACCES-VR (Vocational Rehabilitation)</td>
<td><a href="http://www.acces.nysed.gov/vr/">http://www.acces.nysed.gov/vr/</a></td>
</tr>
</tbody>
</table>
Community and Social Services Resource Recommendations*

Read the following profiles of New Yorkers* with various needs. Use your research to recommend a resource or resources they should contact. Explain why or how this resource(s) might help them with their particular need(s).

<table>
<thead>
<tr>
<th>PARENT NEEDS</th>
<th>Resource Recommendation</th>
<th>How might this resource help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia recently lost her job as a child care worker because the daycare she worked for went out of business. She has two kids of her own and is worried because she has to look for a new job and has no idea how she is going to pay the rent or feed her family in the meantime. She doesn’t know if she is eligible for government assistance or how to apply for it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luis recently moved to the United States from another country and doesn’t know about any services the city offers to its residents. He doesn’t know anyone here and doesn’t know where to start.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiffany has been feeling extremely sad since she got laid off from her job. She doesn’t have any family in New York and her friends are all busy with their own lives. Most mornings she can’t get out of bed because the reality that she might lose her apartment and everything she has in the world is just too much to bear. She isn’t eating and hasn’t left her apartment for two weeks. She feels hopeless. She’s even thought about what it would be like if she just decided she didn’t want to be alive anymore.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARENT NEEDS</td>
<td>Resource Recommendation</td>
<td>How might this resource help?</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Mark identifies as a gay man and wants to tell his family, but is afraid of their response. He is worried they will reject him and isn’t sure what to say to them or who to turn to for support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clark family lives in a rental apartment in Bedford Stuyvesant, Brooklyn. Their heat has stopped working and it is starting to get very cold at night. A year ago, the original lease they signed expired. The landlord did not contact them about renewing the lease and they are afraid that if they report the heating problem, the landlord will demand a new lease and raise their rent. They aren’t sure how to proceed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris and Michael have two sons who are 3 and 7 years old. Chris is a stay-at-home parent and Michael just lost his job as a construction worker because the company had to downsize its staff. They need to get some financial advice and help while Michael finds a new job. They are also now without health insurance and want to see what their options are.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darnell lives with a developmental disability and is interested in going to college. He hasn’t been in school for five years and always had the help of special education teachers in high school. He knows that he will need extra support and other resources if he is going to be successful as a college student.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mental Health and Wellness Brainstorm

As an introduction to thinking about mental health and wellness, students brainstorm preventive measures they currently take and identify ones they might add.

EXPLAIN AND ASK

1. According to the World Health Organization, mental wellness is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

   Our mental and physical health are interconnected—when someone has mental wellness, they often experience fewer challenges with their physical health and vice versa. Working on your mental wellness now may help you face challenges down the road. There are many ways to improve or maintain mental wellness, and what works for one person may not work for another. Therefore, it’s important to seek what is right for you.

2. What are some preventive mental health and wellness measures you take? They can be ones you do on a regular, even daily, basis, or ones that you do infrequently. Write responses on the board.

   Examples: Exercise, fresh air, spending time with family and friends, meditation, relaxation (reading, tv, listening to music, movies, naps, baths), eating healthy, therapy, talking to loved ones about problems.

3. What are some preventive actions you don’t currently do, but know would improve your mental health and wellness, and would like to start doing? Teacher writes list on board.

   Examples: Find a therapist, join a support group, join a community group (sports league, knitting group, other interactive hobbies), get more sleep, read more.
Fact or Myth: Mental Illness, Homelessness and Addiction

Students learn common myths about mental illness, addiction, and homelessness by taking a True/False quiz and then reading facts about these three common challenges that lead people to need and/or seek out social services.

PREP

- Be prepared to explain vocabulary: cognitive and neurotypical

MATERIALS

- Fact or Myth: Mental Illness, Homelessness and Addiction worksheet
- Fact or Myth: Answer Key

EXPLAIN

1. Distribute the Fact or Myth: Mental Illness, Homelessness and Addiction worksheet and ask students to complete it with a partner.

2. When students are finished, distribute Myths or Facts Answer Key and ask students to exchange their quiz with another pair. Ask pairs to correct each other's quiz. Ask students to read and annotate the answer key thoroughly together with their partner as they grade each other's quizzes.

3. When students are finished, ask them to exchange papers back and discuss the answers as a class. Some questions for discussion might include:
   - What is one new thing that you learned?
   - Did you learn anything that surprised you?
   - Did you learn anything that you found interesting?
   - Is there anything you found hard to believe? Why?
   - Why do you think these myths exist?
   - How do you think this information could be useful for someone applying for a Community or Social Services job?
   - How could this information be useful even if you aren't interested in working in Community and Social Services?
Fact or Myth: Mental Illness, Homelessness and Addiction Worksheet

With a partner, write True or False based to your understanding of the following statements.

