HOUSING INNOVATIONS

Core Components – Shelter Services

Your Way Home Evaluation

September 2014

PROJECT BACKGROUND

Housing Innovations (HI), a consulting and training firm focused on developing and implementing solutions to prevent and end homelessness, was contracted by the North Penn Community Health Foundation to conduct a three year evaluation of the Your Way Home (YWH) transformation process and its effectiveness at preventing and ending homelessness in Montgomery County, Pennsylvania. Housing Innovations is working in partnership with Dr. Dennis Culhane and Dr. Ann Elizabeth Montgomery of the University of Pennsylvania and the National Center on Homelessness Among Veterans to conduct the evaluation.

REPORT OVERVIEW

To support the work of the Your Way Home Shelter Action Team, the Evaluation Team was asked to make recommendations regarding the core components of an effective emergency shelter system. Conducting a comprehensive review of the Montgomery County emergency shelter system as it currently exists was outside of the scope of the project. As such, these recommendations are intended as an overview of general best practices and not as a specific response to practices that may or may not already be in place across the Montgomery County shelter system or in particular programs. In addition, this document is not intended to represent a comprehensive list of all shelter components, but rather focuses on the key components necessary in order to achieve outcomes prioritized by Your Way Home.

CORE PURPOSE

To help ensure that shelter services and operations are well-aligned to achieve the outcomes defined by Your Way Home and the federal HEARTH Act and Opening Doors federal strategic plan, HI recommends establishing a clear and consistent core purpose for shelter and buy-in from all stakeholders for that purpose. Doing so will encourage a high-performance culture that produces measurable client outcomes. **SAMPLE CORE PURPOSE: To secure a safe alternative placement, as rapidly as possible, and necessary follow up supports for all clients to achieve stable, permanent housing.**

This core purpose acknowledges that, given scarcity of housing subsidies and a structural mismatch between local rental costs and typical income among homeless households, direct placement from emergency shelter into stable permanent housing may not be possible or necessary for all. In fact, data, dating back to 1998, demonstrate that a large portion of homeless people resolve their homelessness quickly and do not return to shelter. (Culhane D & Kuhn R. Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology*). In fact, most households use shelter as a short-term emergency support and quickly find alternative options without assistance.

The core purpose should drive all funding decisions, contracts, performance expectations, program activities, and policies and procedures:

- o Contracts should clearly establish the core purpose.

- o All program operations should be designed to support the core purpose and any policy or process that hinders rapidly securing a placement should be re-examined and revised with the core purpose in mind.

- o All personnel processes and documents, including job descriptions, annual performance evaluations, and staff orientation and training programs should be designed to support the core purpose.

BED ASSIGNMENT

Because churning (i.e. repeated discharge and readmission to shelter) disrupts case management activities that are critical to the achievement of the core purpose, placements in shelter should not be for an arbitrary length of time. Rather, placement length should be based upon a target placement date and clients without other housing options should remain in shelter, as necessary, until placement is achieved. Similarly, except when a client is unable to be sheltered safely and his/her behavior clearly threatens the safety of other clients and/or staff, unplanned discharges should be avoided.

Similarly, bed-assignment processes and/or sheltering models that do not provide clients with a reliable shelter placement in a stable location from the point of intake until they depart for housing make engagement in housing focused case management challenging. Models that are typically intended to fairly allocate limited resources on a first-come, first-serve basis, often require clients to secure access to a bed each day and may require clients to remove their belongings daily from the facility. Such models have several disadvantages:

o The uncertainty of not knowing if they have a bed each night and/or changing locations frequently can perpetuate for clients a constant feeling of instability and disrupt efforts to stabilize and focus on finding stable, permanent housing.

o Sometimes, the time required to secure a bed for the night and/or the timing of the daily bed assignment process can inadvertently keep clients focused on their immediate needs and make it difficult to do other things that would speed housing placement (e.g., obtaining employment and/or vocational services, searching for apartments, receiving necessary medical, psychiatric, and/or substance abuse services)and creating supportive relationships with people outside of the shelter.

o Clients must find strategies to keep their possessions safe and this often consumes significant time and energy and likely makes it difficult for them to secure employment and pursue other activities that would help to end their homelessness.

HI recommends using shelter models and a bed assignment process that provide a stable, guaranteed bed placement from intake until placement.

PROGRESSIVE ENGAGEMENT

Increasingly, communities are adopting a "progressive engagement" strategy that starts with a small amount of assistance to help resolve homelessness and then adds more assistance, only as necessary, if the less intensive intervention is unsuccessful. Progressive engagement is a practical strategy to conserve resources and direct the most costly interventions to those for whom less intensive approaches have failed. The sample core purpose above is aligned with a progressive engagement approach and with the national trend towards transforming homeless services to a crisis response system with the primary objective of ending the immediate crisis by rapidly returning people to alternative housing, which may include shared living arrangements and other unsubsidized exits.

The approach reserves the most costly interventions (i.e. permanent supportive housing and long-term rental assistance) for those who have not been able to resolve their homelessness through less intensive interventions. Evidence of success among progressive engagement models, including rapid re-housing, is growing. Recently, the year one evaluation of the Supportive Services for Veteran Families program demonstrated the results of efforts by 85 grantees serving 21,100 households, revealing that rapid re-housing was very successful for both families and single individuals. A year after exiting the SSVF program, only 10 percent of families and 16 percent of individuals had returned to homelessness.

