Shelter Research for Coordinated Entry

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submitted to
Your Way Home Montgomery Leadership Council

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Backdrop to the Research Project: The Changing Nature of Emergency Shelter

Your Way Home Montgomery County, Pennsylvania, contracted with Diana T. Myers and Associates, Inc. to research emergency shelter policies and procedures within a coordinated entry crisis response system. Your Way Home (YWH) is a transformational partnership between government, philanthropy, nonprofits and community partners to not only address or manage homelessness in the county, but also solve it. YWH encompasses but is broader than the HUD-mandated Montgomery County Homeless Continuum of Care (CoC). Throughout this report, "CoC lead personnel" and "CoC" refer to the system lead personnel interviewed in places other than Montgomery County and their homeless response systems, and "Your Way Home" or "YWH" refers to Montgomery County, Pennsylvania. Full information about YWH and its accomplishments since Coordinated Entry began in January 2014 can be found at YourWayHome.org.

The purpose of the shelter research project was to inform the Your Way Home Leadership Council of best practice opportunities for operating emergency shelters in a coordinated entry system (CE). A key question was how emergency response to homelessness can be coordinated – i.e., operated as a system -- rather than simply be a collection of shelters, each with its own eligibility criteria and range of services for clients. YWH leadership was specifically interested in understanding other shelters' intake and admissions policies and procedures; the extent to which shelters fully participate in the CE system; the extent to which shelter residents engage in services; process of rapid exits to permanent housing of clients; shelter staff training needs; integration of domestic violence shelter providers into CE; and seasonal and Code Red or Blue shelter operations.

As explained below, the research methodology used by Diana T. Myers and Associates (DMA) was open-ended interviews with lead personnel in high-functioning Homeless Continua of Care (CoCs), with directors of homeless shelters in those CoCs, and with directors of the shelters in Montgomery County. The pride with which all interviewees spoke about their work was striking – their passion for ending homelessness, and their respect for the people they serve. Therefore any issue with developing a true emergency response system is not related to the desire to ending homelessness of shelter staff.

The core issue, rather, is the *changing nature of emergency shelter* nationally as well as locally under YWH. Historically, shelters have been places where people stayed an average of 90 days with intensive on-site services and exited to transitional housing or, often, returned to homelessness. Now the expectation is that shelters operate according to Housing First -- stay no more than 30 days, with minimal on-site services, and a strong focus on exit to permanent housing.

The United States Department of Housing and Urban Development, the United States Interagency Council on Homelessness, and the National Alliance to End Homelessness, among others, have all promoted Housing First as best practice to ending homelessness. In regards to emergency shelter, the Housing First approach includes removal of barriers to accessing shelter by men, women, and families experiencing homelessness; rapid movement out of shelter through placement into housing; and de-emphasis of intermediate steps between shelter and permanent housing such as transitional housing. Housing First also includes performance measurement; typically expected measures are shorter length of stay in shelters and placement from shelter to permanent housing. These performance measures apply not only to individual shelters, but also are aggregated to measure performance of the entire homeless response system. YWH has adopted this Housing First approach.

The changing nature of emergency shelter has implications and challenges for shelter operations and staffing. High performance is no longer defined by the extent or quality of services provided in shelter. Ending homelessness is no longer defined as clients' achievement of economic self-sufficiency. What organizations used to call "eligibility criteria" are now known as "barriers" and the goal is to reduce barriers so that all who are homeless may find shelter and, soon thereafter, housing. When those barriers are reduced and shelters accept people with higher acuity and greater needs, particularly behavioral health needs, staff themselves need new skill sets in order to best serve their clients well.

A corollary to the change to a Housing First approach is the differing perspectives of system leaders or directors – i.e., YWH Leadership Council or Continuum of Care lead personnel – and shelter providers. Both groups are committed to the same goal, ending homelessness, but they look at and talk about that goal differently. System personnel perceive the goal through a data-driven, overview lens, while providers look at the goal from the perspective of daily nuanced client situations, stories, and relationships. This difference in perspective challenges the collaboration upon which ending homelessness depends. Both system personnel and shelter providers are challenged to trust each other, to assume good intentions, and to respect each other's perspective and role.

Methodology

The research methodology was divided into six steps, beginning with initial interviews with Montgomery County providers, followed by interviews with CoC leads in other states. The remaining four steps were not carried out chronologically. See Appendix A for a complete list of all people interviewed and the organizations they represented.

Step 1 – Initial interviews with Montgomery County shelter providers. YWH initiated the research process by introducing the project and consultants (DMA) to shelters via email. DMA's subsequent contacts had the objectives of clarifying the purpose of the research project if questions were raised about it, and determining what questions the providers had for shelters in other CoCs, which DMA could then incorporate into the research. The questionnaire is in Appendix B.

DMA interviewed by telephone Genny O'Donnell, Director of the CHOC; Jen Doyle, Executive Director of the Interfaith Hospitality Network of the Main Line; Marsha Eichelberger, Executive Director of Inter-Faith Housing Alliance; Sue Zomberg, Director, and Elizabeth Bertolet, Housing Case Manager, of the Inter-Faith Hospitality Network operated by Keystone Opportunity Center; Jenny Boyer, Senior Director of Housing and Operations of Laurel House; Kirk Moyer, Director of Main Street Ministries Seasonal Shelter; Marie Wenzel, Emergency Housing Director of The Salvation Army Norristown; Wendy Egolf, Director of Housing Programs of The Salvation Army Pottstown; and Joe Toy, Director of Trinity Code Blue Shelter. The Sisters of Charity is the only Montgomery County shelter provider not contacted.