MENTAL ILLNESS

1. ________ All people with a mental illness are dangerous and violent.

2. ________ Mental illness is the same as being mentally disabled (sometimes incorrectly called mental retardation).

3. ________ People with a mental illness shouldn’t work because they’re not capable of working effectively and will put a drain on other staff.

4. ________ I can help someone with a mental illness.

HOMELESSNESS

1. ________ Homelessness is not a housing problem, it’s a jobs problem—homeless people don’t want to work.

2. ________ Homelessness is usually a short-term problem.

3. ________ If a person has a smartphone, they aren’t poor and shouldn’t be homeless.

4. ________ Housing the homeless costs taxpayers less than having people and families remain homeless.

ADDICTION

1. ________ Addicts can stop using if they really want to.

2. ________ Addicts can be productive members of society.

3. ________ Alcohol and drug use cause addiction.
Fact or Myth: Answer Key

MENTAL ILLNESS

1. **FALSE**
   Most people diagnosed with mental illnesses are not violent. Most violence in the world is not caused by people with mental illnesses. The truth is, living with a mental health condition makes you more likely to be a victim of violence—four times as likely as the general public. Studies have shown that 1 in 4 individuals living with a mental health condition will experience some form of violence in any given year.

2. **FALSE**
   A mental illness is a condition that affects a person’s thinking, feeling or mood. Such conditions may affect someone’s ability to relate to others and function each day. Some examples of mental illness diagnoses are depression, anxiety, autism, post-traumatic stress disorder (PTSD), bi-polar disorder, and schizophrenia. A mental disability is a cognitive disability which means that the way a person’s brain functions is different from the way a majority of people’s brains function. Someone who has a mental disability, or who is not neurotypical, has challenges with thinking tasks such as remembering things, understanding social cues, problem solving, or reading.

3. **FALSE**
   People with mental illness can and do function well in the workplace. They are unlikely to miss any more workdays because of their condition than people with a chronic physical condition such as diabetes or heart disease. A big problem is the prejudice against hiring people with mental illness. The resulting unemployment leaves them isolated, a situation that can add to their stress, and make it more difficult to recover from the illness. And it is against the law!

4. **TRUE**
   You can do a lot to help people with mental illness, starting with the way you act and how you speak. You can nurture an environment that builds on people’s strengths and promotes good mental health. For example:

   - **Avoid labeling people** with words like “crazy,” “wacko,” “loony,” or by their diagnosis. Instead of saying someone is “schizophrenic” say “a person with schizophrenia.” This way, their illness is not who they are but something they live with. There is a lot more to a person than just their illness!
   - **Learn the facts** about mental health and share them with others, especially if you hear something that is untrue.
   - **Treat people** with mental illnesses with respect and dignity, as you would anybody else.
   - **Respect the rights** of people with mental illnesses and don’t discriminate against them when it comes to housing, employment, or education. Like people with other disabilities, people with mental illnesses are protected under Federal and State laws.

HOMELESSNESS

1. **FALSE**
   The major cause of homelessness is the increasingly high cost of housing, both in New York City and across the United States. The housing affordability gap—that is, the gap between how much people earn (their income) and how much housing costs—has grown dramatically wider over the past three decades. From 2002 to 2011, according to Census Bureau data, New York City lost 39 percent of units—385,300 apartments—that were affordable to households earning less than
twice the poverty line ($39,580 for a family of three). These families would need to work 136 hours per week to afford a two-bedroom apartment at the Fair Market Rent in NYC.

Many homeless people are employed. In 2013, around 30 percent of homeless families in New York City were employed, and the number of working homeless shelter residents rose by 57% between 2010 and 2013. In addition, a significant portion of homeless single adults suffer from disabilities and other barriers to employment. Unfortunately, the value of disability benefits (currently around $750/month in NYC) is insufficient to cover rental housing.

2. **TRUE**
The most common length of time that someone is homeless is one or two days, and half the people who enter the homeless shelter system will leave within 30 days, never to return. Long-term homelessness is rare.

3. **FALSE**
As the cost of consumer and even some traditional luxury goods like televisions and smartphones have gone down in price, the cost of essentials like food and housing have steadily gone up. People own these devices now not simply because it is the next big thing, but because it is often the only way to stay connected to the world. Phones and internet are critical to securing employment and maintaining it. With ever-advancing technology, it is imperative that this vulnerable group not be left behind.

