



# Community Legal Aid

Serving Central and Western Massachusetts

MAUREEN ST. CYR  
STAFF ATTORNEY  
MSTCYR@CLA-MA.ORG

405 MAIN STREET  
WORCESTER, MA 01608  
(508) 752-3718 • (855) 252-5342  
(508) 752-5918 FAX  
(508) 755-3260 TTY

**OFFICES:**  
FITCHBURG  
GREENFIELD  
MILFORD  
NORTH ADAMS  
NORTHAMPTON  
PITTSFIELD  
SOUTHBRIDGE  
SPRINGFIELD  
WORCESTER

March 25, 2016

VIA ELECTRONIC MAIL

██████████  
Director of Human Resources  
██████████ Housing Authority  
██████████, MA ██████████

Re: Reasonable Accommodation Request – ██████████

Dear Hearing Officer ██████████:

A hearing was held Thursday, March 24, 2016, regarding Mr. ██████████'s request for a reasonable accommodation, specifically, to be allowed to remain in his unit with a coordinated plan for mental health supports in place.

You requested that I submit a service plan laying out who his service providers would be. I am submitting this letter in response to your request. It is our belief that this service plan provides satisfactory assurances that Mr. ██████████ has received and is receiving ongoing treatment to eliminate the any risk the ██████████ Housing Authority (██████████) believes he might pose to other residents.<sup>1</sup> As a result, we are requesting that the denial of his request for accommodation be overturned and he be allowed to remain as a tenant at the ██████████. As laid out in his reasonable

<sup>1</sup> As articulated at the hearing, when a housing provider believes that a tenant poses a “direct threat” to other residents based on a history of overt acts, that provider must take into account whether the tenant has received intervening treatment to eliminate the significant risk of substantial harm to other tenants. Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodations Under the Fair Housing Act (2004), at 4-5 (hereinafter “HUD Memorandum”). The provider may request satisfactory assurances that the tenant will not pose a direct threat, for example, appropriate counseling and periodic medication monitoring. *Id.* at 5-6. Even in a situation where a tenant has been arrested and pled guilty to three counts of assault, the Supreme Judicial Court held that, prior to evicting that tenant, the housing provider was still required to engage in the reasonable accommodation process and demonstrate that no accommodation existed that would eliminate or acceptably minimize any risk posed by the tenant to other residents. *Boston Hous. Auth. v. Bridgewater*, 452 Mass 833, 842. Any determination that no accommodation exists must be based on reliable, objective evidence or medical knowledge, rather than fear, speculation, or stereotype, otherwise the determination can provide the basis for a claim of disability discrimination under state and federal fair housing laws. . HUD Memorandum, at 4, 24 C.F.R. § 9.131(c).

accommodation request, submitted February 29, 2016, his service plan is as follows:

1. Medication management through regular meetings with a psychiatrist.  
The Tenancy Preservation Program (TPP) has referred him to Dr. [REDACTED] at Community Healthlink (CHL) as his new PCP through its Homeless Outreach & Advocacy Project (HOAP) at 162 Chandler Street. HOAP has its own medical clinic and can provide comprehensive assistance using a team-based system so that Mr. [REDACTED] will have coordinated care with his providers working closely together to monitor his ongoing condition. Mr. [REDACTED] has an initial appointment scheduled to develop a team of service provider including a psychiatrist, a case manager and a therapist.
2. Counseling on a regular basis.  
Counseling will also be provided through CHL's HOAP program at as described above. To supplement the weekly or bimonthly counseling (as determined by his therapist's evaluation of his need), he is willing to attend day programs at Genesis Club to provide social support.
3. Visiting nursing services on a weekly basis.  
Mr. [REDACTED] is also eligible for in-home nursing services to check on Mr. [REDACTED] in his unit and confirm medication compliance on a weekly basis. These services are being coordinated through his medical providers at Spring Valley and CHL and would likely be provided through Apex K Home Care, Century Home Care or the Nizhoni Center. Upon consultation with his physician and as needed, the frequency of the visiting nursing visits could be increased.
4. Utilization of a medication dispenser to monitor his medication intake.  
This machine will audibly alert Mr. [REDACTED] when he is supposed to take his medication at various points throughout the day. If he fails to remove his pills, it will notify, through his landline service, his next of kin and then Elder Services.
5. Home visits by his Elder Services caseworker every three months.  
Mr. [REDACTED]'s regular Elder Service caseworker will be [REDACTED]. She will be providing home visits to check on his ongoing status. Elder Services can also provide homemaker services and meals if needed.

I hope this provides the additional level of detail you require in evaluating Mr. [REDACTED]'s request. Should you have questions or need additional information, please do not hesitate to contact me.

Very truly yours,

Maureen St. Cyr  
Staff Attorney