Step 2 – Interviews with lead personnel in high-functioning Homeless Continua of Care.

2a. Identifying appropriate CoCs. There were two sources for identifying CoCs that had Coordinated Entry and were suburban or metropolitan (not large city or balance-of-state). The first was a group of organizations that provide technical assistance nationally to CoCs. DMA asked them to name CoCs with a high reputation for effectiveness as measured by CoC performance outcomes. These organizations were Building Changes, Corporation for Supportive Housing, Home Base, ICF, Katharine Gale Consulting, National Alliance to End Homelessness, Rapid Results, and the Technical Assistance Collaborative; several sent CoC names to DMA. Interestingly, more than one person's reply commented on the difficulty CoCs frequently experience in developing a crisis response system fully integrated into Coordinated Entry, and expressed great interest in this research project. The second source for appropriate CoCs was HUD's list of approved Unified Funding Agencies (UFAs). UFAs must document to HUD that they operate a comprehensive, collaborative, and effective system. As a result, DMA interviewed CoC lead personnel in Cincinnati/Hamilton County, OH; Clark County, WA; Columbus/Franklin County OH; Long Beach, CA; and Richmond, VA.

2b. Interviewing CoC lead personnel. The questionnaire developed by DMA for CoC interviews is found in Appendix C. This was not a survey instrument, but an interview guide, with questions asked within the context of the interview discussion itself. The final question of each interview was a request for shelter providers' contact information, asking for a more effective and less effective shelter to interview.

It should be noted that DMA is not purporting that the findings reported here are necessarily "best practices," for we did not have access to performance outcomes to compare the effectiveness of various practices in ending homelessness. However, the practices are based on reputation and therefore merit consideration. They are indicated as "promising strategies" in the discussion below.

Step 3 – Interviews with directors of shelters in high-functioning Homeless Continua of Care. Some CoC lead personnel sent shelter providers' contact information, and some did not. When the CoC lead did not send the information, DMA used online research. DMA was unable to fulfill the original intention of interviewing three shelters in each CoC due to unreturned telephone messages and email requests. In one CoC (Columbus/Franklin County, OH), no

shelter was interviewed, but one or two were interviewed in the other CoCs. The questionnaire developed by DMA for interviews with shelter providers in other CoCs is found in Appendix D. As with the other questionnaires mentioned, this served as an interview guide.

Step 4 – Interviews with Interfaith Hospitality Network national and affiliate staff. Three Interfaith Hospitality Networks (IHNs) shelter families or single women in Montgomery County, with a total capacity of 42 beds. The IHN is a national model for mobile shelter utilizing the buildings of religious congregations for nighttime dining and sleeping, with volunteers providing meals, transportation assistance, and companionship. Professional staff set up a daytime center and provide case management. The model was developed to serve families without serious behavioral or physical health diagnosis. As Your Way Home has prioritized higher acuity households for both shelter beds and permanent housing, the capability of the model to adapt to Housing First has been questioned. Therefore it was important to YWH that DMA interview several IHNs as well as the president of Family Promise, the national organization to which all IHNs are affiliated. The IHN interview questionnaire is found in Appendix E.

Step 5 – Follow up interviews on-site with Montgomery County shelter providers. Follow-up interviews were informed by information gleaned from interviews with providers in other CoCs. Interview discussions focused on entry into the shelter, and exit from shelter. Follow-up interviews with Keystone Opportunity Center and The Salvation Army, Norristown were done by telephone. On-site interviews were conducted at the CHOC, Interfaith Hospitality Network of the Main Line, Inter-Faith Housing Alliance, Laurel House, and The Salvation Army Pottstown. Because of the depth of information given in the initial interview, DMA did not conduct a follow-up interview with Main Street Ministries Seasonal Shelter and Trinity Code Blue Shelter. Several attempts were made to contact Sisters of Charity but to no avail. The follow-up interview questionnaire is Appendix F.

The Women's Center of Montgomery County does not provide shelter, but was interviewed by telephone regarding their shelter referrals for women fleeing domestic violence.

Step 6 – National recommendations of shelter Housing First practices. DMA utilized documents prepared by the U.S. Interagency Council on Homelessness and the National Alliance to End Homelessness (NAEH), including notes of a conversation between Russell Johnson of HealthSpark Foundation and Kay Moshier McDivitt of the National Alliance to End Homelessness.

Findings and Analysis: Themes and Promising Strategies

This report describes themes that emerged from interview findings, along with related promising implementation strategies. Each strategy has been effective in one or more of the CoCs interviewed. Many strategies are supported by recommendations from the National Alliance to End Homelessness and federal Interagency Council on Homelessness. The eight themes move from systemic considerations to considerations more specific to particular types of shelters.

Systemic considerations

- Theme 1: Shelters have moved from a focus on services to a focus on housing.
- Theme 2: The crisis response system is structured for the highest possible level of engagement and buy-in from shelter providers while implementing CoC-wide policies, procedures, standards, and expected outcomes.

