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Low-Barrier Emergency Shelter for the City of Pensacola: Service Plan and Recommendations

Prepared for the City of Pensacola, May 2024

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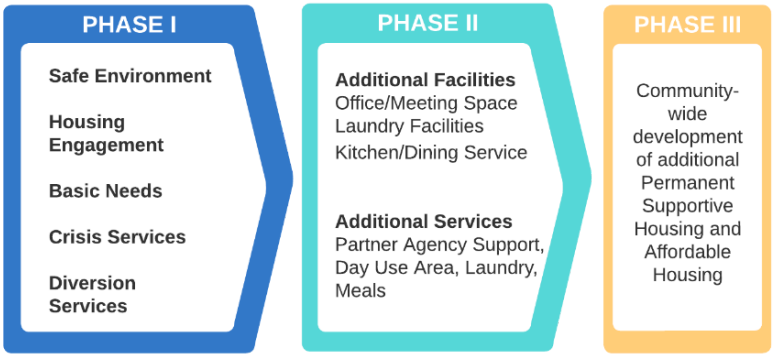
Executive Summary

Homelessness can be ended, but only when we design services and supports to meet the needs of vulnerable people and meet those individuals where they are. With the opening of a new low-barrier emergency shelter, the City of Pensacola has an unprecedented opportunity to shift the community's response away from managing homelessness and toward ending it.

I am pleased to present this service plan and recommendations report to support the long-term success of the City's low-barrier emergency shelter. This summary is intended to provide a high-level overview to key stakeholders.



The proposed shelter should be designed specifically to address the needs of the 500+ unsheltered homeless individuals identified in Escambia and Santa Rosa counties during the 2024 point-in-time survey (Opening Doors Northwest Florida, 2024). This population is more visible, more vulnerable, and less able to access services than any other population. Failure to address the needs of long-term unsheltered homeless populations creates ongoing problems for service providers and newly homeless individuals.

Without a low-barrier facility specifically targeting the needs of the unsheltered, they will continue to attempt to receive assistance from providers less equipped to meet their housing needs. And as the backlog of chronically homeless individuals grows, newly homeless individuals will find themselves queued behind hundreds of other people without housing. This leads them to spend more time homeless, leading to exacerbated physical and mental health problems that greatly increase community costs (Culhane, et al., 2002).

This report outlines key elements of the process to implement a low-barrier shelter serving single adults. To benefit from economies of scale, the shelter should initially accommodate between 60 and 100 individuals. The total annual operating costs for the shelter range from $2.19 million (60 beds) to $3.47 million (100 beds), with the expectation that the operator of the shelter will raise about 20% of the total operating costs through private fundraising and in-kind donations.

Phase I should focus on creating a facility that can provide a safe environment, housing engagement, basic needs, and crisis and diversion services. This includes controlled entry/exit from the facility and capacity limits sufficient to allow front-line staff to meaningfully engage with shelter guests. Above all, project leadership must take care not to attempt to solve each and every problem related to homelessness at the shelter. Rather, the shelter should provide a specific intervention (housing placement) to a specific subpopulation (single adults); to expand beyond this will dilute the effectiveness of services provided.

Phase II focuses on expanding available supportive services, leveraging existing community partners whose services support the housing focus of the shelter. Phase II work should also include the development of on-site kitchen and laundry facilities if necessary. The third project phase centers a community-wide effort to develop and expand affordable and permanent supportive housing (PSH). The current community inventory of PSH is inadequate to facilitate measurable reductions in chronic street homelessness. Developing PSH provides opportunities for individuals to exit homelessness, with the additional benefit of creating vacancies in the shelter to bring in additional guests from the street. Overall, the greater an investment communities make in PSH, the greater the reduction in visible chronic homelessness (Byrne, et al., 2014).

This report concludes by establishing performance measures for the shelter and outlining roles and responsibilities for funders and contracted operators. Primary project outcomes should inform funders of the success these providers have in ending homelessness through housing placements and diversions from shelter.

There are challenges ahead. Most new homeless initiatives face a serious risk of trying to start too big and too fast without taking the time to establish appropriate operational support and infrastructure. Taking on too much in the beginning will threaten the ability to develop and sustain support for the project, not only from local leaders and the housed community, but also from people in need of services. Further, the shortage of rapid rehousing and permanent housing resources in the community will create difficulties in helping people exit homelessness.

There are also reasons to be optimistic about the work ahead. The recommendations outlined in this report establish clear guidelines around how the shelter provides services, and to whom. The community is clearly committed to addressing this issue and has strong leadership capable of solving the problem. This report outlines ways to address the specific issues that might prevent people from wanting to engage with shelter services by ensuring low barriers to entry. We know that when we make programs fit the needs of the people they are designed to serve, those programs work. And even with the recent increases in chronic homelessness, the overall population is not so large that the problem is not solvable. This project has enormous potential to create a major shift in the regional response to homelessness.

Introduction & Overview

Homelessness, in all its forms, can be ended, one individual at a time, when we build systems and processes designed to provide appropriate interventions tailored to the needs of people in crisis. For many, emergency shelters are the first point of contact in a community's housing crisis response system. The policies and practices in place at emergency shelters can position them as the gateway to successful housing interventions for people in crisis.

Two critical policy decisions determine how effectively emergency shelters end homelessness. Are they, in all of their policies, practices, and staff interactions with guests, designed to provide a high level of service with as few barriers to entry as possible? And once someone has entered these facilities, is the staff singularly focused on ending that person's homelessness as quickly as possible?

These policy decisions boil down to one key change: a shift away from managing homelessness, and toward ending homelessness. Based on a review of the current housing inventory of the FL-511 Continuum of Care, covering Escambia and Santa Rosa counties, the community spends substantial resources managing homelessness, as evidenced by the heavy presence of transitional housing programs. The development of a new housing-focused low-barrier emergency shelter provides the opportunity to direct new and existing resources toward programs that prioritize an end to homelessness.

Low-Barrier Services

The concept of low-barrier shelter has emerged as a best practice over the past decade. In short, it ensures that the people who most need shelter services can access them without having to meet requirements such as the ability to produce identification, the ability to demonstrate adherence to a mental health or substance abuse treatment plan, or the ability to provide evidence of having passed a police clearance. Low-barrier shelters design their policies and practices to "screen people in" to ensure they can serve the greatest number of people possible, while still providing an atmosphere of safety and security for staff, guests, and volunteers.