HOUSING FOCUSED CASE MANAGEMENT

HOUSING PLAN

A housing focused approach to case management services is essential to achieving the core purpose of securing an alternative placement, as rapidly as possible, and necessary follow up supports for all clients to achieve stable, permanent housing. HI recommends that all shelters use a **Housing Plan** in lieu of an Individual Service Plan. The plan should be based on a thorough assessment of the underlying issues that led to homelessness and of the client's strengths. The housing plan should:

Be timed strategically to conserve scarce resources.

Cluster analyses of data conducted by Dr. Dennis Culhane and others in various communities demonstrate that a large portion of homeless people resolve their homelessness quickly and do not return to shelter. To conserve scarce resources, local HMIS data is likely to reveal valuable information about when best to begin the housing plan (e.g. 7 days after shelter entry). HMIS data should also be used to identify clients with a pattern of cycling in and out of homelessness, for whom housing focused case management should begin promptly upon shelter entry.

Focus on resolving the most critical barriers as quickly as possible.

The Housing Plan should focus on resolving the barriers most likely to prevent the client from successfully exiting shelter, such as obtaining identification, securing or increasing either entitlement or employment income, and locating an affordable shared, subsidized or supportive housing unit. Rather than assuming the person will stay in shelter until a stable, permanent placement can be secured, whenever possible, the plan should identify temporary housing where the person can stay while they receive assistance, if necessary, in resolving barriers to long-term stability.

Create clear goals and time frames.

The plan should establish a target date for housing placement. HI does not recommend, however, using a standard maximum length of shelter stay. Rather, the target placement date should be individualized based on the tasks that need to be accomplished in the housing plan. Arbitrary exit deadlines are often not enforced, and they can disrupt the sense of partnership between staff and client that is critical to effective collaboration on a housing plan. Instead both the worker and client should understand that the client may need to remain in shelter until an alternative placement can be secured and the plan should establish benchmarks towards that goal. These benchmarks will guide the case management process and help staff and clients to know exactly what steps they need to take to support progress towards the client's move. For example, the plan might set specific target dates for completing entitlement applications, securing identification, or submitting a rental assistance application. The most critical tasks and target dates from the Housing Plan should be tracked using a simple spreadsheet that can be reviewed in weekly supervision to ensure focus on the tasks that are most critical to placement (See CQI Recommendations).

Identify needed resources.

A good housing plan helps both the client and the case manager to identify the resources needed to secure a placement. These may include, but are not limited to, earned income or entitlements, short or long-term rental assistance, "one-shot supports" to cover expenses (including first month rent, security deposits and purchase of basic household necessities), home attendant services, and/or behavioral healthcare services, including mental health and substance abuse services.

Clarify the roles of the client and the case manager

The Housing Plan establishes which tasks will be the responsibility of case manager and of the client.

Track progress and make adjustments.

A good Housing Plan is dynamic, and goals should be updated regularly. When applicable, the case manager, client, and supervisor should explore reasons for not achieving benchmarks, and establish new goals that address identified barriers. Workers should avoid creating plans that recycle past goals without adding strategies that address the reasons previous goals were not achieved. If a client has not exited shelter within 30 days, the Housing Plan should be updated.

Include supervisory review.

The case manager's supervisor should review and sign-off on each initial Housing Plan and on each 30 day review.

Focus on the hardest to place.

In many shelters, the clients who are hardest to place, remain for years, and staff and clients both begin to accept the status quo and feel that placement is not achievable. This can create a culture at the program that is counter-productive to the core purpose. Instead, it is on these clients that placement efforts should be focused. Using HMIS data, develop a list of clients with the most shelter use days and focus on placing those people. For example, supervisors would review the status of tasks identified on the housing plan for each targeted client in weekly supervision meetings and help to identify creative approaches to engage the client and secure a placement. Rather than focusing resources on the clients who may be easier to place, the longer a client is sheltered, the more targeted follow up should occur.

Include post placement follow up supports.

To disrupt the cycle of clients returning to shelter, housing plans should include follow up services, including warm hand-offs, connections to community-based service providers who will provide ongoing supports, if needed, post placement, and a minimum standard for follow up contact by the shelter case manager, e.g., at 2 weeks, 4 weeks, 3 months, and 6 months post-placement.

For example, together the case manager and resident should prioritize the key areas in which the resident wants and needs ongoing assistance to support housing stability post shelter exit. Areas might include, help negotiating with a landlord or property manager, ensuring timely rent payment, increasing

or maintaining income from benefits and/or employment, accessing needed mental health, medical, and/or substance use treatment and support, negotiating and building a social support network, and accessing activities of daily living assistance. Supports can be provided through both formal linkages to community based service providers and to non-professionals who can offer informal help. For example, a resident might get Supported Employment services from a local non-profit, and his AA sponsor might agree to help him role play before he has any stressful conversations with his landlord.

When possible, beginning this transition in advance of the move provides time to test the linkages, help the resident to negotiate adjustments with those linkages, and/or identify and begin to test new linkages, as necessary. To conserve scarce resources, follow up supports should be time limited and, whenever possible, the case manager should first help the resident to resolve challenges together with linkages rather than stepping in to provide direct assistance. The more the case manager is able to transfer responsibility for care, the better prepared the resident and her linkages will be to navigate challenges after the case manager is no longer available to provide supports.