Considerations for emergency shelters operating a Housing First approach

- Theme 3: As shelters operate using a low-barrier and no-demand approach, there is a need for increased staff training.
- Theme 4: A longer length of stay in shelter by people with lower acuity people may be an unintended consequence of prioritizing those with highest acuity.

Considerations for shelter facilities or types

- Theme 5: All types and models of shelter can be integrated into Coordinated Entry with a Housing First approach.
- Theme 6: Shelter sites facilitate people's movement from homelessness to housing by the way they are configured.
- Theme 7: Shelters for women and families fleeing domestic violence can be fully integrated into the CoC while operating their shelters in parallel to the CE shelter system.
- Theme 8: Seasonal and Code Blue/Red shelters operate largely outside the CE shelter system, but provide access to it for the most vulnerable people.

Systemic considerations

The first two themes are relevant to the homelessness crisis response system itself.

Theme 1: Shelters have moved from a focus on services to a focus on housing. While shelter staff still assist households to access mainstream benefits, provision of other services such as intensive case management and counseling is no longer the focus of shelters. Instead, the focus is on development of a housing plan for each household, whether family or single adult. Services are voluntary, "light touch," with progressive engagement. Housing-focused case management is strengths-based and trauma-informed. Shelters follow harm reduction principles. At the same time, average length of stay has decreased, so shelter staff and program participants do not have time to develop strong relationships. In the past, a primary responsibility of shelters had been effectively engaging participants in services largely delivered on-site at the shelter. With the change to housing-focused shelter, this is no longer a chief responsibility.

Promising strategies

- Systemic requirement that a housing plan be developed for each household within 48 hours of intake. This may include strategies for self-resolution of homelessness.

- Realizing that a significant percentage of people either self-resolve or leave shelter within days of admission, full assessment of households waits until three-four days after shelter intake. This strategy builds efficiency into the assessment process.
- Systemic culture of urgency – first, that the role of shelter is to immediately provide a temporary, safe place for people experiencing homelessness but is itself not a home, and secondly, the urgency to move people into permanent housing as quickly as possible.
- Keep all services offered by the shelter brief in duration, voluntary, and focused on housing, such as budgeting or tenant rights and responsibilities. The variety of other services previously provided at shelters – for example, nutrition classes, parenting education, or mandatory mental health counseling – are discontinued or modified to be voluntary and to be helpful to households who are in shelter only briefly.

Theme 2: The crisis response system is structured for the highest possible level of engagement and buy-in from shelter providers while implementing CoC-wide policies, procedures, standards, and expected outcomes. Developing a crisis response system in partnership with shelters requires understanding on the part of both CoC leaders and shelter providers of the different and necessary roles each plays and appreciation not only for the different roles but also for each other's expertise. Key tasks are therefore continual communication and joint decision making. System-wide policies, procedures, standards, and expected outcomes are determined jointly by CoC lead personnel and shelter providers, and are approved by shelter providers before they are implemented. Procedures are documented comprehensively, and when necessary, procedures, standards, and outcomes are customized for different types of shelters. Examples include stating the responsible organization or personnel for developing clients' housing placement plans, conditions under which a shelter can immediately discharge a household, exemption from the normal CE intake procedure for seasonal and Code shelters, and exemption of domestic violence shelters from residency requirement for client eligibility. The result is transparency of process and clarity of expectations.

<u>Promising strategies</u>

- Meetings are scheduled in advance: quarterly meetings of shelter directors with CoC lead personnel either in-person or by conference call; monthly or bi-monthly meetings of shelter case managers. Virtual or in-person meetings are essential to building the trusting relationships upon which a collaborative effort to end homelessness depends. The meetings reinforce the notion of an interdependent system as opposed to a group of autonomous organizations. At the same time, by carefully scheduling the meetings, the CoC leads demonstrate respect for providers' time and tasks. Meeting agenda items could include discussion of goals, system performance reports, and discussion of the impact on ending homelessness of the mutually reinforcing activities of system lead personnel and shelter providers.
- Annual meeting of shelter directors with CoC lead personnel to develop and/or review policies, procedures, standards, and performance measures. Together, system leaders and providers critique the value and need of policies and procedures,

and relation of each performance measure to the overall purpose of ending homelessness.

- Frequent communication from the CoC targeted specifically to shelter providers. These communiques are in addition to communications to other CoC stakeholders, and report on items such as shelter performance, celebration of clients' move to permanent housing, suggested resources, public events at shelters, etc.
- Website posting of all policies, procedures, standards, and performance measures. This posting demonstrates transparency and openness.
- Annual on-site visits of CoC lead personnel for the purpose of building relationship and trust; visits may include tour of facility and conversation with shelter staff.
- Document the resources for ending homelessness that are provided by different types of shelter – e.g., community awareness and potential for public policy advocacy from shelter volunteers, IHN volunteers' potential for providing rental units and community supports for people when they leave shelter, and public funding freed up to serve homeless people with highest acuity by cost-effective IHNs or other faith-based shelters. These resources are then integrated into system performance measures, demonstrating shared collective impact.

Considerations for emergency shelters operating a Housing First approach

The implementation of a full Housing Approach in shelters raises considerations for the entire system. Themes three and four highlight two.