With the above in mind, we have prepared the recommendations below to help the City of Pensacola and its regional providers establish the systems needed to improve shelter outcomes, develop the staff expertise needed to provide high-quality services, and move away from managing homelessness and toward the policies and practices required to truly end homelessness. The recommendations include consideration of the appropriate size of a new low-barrier shelter, a framework to determine the appropriate budget for such a program, and key approaches needed to establish a strong focus on housing throughout the shelter.

Process

The City of Pensacola contracted with JDConsultancy in April 2024 to provide guidance for the creation of a new low-barrier emergency shelter. The scope of work for the project includes the development of a recommendations report for the project, including:

a. Incorporation of best practices into program design
b. Prioritized implementation plan for the project
c. Recommendations for key policies and procedures
d. Performance benchmarks and outcome measures
e. Suggested roles for local government and contracted operator(s)
f. Recommendations for minimum required trainings for shelter staff
g. Proposed "Good Neighbor" policy to address potential opposition to project

In the process of developing this report, JDConsultancy has:

1. Met with City and County staff, elected officials, and key stakeholders to gain an understanding of the community's needs and past efforts
2. Met with key stakeholders from the local homeless service provider network to understand current programs and practices
3. Reviewed existing data provided by Opening Doors Northwest Florida, including historical point-in-time data and housing inventory charts, and detailed data on local homeless populations and subpopulations
4. Presented an overview of best practices for emergency shelters, including myths around visible homelessness and realistic solutions, to the community at the May 13, 2024 CivicCon event.

Service Plan for the Low-Barrier Emergency Shelter

The service plan outlined below establishes the target population, capacity, and core service needs for the new shelter, including a phased approach to implementation.

Target Population

Point-in-time counts from 2019-2024 in the region clearly demonstrate the need for Pensacola's new low-barrier shelter to target single adults, with an emphasis on the housing needs of long-term unsheltered residents. Continuum of Care (CoC) data reveals a 350% increase in unsheltered homelessness from 2019-2024, from 121 to 544, mirroring national trends (Opening Doors Northwest Florida, 2024). Further, chronic homelessness has increased by nearly 700% since 2019, from 52 to 406, with nearly 75% of the unsheltered population meeting the criteria for "chronic homelessness." In short, more people are experiencing homelessness without adequate access to shelter in the community, and those people are spending longer periods of time homeless. Unsheltered homelessness, and particularly chronic unsheltered homelessness, is generally the most visible, most costly portion of a homeless population. This highlights the need for emergency shelter services designed to target these individuals, including people with partners and pets.

Shelter Capacity

Emergency shelters can bring about dramatic reductions in unsheltered homelessness, but cannot solve homelessness absent adequate investments in street outreach, coordinated entry, rapid rehousing/ permanent supportive housing programs, and safe, affordable housing.

Target shelter capacity is generally determined by evaluating (a) unsheltered homelessness, (b) chronic homelessness, and (c) the household composition (individuals or families with children) of these subpopulations. Based on these data, the maximum recommended size for Pensacola's low-barrier emergency shelter is 268 beds. Taking into consideration, however, the intense demands of program startup, and the need to demonstrate to the community (housed and unhoused alike) the shelter's potential to address homelessness effectively, we recommend the community begin with a shelter of 60-100 beds. Shelters, like other organizations, benefit from an economy of scale. In a shelter setting, these benefits generally trigger at about the 60-bed mark. While frontline staffing must increase with additional capacity, administrative staffing can remain largely the same whether the shelter serves 60 people a night or 100 people a night.

At an initial shelter capacity of 100 beds, the community can expect to immediately reduce visible, unsheltered homelessness by 18%, from 544 to 444 individuals. Within a year, the

shelter will have moved at least 150 people out of homelessness and into permanent housing. With targeted outreach to individuals living in high-visibility areas, this can have an outsized impact on visible homelessness. While the broader community will be watching closely to determine if the new shelter is effective at reducing homelessness, it is important to note that unsheltered homeless people – the target "customer" of the shelter – will also be watching and making decisions about whether to seek assistance. If the shelter starts out so large that staff immediately struggle to maintain a safe, respectful environment, this will have a chilling effect on future decisions as to whether to seek shelter there. A smaller initial capacity provides shelter leadership opportunities to train and develop staff to successfully expand the shelter in the future. The shelter, as a new project, will capture the attention of community members who are interested to see whether it succeeds. A smaller, more effective shelter will initially capture more positive attention from the community and facilitate future expansion and support, including philanthropic support.

Shelter Budget

The cost to provide high-quality, effective low-barrier emergency shelter services varies by program, geographic area, availability of governmental and philanthropic support, and the size and scope of the shelter itself. Considering such factors as shelter capacity, staffing levels, and food and utility costs, shelters can reasonably be expected to provide effective, trauma-informed services at a rate of $100/night/person. This cost factors in not only the provision of the emergency shelter bed, but also necessary operational, administrative, and personnel costs, including frontline staffing, training, the cost of meals, and ancillary supports such as move-in assistance funds, transportation costs, meals, bedding, linens, and the like.

While it may be tempting to compare the nightly cost of a shelter to the rates of, for example, local motels, it is important to note that per-person costs in shelter are short-term costs; that is, those costs are inclusive of all necessary supports required to end someone's homelessness, ideally in 30 days or less. Motel costs, on the other hand, are ongoing expenses that do not include provision of the basic needs or supportive services necessary to solve someone's homelessness.

The rate of $100/person/night takes into account the following factors:

1. Adequate frontline staffing to maintain a safe, secure environment, with a minimum ratio of one frontline staff member for every 17 shelter residents
2. Adequate housing-focused case management staff with a caseload of no more than 20 shelter guests each
3. Allowances for key shelter operational expenses, including costs associated with utilities; security camera services; maintenance and repair; waste disposal; pest control; laundry equipment; vehicle maintenance and repair; food; kitchen cleaning supplies;

printing and copying; insurance expenses; and resident supplies such as bedding, linens, toilet paper, paper towels, and hygiene supplies.