4. **TRUE**
Studies show that simply housing people can reduce the number of homeless at a lower cost to society than leaving them without homes. The Central Florida Commission on Homelessness found housing costs $10,000 per person per year, while leaving them homeless costs law enforcement, jails, hospitals, and other community services $31,000 per person per year.

### ADDICTION

1. **FALSE**
Research shows that long-term substance use alters brain chemistry. These changes can cause intense cravings, impulse control issues, and the compulsion to continue to use. Due to these chemical changes it is very difficult for an addict to quit solely by willpower and determination.

2. **TRUE**
Many people believe that addicts are unemployed, involved in criminal behaviors, homeless, and have a host of interpersonal issues. While this is sometimes true, there are many addicts that continue to “function” in society by remaining employed, providing for their families, being involved in family activities, and not appearing to be an addict.

3. **FALSE**
There are several factors that contribute to a person becoming addicted to substances. While alcohol and drugs may trigger a substance use problem for some, there are those who can drink alcohol and experiment with drug use and never become addicted. Factors that contribute include environment, emotional health, mental health, and genetic predisposition.

http://walkinourshoes.org/myths-vs-facts
http://www.namihelps.org/blogs/mental-illness-myths-and-facts.html
https://www.homelessvoice.org/7-myths-homelessness/
A Case Study Series: Brooklyn Community Housing and Services (BCHS)*

Students take a close look at one Social Service organization, Brooklyn Community Housing and Services, and learn about the clients they serve, the careers available within the organization, and explore the ideas and philosophies behind BCHS’s mission and practices.

**ACTIVITIES IN THIS SERIES**

7.1 • BCHS Client Narratives and Chronic Homelessness (BCHS)*

7.2 • Identifying Careers: BCHS Videos*

7.3 • Constructed Response: Supportive Housing in NYC*

7.4 • Main Idea and Supporting Ideas: Social Ties are Good For Your Health
Brooklyn Community Housing and Services (BCHS) Client Narratives and Chronic Homelessness*

Students learn about current and former residents of Brooklyn Community Housing and Services, an agency in Brooklyn that serves formerly homeless people. In small groups, they read residents’ stories and consider both the factors that lead to homelessness and those that helped residents rebuild their lives. Students discuss the factors in their groups and then write short answers to questions independently.

PREP

- Read resident stories in preparation for discussion.

MATERIALS

- Brooklyn Community Housing & Services Resident Stories: Katrina and Larry handout
- Brooklyn Community Housing & Services Resident Stories: Ruth and Eddie handout
- Resident Profile handout

EXPLAIN

1. Now we’re going to learn about a local organization, Brooklyn Community Housing and Services (BCHS), that works to support the health and well-being of people who have experienced homelessness. What are some reasons people become homeless?
   - Lack of affordable housing, disabilities, job loss, divorce, death of family members, no support system, mental illness, addiction, domestic violence.

2. Most homelessness is temporary or short term, lasting only a few days and long term, or chronic, homelessness is relatively rare. Each year, BCHS provides safe and clean supportive housing for more than 1,000 formerly homeless people.
Their programs provide short-term, transitional and permanent housing, homelessness prevention, personalized case management, mental health care, on-site nursing, vocational training, substance abuse counseling, recreational activities and other vital services.

One of the best ways to learn about a Community and Social Services agency is to hear what clients say about their experiences there. What specific questions could you ask a current or former client of BCHS to find out what kind of agency it is and to see if you would recommend it to someone you know?

What was your experience like at BCHS? Who helped you? What did they do/how did they help? How did things change for you after seeking help there? What was your life like before and what is it like now? Which services helped the most? What was the least helpful? Is there anything you needed that you didn’t receive?

These are all great questions you can use to talk to people in your community about services they have received when you are investigating what services might be right for you or someone you love. We are going to read the stories of four current or former residents of BCHS and learn about their lives before and after BCHS.

Divide students into small groups and distribute Brooklyn Community Housing & Services Resident Stories handouts. There are two different handouts: Katrina and Larry and Ruth and Eddie. Each group will read only one handout. Depending on the size of the class, more than one group may read each handout.

Ask groups to read and annotate the residents’ stories, marking anything that seems important, interesting, surprising, or confusing. Students should pay close attention to the factors that contributed to each person ending up homeless and how they were able to make changes in their lives. When groups are finished, they should ask for a Resident Profile handout and work to complete the questions as a group.