Additional Housing Focused Case Management Strategies

In addition to the guidance above regarding housing plans, the following strategies can help to support a housing focused approach to case management services:

Establish reasonable caseloads to enable housing-focused case management:
To ensure the availability and strengthen the effectiveness of both individual housing-focused case management and group programming, caseloads should not exceed 1:20. To the extent that core housing-focused case management tasks are performed by partners and not by shelter case management staff, the ratio could be adjusted accordingly. Smaller caseloads will enable staff to build trust through consistency and reliability and demonstrate the value of services that have proven effective at promptly meeting clients' immediate concrete needs and at securing housing.

Clearly establish housing placement as the primary responsibility for shelter case managers.
Consistent with the core purpose, job descriptions for case management staff should clearly define their primary responsibility as securing an alternative placement, as rapidly as possible, and securing necessary follow up supports for all clients on their caseload to achieve stable, permanent housing.   In addition, both job descriptions and ongoing supervision should emphasize case managers' critical role in helping to ensure that the program meets its monthly housing placement targets (see Continuous Quality Improvement recommendations). Case managers' role in facilitating service linkages should be targeted towards those linkages that are most essential to housing placement. Furthermore, to the extent that there are multiple staff within a single service agency or across agencies involved in housing placement tasks, the case manager should be responsible for coordinating to ensure clarity around who is responsible for doing what by when.

Align staff and client schedules to enable completion of housing-focused case management tasks. Shelter schedules that require clients to remain outside of shelter during most of the business day, while staff work primarily a 9 a.m. to 5 p.m. schedule, can make it difficult for staff to provide hands-on assistance with the tasks identified in the housing plan. Instead, HI recommends aligning both client and staff schedules to enable completion of those tasks. This will enable staff to work individually with clients on critical housing-focused case management tasks during business hours, accompany clients to important off-site appointments, and plan on-site programming that builds motivation, develops a housing-focused culture, and teaches critical skills. When determining how to establish priorities, which will be necessary, staff should focus on the most crucial tasks necessary to help individual clients secure a housing placement (e.g. housing and entitlement applications, securing identification, viewing apartments, etc.) over group skill building opportunities.

Celebrate Success

Create regular opportunities to celebrate program and individual successes, including achieving housing placement targets and securing housing for specific individuals. Be sure to include all clients and staff regardless of their role. Honoring each individual's success helps clients to develop hope and connect to a community that truly cares about them achieving their dreams. Honoring program level successes helps each member of the community to feel connected to the overall core purpose and to see that their role in helping to achieve that purpose is valued.

Establish a shelter diversion program.

Diversion services are used to prevent homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and/or financial assistance to help them return to permanent housing. The main difference between diversion and prevention is the point at which the intervention occurs. Prevention targets people at risk of homelessness further upstream (e.g., those being evicted), while diversion targets people as they are applying for entry into shelter. Diversion services include: utility, and/or rental assistance; short-term case management; conflict mediation; connection to mainstream services, such as benefits, and health/behavioral health care; and housing search.

Use SOAR to connect residents to SSI/SSDI

Increasing shelter residents' access to entitlement income is a critical component of housing-focused case management. SSI/SSDI Outreach, Access, and Recovery (SOAR) is a national project funded by SAMHSA and designed to increase access to SSI/SSDI for eligible adults who

are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. For more information visit: http://www.prainc.com/soar/

LOW DEMAND SERVICE ENGAGEMENT MODELS

Homelessness and drug use often overlap, and the harms associated with each exacerbate the other. Responding to these inter-related issues through an integrated approach is an important component of ending homelessness. Effective intervention for homeless people who use substances requires comprehensive, highly integrated and person-centered services.

Housing First

Housing First is one such intervention. The US Interagency Council on Homelessness (USICH) recently called for a "Housing First" approach across homeless programs and is urging federal agencies and their state and local partners to prioritize Housing First models. USICH has endorsed Housing First as "a proven method of ending all types of homelessness" and "the most effective approach to ending chronic homelessness."[1]

Housing First offers people experiencing homelessness immediate access to permanent affordable or supportive housing without prerequisites like sobriety and with a low-threshold for entry. While Housing First is a specific, evidence-based model of permanent supportive housing, USICH is applying the concept more broadly to advocate for policies across the continuum of homeless services that are well-aligned to a Housing First approach. The Housing First model uses **harm reduction** strategies aimed at reducing the negative health, social, and economic consequences of drug use, other risky behaviors and homelessness. Harm reduction is built on a belief in and respect for the rights and dignity of people who use drugs and incorporates a range of strategies to meet drug users "where they are."   This includes strategies to make use safer and, sometimes, to prevent use or work towards abstinence. Instead of service participation requirements, a harm reduction approach uses **Motivational Interviewing** (see below) and other creative strategies to engage homeless people, demonstrate service effectiveness, build trust, and progress towards goals that the person values.

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[1] The Housing First Checklist: A Practical Tool for Assessing Housing First in Practice (a USICH publication)

Motivational Interviewing

Motivational Interviewing (MI) is a clinical technique that helps people to identify their problems, resolve ambivalence and build motivation regarding change. The MI counseling style generally includes the following elements: establishing rapport with the client and listening reflectively; asking open-ended questions to explore the client's own motivations for change; affirming the client's change-related statements and efforts; eliciting recognition of the gap between current behavior and desired life goals, asking permission before providing information or advice; responding to resistance without direct confrontation; encouraging the client's self-efficacy for change; and developing an action plan to which the client is willing to commit.

Limit shelter rules to a brief list that is necessary and enforceable and ensure consistent enforcement.