4. Allowances for key shelter administrative expenses, including costs associated with staff development and training; HMIS licenses and other software; auditing; staff travel; uniforms; certifications and inspections; professional services; and postage and shipping.
5. Allowances for key shelter personnel costs, including a program director; shelter services staff, including case managers; facilities staff; diversion and intake staff; kitchen staff; volunteer management; finance staff; grant writing and fundraising staff; and fringe, burden, and benefit expenses, including health and dental insurance.

The rate of $100/person/night reflects ongoing operational expenses. This rate does not include any capital costs or startup expenses such as the initial purchase of beds, kitchen equipment, vehicles, storage lockers, or other one-time purchases needed to initially outfit the facility. This rate does, however, include in-kind (non-cash) expenses that support the shelter, such as volunteer time, donated food and toiletries, and donated professional services. The contracted operator should be expected to raise 20% of these costs through private fundraising and in-kind contributions.

Total Program Cost

Total Beds	Rate Per Person/ Per Night	Total Cost, inc. In-Kind	Fundraising Offset	Total Cash Budget
60	$100/person/night	$2,190,000	$438,000	$1,752,000
100	$95/person/night	$3,467,500	$693,500	$2,774,000

Core Service Needs

Emergency shelter services for homeless individuals, particularly those who have been homeless for extended periods of time, must focus on the following areas:

Safe Shelter

Above all, the new shelter must provide a safe environment for people to receive all other services. To be clear, “low-barrier” shelter services do not mean that there are no rules in place. To the contrary, there are minimal behavioral expectations designed to protect the health and safety of staff and guests.

The expectations below are designed to facilitate safe, respectful interactions with shelter participants. Extensive lists of rules and expectations generally don’t promote a greater sense

of safety and security. Rather, they tie up staff time by forcing employees to monitor and police behavior. This creates opportunities for conflict by presenting shelter users with a set of guidelines bigger than they can reasonably be expected to understand.

We recommend the expectations include only those guidelines that promote safety and clarify expectations around exiting homelessness.

1. Please respect the rights, property, and peace of everyone here.
2. Drugs, alcohol, and weapons are not permitted.
3. Physical or verbal violence and threats are not permitted.
4. We do not allow gambling, sexual activity, or unwanted physical contact.
5. Personal property can only be stored in assigned lockers.
6. Please leave all spaces cleaner than you found them.
7. We require that all guests work toward their housing plan while using shelter resources.

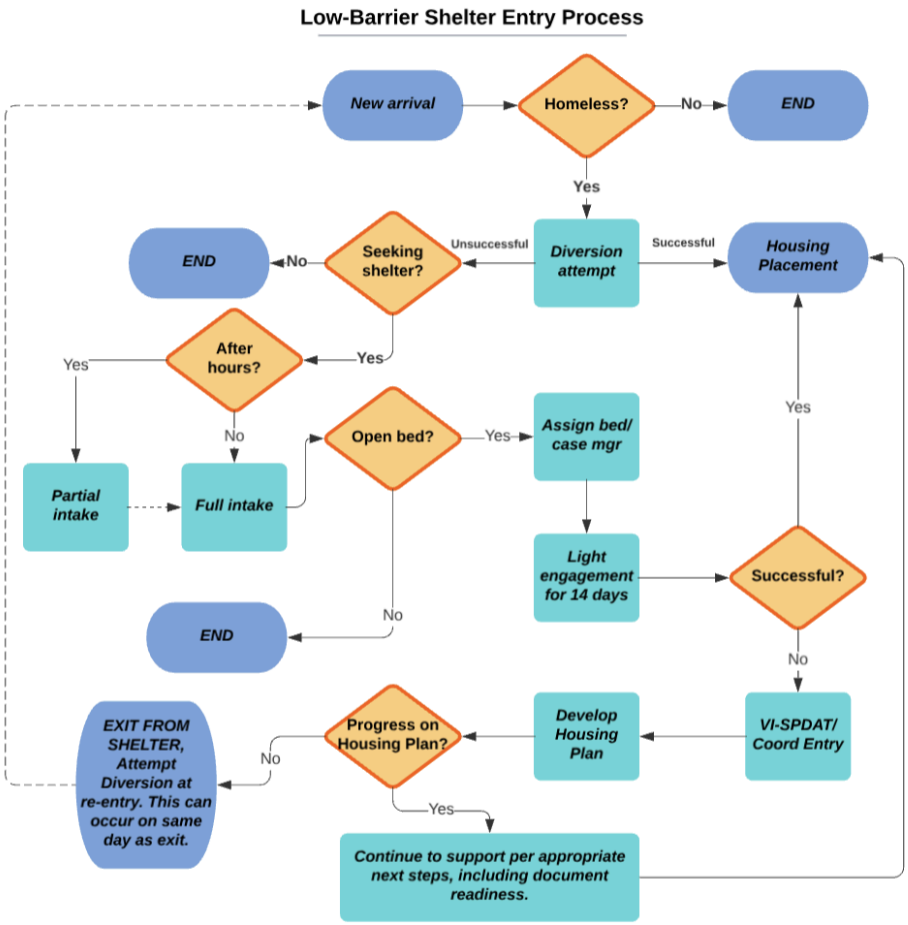
These expectations lay out clear guidelines for use of the shelter program, including general use of the building for drop-in or day services. Staff should establish additional criteria for residential/overnight shelter guests, detailing expectations around case management and housing engagement, use of the facilities, and policies required to maintain a safe congregate living environment. Sample shelter expectations are included in Appendix A. Annually, these expectations should be revisited with shelter guests and staff in focus groups. The facilitator can explore whether staff and guests feel the expectations are effective, upheld consistently, necessary, and clear.

Housing Engagement

Emergency shelters function best when they provide targeted interventions based on individual needs. Shelters can't provide the same level of service to each person and expect appropriate outcomes, but for years providers have attempted to do this, generally succeeding only when the shelter user's needs happened to match the array of services being provided. Instead, housing-focused sheltering aims to provide the right intervention to the right person, at the right time.

The time-based typology suggested by Kuhn & Culhane (1998) provides a framework to understand the different needs of shelter users. Kuhn & Culhane break shelter utilizers into three groups: transitionally homeless, episodically homeless, and chronically homeless. However, all shelter users require *some* intervention, as all present with serious problems (Goering, et al., 2002). These interventions must be personalized to their individual level of functioning, and that functioning needs to be assessed through development of rapport, professional expertise, and traditional vulnerability measurements.