When all groups have finished, discuss their answers as a class.
BROOKLYN COMMUNITY HOUSING & SERVICES RESIDENT STORIES

Katrina and Larry

Adapted from http://www.bchands.org/

Katrina

Katrina was born in 1955 and raised in New York City by two loving parents. When she was in her 20’s, a serious mental illness surfaced, but Katrina was in denial about her condition and did not receive any treatment. With her parents’ consistent involvement she was able to function and hold a steady job as a medical secretary for 17 years. Unfortunately, Katrina’s mother and father both passed away in 1994 and Katrina was shattered. Unable to cope without their guidance, she turned to alcohol and drugs, and spent most of the next two decades cycling between the street, shelters, jail, and the hospital.

Then, in 2012, Katrina was referred by a local shelter to BCHS’ Navy Green residence. At first, Katrina appeared angry all the time, lashing out at staff and her fellow residents. Not used to living with others, everyday issues—no matter how small—made Katrina agitated and distressed, and she often threatened fist-fights with her peers to solve small disputes. However, about a year ago, BCHS began a partnership with the New York Horticultural Society and things began to change. “The Hort” sent a horticultural therapist once a week to work with BCHS residents—they used containers for planting indoors, then moved outside and began beautiful new plantings in the flower-beds in front of the Navy Green building.

Katrina fell in love with gardening. With the guidance and support of BCHS staff, Katrina was able to engage in a nurturing activity for the first time in her life. And she felt a powerful sense of accomplishment and self-worth when she saw something she had planted emerge from the ground and bloom.

Katrina’s whole demeanor transformed. She followed her recommended treatment plans and began to volunteer her time to help with building-wide events. She became warm, funny and engaging with her peers, and best of all, for the first time in her adult life, she felt like she had real friends.
Larry

Larry grew up in a middle class neighborhood in Queens as part of a tight-knit family. His father was an engineer and his mother was a homemaker. As Larry approached his early teens, his father had to travel frequently for work and Larry started to feel very lonely. As a result, he began hanging out with a gang from a nearby area and was pressured to use drugs and alcohol. He became an addict at a very young age.

As an adult, Larry held a professional job for a number of years until he could no longer cope with his addiction. Unemployed, he could not pay his rent and bartered his last belongings on drugs and alcohol. Surprised at how things had spiraled out of control so rapidly and too ashamed to ask his family for help, he found himself homeless, living on the street and in shelters.

Larry was ultimately referred to Oak Hall, BCHS’ permanent, supportive housing residence. All on site, he was able to work with the Oak Hall Substance Abuse Counselor, attend Alcoholics and Narcotics Anonymous meetings regularly, and enroll in computer skills training. He shared a living suite with six other men, and began to play cards and dominoes, and discuss sports and politics late into the night. Oak Hall quickly became Larry’s community—exactly what he had been craving since his teenage years—and he truly began to thrive.

Larry has been sober for more than seven years now. He is well respected among the other Oak Hall residents, often organizing events and community activities; he has a successful and mature long-term relationship; and he has been commuting to a full-time job in Manhattan, recently earning a promotion.
Ruth and Eddie
Adapted from http://www.bchands.org/

Ruth
Ruth had wanted to be an artist since she was 5 years old. Pursuing her dream, she attended NYU with a dual major in creative writing and art and even wrote a column for the school paper.

But soon after graduating, Ruth was mugged at knifepoint and had to fight off her attacker on a darkened street. The incident left her shaken and scarred. Scared and uncertain, Ruth decided to move back in with her mother and sisters in their small apartment in Chinatown. However, things only got worse, as feelings of anxiety and depression began to overwhelm her; when Ruth started hearing voices her family felt they could no longer care for her and, heartbroken, placed her in a psychiatric center in New Jersey.

Fortunately, a worker at the center knew about BCHS’ Scattered-Site Apartment Program and felt Ruth would be a good fit, and made a referral. Once at BCHS, Ruth moved into a beautiful 3-bedroom apartment. With the help of her case manager, Ruth began to feel more stable and safe, and developed healthy friendships with her two roommates, who were also BCHS clients. Ruth’s case manager helped her learn about her mental illness and become comfortable again living in the community.

Ruth began to feel so much better that, with the staff’s encouragement, she started participating in BCHS’ therapeutic art program and rediscovered her love of art. Today, seven years later, Ruth’s work has developed so fully that she displays her paintings at art shows in Brooklyn, Manhattan and Queens, and loves to talk to admirers about her influences. “My artwork makes me feel whole,” Ruth says.
Eddie

Eddie was raised in a middle class family on the Upper West Side. His father was a teacher and his mother was a concert pianist. When he was in college, Eddie developed a love for computers and secured a job as an I.T. Technician upon graduation. As a hobby, he enjoyed classic automobiles and could take apart and re-assemble cars quickly and expertly.