Rules and consistent consequences for rules violations are a crucial part of building a high performance culture that promotes the core purpose, but *"less is more"* when it comes to rules. Establish only rules that are both necessary *and* enforceable. Requiring that clients adhere to rules that are easily enforced but not critically important can make clients feel that they are not respected as autonomous adults, and imposing rules that are critically important but not easily or regularly enforced can send a message that rule-breaking is acceptable or that rules are enforced preferentially. The list of rules should be short enough that staff and clients can easily memorize it, and should be limited to behaviors that present significant health and safety risks, e.g., weapons possession, violence, drug sales, and other criminal activities. Avoid rules that are vague and subject to broad interpretation.

Ensuring safety for both clients and staff and establishing a culture of mutual respect and orderly operations is crucial to achieving high performance within a shelter. To accomplish that, rules must be enforced based on a defined set of sanctions, with a level of severity appropriate to the severity of the behavior, and with progressive sanction severity for repeat offenses as necessary. Except when a client has demonstrated repeated and/or severe behavior that threatens others' safety, avoid permanent shelter bans, as banning disrupts achievement of the core purpose for the person banned.

Avoid rules requiring service participation and sobriety.

Service participation (e.g. mandatory case management meetings)and sobriety requirements often have downsides: they can create a cat and mouse dynamic between staff and residents, whereby staff are tasked with policing the requirements and residents become quite creative in finding ways to skirt the requirements; they are often not consistently enforced, since staff recognize that discharging residents for failure to comply results in repeated discharges and readmissions to shelter, which is counter-productive to the core purpose. In addition, service

participation requirements put the onus of engagement on the clients even when services may not have a proven track record of success.

Instead of service participation and sobriety requirements, HI recommends that staff be trained in Motivational Interviewing techniques and required and supported to use creative strategies to engage clients and demonstrate service effectiveness. The proposed housing-focused case management model entices clients to participate in services because those services are helpful; and uses a model of engagement that makes services "mandatory for staff, not for clients." As such, staff are required to persistently find creative ways to engage and may not give up on clients reluctant to engage or focus on those clients who are most willing.

Use of a case conferencing strategy to review and determine next steps when a shelter resident refuses to engage in a housing plan or otherwise take steps to resolve his/her/their homelessness. The purpose of the case conference would be to discuss interventions used to date and resolve barriers to securing permanent housing. Such a case conference would involve other system stakeholders, including County staff and be required prior to any decision by the shelter to discharge a client to literal homelessness.

Trauma-Informed Care

Trauma-informed care is an approach to social services that places a specific focus on the impact that trauma and violence have had on a program's client. The approach helps program staff to cultivate a basic understanding of how trauma impacts the clients they serve, including how clients might react to triggering situations. It also helps staff to develop more effective responses to those reactions.

SECURITY AND INCIDENT MANAGEMENT

ENSURING SAFETY AND ORDER ENABLES FOCUS ON THE CORE PURPOSE

Ensuring orderly operations and safety for both clients and staff is essential to achievement of the core purpose and requires targeted monitoring and consistent rules enforcement. Particularly for larger facilities, this includes, whenever possible, the use of surveillance cameras trained onto locations where illicit activity is most frequent, and using a video feed that is consistently observed in real-time. This approach enables intervention in situations before they become harmful or destructive.

In addition, staff should have an established schedule for rounds during which they frequently observe areas which might otherwise become "hot spots" for illicit activity. All violations should be promptly and firmly handled, and law enforcement should be involved when laws are

broken. In addition, senior agency management should provide guidance and support to facility staff when serious violations occur, particularly if a culture of regular lawlessness has evolved in the facility. A comprehensive strategy for consistently maintaining safety and order led by senior management in partnership with local law enforcement helps to ensure that staff and clients understand that violations will not be tolerated and allows focus on the core purpose.

INCIDENT MANAGEMENT

Understanding key information about what types of incidents occur and how they are handled and applying lessons to continuously improve facility operations is as important as the process of setting the right rules initially and enforcing them consistently. Below are recommendations for incident management and review:

- o **Establish Incident Management Policies and Procedures.** These should define what constitutes an incident, and indicate how staff are required to intervene in, document, and follow up on various types of incidents. Policies should take into account client and staff safety, agency liability, and how the situation could escalate based on type of response. Staff should be prohibited from coming into physical contact with clients, except as necessary for self-defense and pat-down searches, should call the police any time the safety of clients or staff is at risk, and should receive regular training on incident management techniques.
- o **Define Serious Incidents and Require Reporting of All Serious Incidents** To help ensure that incidents are handled consistently and with the level of urgency and sensitivity necessary, the County should define what constitutes a serious incident and have a specific policy for the reporting of such incidents to County staff. For example, serious incidents should include, at a minimum, any in which physical harm was or could have been inflicted on staff or clients e.g., assault, weapons, accidents resulting in injury, fire, and reports of sexual or physical abuse of staff or clients).
- o **Track Data Related to Incidents:** Each shelter should track data related to every incident, for example: 1) clients involved, 2) staff involved, 3) location of the incident, 4) type of incident, 5) precipitating factors, 6) brief description of response, 7) time of day 8) result (arrest, sanction, psychiatric evaluation, etc.). These data should be easily digestible and formatted to enable detection of patterns (e.g., data from long narrative incident reports should be condensed and compiled into a brief spreadsheet). These data should inform Incident Review Committee meetings.
- o **Convene an Incident Review Committee** Each shelter should establish a committee that meets regularly (e.g., monthly) to review all incidents focusing on serious incidents and determining whether the response was adequate. The Committee should also make recommendations (e.g., adjustments to policies and procedures, coordination with law enforcement and/or other partners, staff supervision, and/or training). In addition, the Committee should review whether the rules and sanctions require updating based on experiences enforcing them.
- o **Immediately Investigate and Address Allegations of Abuse:** Staff and clients should know to whom they should speak to if they have been abused verbally, physically, or