The role of the emergency shelter changes depending on the appropriate intervention. For individuals requiring “light touch” support, a simple check-in for the first 14 days of shelter will be appropriate. As soon as the 14-day mark is passed the VI-SPDAT (or other appropriate triage tool) is conducted and more targeted housing conversations begin. For those that have cycled through the shelter several times, fresh approaches and changes in staff can be effective in eliciting change. And finally, in instances where the ideal intervention is rapid rehousing or permanent supportive housing, shelter staff can help gather (and safely store) required documents to facilitate that process, including identification and birth certificates, and advocate on clients’ behalf at the coordinated entry level. The Shelter Entry Process below shows the logical flow of engagement during shelter stays.



In the chart above, the process ends if no shelter bed is available. Maintaining a shelter bed waitlist is not recommended. Waitlists, when populated by people with limited or inconsistent contact information, are ineffective. They require excessive staff time to

create and maintain equitably. Further, when a waitlist is in place, individuals may show up for an open bed and be told that they cannot enter the shelter until the people on the waitlist have been contacted first, even though a bed is technically available. This process can take hours each day, and is difficult to manage in a way that is fair. Instead, staff should enter individuals presenting for shelter into a bed immediately if one is available. If there are no beds available at the time, the individual should be told when to check back. Ideally, beds are made available at the same time each day, in order to allow shelter case managers time to exit people and operations staff time to pack up belongings and prepare the bed for the next person.

Basic Needs & Hygiene

The City's emergency shelter must support individuals' ability to meet their basic needs and maintain appropriate hygiene. Basic needs include any of the items or services individuals need to support their own well-being, including healthy meals, clothing, shower and bathroom facilities, toiletries and personal items, and the like.

More broadly, the definition of basic needs should be expanded to include additional services that support the housing process. This includes access to technology (phones, computers, and internet) to support guests' ability to apply for housing, employment, and benefit programs like food stamps, unemployment, and social security/disability. Likewise, the shelter should provide, at minimum, bus passes or other transportation supports. Guests must have access to laundry, either on-site or through vouchers to use other facilities. Staff must provide daily meals. If kitchen facilities are not available initially, this can be accomplished by contracting with other providers to prepare meals that are delivered to the shelter, or through volunteer partnerships with churches and other local organizations.

Crisis Services

Every individual seeking shelter has experienced at least one traumatic experience - homelessness - and likely many more. Onsite staff must be trained in conflict deescalation, crisis intervention, overdose response and reversal, and trauma-informed care, as well as effective engagement strategies that build rapport and momentum toward housing. A full list of recommended staff trainings is included in the "Additional Recommendations" section at the end.

Diversion Services

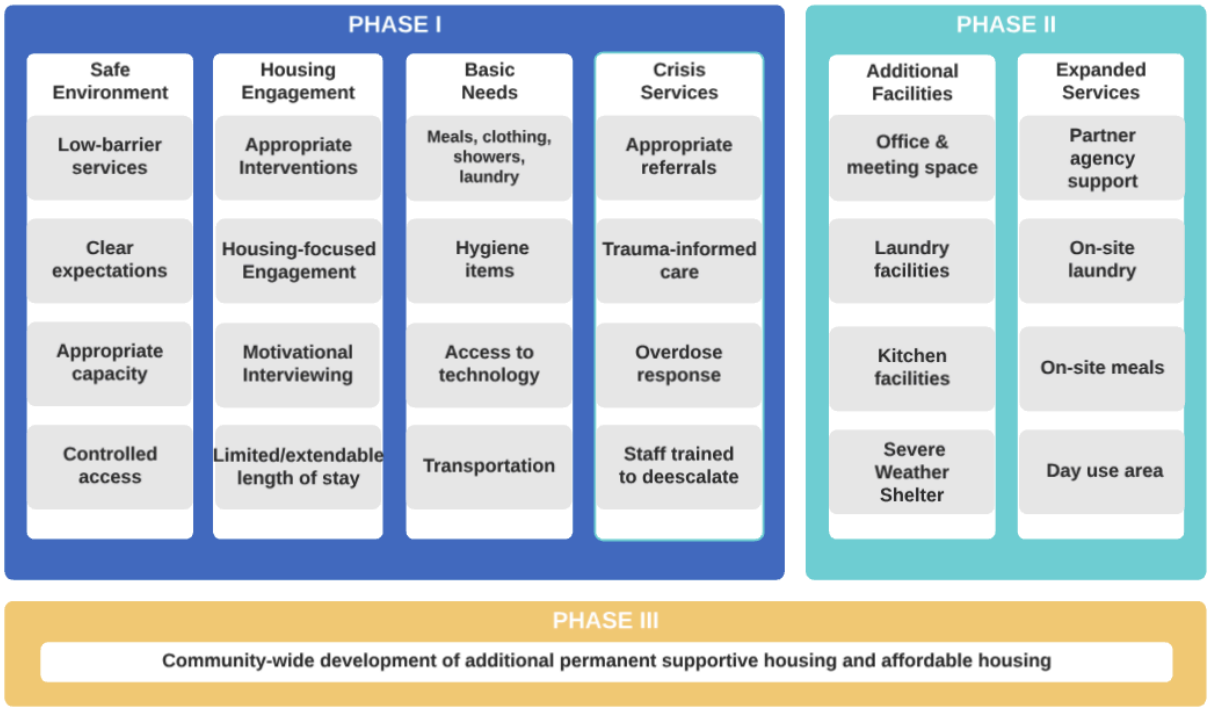
Diversion has two major impacts on decreasing homelessness - it prevents individuals from entering the shelter system unless they absolutely need it, and it frees up scarce shelter beds for those without alternatives. For each diversion, a shelter bed remains

open for someone else to receive the full range of services needed to end their homelessness.

Successful diversions require staff having immediate access to the resources to solve the person's housing crisis. For some, this is a bus ticket to stay with a relative. For others, it includes assurance to the person they are currently living with that staff will provide case management to help them find another housing alternative if they can stay there while that process happens. For others, it involves providing grocery store gift cards to help with the food budget in their current location.

As this program evolves, leadership should look for opportunities to strengthen and improve the program while aiming for a goal of diverting at least 15% of all prospective shelter users (as opposed to the first-year benchmark of 10%). This will reduce in-shelter workload for staff, and facilitate expanded access to limited shelter space.