In his twenties, Eddie had a serious relationship that lasted a few years, but when his girlfriend broke up with him it triggered a deep depression and psychotic break. He began hearing voices and struggled with anxiety, and he thought about suicide. No matter how hard Eddie tried, he could not maintain a residence of his own, and he withdrew from his family and friends. Eddie became homeless.

Fortunately, a worker at the shelter where Eddie ended up thought he would be a good fit for BCHS’ Scattered-Site Apartment Program and made a referral. Once he was accepted, Eddie moved into a private apartment building with two other BCHS clients; all three quickly became friends. A Case Manager started meeting with Eddie three times a week, helping him better understand his mental illness and what he needed to do to take care of himself.

Over time, Eddie learned how to keep track of his medications and how to talk about his feelings instead of keeping them bottled up. He actively participated in many BCHS recreational activities, and with the help of staff, returned to the workforce through a few different internships. He regained his sense of humor and, with his anxiety under control, began to focus once more on learning about the latest computer technology.

It has been seven years since Eddie came to BCHS and he is now doing better than ever. He has moved up to BCHS’ most independent level of housing and has developed a wide network of friends; his mental health has remained stable; and, fulfilling one of his dreams, he has been working for a large office electronics store, providing customers with on-site consultation and advice about their computer needs.

page 2
Resident Profiles

For each resident, answer the following questions in your own words.

1. In your own words, describe this resident. Who are they? Where did they come from? What seems important to them?
2. What are the factors that led to the resident experiencing homelessness?
3. What do you notice about those factors?
4. Who helped this resident at BCHS? Describe how each person helped the resident.
5. What are the specific things, services, or interventions that allowed this resident to become healthier, successful, independent or no longer homeless? Describe why each of these things helped the resident.
6. What do you think was the most important factor in this resident’s success? Explain.

Resident A:
RESIDENT B:

What similarities do the residents' stories share? How are they different?
Identifying Careers: BCHS Videos*

Students see inside Brooklyn Community Housing and Services by watching a video featuring residents and employees and considering the required jobs and required skills at such an organization.

PREP

- The following video was made for promotional purposes. It highlights a number of the BCHS residents, as well as staff members.
- The video can be found at: [https://www.youtube.com/watch?v=Rerll8virms#t=96](https://www.youtube.com/watch?v=Rerll8virms#t=96) or through the BCHS website.

WRITE

Write the following questions on the board and ask students to write their responses once they have seen the video. You can play the video a second time if necessary.

1. What are some of the challenging situations residents have been in before they arrive at Brooklyn Community Housing and Services?

2. List as many jobs at the residence that you can think of. Include workers you see as well as workers you don’t see.

3. What are some of the skills and knowledge you think employees of Brooklyn Community Housing and Services should have?
   
   > Example: Patience, understanding of trauma, good communication skills, training in social work, psychology, substance abuse counseling, community health.

4. If you wanted to work with this organization, what are some questions you would ask?

5. If you knew someone with a mental illness who was homeless and looking for housing in Brooklyn, what are some questions you would ask Brooklyn Community Housing and Services to find out if they could become a resident there?

6. Consider the careers available at Brooklyn Community Housing and Services. Are any of these careers you might be interested in pursuing? Why or why not?
Supportive Housing in New York City*

Students debate issues related to homelessness, read an article about the Supportive Housing Movement which highlights the work of BCHS, then work in pairs to write responses to questions about the article.

PREP

- Be prepared to explain vocabulary: insurmountable, ubiquitous.

MATERIALS

- How to End Homelessness in New York City article
- Supportive Housing: Written Response handout

DISCUSS

1. One statement at a time, ask students if they agree or disagree with the following statements. Write one statement on the board at a time. If they agree with the statement, ask them to move to one side of the room. If they disagree, they should move to the other side of the room.

   - I would rather live alone than live with others.
   - Shelter is a privilege, not a human right.
   - All people deserve help when they have fallen on hard times.

2. Ask students to elaborate on their opinions one at a time, alternating between the two sides of the room. Encourage students to back up their opinions with reasons, experiences, or beliefs that led them to their conclusion. Let students know they may switch sides if they change their minds at any point during the discussion. You may choose to facilitate this activity as a debate or simply as an opportunity for students to share their opinion without the need for rebuttal. When students are finished discussing one statement (or allotted time has expired), write the next statement on the board and repeat the process.
3 Distribute *How to End Homelessness in New York City*. Ask students to read and annotate it, marking anything they find interesting, important, surprising or confusing. They should circle any unfamiliar words and write any questions they have in the margins.

4 When students are finished, distribute *Supportive Housing: Written Response* worksheet and ask students to work with a partner to complete it.