sexually. Such reports must receive immediate attention from senior management of agencies operating shelter, including a prompt investigation that involves interviews with witnesses and alleged participants. To enable focus on the core purpose, shelters must establish a culture of zero tolerance for abuse, which includes staff verbal abuse of clients. A reliable and effective process will ensure that victims can expect prompt relief, staff understand that any abuse of clients will result in prompt termination and possibly criminal charges, and all perpetrators understand that the behavior is not tolerated and will result in swift and stern action.

CREATING COMMUNITY

To establish the kind of culture that is supportive of the core purpose and reduces negative behaviors, it is essential to encourage an overall feeling of community amongst the clients and staff. Particularly in larger facilities, this requires effort to make the program seem smaller and less anonymous. This can be accomplished, for example, by dividing the staff and clients into teams and creating structures to develop and reinforce identification with the smaller group (e.g., through regular opportunities to socialize and celebrate life milestones and individual successes). The goal is for each member of the community to buy into the core purpose and feel a sense of agency that encourages their participation in establishing a collective culture that supports that purpose. To help achieve that, shelters may wish to establish regular community meetings that reinforce desired values, remind clients and staff of the core purpose, celebrate recent successes, and point out changes to practice initiated by recommendations and involvement from individual community members. Creating a sense of community membership and comfort can ameliorate the isolation and anxieties that sometimes interfere with a client's goal-orientation.

COORDINATION AND SPECIALIZATION OF OPERATIONAL, CASE MANAGEMENT AND HOUSING LOCATION FUNCTIONS

To effectively achieve the core purpose, shelters must provide high quality social services, effective security, and efficient operation of core functions such as meals, laundry, maintenance, and repairs.   Since each of these core functions is essential and requires sustained focus and a unique skill set, it is usually preferable for each function to be performed by a separate, specialized team or individual. Inevitably if the same people are responsible both for making sure dinner gets served and clients secure income, dinner will take precedence. In addition, it is essential that all teams are focused on the core purpose and that there are effective communication structures in place to ensure coordination among each team.

With careful planning and regular communication in place, each team can help support the critical work of the other teams in service to the core purpose. For example, getting social service staff out of their offices and into common areas to provide group programming will provide case managers an opportunity to observe client behavior in the general shelter environment and provide staff coverage in those common areas, thereby reducing the need for security staff. Similarly, ensuring that information from operational and security staff is regularly communicated to the social service team, will help to identify client needs that may

have otherwise been overlooked. In addition, leveraging positive relationships that clients form with all facility staff, not just case managers, can be helpful in encouraging clients to take actions identified in their housing plans.

In addition, creating distinct shelter programs, smaller teams within a program focused on specialized services, or assigning individual staff specialties can help ensure skill competency and service quality. For example, distinct shelter programs might specialize in mental health, substance abuse or employment, particularly in larger systems.   In larger programs, distinct teams or staff might specialize in mental health, substance abuse, employment, and/or housing location. Under this model, clients would be assigned to a primary case manager, based on identified needs, and each case manager would be recruited and trained to offer assistance in the specialty area. All supervisors and case management staff would be cross-trained and expected to have some skills in all areas, but each case manager would be expected to have particular expertise in serving their target population and refined knowledge of the benefits and community-based resources available to that group. Each team would serve as a resource to the other teams in matters relating to their area of focus.

The staff primarily responsible for helping clients to locate housing should have substantial experience in the local real estate market and deep knowledge of both mainstream low-income housing programs and of special needs housing resources available. This includes expertise in the application processes for each relevant housing resource. In addition, the housing specialist should be the primary person responsible for developing relationships with private market landlords, locating affordable rooms and apartments, and arranging and providing supports as needed for apartment viewings, lease signings, and moves from shelter.   Generally, because this role requires specialized skills, it is preferable to have this function separated from case management. Close coordination and clarity on roles and responsibilities across the two functions is essential.

MANAGING PARTNERSHIPS

Effectively managing partnerships requires significant time and, though efforts to leverage as many resources as possible to help clients are well intentioned, having too many parties involved in client care can increase the likelihood that a client will "fall through the cracks." This often occurs when roles and responsibilities are not clearly defined and partners make assumptions about what others are doing. Because of these risks and the resources it takes to manage partnerships effectively, it is preferable to meet client needs through a small number of thoughtfully-selected partners.

ESTABLISH A WRITTEN MEMORANDUM OF UNDERSTANDING (MOU)

For each primary partner that will have responsibility for accomplishing core operational or case management related tasks, there should be an MOU that defines for example:
   o the overall respective roles of the host or coordinating shelter and partner
   o the administrative components of the partnership (e.g., will the partner be on-site, which days, in what spaces)

- o the specific nature and manner that the services that will be offered (e.g., how often, to which clients, what outcomes are expected)
- o communication structures (e.g., what key information must the partner report to the shelter, and how and with whom should the partner communicate).

Especially important is to clarify who is responsible for accomplishing which primary case management and housing location functions (e.g., obtaining income and benefits, securing identification, developing linkages to needed services, locating private market apartments, submitting applications for subsidized housing, ensuring prompt apartment inspection as required, and helping the client to navigate landlord interviews).