Theme 3: As shelters operate using a low-barrier and no-demand approach, there is a need for an increased staff training. A regular schedule of frequent trainings sponsored by the CoC is very helpful to shelter personnel. Trainings are free of charge (i.e., cost is borne by the CoC). Topics are repeated often to provide the greatest opportunity for people to receive the training, and in recognition of staff turnover. Sometimes trainers are from shelter organizations themselves (e.g. domestic violence). In addition to the learning that occurs, trainings have the added benefits of peer support and opportunities to strengthen relationships between providers and CoC lead staff.

Promising strategies

- Open trainings to all community partners. The training sessions then become opportunities for networking, deepening partnerships, and for strengthening the community collaboration that ending homelessness requires. Community partners typically invited to trainings include police, hospitals, landlords, county and municipal employees, and social services agencies.
- Training topics include central access/coordinated entry, assessment, motivational interviewing, Housing First, progress engagement, trauma-informed organizational culture, mental health first aid, critical time intervention, client self-resolution, appropriate ways of working with domestic violence survivors, reentry, and staff self-care.
- Offer Continuing Education Credits for attending trainings.

Theme 4: A longer length of stay in shelter by people with lower acuity people may be an unintended consequence of prioritizing those with highest acuity. It is not uncommon for households – single adults and families -- who are homeless but with lower needs according to their SPDAT score, to be in shelter longer than those with higher needs, who are prioritized for placement into housing. This causes tension within shelters between those who receive housing resources and exit quickly to permanent housing, and those who wait for housing. Longer length of stay often increases the stress or trauma of homelessness for the lower acuity household – all of which in turn potentially increases their acuity – and furthermore longer length of stay is a negative performance measure for the CoC system itself.

Promising strategies

- Pre-shelter diversion. Diversion is the best way of keeping people out of shelter, as long as the housing is safe and affordable. A diversion policy links shelters to other services within the broader crisis response system, such as housing location, eviction prevention, landlord mediation, and short-term rental assistance.
- Focus case management on self-resolution. Case managers can assist households to identify options or alternatives, utilizing the individuals' or family's own resources.
- Utilize peer-to-peer relationships between paid or volunteer staff who themselves were formerly homeless and people in shelter. Peers can be effective in providing support to residents as they await permanent housing placement.
- Utilize resources from shelter providers, such as IHN volunteers, to identify landlords willing to rent at a discounted or below-market rate.
- Increase number and types of Rapid Re-Housing units both single and family households. Any and all types of housing may be appropriate – single room occupancy, shared housing, efficiency apartment rentals, mobile homes, etc.

Considerations for shelter facilities or types

The last four themes relate to shelter facilities themselves, and to specific types of shelter – Interfaith Hospitality Networks, domestic violence, and seasonal or Code Blue/Code Red shelters.

Theme 5: All types and models of shelter can be integrated into Coordinated Entry with a Housing First approach. Whether shelters serve single men, single women, or families, whether they are mobile or site-based, whether they are dependent on volunteer or professional staffing – all shelters can lower barriers and participate in CE. Of particular interest is the Interfaith Hospitality Network model, which was developed as a cost-effective, volunteer-based and community-based means for serving lower-acuity families. While some IHNs nationwide have not evolved to a Housing First model, many others have lowered barriers, are housing-focused with shorter lengths of stay, and now serve higher-acuity families along with lower-acuity, all without compromising the safety of participants or volunteers. The two keys are re-education of volunteers as to the role of shelter along with permanent housing resources into which families can be rapidly placed.

Promising strategies

- Systemic message that all types of shelter are part of the community-wide effort to end homelessness, and therefore there is an expectation that all shelters receive referrals exclusively through CE. This messaging is consistent from the CoC lead agency to shelters, and from shelters to their stakeholders – boards of directors, staff, donors, and volunteers.
- Family Promise National (with which all IHNs are affiliated) encouragement to IHNs to participate fully with their CoC. Family Promise National fully supports collaborative community engagement as the means to end homelessness, and desires IHNs to offer their grass-roots experience and connections to hundreds of volunteers as resources to their local homelessness response systems.
- IHN re-education of volunteers as the IHN moves from a focus on services to a focus on housing placement. Volunteers understand the urgency that families' experience of homelessness be as short as possible, are compassionate toward people with special needs, and furthermore may have housing resources.

Theme 6: Shelter sites facilitate people's movement from homelessness to housing by the way they are configured. When shelter facilities are configured to provide as much dignity and privacy as possible to households, clients are more apt to feel comfortable enough to engage with shelter staff and thus have the opportunity to develop a housing plan and receive services if wanted**.** Self-resolution is more likely to be thoughtful and deliberate. Therefore, single adults and families are given private space for themselves and their possessions. Preserving the safety, dignity, and privacy of women is of special concern.

Promising strategies

- Single men and women are sheltered separately, often in separate buildings.
- Families remain together, with a separate room for each smaller household and adjoining or larger rooms for larger households.
- Large rooms for single homeless adults are re-configured from rows of beds to 3-walled sleeping cubicles. This configuration attempts to balance the participants' need for private space with the need of the shelter to ensure everyone's safety and security of the facility.
- Shelters stay open all day (rather than at night only) to increase both safety and access to services for clients.