Low-Barrier Shelter: Service Plan Implementation



Phase I: Low-Barrier Emergency Shelter

Minimum Required Services

1. Safe environment, with clear expectations for program use
2. Overnight residential services
3. Basic access to hygiene facilities
4. Provision of basic needs, including food (may be prepared off site)
5. Housing engagement, housing-focused case management, and diversion
6. Access to computers, telephones, internet, transportation
7. Long-term storage for personal items not needed while using shelter services
8. Short-term private storage (i.e. lockers) that does not require staff to access
9. Staff trained in motivational interviewing, progressive engagement, conflict deescalation, housing-focused sheltering, HMIS use

Minimum Required Infrastructure

1. Sufficient signage to clearly show (a) expectations for program use, (b) location of key services and staff members, (c) who to contact in case of emergencies
2. Adequate, commercial-grade residential, bathroom, and shower facilities sufficient for high-capacity use, including ancillary items (linens, blankets, toiletries)
3. Access to computers, telephones, internet, transportation
4. Ability to send and receive mail
5. Short- and long-term storage of personal items
6. Perimeter fence around property (or other method to control ingress/egress) to limit access to only those guests who have a bed at the facility
7. To the greatest extent possible, facility must offer offices and private meeting spaces for staff to have confidential conversations with guests

Key Decision Points

Capacity of Emergency Shelter

The City of Pensacola, in collaboration with the contracted operators, must determine the appropriate capacity for the emergency shelter. The emergency shelter capacity should be determined based on staffing levels. At most, the program should shelter no more than 100 individuals for every six front-line staff on shift. Likewise, case management staffing must factor into capacity considerations. Shelter case managers should maintain a caseload of 20 or less, requiring at least five trained case managers for an initial capacity of 100 people.

The safety of staff and guests at the shelter is critical, in terms of employee retention, program success, community support, and the willingness of unsheltered people to consider using the facility. Staff must be present in sufficient numbers, and properly trained, to respond to all manners of incidents, including physical and mental health crises and interpersonal conflict. To respond properly to such incidents, staff (and security personnel, if they must be present) must be trained in trauma-informed care, crisis intervention, and conflict deescalation, at minimum. More importantly, clear policies must be in place outlining consistent staff responses to such incidents, and guests must be made aware at time of entry of the impact such behaviors will have on their ability to receive services and shelter. There will be conflicts in any congregate facility, particularly when each and every guest has experienced trauma and is currently in crisis. Giving shelter staff the time to implement the policies and trainings needed to respond constructively to these incidents will have far-reaching implications for the overall success of the program.

Use of Space in Emergency Shelter

While congregate shelter is not ideal, it is the most affordable method to provide emergency shelter services. To the greatest extent possible, program staff should work to compartmentalize available space to enhance safety and the ability of the provider to build and maintain relationships with service users. In the same way walls may separate common service areas from residential areas, residential areas can be split into smaller units. Rather than six frontline staff being expected to regularly engage with 100 people, program staff can establish smaller zones that each employee or team is responsible for. In this scenario, a team of 2-3 could be responsible for managing a zone with 50 people in it. This will provide additional opportunities for rapport building, intentional conversations about housing, and awareness of the unique needs of each person in this smaller cohort.

Access to the Shelter

The shelter must have a single point of entry and exit. This will allow staff to control inflow to the shelter, limit access to those seeking shelter, and focus on delivering appropriate services only to shelter residents. If the community intends to provide meals and other day services to the general unsheltered population, that area must be separated from other areas of the shelter in a way that prevents unsheltered individuals from accessing residential or common areas.

Phase II: Emergency Shelter Service Expansion

Minimum Required Services

All services noted above, with the addition of:

1. Begin hosting supportive service providers from agencies that can provide the following services:
    a. On-site health care services, including crisis counseling, mental health care, and HIV/AIDS services
    b. Assistance applying for mainstream benefits, including food stamps, social security and disability
    c. Assistance obtaining photo identification, birth certificates, and social security cards
2. On-site laundry facilities
3. On-site meal service
4. Day use area

Minimum Required Infrastructure

1. Additional office spaces, either using existing space or by creating a multipurpose building sufficient to host these agencies
2. Laundry room with commercial-grade equipment
3. Commercial kitchen facilities including, at minimum, grill, stove with sufficient burners, ovens, food warmers and refrigeration, and dishwashing station, as well as walk-in coolers and dry storage

Phase III: Future Housing

The final phase of the shelter implementation plan must provide affordable housing solutions that meet the needs of the local homeless population. The CoC has a large supply of transitional housing within its homeless housing inventory, but an inadequate supply of permanent supportive housing, which has shown to be the most effective housing intervention - in terms of stability and cost - for long-term homeless individuals with disabilities (Culhane, et al., 2002). Permanent supportive housing pairs long-term housing subsidies with supportive services tailored to the needs of the people in the program (National Alliance to End Homelessness, 2020).

From 2019-2024, the region saw chronic homelessness increase by almost 700%, from 52 people in 2019 to 406 in 2024 (Opening Doors, 2024). Communities can reliably estimate that approximately 25% of their unsheltered population is chronically homeless (HUD, 2020). However, in communities where long-term encampments have existed, or in areas that have

been slow to adopt best practices such as low-barrier shelter or a Housing First approach to program design, this rate can be 50% or higher. In Pensacola, a full 75% of the unsheltered population is chronically homeless. National data shows that approximately 30% of chronic homeless populations require permanent supportive housing. In Pensacola, this points to a minimum required need of 122 new units of permanent supportive housing, assuming those units were built immediately. For long-term planning purposes, the community needs, at minimum, 200 new units of this type of housing.

The best evidence available shows transitional housing, on the other hand, is largely ineffective (Cunningham, et al., 2015). Transitional programs have high barriers to entry and screen out individuals with higher service needs. Even after limiting eligible participants to those who meet more restrictive criteria, roughly 1 in every 4 participants leaves before completing the program. In contrast, a well-run permanent supportive housing program provides housing stability for 90% or more of participants.

Overall, the research is clear on one thing: the costs of allowing chronically homeless people to continue living on the street are higher than the costs of moving them into housing (Byrne, et al., 2014; Culhane, et al., 2002). Broadly, communities spend as much as $40,000 annually managing the homelessness of unsheltered individuals when considering public safety costs, hospital admissions, and stabilization services. PSH, conversely, can generate a cost savings of $15,000-$25,000 per year per person (Corporation for Supportive Housing, 2018).