SEEK PARTNERSHIPS BASED ON CLIENT NEED NOT RESOURCE AVAILABILITY

With partnerships it can sometimes seem that more is better and, given the resource constraints in which shelters operate, it can be tempting to partner with every organization or individual offering to help. Unfortunately, this can lead to resources being consumed by activities that do not directly and significantly contribute to the core purpose. To reduce risk of service duplication and omission, and ensure that each partnership is carefully managed, base partnership cultivation on an assessment of the most critical housing-focused client needs, rather than on the availability/ willingness of potential partners.

EVALUATE PARTNERSHIP EFFECTIVENESS

By establishing expected outcomes that contribute to the core purpose for each partnership, shelters are able to periodically examine partnership value, determine the need for continuance, and make necessary adjustments.

SUPPORTS FOR FRONT-LINE STAFF & SUPERVISORS

Providing adequate supports to the front-line staff and supervisors who provide shelter services every day is one of the most important parts of any effort to transform a homeless services system. A comprehensive staff orientation and training program is one crucial component of any such effort, but changing practice on the ground, of course, requires supports beyond formal training. Below are recommendations for shelter staff training and orientation.

SHELTER STAFF ORIENTATION AND TRAINING

Topic	Target Audience	Required Frequency/Timeline for Staff
Crisis and Conflict Prevention		
Boundaries and Confidentiality	All staff and supervisors	Once (within 3 months of hire)
Understanding Special Needs Populations	Administrative, Maintenance, Security and other Operational Staff	Once (within 3 months of hire)
Preventing Violence	Social Services and Security/Monitoring Staff and Supervisors	Once (within 3 months of hire)
Overview of Major Psychiatric Disorders	Social Services Staff and Supervisors	Once (within 3 months of hire)
Overview of Common Medical Disorders (Hypertension, HIV/AIDS, Hepatitis C, Metabolic Syndrome, Diabetes)	Social Services Staff and Supervisors	Once (within first year of hire
Conflict Resolution and Mediation	Social Services Staff and Supervisors	Once (within first year of hire)
Suicide Risk Assessment and Prevention	Social Services Staff and Supervisors	Once (within first year of hire)
Psychiatric Decompensation and Hospitalization	Social Services Staff and Supervisors	Once (within first year of hire)
Case Management and Clinical Skills		
Fundamental Counseling Skills	Social Services and Security/Monitoring Staff and Supervisors	Once (within 3 months of hire)
Housing Focused Case Management	Social Services Staff and Supervisors	Once (within 3 months of hire)
Housing First	Social Services Staff and Supervisors	Once (within 3 months of hire)
Medication Monitoring	Social Services Staff and Supervisors	Once (within 3 months of hire)
Stages of Change	Social Services Staff and Supervisors	Once (within first 6 months of hire)
Motivational Interviewing	Social Services Staff and Supervisors	Once (within 6 months of hire; with refresher as needed to maintain fidelity)

Motivational Interviewing for Supervisors	Social Services Supervisors	Once (within 6 months of hire; with refresher as needed to maintain fidelity)
Trauma-informed care	Social Services Staff and Supervisors	Once (within first year of hire)
Group Work	Social Services Staff and Supervisors	Once (within first year of hire)
Training on Other Selected EBPs	Social Services Staff and Supervisors	Once (within 6 months of hire with refresher as needed to maintain fidelity)
SOAR	Social Services Staff and Supervisors	Once (within first year of hire)
General Supervisory Training		
Effective Supervision	All Supervisors	Once (within first year of hire)
Performance Evaluation	All Supervisors	Once (within first year of hire)
Progressive Disciplinary Process	All Supervisors	Once (within first year of hire)
Interviewing & Hiring	All Supervisors	Once (within first year of hire)
Using CQI to Strengthen Program Outcomes	All Supervisors	Once (within first year of hire)
General Staff Training		
Cultural Competency	All staff and supervisors	Once (within first year of hire)

Ongoing Supports

The provision of weekly individual supervision for all direct service staff helps to establish a predictable and supportive supervisory relationship that is focused on staff development and a solid foundation from which to resolve any challenges. Rather than waiting for a problem, supervisors should conduct one-on-one supervision with all direct reports at least weekly. Given resource constraints in most human services programs, it can be tempting to adopt a crisis intervention orientation, in which staff spends the majority of their time responding in the moment to the most pressing emergencies. This approach is challenging for staff and generally less effective than crisis prevention, which requires positive supervisory relationships built through regular supervision.

Supports for new practice integration

Weekly supervision is also a critical strategy for monitoring and supporting implementation of any new practice, providing an ongoing way to evaluate and enhance staff ability to effectively use the practice. When implementing Evidence-Based Practices, formal fidelity assessments should be conducted to provide an honest assessment of how actual practice compares to the model and identify opportunities to increase fidelity. In addition, programs should avoid introducing multiple EBPs or other significant new practices simultaneously, and should, rather, introduce such practices one at a time, providing ongoing supports to facilitate effective practice integration into the program. Evaluations of how effectively new practices have been integrated should be conducted and adjustments, including but not limited to refresher training, made, as indicated, prior to introducing additional new practices.

CONTINUOUS QUALITY IMPROVEMENT OVERVIEW

HI recommends that YWH adopt a Continuous Quality Improvement (CQI) approach to performance management. CQI starts with a belief that any service can be improved, regardless of how effective it may currently be and relies on data-driven decisions to inform continual, strategic efforts to make services better.