Theme 7: Shelters for women and families fleeing domestic violence can be fully integrated into the CoC while operating their shelters in parallel to the CE shelter system. The driving value for domestic violence organizations is not ending homelessness per se, but safety. Therefore they maintain their own hotline, do their own intake and assessment, maintain their own client database, and their shelters rarely accept people whose abuser lives in the same geographic area where the shelter is located. In addition, a later return to the shelter is not perceived as "return to homelessness" but as a normal part of the process of a victim's finally

leaving an abuser; the victim is welcomed back to the shelter. These operating principles are contrary to CE policies of centralized or single point of entry and referral, centralized assessment, shared data, and typical residency requirements for shelter placement. However, personnel from domestic violence organizations are otherwise fully part of the CoC. Their families are eligible for housing placement through the CoC, and their personnel are part of systemic decision making around shelter policies and other CoC matters.

Promising strategies:

- Domestic violence providers are exempt from the eligibility requirement of geographic residence.
- Domestic violence providers are exempt from the outcome measure "returns to homelessness" for purposes of program evaluation.
- Develop clear procedures for both CE and domestic violence hotlines for referral directly to the domestic violence shelter versus referral to another shelter through the CE system. For example, if the household is actively fleeing domestic violence, referral is made directly to the domestic violence shelter or hotline, whereas if the household has a history of domestic violence but is not in danger at the present time, referral is made through the normal CE process to another shelter.
- Domestic violence executive management participate on the CoC governance board.
- CoC lead personnel set the expectation that the domestic violence organization fully participate in all CoC activities related to family shelter, such as development of system-wide policies and procedures.
- Recognizing that all shelters serve people who have experienced domestic violence, utilize the expertise of domestic violence providers to provide training on topics such as trauma-informed care or other support to other shelters.

Theme 8: Seasonal and Code Blue/Red shelters operate largely outside the CE shelter system, but provide access to it for the most vulnerable people. Seasonal and code shelters receive people through referral from CE but also referrals from the wider community such as law enforcement, and they accept walk-ins. The expectation is that people in seasonal or code shelters will return to the street. The primary goal of shelter staff is to prevent death; expectations of other outcomes is low. Therefore seasonal and code personnel view their shelter as an opportunity first to provide safety for the most vulnerable people who are homeless, and secondly to offer them the opportunity for on-going shelter, services, and housing plan. Case management is minimal. After entering shelter, people's information is entered into HMIS. Many CoCs fund the costs of seasonal or code shelters. Note: DMA's interview respondents did not indicate that there is a system in place to handle the seasonal increased demand for permanent housing.

Promising strategies

- Seasonal and Code beds are for single adults only. The CoC lead agency accesses funds for motel vouchers for families.

- The additional staffing needs, such as night-time awake staff and case managers, is funded by the CoC.
- Outreach workers from CE visit clients at the seasonal and Code shelters.
- People who accept the offer of on-going shelter are referred to CE.
- Coordinate daytime drop-in hospitality centers with seasonal and Code shelters, to offer integrated services to clients.

Questions about Shelter for Further Research

Your Way Home leadership raised questions about shelter operations that were not answered in DMA's interviews with CoC lead and shelter personnel. We have found likely sources we expect would suggest promising strategies.

Sheltering medically fragile persons experiencing homelessness

Some CoCs are developing shelters specific for people with medical needs. Another approach is medical respite; these programs offer promise as models that may be adapted to sheltering medically fragile persons experiencing homelessness. For example, the first website in the list below describes a mix of emergency placement under Adult Protective Services, respite following hospitalization, and shelter for medically fragile homeless people. PHMC's medical respite program in Philadelphia might be adaptable for homeless persons.

- http://www.programsforelderly.com/housing-sunbeam-emergency-senior-shelter.php
- David Dunbeck, PHMC, who operates medical respite in Philadelphia (ddunbeck@phmc.org)
- https://www.scripps.org/news_items/5298-supporting-medically-fragile-homeless-patients-after-discharge
- http://www.washingtontimes.com/news/2016/mar/31/honolulu-shelter-opens-for-medically-fragile-homel/
- http://cchealth.org/press-releases/2010/2010_respite_center.php
- http://www.coloradocoalition.org/what_we_do/healthcare/respite_care.aspx

Improving seasonal and Code Blue/Red operations

The list below primarily consists of requests for funding or Requests for Proposals. They are included here because of the expected outcomes mentioned in the documents.

- https://sonoma-county-cdc-funding.wikispaces.com/file/view/Code+Blue+Overnight+Expansion+RFQ.docx
- http://www.co.burlington.nj.us/DocumentCenter/Home/View/4236
- http://www.nyc.gov/html/mocs/downloads/pdf/documents/DHS_Drop-In_Center.pdf

CoC access to data from domestic violence providers

The first item below is a policy statement from the Everett/Snohomish County, Washington Continuum of Care, which includes policy regarding data from domestic violence providers. The other links may also be helpful.

- http://www.snohomishcountywa.gov/DocumentCenter/View/12699

- Domestic Violence Services of Snohomish County (WA) - Addressing the Needs of Individuals and Families who are Fleeing or Attempting to Flee Domestic Violence: Victim and non-victim Coordinated Entry-Access (CEA) navigation and housing providers must prioritize safety and equitable access to housing and services for households who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking, while ensuring that client choice is upheld. While victim service providers operate specialized housing and services targeted to households who are experiencing domestic violence, CEA participants should have access to the full range of housing and services available. For this reason, all CEA navigators including those who are victim service providers must offer homeless prevention and housing navigation services in accordance with the Investing in Futures Navigation Guide service delivery standards. Victim service providers can enter a restricted, de-identified client record directly into the CEA HMIS to ensure placement on the CEA housing program roster for the households they work with. Non-victim service providers working with CEA participants who are fleeing domestic violence must coordinate with a victim service provider on safety planning and making connections to targeted DV housing and services. All CEA navigators use a unique identifier and confidential methods of communication to coordinate services and housing placement for these households. If a household is determined to be at imminent risk of harm when an assessment is being conducted, the CEA navigator should refer the household to Domestic Violence Services of Snohomish County by calling the 24 hour hotline at (425)-25-ABUSE.