Partners and Their Roles

This section clarifies roles and responsibilities of the entities involved in the development of the new low-barrier emergency shelter, including the City of Pensacola, the contracted operator of the shelter, and the local Continuum of Care. The provision of services should be a partnership between these key stakeholders.

City of Pensacola

1. Overall program coordination and funding
2. Ensure provider meets minimum standards for health/safety through monitoring
3. Establish, in partnership with providers, key outcomes to measure performance

Contracted Operator

1. The contracted operator will provide the majority of direct individual supportive services at the emergency shelter, including housing-focused case management and other services to homeless individuals
2. Participate in Coordinated Entry and HMIS

3. Use established coordinated assessment tools
4. Manage day-to-day operations of the emergency shelter, including:
    a. Intake and admission
    b. Orientation to building and services
    c. Development of housing-focused case management plan for each guest
    d. Provide a safe environment
    e. Track and report key data to funders
    f. Engage with all guests within 48 hours of project entry
    g. Establish initial housing plan for guests in shelter for 14 days or more
    h. Meet at least weekly with all guests with a housing plan
    i. Provide basic hygiene services - clean bathrooms, showers, laundry facilities
    j. Provide access to mail services, telephone, internet
    k. Hire, supervise, and train all personnel
    l. Operate a diversion program
    m. Establish appeals process for individuals who have been asked to leave the shelter for failure to follow expectations

Continuum of Care

1. Consistently create opportunities for project partners to exit people from homelessness by creating additional units of permanent supportive housing, reallocating funding from low-performing existing providers, and developing an effective dynamic prioritization plan
2. Facilitate access to services and housing via Coordinated Entry
3. Facilitate collection of data, and use of this data to drive program and system outcomes, using the Homeless Management Information System
4. Evaluate community needs and determine appropriate application of dynamic prioritization for key subpopulations
5. Promote flexible use of available housing resources, including prioritizing rapid rehousing beds for highly vulnerable people as bridge housing into permanent supportive housing

Project Performance Measures

To determine the impact of the emergency shelter, project leadership must establish key performance metrics. Initially, staff must establish a baseline measurement against which future improvement can be measured. These metrics support the CoC's System Performance Measures, and include:

Emergency Shelter

Outputs

1. Provide safe shelter for up to 100 people a night in accordance with established CoC standards
2. Maintain an average shelter utilization rate of at least 90%
3. Provider will report monthly:
   a. Total number of unduplicated people using shelter services
   b. Bed utilization rate (calculated as total nights of shelter/total number of beds/days in the month). **Benchmark: Utilization ≥ 90%**

Outcomes

1. Provider will move a minimum of 150 (max capacity) people into permanent housing annually, including diversions
2. Provider will divert a minimum of 10% of people seeking shelter annually into alternative housing arrangements
3. Provider will maintain a housing retention rate of ≥ 80%
4. Provider will report monthly:
   a. Number of individuals moved into permanent housing, by housing type, as shown in HMIS. **Benchmark: Housing placements ≥ 150/year**
   b. Number of individuals diverted from homelessness
   c. Diversion rate, calculated as total number of diversions/total number of intakes of individuals seeking shelter. **Benchmark: ≥ 10% diversion rate (Year 1; Year 2: 15%)**
   d. Average length of stay in emergency shelter program, reported as individuals staying ≤ 30 days, 31-60 days, or 61+ days. **Benchmark: Set baseline in year 1, and measure improvements in subsequent years**
   e. Number of individuals who do not return to homelessness within the CoC within 12 months, calculated as total number of unique housing placements/total number of housing placements. **Benchmark: 80% of individuals do not return to homelessness within one year**

Additional Recommendations

The following recommendations will improve program outcomes at the shelter:

Prioritize Work That Ends Homelessness

For programs to be housing-focused, all engagements must be centered around ending homelessness. Having staff who are encumbered by a constant need for rule enforcement or basic needs provision not only fails to meet the housing needs of people seeking assistance, it can create an adversarial relationship between staff and guests. Staff can help individuals meet their basic needs to the greatest extent possible, but should always prioritize those interactions that focus on ending a person's homelessness. In many shelters, staff fall back on a strong desire to focus on helping people meet their daily needs. This is a critical piece of service provision, but ineffective at obtaining appropriate housing outcomes. All staff that encounter guests on a daily basis must be competent in positive engagement and motivational interviewing in order to move guests through the stages of change. Staff must support guests as they move through the shelter and exit into housing (Culhane & Metraux, 2008).

This support is a collaborative process, wherein staff focuses on the strengths of each guest, rather than the deficits, and emphasizes the power people have to change their situation. That said, working in service to others can easily devolve into a power-over relationship considering staff are, unavoidably, gatekeepers to services, resources, and information. Helping professionals must be aware of this dynamic and work toward a collaborative relationship. There must be a zero-tolerance policy for any staff holding power over program participants. We have to meet people where they are. That includes having housing conversations in the shelter, in common areas, and while people are waiting in line. Training to develop competency in trauma-informed care must be required of all staff. This will help staff recognize that shelter users are experts in their own lives, maintain awareness of the collaborative nature of required solutions, and reduce conflicts with participants who have experienced disempowerment in other social service settings.

Ultimately, this boils down to one thing: Be good at what you're good at. Emergency shelters must address the needs of different people in different ways. At the core, all users of shelter should be able to expect access to safe, clean shelter and basic needs; and coordination with other service providers through the Continuum of Care. Beyond that, higher-needs people receive a different type of service that facilitates their connection with rapid re-housing and permanent supportive housing providers in the community.

Implement and Enforce a Length-of-Stay Policy

An effective emergency shelter plays a key role in the *process* of ending someone's homelessness; it is not, however, a destination. Without a length-of-stay policy, shelters quickly become hostels at best and assisted living facilities at worst. Other shelters in the community have become long-term destinations for people without housing. Shelter utilizers can become acclimatized to the environment. This can foster complacency and comfort in their homeless routines.