OUTCOME AND OUTPUT MEASURES

A CQI approach uses outcome measures to evaluate service effectiveness and output measures to determine whether processes are happening as they should to achieve desired outcomes. As illustrated by the example below, ***outcomes are the difference made by the outputs.***

Outcome Indicator
- Observable information that evaluates whether clients receive a desired benefit from a service (e.g., # of people whose income increased)

Output Indicator
- Observable information that evaluates whether a process is happening as it should to achieve the outcome (e.g., # of SSI applications filed)

Outcome and output indicators should be:

- *Meaningful* - indicators should be consistent with core purpose, and should provide staff with valuable information about service effectiveness

- *Measurable* – indicators should be quantifiable

- *Manageable* - staff must be able to obtain and use the information without engaging in an overwhelming amount of work.

> # The outcome is not immediately measurable.

- Use output measures to track progress and make course corrections.

> # Outputs are known predictors of the outcomes.

- Use output measures to figure out what is going right and what needs to be adjusted.

The line staff who are most familiar with the key processes that lead to housing should be engaged to help develop the output measures that will be predictive of and useful to track progress towards the outcome measures.

Continuous Quality Improvement Recommendations

ESTABLISH COMMUNITY-WIDE AND PROGRAM SPECIFIC PERFORMANCE TARGETS AND REPORTS

Establishing clear expectations and goals for system and program performance helps staff and managers to understand the extent to which they are realizing the objectives of YWH and to prioritize the tasks that are most critical to achieving desired outcomes. Housing Innovations recommends that YWH:

- Adopt performance measures and targets at the community and program levels.
- Regularly and transparently evaluate actual performance against those targets (i.e. by disseminating regular performance reports at least semi-annually).
- Provide supports to help program managers to use data to identify opportunities to strengthen performance using a Continuous Quality Improvement approach.
- Incorporate performance measures and targets into program contracts.

Build buy-in and accountability for achieving performance targets

The following strategies will help to promote buy-in to the importance of performance targets and accountability for achieving them:

- Disseminate proposed performance measures and targets to all relevant stakeholders, including executive and management level staff at provider agencies and organizations that provide funding.
- Provide opportunities for stakeholders to ask questions and develop an understanding of what is being measured and why.
- Be open to opportunities to revise measures and targets based on stakeholder input.
- Regularly and transparently disseminate performance reports that enable stakeholders, including provider staff at all levels to quickly see how actual performance compares to performance targets.
- Discuss performance targets and actual performance with executive, management, and direct service level staff regularly, for example, during management, individual supervision, and staff meetings.
- Use a caseload level tracking tool to help individual staff and supervisors to closely track progress towards housing for each client and strategically focus efforts on the most critical housing access tasks (see below).
- As necessary, help staff to reframe how they think about performance targets and tracking as beneficial to clients rather than as a burden.
- Avoid messages that emphasize data collection over client services and instead talk about how tracking performance data helps the program ensure that it is delivering the best services possible to achieve the core purpose.

CASELOAD LEVEL TASK TRACKING

Case managers should be responsible for keeping track of the core housing-focused case management tasks that need to be accomplished with each client (e.g., obtaining identification, securing income, and submitting housing applications) and recording those in a simple tracking tool. An effective tool will help staff to closely track progress towards housing for each individual client and strategically focus staff efforts on tasks that are in their control and most likely to lead to housing. Tasks can be tracked using an Excel spreadsheet or may be able to be tracked in HMIS using a customized report.

The tracking tool should be updated by case management staff daily and reviewed in each weekly supervision meeting to achieve the following purposes:

- Provides case management staff and supervisors with a useful "dashboard view" of the most critical housing access tasks that need to be accomplished for each client
- Assists workers and supervisors to agree upon which tasks should be prioritized each week and avoids staff getting sidetracked by other tasks that may not be as high priority
- Documents what has been accomplished to acknowledge and celebrate progress
- Eliminates ambiguity about what has been done and what remains pending
- Helps ensure accountability for making progress on the prioritized tasks
- Helps retain focus on the housing outcomes and on tasks that are in the team's control (e.g., timely submission of housing applications) and avoid getting distracted by barriers that are not controllable (e.g., difficult rental market conditions)
- Provides transparency so that each member of the team knows how the other members of the team are contributing to progress towards housing targets
- Enables program managers to analyze data to inform programmatic adjustments that strengthen housing outcomes (for example, by understanding where the process most often breaks down or gets delayed)

The tool should prominently feature the target housing date for each client and be sortable by case manager enabling a quick view of all data for clients assigned to a particular staff member. The tool should also be customized to include the specific output indicators that the program staff has identified as important. For example:

- Date of initial intake
- Date of assignment to case management services
- Date identification documents were secured
- Date entitlements applications filed
- Date housing applications filed