- http://seattlish.com/post/146215774986/how-will-seattle-handle-the-issue-of-data
- https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-Victim-Service-Providers-FAQs.pdf
- https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf

Appendix A

Organizations and Persons Interviewed

Continuum of Care Lead Agencies and Shelters

Cincinnati/Hamilton County, Ohio Continuum of Care -- HUD-approved Unified Funding Agency

Profile: Single county CoC with one major city; population 804,520
10 year-round shelters – 6 adult, 3 family (includes IHN), 1 DV – plus winter seasonal

- Kevin Finn, Strategies to End Homelessness

Cincinnati shelters

- Shelter House - Arlene Nolan, Executive Director – adult men and women, year-round and winter seasonal
- YWCA – Jennifer Sitler, Director of Domestic Violence Intervention Services -- domestic violence (women and families)

Clark County, Washington Continuum of Care

Profile: Single county CoC; population 425,360
Two family shelters, one men's shelter, one DV, one faith-based – plus winter seasonal

- Kate Budd, Clark County

Clark County shelter

- Share - Amy Reynolds, Deputy Director – families, adult men and women, year-round and seasonal

Columbus/Franklin County, Ohio Continuum of Care -- HUD-approved Unified Funding Agency

Profile: Single county CoC with one city large city; population 1,163,400
Shelters for families, men, women, youth, domestic violence

- Michelle Heritage, Community Shelter Board

Long Beach, California Continuum of Care – HUD-approved Unified Funding Agency

Profile: Single city CoC within Los Angeles county; population 469,430
Shelters for families (includes IHN), adults, two DV, faith-based

- Elsa Ramos, Multi-Service Center

Long Beach shelter

- Rescue Mission – Jeff Levine, Director – adult men and women, year-round and seasonal

Richmond, Virginia Continuum of Care

Profile: CoC contains seven counties (four of them very rural) with one large city (Richmond); population of CoC is 1,038,320
Shelters for families (includes IHN), adults (includes a peer-run "wet shelter"), DV, seasonal

- Kelly King Horne, Homeward

Richmond shelters

- Housing Families First – Beth Vann-Turnbull, Executive Director – families
- The Salvation Army Richmond – Tony Hutchins, Case Manager – families and adult men and women

Interfaith Hospitality Network/Family Promise (Interfaith Hospitality Networks are affiliates of Family Promise)

- Family Promise National - Claas Ehlers, President
- Family Promise Greater Chattanooga – Mary Ellen Galloway, Executive Director – family shelter
- Family Promise Grand Rapids – Cheryl Schuck, Executive Director – family shelter

Montgomery County Shelters

CHOC (year-round and Code Blue shelters)

- Genny O'Donnell, Director (2 interviews)

Interfaith Hospitality Network of the Main Line

- Jen Doyle, Executive Director (2 interviews)

Inter-Faith Housing Alliance

- Marsha Eichelberger, Executive Director (2 interviews)

Keystone Opportunity Center

- Sue Zomberg, Director, Inter-Faith Hospitality Network (2 interviews)
- Elizabeth Bertolet, Housing Case Manager (2 interviews)

Laurel House

- Jenny Boyer, Senior Director of Housing and Operations (2 interviews)

Main Street Ministries Seasonal Shelter

- Kork Moyer, Director (1 interview)

The Salvation Army Norristown (year-round and Code Blue shelters)

- Marie Wenzel, Emergency Housing Director (1 interview – position vacated mid-May)
- Capt. Felicia Flora (1 interview)

The Salvation Army Pottstown

- Wendy Egolf, Director of Housing Programs (2 interviews)

Trinity Code Blue

- Joe Toy, Shelter Director (1 interview)

The Women's Center of Montgomery County

- Maria Macaluso, Executive Director

Appendix B

Montgomery County Initial Shelter Interview

1. Any questions about the research project itself?

2. We will be talking to shelters in other CoCs around the country that are part of a Coordinated Entry system similar to Your Way Home, and will be talking with the Coordinated Entry system managers.
   Keystone Opportunity Center. & Inter-Faith Housing Alliance: We will be talking to IHN/Family Promise shelters in other CoCs around the country that also have a Coordinated Entry system similar to Your Way Home, and will be talking with the Coordinated Entry system managers.
   a. What questions would you like us to ask? What kinds of information are you interested in learning?
   b. Prompt if needed:
      1) Referrals from Coordinated Entry
      2) Intake and admission
      3) Participation in the full Coordinated Entry system
      4) Support services
      5) Exits from shelter
      6) Staff training

3. Thank you! We will incorporate this information into the questionnaire we design for shelters in other CoCs.

4. You'll hear from us in about two weeks to schedule an on-site visit and more in-depth interview with you.

5. Any final questions for me?

Appendix C

Interviews with CoC Leads

1. Explain research project.

2. Purpose of this interview is to learn about best practices and challenges in your CoC crisis response system. We will also interview shelter providers to learn about best practices and challenges at the provider level.