5 When students are finished, discuss their answers as a class.

6 After discussion, remind students of each of the three statements they debated in the beginning of class. Ask students if anyone has changed their mind about any of the statements and why.
How to End Homelessness in New York City*

By Alana Samuels, Jan 4, 2016


The streets of New York and other U.S. cities are home to thousands of people who suffer from crippling mental illnesses, and others who are addicted to drugs and alcohol. In January 2015, there were more than 80,000 chronically homeless people in the United States. Such people often experience trauma while cycling through jails, emergency rooms, and shelters.

Not too long ago, Barry McCrea was one of those people. He slept on the New York City subway, often taking up two seats. He abused drugs and alcohol and spent time in jail. For seven years he lived on the streets. Today, McCrea lives in an apartment with seven others, and deals with practical challenges like everyone else who shares a place: how to deal with a roommate who takes long showers, what to do if a roommate doesn’t clean up the kitchen, how to interact with a roommate he doesn’t particularly like.

McCrea was able to find stability and a home through a program now being replicated across the country. It targets frequent users of city services such as jails, emergency rooms, and shelters, and links them with permanent supportive housing, which is essentially an apartment building that has social workers available when needed. McCrea now thrives in permanent supportive housing, where he spends his time volunteering at a church, writing poetry, and whittling intricate figures of mothers and babies out of pieces of chalk. He’s had a few missteps, getting back into drugs or arguing with his roommates, but Brooklyn Community Housing and Services (BCHS), which provided his apartment, has stayed with him, he said. “Even though I’ve been in a bad situation, they’ve always helped me, always, when they see that I’m doing bad, they’re always there,” he told me.

Permanent supportive housing works for all sorts of people who have experienced homelessness, not just those with mental-health challenges or criminal records. It gives

---

1 Formerly a term used to describe people who had difficulty walking due to injuries or disabilities or were paralyzed, crippling is now used to describe conditions that are extremely difficult or cannot be overcome.

2 Something that happens again and again

3 Is very successful

4 Experiences that prevented his forward-moving progress
homes to people who have experienced the trauma of living on the streets, without asking much of them in return. The formerly homeless move into apartments and then have access to case workers and nurses and a community. They slowly acclimate\(^5\) and become part of that community, which in turn creates a network of people that help each other stay stable.

As homelessness rises in New York, Mayor Bill de Blasio is looking to supportive housing to help get people off the streets permanently. Earlier this year, he pledged\(^6\) to add 15,000 units of supportive housing over 15 years—1,000 units in the next year—in a bid\(^7\) to end homelessness in New York. About 267 additional units will be set aside for frequent users of the jail, health, and shelter systems like McCrea.

“The combination of stable housing and supportive services are the magic ingredients that make it possible for people who have frequently fallen through the cracks in the social-safety net\(^8\) to regain\(^9\) stability in their lives and move forward,” says Steven Banks, the commissioner of New York City’s Human Resources Administration/Department of Social Services.

Advocates\(^10\) for the homeless say that this model works for almost everyone who has experienced chronic homelessness. Expand it by thousands of beds, rather than just hundreds, advocates say, and homelessness could be almost completely eradicated\(^11\) in New York and other cities that choose to go down this road.

“Tomorrow if we had 4,000 permanent-supportive units for formerly homeless people, with the rare exception, there would be almost nobody on the streets,” said Brenda Rosen, the president and CEO of Breaking Ground, which provides supportive housing for 2,700 residents in New York.

---

\(^5\) Adjust to their new environment
\(^6\) Promised
\(^7\) Plan
\(^8\) Public and non-profit services designed to help avoid or minimize the challenges of living in poverty.
\(^9\) Have once again
\(^10\) People who fight for better rights and conditions
\(^11\) Gone
Giving homes to all of a city’s chronically homeless population may sound expensive, but doing nothing is even more so. The initiative that found Barry McCrea a home saved $15,000 per participant in reduced jail time and reduced costs for inpatient\textsuperscript{12}—and crisis—health services, according to a Columbia study. The program reduced the costs associated with the average chronically homeless person in New York City by 76 percent, according to the report, from $38,351 spent over two years in shelter and jails to $9,143. “Given the costs of shelter, the cost of incarceration and the healthcare costs, it’s a cost-effective\textsuperscript{13} investment for government,” Banks told me.

Before finding permanent housing, Barry McCrea was a frequent user of jails and shelters. He’d cycle in and out of jail for minor violations—hopping the subway turnstiles, failing to show up for court hearings, shoplifting food. He spent some time at the troubled Bedford and Atlantic shelter in Brooklyn, but he found it difficult to get away from the drugs and alcohol that were ubiquitous\textsuperscript{14} there. Then, in 2008, he was referred to permanent supportive housing through a program called FUSE, or the Frequent Users System Engagement program piloted\textsuperscript{15} by the Corporation for Supportive Housing (CSH), a national lending, consulting, and advocacy nonprofit for supportive housing.