STAFF, SUPERVISOR AND MANAGEMENT CQI RESPONSIBILITIES

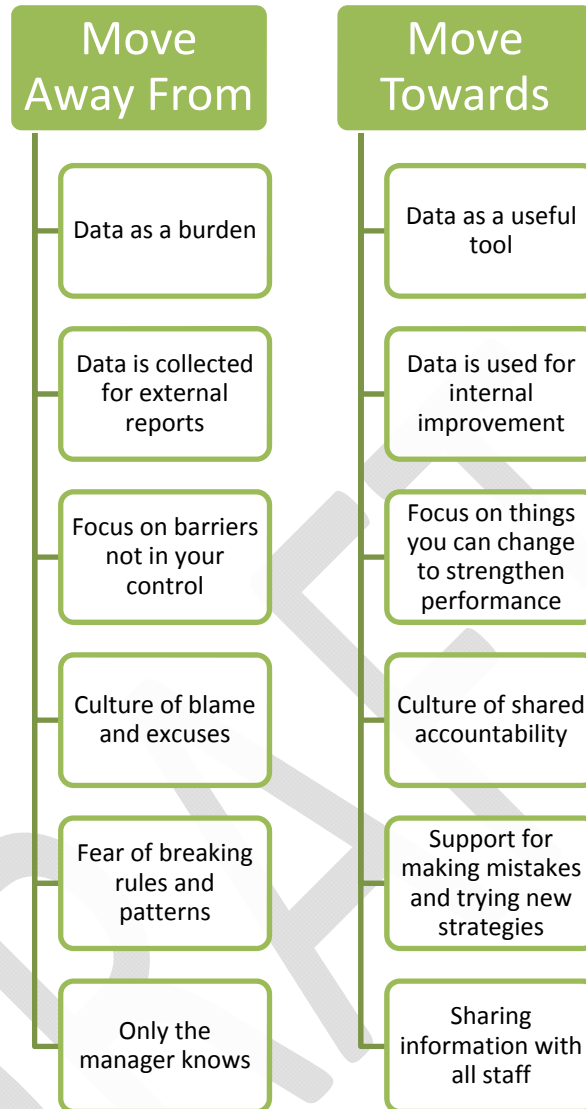All case management staff should be responsible for:

- Updating the caseload level tracking tool daily or after each client interaction
- Bringing the tracking tool to weekly supervision, to inform discussions about priorities and barrier resolution
- Ensuring completion of prioritized tasks
- Participating actively in discussions about program performance and contributing ideas to help identify areas for practice adjustment to ensure that the program provides the highest quality services possible for clients.

Supervisors should be responsible for:

- Reviewing the caseload level tracking tool in each weekly supervision
- Ensuring that the data recorded in the tool are accurate
- Using the tool to acknowledge and celebrate successes, set priorities, help staff to problem solve to overcome barriers, and hold staff accountable for achieving prioritized tasks
- Modeling for staff how the data can be useful to identify areas for practice adjustment to ensure that the program provides the highest quality services possible for clients.

Program managers should be responsible for:

- Assuring data quality in both HMIS and any Caseload Tracking Tool used outside of HMIS.
- Bringing performance dashboards reports to team meetings with supervisory and line staff and leading discussions on progress toward performance targets and practice adjustments to strengthen performance
- Ensuring regular opportunities for collective celebration of program successes
- Working with supervisors to develop a program culture that values feedback and supports continuous quality improvement, including helping staff to see data as a useful internal tool to achieve quality services rather than as a bureaucratic requirement imposed by agency management or funders
- Helping supervisors to understand that reluctance about change is normal and to plan accordingly
- Assist staff and supervisors to make the cultural shifts described in the graphic below

Move Away From	Move Towards
Data as a burden	Data as a useful tool
Data is collected for external reports	Data is used for internal improvement
Focus on barriers not in your control	Focus on things you can change to strengthen performance
Culture of blame and excuses	Culture of shared accountability
Fear of breaking rules and patterns	Support for making mistakes and trying new strategies
Only the manager knows	Sharing information with all staff

The County HMIS administrator or other YWH staff should be responsible for:
- Updating and disseminating performance dashboard reports regularly
- Following up with agencies that have missing data or data discrepancies
- Leading system wide discussions about improvements to dashboard tools
- Providing training and/or other supports to help provider agencies to use data to inform CQI processes

BUILD BUY IN FROM ALL LEVELS OF STAFF

It is normal for staff at all levels to be wary of using data to track program performance. Staff may question the true motivations of management and/or funders. For example, line staff might believe the effort is an attempt to make them work harder or to micromanage their time. Staff at all levels might also fear loss of funding and impact on job security, be worried about how the data will make them look, or be concerned about additional workload.

To help build staff buy in, YWH leaders and managers should emphasize that the team will work together to determine how to use the data to improve outcomes for clients, while also emphasizing that each program will need to do their part to achieve performance targets, and that supports will be available to help programs that might struggle to achieve targets. YWH leaders and program managers should work to normalize the anxiety staff are feeling, and encourage them to ask hard questions to make sure that the programmatic adjustments being made are carefully selected.

Managers should focus on how a CQI approach supports positive outcomes for clients and avoid messages that focus on abstract requirements, which can sometimes make staff feel that those in charge care more about the program's good standing with funders than about individual clients. For example, instead of saying "We have to work harder to hit our housing target this month" a more client-centered message might be, "We already succeeded at housing Joe, Emily, and Jose this month, and there are just a few more things we have to do to get housing for Kristen."

Using role plays during individual supervision and management team meetings can help supervisors avoid messages that might diminish staff buy-in, such as "You have to fill out that report today, because the Director needs it for a meeting." Role plays can also help supervisors to field concerns from staff such as, "I spend so much time keeping track of data, that I don't have time to help my clients."

RESOURCES

Community Shelter Board, Partner Agency Standards available at:

http://www.csb.org/?id=resources.money.guide&query=program+standards

Community Shelter Board, Program Performance Standards available at:

http://www.csb.org/files/docs/Resources/money/CSB%20Gateway/Applying%20for%20Funds/2014/Program_Performance_Standards_FY15_updated.pdf