3. Shelters in the system: What types of shelters are in the CoC (single adult, families, faith-based, volunteer-based, DV, seasonal, Code Blue, Code Red, other)

4. Referrals: Describe your CoC's shelter referral process through Coordinated Entry.
    a. Does location of household's last residency play a role in referral to a particular shelter?
    b. Are there any parts of your CoC where no shelter is located?

5. Intake: What happens after referral? How does the household actually get into a shelter?
    a. Does the provider have option of refusing a referral and if so, on what basis?
    b. Do shelters accept new participants 24/7?
    c. Would you characterize the shelters as "low barrier?" Why or why not?

6. Coordinated Entry: If not clear from answers to the above -- Are Coordinated Entry policies applied the same in all shelters?
    a. DV: How do your DV shelters fit into Coordinated Entry? How do you balance the need for confidentiality with the need for coordination and collaboration?
    b. Challenges:
        i. What challenges have you faced in engaging shelters into Coordinated Entry, and what are your strategies for overcoming the challenges?
        ii. What challenges have you faced with barriers at shelters and what are your strategies for overcoming the challenges?

7. Seasonal and Code shelters:
    a. Does referral and intake happen through Coordinated Entry? Only through Coordinated Entry?
    b. Is there case management for participants?
    c. Are participants eligible for other CoC supports, such as referral to RRH?

8. Training: Does the CoC provide training of any kind to shelter directors or staff, in addition to HMIS training?

9. Best practices, successes and accomplishments:
    a. How do you define or describe "best shelter practices" in your CoC?
        i. Has the CoC established performance measures for shelters and if so, how are shelters held accountable for meeting them?

    b. What are some of the CoC's accomplishments relative to emergency shelter?

10. Shelter provider contacts: Would you please give me contact information for 3-4 shelters of different types? At least one should be a shelter your regard as high functioning, which implements best practices, and one should be the lowest performing shelter.

11. THANK YOU!! Note: Our client might make an executive summary of the final report public, and if so, we will send a copy to you.

Appendix D

Interviews with Shelter Providers, Other CoCs

Date of interview _____ **Shelter name _____**

Shelter type _____ **CoC location _____**

Name and title of interviewee _____

1. Do you have any questions about this research project?

2. Purpose of this interview is to learn about shelter best practices and challenges within a Coordinated Entry system. We have already talked to your CoC lead, but we need to hear about the experience of providing shelter directly from you and a few of your colleagues. We will use the information you give to make recommendations to the Montgomery County, PA CoC. Some of the questions I will ask you have been suggested by shelter providers in Montgomery.

3. Confidentiality. Our report to Montgomery County will include the name of your shelter in our list of shelters interviewed, but your name will not be reported. We will not divulge any information from our interview together to your CoC lead. If your CoC lead requests, we will send a list of the questions asked but will not include your responses.

4. Organizational information
    a. What is your organization's mission?
    b. Does it operate programs in addition to emergency shelter?
    c. In general, what are the funding sources for the shelter and for the organization as a whole?

5. Structure, capacity, and configuration of the shelter
    a. Where do people stay – private room per household, shared room, row of beds, etc;
    b. What type of bathroom facilities
    c. Separation of males from females, of families from singles?
    d. If family shelter, both boys and girls up to 18 or something else? Single fathers with children?
    e. Staffing
        i. employees, volunteers?
        ii. 24/7 awake staff?
        iii. positions

6. Referral – explain how people get referred to you

7. Intake – policies and procedures
    a. Options for shelter once referral is made through Coordinated Entry
    b. Eligibility criteria
    c. Procedures for safety

8. Services
    a. Describe.
    b. How do you engage participants in services? Do participants perceive shelter as leading to "free housing" through RRH or PSH? If so, how do you incentivize services?

9. Exit
    a. To what "next-step" housing do participants typically exit?
    b. How do they access – through Coordinated Entry or in some other way?
    c. Is there coordination between services provided while in shelter, and supportive services after shelter?

10. Staff training. As shelters in Montgomery County change their eligibility criteria in order to lower barriers, they find their staff have not been trained to work with people with more severe needs. Sometimes job descriptions and expectations have to be changed.
    a. What do you do about staff training needs?
    b. Have you changed your staffing to accommodate low barriers – e.g. now employ clinical staff?
        i. If so, what impact has that had on your budget and funding?
    c. Have you implemented trauma-informed practices?

11. CoC participation. What CoC activities do you participate in?

12. Coordinated Entry
    a. If not clear from other responses -- Does your shelter now fully participate in CE?
    b. Did you participate in CE since it was set up?
        i. If so, what was your motivation to participate?
        ii. If not, what are your reasons for now choosing to participate?
    c. What has your program or organization gained from CE? (What are the benefits?)
    d. What challenges have you found in the CE system?
        i. What would you like to see changed or improved?
13. Accomplishments, successes. As you think about your shelter and staff, what are you most proud of?

14. Hope for the future. What is your hope or vision for your shelter program over the next 3 years?

Questions Specific to Seasonal and Code Shelters

May need to condense rest of interview in the interests of time.
Montgomery has seasonal and Code shelters.

1. Organization.
    a. Who organizes or coordinates Code shelter?
    b. When does planning start?
    c. Who is involved in planning?