Working with city departments, CSH used data to identify the people who frequently moved through the revolving door of emergency rooms, detox centers, prisons, and homeless shelters, and attempted to prioritize them for housing. Case workers tried to get these people off the streets and into permanent supportive housing, where they could begin the long road to recovery. Initial participants had to have four jail and four shelter stays in the five years prior to being admitted to housing; some had as many as 57 jail stays for low-level offenses, said Jeff Nemetsky, the head of Brooklyn Community Housing and Services, which runs the apartment building where McCrea lives and others.

FUSE saved money, and it also led to stability for people who had cycled in and out of shelters for decades. After a year, 91% of FUSE participants were still housed

\textsuperscript{12} Patients who stay in hospitals or other healthcare facilities overnight
\textsuperscript{13} Way to get a lot for the money
\textsuperscript{14} All around
\textsuperscript{15} Started as a small project to see whether it might be something to try on a larger scale
in permanent housing, compared to 28% of those in a comparison group; after two years, 86% of FUSE participants were housed, compared to 42% of others. FUSE participants were incarcerated for 19 fewer days than the comparison group and the percentage of participants with any recent use of hard drugs such as heroin or cocaine was half as high as the comparison group. The comparison group was hospitalized for an average of eight days for psychiatric reasons, while FUSE members were hospitalized for 4.4 days; FUSE members had, on average, half as many ambulance rides as the comparison group.

I also visited the Prince George, a historical hotel on East 27th street in Manhattan that has been turned into a mixed supportive-housing and low-income-housing building. I spoke to Calvin Bennett, who has been in a wheelchair since a kidney transplant last year. Bennett says he had been caught up in getting and using drugs when he lived on the streets, and had ignored the outreach workers who came around trying to get him and others into shelters. Then one day, an outreach worker with Breaking Ground told Bennett that in the time since they’d last seen each other, the worker had helped another man find permanent housing. That struck Bennett as significant. So he started the long process of going through the paperwork to apply for an apartment in the Prince George. He moved in about seven years ago.

“I don’t miss being on the streets. I thank God everyday that I’m here,” he said.

Once he was stably housed, he went through a drug-treatment program and has been clean for years, he says. He likes that case workers at the Prince George can tell him where to get help with his taxes or to get education, where to apply for Meals on Wheels or where to go to a food pantry. He likes having his own bathroom and private space. Now, whenever he sees a homeless person on the streets, he tells them to call 3-1-1 and ask for any city program that can get them housing.

Both McCrea and Bennett may need to stay in permanent supportive housing for the rest of their lives. But the hope is that, with months or years of stability and support, they will get to a place where they could move out of permanent supportive housing and into an independent apartment. Advocates never want to push people out of supportive housing, but because there are a limited number of beds, they are open to the idea that some people can move on.

It’s impressive to think that someone who slept on the streets for years, abused drugs and alcohol, and battled mental illness could make that transition from homelessness to independence. And with more supportive housing in the pipeline, it’s becoming likely more people will.
Supportive Housing: Written Response

Work with a partner to answer the questions below. Write your answers in paragraph forms and provide at least one quote from the article to support each answer.

1. What is supportive housing?

2. Why do advocates of supportive housing believe it works?

3. What kinds of services are available for people living in supportive housing? Explain why each service is important.

4. There are people who do not believe supportive housing is the answer to homelessness. Try to put yourself in their shoes. Why do you think they might object to supportive housing for the homeless?
Main Idea and Supporting Details: Social Ties Are Good for Your Health

Students read an article about the benefits of social ties, work to identify the main idea and supporting details of the article, and respond to a writing prompt about their own experiences with social ties.

PREP

- Be prepared to explain vocabulary: social capital, individualistic, empathy, democracy, sustainability, prosperity, solidarity

MATERIALS

- Social Ties Are Good for Your Health article
- Identifying the Main Idea & Supporting Details worksheet

EXPLAIN

1. **Ask students:** Who is one person that is very important in your life? Why are they important to you? Try to draw out the interpersonal connections students have to these people and the impact these connections have on their lives.

2. The relationships we have with other people in our families, schools, jobs, communities, even online, enrich our lives and studies have shown that having strong social ties helps us live longer, happier, and healthier lives too.

3. Distribute Social Ties Are Good for Your Health article. Ask students to read and annotate the article, marking anything that seems important, interesting, confusing, or surprising. They can also circle unfamiliar words and write any questions they have in the margins.

4. When students are finished, distribute Identifying the Main Idea & Supporting Details worksheet and ask students to complete it in pairs.