Without a time-bound goal and emphasis on moving forward toward resolution of their homelessness, there is little incentive or motivation to leave the emergency shelter. A 30-day limit with a potential extension to 90 days with week-by-week extensions fosters urgency and an atmosphere that shows that ending homelessness is not only possible but likely for even the most hard-to-serve guests. Once a length-of-stay policy is established, staff can implement changes based on the needs of program participants, such as a progress-based length of stay or variable lengths-of-stay based on vulnerability.

Collaborate Across Teams to Promote Housing

The goal of ending homelessness for people using shelter services requires a collaborative approach across teams. Intake/Diversion staff, Case Managers, and Direct Service staff should use consistent messaging related to housing expectations with guests. The leadership team should leverage the strengths of each team in a way that promotes greater collaboration.

The proposed shelter entry/exit process above outlines a way forward that involves shared housing goals across all teams. Frequently, direct service staff feel left out of the housing process, and without appropriate collaboration can begin to feel resentful of the more "glamorous" nature of the housing work while feeling relegated to an enforcement role.

The process also promotes collaboration between teams. Housing staff can coordinate with direct care staff to remind guests of upcoming appointments or tasks they need to complete. Direct care staff can communicate directly with guests about the housing process ("I heard you went to speak to a landlord today - how did it go?") and share information back to the housing team. Direct Care staff can provide critical information to the diversion/intake team that they pick up in conversation as they complete their daily rounds ("Did you know that person X has a brother in Alabama? He knows he would help him, but he's reluctant to call").

Clarify Employee Expectations

As shelter staff implement low-barrier policies and practices to improve housing outcomes, there will likely be some resistance from veteran caseworkers who have grown accustomed to doing things in a certain way. This is to be expected, and while you can provide opportunities for learning, growth, and service improvements, not everyone will want to take advantage of this, instead preferring to stick to "the old way."

Leadership can directly address some of these issues by clarifying the expectations of all staff. We spend a lot of time informing program participants what we expect from them. Our teams deserve the same clarity. As a starting point, we recommend including the expectations below in the contracted operator's employee handbook (originally adapted from Crossroads Rhode Island):

1. Treat your engagements with each guest as a privilege
2. Know the mission, vision, and values of our organization, and put them into practice every day
3. Be non-judgmental in all your interactions, and never impose your own values and beliefs on guests
4. Make all of your engagements trauma-informed and actively work against re-traumatizing people
5. Engage in conversation with people, and never yell
6. Only share confidential information when you have consent to do so, and only when it increases the likelihood of that guest getting housing
7. Separate whatever may be adversely impacting your personal life from impacting your professional life
8. Be present in the lives of others. Demonstrate empathy in your engagements with people that use our programs
9. Keep engagements focused on permanent solutions to each person's homelessness

Establish Baseline Training

All staff, regardless of position in the organization, need a baseline understanding of how to communicate with and support the people they serve. At minimum, all shelter staff must be trained in the following areas:

1. Nonviolent communication
2. Conflict deescalation techniques
3. Trauma-informed care

4. Motivational interviewing
5. Mental Health First Aid
6. Available referrals and community resources that support people in crisis
7. First Aid/CPR
8. Harm reduction, including overdose response and reversal
9. Restriction of service (ROS) guidelines and grievance procedure

Nonviolent communication training focuses on effective communication skills to make sure participants feel heard and understood, with an emphasis on depersonalizing interactions, fostering a rational detachment, and listening for the identification of unmet needs. Techniques for effective, non-punitive crisis intervention are critical. Staff must be equipped with de-escalation techniques to support people in crisis.

Underlying all of this, staff must view all of their interactions through the lens of trauma-informed care, a holistic, person-centered approach that shifts their perspective from "what's wrong with this person?" to "what has happened to this person?" Motivational interviewing training fosters the collaborative, goal-oriented approach that utilizes the language of change in order to move through the stages of change and end their homelessness. And through it all, leadership should support staff's embrace of self-care through awareness campaigns, workshops, and training on the effects of vicarious trauma and burnout.

Implement a Good Neighbor Policy

In response to ongoing NIMBY (not in my backyard) concerns, homeless service providers have begun to develop "Good Neighbor" policies to reduce opposition to new homeless services. These policies take the form of community agreements that establish a shared understanding of how the shelter will operate, how the area around the shelter will be managed, and how issues will be addressed. A sample Good Neighbor Policy is included as Appendix B.

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Appendix A: Sample Shelter Expectations

SAMPLE EMERGENCY SHELTER EXPECTATIONS

General

- Guests may stay in emergency shelter programs for up to 30 days. **Extensions will be granted for individuals who are making progress on housing.** Exits can occur before 30 days if no progress toward housing is being made.
- Please meet with your Housing Specialist within 48 hours of entering the shelter. If you have been in the shelter before, you will have the same Housing Specialist.
- No food or drinks (other than water) are allowed in sleeping areas.
- Guests must use beds and bedding provided.
- Guests may not switch or trade beds.
- No smoking is allowed in any emergency shelter areas.
- [Shelter name] is not responsible for the property of shelter guests.
- The sleeping areas are a “quiet zone.” Please use headphones when using devices.
- Guests must keep their sleeping areas clean, including sheets and blankets.
- Guests are responsible for maintaining their personal hygiene.
- Guests are assigned a locker and allowed **2** bags of personal effects

Check-in and Absences

- All guests must be in their assigned beds no later than 9 p.m. If you are working, please make sure your Housing Specialist knows your schedule so we can accommodate you.
- If you are not in your bed for check-in by 9 p.m., you may be exited so your bed can be assigned to someone else.
- If you are exited from shelter programs and do not gather your belongings, they will be packed up and held for 72 hours before being recycled or thrown away.

Guest: _____ _____ _____
Printed Name Signature Date

Staff: _____ _____ _____
Printed Name Signature Date

Note: Staff must read this entire document to guests at intake.

If you have any questions about any of these expectations, please ask your Housing Specialist at your first meeting.

Appendix B: Good Neighbor Policy

Good Neighbor Policy Template

[Shelter Name]
[Shelter Address]

Introduction
[Organization Name], in partnership with the City of [City Name], is committed to providing a safe and supportive environment for our most vulnerable residents. The success of [Shelter Name] relies on the participation, collaboration, trust, and goodwill of our neighbors, shelter employees and guests, the business community, city officials and employees, and other public agencies. This Good Neighbor Policy outlines community agreements to ensure mutual respect and cooperation.