2. Referral and Intake. Does your shelter receive referrals from Coordinated Entry? Any other way participants get to your shelter?

    a. Do police and hospitals refer people to CE? Do police and hospitals bring people to you directly?
3. How is your shelter funded?

4. How is your shelter staffed?
    a. Volunteers, employees?
    b. What positions?

5. What services are provided?
    a. Meals, showers, storage, medical care?
    b. Case management, MH/clinical worker?

6. Exit
    a. What happens to participants when the Code or season is over?
    b. Are participants eligible for RRH or PSH through CE?

7. Issues (if not clear from previous responses) – What issues or concerns do you have about seasonal or Code shelter?

Appendix E

Interviews with Interfaith Hospitality Networks, Other CoCs

Questions below important because Montgomery has three IHNs.

1. How are you retaining the spirit and model of IHN while collaborating with CE?

2. How are you balancing being an "emergency crisis response participant" and lowering barriers (ex. transportation), while being both client-focused and volunteer- focused?

3. How are you educating volunteers about changes with a CE system?

4. How are you handling the push-pull between providing shelter "no questions asked" – i.e., radical hospitality -- and the protection offered to congregations by interviewing/screening?

5. Do you find that your CE puts up barriers to congregations while trying to remove barriers for clients?

6. How does your CE define "highest priority" – how do they screen for priority (ex. first come first served, SPDAT, something else?)

7. How are you adapting to changing *from* a program model? I.e., how does the holistic model of IHN fit into a CE system "just" about housing?

Appendix F

On-Site Interviews with Shelter Providers in Montgomery County

Date of interview _____ **Shelter name _____**

Shelter type _____ **CoC location _____**

Name and title of interviewee _____

Interview Prompts

1. Do you have any questions about this research project?

2. Purpose of this interview is to follow up our initial interview with you to get a deeper sense of your shelter operations, your accomplishments, how your organization fits into YWH, and any issues. We will use the information you give to make recommendations to YWH.

3. Confidentiality. Our report to YWH will include the name of your shelter and your name in our list of interviewees. We will be reporting themes that emerge from all the interviews, and may use representative quotes to illustrate the themes. However, we will not include the name of the person we are quoting.

4. Organizational information
    a. What is your organization's mission?
    b. Does it operate programs in addition to emergency shelter?
    c. In general, what are the funding sources for the shelter and for the organization as a whole?

5. Structure, capacity, and configuration of the shelter
    a. Where do people stay – private room per household, shared room, row of beds, etc.?
    b. What type of bathroom facilities?
    c. Separation of males from females, of families from singles?
    d. If family shelter, both boys and girls up to 18 or something else? Single fathers with children?
    e. Staffing
        i. employees, volunteers?
        ii. 24/7 awake staff?
        iii. positions

6. Referral – explain how people get referred to you

7. Intake – policies and procedures
    a. Options for shelter once referral is made through Coordinated Entry
    b. Eligibility criteria
    c. Procedures for safety

8. Services
    a. Describe.
    b. How do you engage participants in services? Do participants perceive shelter as leading to "free housing" through RRH or PSH? If so, how do you incentivize services?
9. Exit
    a. To what next step housing do participants typically exit?
    b. How do they access – through Coordinated Entry or in some other way?
    c. Is there coordination between services provided while in shelter, and supportive services after shelter?

10. Staff training. As shelters in Montgomery County change their eligibility criteria in order to lower barriers, they find their staff have not been trained to work with people with more severe needs. Sometimes job descriptions and expectations have to be changed.
    a. Have staff training needs changed with the expectations of diversion, lower barriers, and Housing First?
    b. What do you do about staff training needs?
    c. Have you changed your staffing to accommodate low barriers – e.g. now employ clinical staff?
        i. If so, what impact has that had on your budget and funding?
    d. Have you implemented trauma-informed practices?

11. CoC participation. What CoC activities do you participate in?

12. Coordinated Entry
    a. If not clear from other responses -- Does your shelter now fully participate in CE?
    b. Did you participate in CE since it was set up?
        i. If so, what was your motivation to participate?
        ii. If not, what are your reasons for now choosing to participate?
    c. What has your program or organization gained from CE? (What are the benefits?)
    d. What challenges have you found in the CE system?
        i. What would you like to see changed or improved?

13. Accomplishments, successes. As you think about your shelter and staff, what are you most proud of?

14. Hope for the future. What is your hope or vision for your shelter program over the next 3 years?

Questions Specific to Interfaith Hospitality Networks/Family Promise/Volunteer-Based
May need to condense rest of interview in the interests of time.

1. How are you retaining the spirit and model of IHN while collaborating with CE?

2. How are you IHNs balancing being an "emergency crisis response participant" and lowering barriers (ex. transportation), while being both client-focused and volunteer- focused?

3. How are you educating volunteers about changes with a CE system?

4. How are you handling the push-pull between providing shelter “no questions asked” – i.e., radical hospitality -- and the protection offered to congregations by interviewing/screening?

5. Do you find that your CE puts up barriers to congregations while trying to remove barriers for clients?
6. How does your CE define “highest priority” – how do they screen for priority (ex. first come first served, SPDAT, something else?)

7. How are you adapting to changing *from* a program model? I.e., how does the holistic model of IHN fit into a CE system “just” about housing?