5. When students are finished, discuss their answers as a class.
Social Ties Are Good for Your Health

*Interview conducted by Julie Croteau and edited by Lane McKenna Ryan*

Adapted from BeWell@Stanford
http://www.health.harvard.edu/newsletter_article/the-health-benefits-of-strong-relationships

We may all know that relationships with friends and family add immensely to the quality of life. But did you also know that such social ties can help us live longer? I talked to Cecile Andrews, author and a former affiliated scholar with the Clayman Institute for Gender Research, about why it is healthy to forge connections to others.

**Being connected to others is nice, but is it important?**

In our crazy society, social ties are pretty far down on our “to do” lists, but connection to others is turning out to be more important than we thought. Studies indicate that “social capital” is one of the biggest predictors for health, happiness, and longevity. The problem: we often do not recognize the importance of social connection. Our culture values hard work, success, and wealth, so it’s no surprise some of us do not set aside enough time for social ties when we think security lies in material things rather than other people.

Olds and Schwartz (Associate Clinical Professors of Psychiatry at Harvard Medical School) argue in *The Lonely American* that loneliness is often mistaken for depression. Instead of connecting with others, we consume a pill. Being lonely is outside of our individualistic world view so we don’t even see it as a problem.

Harvard’s Robert Putnam writes about social capital in his book, Bowling Alone, and shows how social ties are not only important for personal well-being, but also for our democracy. To paraphrase Putnam, “the culture in which people talk to each other over the back fence is the culture in which people vote.” Apparently, when you feel part of a group, you’re more likely to contribute to it—such as by voting.

UC Berkeley’s George Lakoff has said that we can only bring about progressive social change by evoking empathy. You can’t get people to change by loading them up with...
facts or shaking your finger at them. You must talk to others with respect and caring—and then you connect. Social capital is thus central to progressive social change.

Social capital is important for the planet as well. Environmentalist and author Bill McKibben says that we won’t have sustainability without community. Until we see other people as our main source of security, we’ll keep turning to things, using up oil and other resources and heating and polluting the planet. Until we have community in our neighborhoods, we’ll keep going to the mall for our evening’s entertainment.

**Does research show convincingly that social ties really improve health?**
Yes, and there are many studies. Some studies focus on short-term health benefits such as reduced incidence of colds and flu. Other research looks at longevity, alleging that the number of friends correlates with longer life. Still other studies have found that people have better survival rates for diseases when they have social support. Not long ago I heard a cardiologist compare social isolation to smoking, saying that loneliness is the new tobacco.

One of my favorite books is *The Loss of Happiness in Market Democracies*, by Robert E. Lane, Professor Emeritus of Political Science at Yale. His book brings together much of the research done on social capital over the last several years and shows how social ties not only affect our personal health, but also our societal health. He observes that as prosperity in a society increases, social solidarity decreases. Happiness not only declines, people become more distrustful of each other as well as their political institutions. Lane argues that we must alter our priorities; we must increase our levels of companionship even at the risk of reducing our income.

I’ve often wondered why we require so many studies to prove that we need each other and that it is important to care for each other. I would simply call it wisdom.

**What if I am not “connected”? Are there simple ways to start building relationships?**
Putnam says that if you don’t belong to a group and you join one now, you’ll cut your chance of dying in half for the next year. (You probably don’t have a big chance of dying anyway, but I kind of like this study because it gets people’s attention.) If you join a group, do more than just send in your dues. Come together face to face, such as by volunteering for committees or agreeing to work on projects. By the same token, organizations shouldn’t just hold dull meetings; they need to have parties and potlucks as well as conduct business in an interesting manner.

You can also try talking to people. Introduce yourself, ask questions, tell stories, be interested!
# Identifying the Main Idea and Supporting Details

Use the following graphic organizer to identify the Main Idea and three Supporting Details from the article in your own words, then provide a quote that supports each Supporting Detail.

**MAIN IDEA:**

<table>
<thead>
<tr>
<th>Supporting Detail</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>
Parents can only give good advice or put [children] on the right paths, but the final forming of a person’s character lies in their own hands.

—Anne Frank, Writer

ANNE FRANK (1929-1945), a young Jewish girl, and her parents and older sister moved to the Netherlands from Germany after Adolf Hitler and the Nazis came to power there in 1933. In 1942, Frank and her family went into hiding in a secret apartment behind her father’s business in German-occupied Amsterdam. The Franks were discovered in 1944 and sent to concentration camps; only Anne’s father survived. Anne Frank’s diary of her family’s time in hiding, first published in 1947, has been translated into almost 70 languages and is one of the most widely read accounts of the Holocaust.