Background
This Good Neighbor Agreement Template (referred to as "agreement") was developed by [Organization Name] and community stakeholders to address neighbor concerns that often arise when new resources to support those experiencing homelessness are developed or expanded within a community.

Parties to the Agreement
Parties to this agreement include business and residential neighbors living around [Shelter Name] and as represented by their neighborhood association, business association, and other key stakeholders.

- [Name] Neighborhood Association
- [Name] Service Providers
- [Name] Area businesses or business associations or chambers of commerce
- [Name] Other stakeholders such as schools, churches, Parks and Recreation, etc.

Boundaries of this Agreement
[Describe area with geographic border, and/or attach map]

Legal Status of Agreement
Parties to this agreement are committed to maintaining the safety and livability of the area; it is to this end they enter into this agreement. All participants understand this agreement is not a

legally binding contract, nor is it intended to be. Further, all parties acknowledge that they have been advised and given time to review and present this document to independent counsel.

Purpose, Assumptions, & Goals

The purpose of this agreement is to identify ways for community stakeholders to work together to address potential impacts of [Shelter Name] and to formalize the goodwill and positive working relationships between stakeholders for the benefit of all neighbors.

Assumptions

- All neighbors have the right to feel safe and welcome.
- All neighbors have the right to safe and quiet enjoyment of their properties and public spaces.
- All neighbors have the right to access available community resources, services, and public facilities to meet their needs.

Goals

- Initiate and maintain open communications and understanding among all parties.
- Encourage all parties to be proactive and ready to respond to concerns that may arise.
- Develop procedures or protocols for resolving concerns and problems.
- Enhance neighborhood safety while promoting access to services.
- Reduce crime, fear of crime, and nuisance complaints within the neighborhood.

Shelter Operation

a. [Contracted Organization] will manage daily shelter operations.
b. Access to the shelter will be restricted to approved guests only.
c. Guests must adhere to quiet hours (9 p.m. – 7 a.m. daily) unless there are mitigating circumstances.
d. Admission to the shelter is by [walk-in/referral] only, prioritizing individuals in the immediate vicinity, senior citizens, and [subpopulations prioritized by the Continuum of Care].
e. Services will be guest-centered and include case management, financial and non-financial resources, medical and behavioral health services, substance abuse treatment, employment support, and more.
f. The site is restricted to guests, service providers, and staff only; no visitors are allowed.
g. Drug use and sales are strictly prohibited on or around the shelter premises.
h. No amplified sound is allowed on the shelter site.
i. Noise from outdoor activities will be kept to a level consistent with the neighborhood to minimize impact.

j. The area around the shelter will be kept clean, with no visible negative impact on the neighborhood.
k. Guests may only smoke in designated areas and must dispose of cigarette butts properly.

Shelter Staffing & Security

a. The shelter will be staffed 24/7 by [Contracted Organization].
b. Staff will be experienced in working with vulnerable populations, including those with mental health issues, and trained in cultural competencies, de-escalation techniques, and trauma-informed care.
c. Staff training will include conflict deescalation, crisis prevention, Mental Health First Aid, Harm Reduction principles, and other relevant areas.
d. Security cameras will monitor the shelter campus and perimeter.
e. Any guest threatening the safety of staff or the public will be discharged from the program.
f. The shelter will be enclosed by a fence with one primary monitored entrance and exit.
g. Guests' belongings will be [insert shelter search policy].
h. Loitering, camping, and informal food and clothing distribution around the shelter will not be allowed.
i. Crime Prevention Through Environmental Design (CPTED) strategies will be used to address areas of vulnerability.

Community and Coordination with the Neighborhood

a. Regular community meetings will be hosted to provide updates on shelter operations and to gather feedback from neighbors and businesses.
b. This agreement will be updated as needed to address the impacts of the project on the surrounding neighborhood.

Communication Protocol

a. Communicate directly and with respect and civility to the individual, shelter, business, or applicable association or service provider whenever possible.
b. Meet approximately 90 days after shelter/facility opening to review agreements and problem-solve issues that may have arisen.
c. Create an opportunity for service providers and residents to speak at upcoming neighborhood association meetings.
d. Livability issues should be addressed by associated parties to this agreement as soon as possible once notified via email, phone, or in-person communications.
e. When issues or concerns related to this agreement are not resolved, participants agree to seek mediation services with the support of the neighborhood association prior to pursuing other remedies.

Service Provider Agreements

a. Offer ongoing services that support guests in achieving long-term personal goals that contribute to their self-sufficiency.
b. Train staff to address guest needs with a trauma-informed approach, motivational interviewing, de-escalation skills, and conflict resolution skills.
c. Encourage guests to be good neighbors by abiding by the facility/shelter code of conduct.
d. Encourage guests/residents to reduce litter and provide opportunities for litter patrol.
e. Assign staff or residents to pick up litter in the perimeter on a regular schedule.
f. Provide regular trash disposal.
g. Ensure that guest/resident belongings are not left on sidewalks.
h. Designate smoking and outdoor space on facility/shelter property.
i. Designate parking and outdoor space on facility/shelter property.
j. Encourage residents to have a sense of ownership in the neighborhood and pride in their residence.
k. Hold guests/residents responsible for their actions.

Neighborhood Association Agreements

a. Serve as a point of contact for neighborhood residents with questions or concerns about the shelter/facility.
b. Elevate neighbor concerns to the appropriate party in a timely manner.
c. Educate the neighborhood on this agreement and the best ways to resolve concerns positively.
d. Invite and welcome service providers and shelter residents to attend neighborhood association meetings and offer regular updates on the facility's successes.
e. Engage in ongoing problem-solving with parties to this agreement to maintain clear lines of communication and an orientation to problem-solving.

Business/Business Association Agreements

a. Maintain open communication lines with parties to this agreement.
b. Communicate concerns about unneighborly behavior when they relate to known guests/shelter guests.
c. Direct questions/comments from staff and customers to the shelter provider efficiently and timely.
d. Report any issues related to the physical or structural aspects of shared or adjacent spaces to the shelter provider/facility immediately.

Law Enforcement Agreements

a. Maintain open communication with parties to this agreement.
b. Enforce laws according to policies and resources.
c. Provide education about the role of law enforcement as it relates to the homeless crisis.

Signatories

_____ _____

_____ _____

Suggested Attachments

- Contact Lists
- Code of Conduct
- Map