

Texas Balance of State Continuum of Care

CoC General Meeting, March 13, 2019

NOTES

CoC Member attendees: [see attached list](#)

CoC Staff at THN: Jen Beardsley, Kraig Blaize-Fiero, Sophia Checa, Matthew Devine, Tiffany Hart, Kyra Henderson, Antonio Kufoy, Lindsay LaGrange, Victoria Lopez, Mollie Lund, Elena Lusk, Marissa Ortega, Mary Stahlke, Jim Ward, Andrew Willard, Kristin Zakoor

Link to meeting recording: <https://thn.adobeconnect.com/pqkfrtmfb7is/>

Lobby poll:

- 1.) I believe the role of emergency shelter in a crisis response system is _____.
- 2.) When any household enters shelter, the goal is to assist them to _____.

I. Welcome, Introductions, and Map

Sophia Checa, CoC Director, welcomed guests. THN staff were introduced, and attendees indicated their location on an interactive map.

Results of last month's poll about CoC General Meetings:

- Most frequent word used to describe the meetings: informative
- Favorite part of the meetings: opportunities to learn from other organizations and communities about how they're addressing homelessness
- Least favorite part of the meetings: meeting length
- Respondents would like to change to virtual meetings held only twice per year and regional, in-person meetings held during the other months of the year
- Respondents would travel up to two hours to attend regional meetings

Please subscribe to the CoC newsletter, where announcements, funding opportunities, and "save the dates" are listed. Subscribe at <https://www.thn.org/updates-and-events/sign-news-updates/>.

Congratulations to Abilene for meeting both the [Built For Zero](#) and [United States Interagency Council on Ending Homelessness](#) (USICH) metrics for making veteran homelessness rare, brief, and non-recurring.

II. **Summary of prior meeting** – Staff highlighted topics from the [February meeting](#).

III. **How We are Ending Homelessness** -- With Emergency Shelter and Interim Housing

Pre-presentation poll questions were asked, and attendees responded to them

Data snapshot—Infographic about emergency shelter in the TX BoS CoC [\[see handout\]](#)

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- 92 emergency shelters across the CoC
- 3,682 emergency shelter beds
- 45% of the beds are prioritized for domestic violence survivors
- 2,881 persons entered into emergency shelter the night of the Point in Time (PIT) Count and Housing Inventory Count (HIC) in January 2018
- 46 days is the average length of stay (LOS) in emergency shelters in the TX BoS CoC
- 22.63% of persons return to homelessness within two years after exiting shelter
- 16.5% of people exit emergency shelter to permanent housing but 75% of people exit low-barrier emergency shelter to permanent housing

2:17 Staff gave a presentation on housing-focused emergency shelter and low-barrier shelter [\[see presentation\]](#). Highlights:

- Housing-focused emergency shelter results in more people exiting shelter to permanent housing
- Low-barrier shelter ensures just the right rules and expectations are in place so that people can be safely accommodated in shelter
- Engage shelter residents from a place of empathy
- Use a non-judgmental, strengths-based, trauma-informed approach
- Diversion is attempted with all participants, to help them identify any safe housing options so that they can avoid the homeless services system altogether
- Direct your efforts toward creative housing solutions
- "Housing-focused" does not equal "low-barrier" and vice versa
- Rules and expectations should promote safety and get people into housing as soon as possible.
 - Offer an option for pets
 - Allow people to access shelter regardless of substance use
- How to address times when a participant does not follow rules; 10-minute ban (like a time out), for person to calm themselves, not days-long or weeks-long ban
- Hold regularly-scheduled training on trauma-informed care for staff

[\[see the meeting materials regarding a funding opportunity and emergency shelter rules\]](#)

Staff facilitated a panel to discuss emergency shelter:

Kim Ogilvie, Social Services Director, The Salvation Army-Divisional Headquarters

- The Salvation Army (TSA) is working to be more housing-focused; shelter is a process, not a destination; shelter should only be used if it's the only option; engage in housing case management; assist the clients to assist their own situation, set goals, take action steps
- *What will diversion look like as TSA moves into this new role?* TSA will educate staff not to assume that everyone who comes to our door will stay at the shelter that night; shelter is not a housing option, and if people have other options, we should explore those with them.

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- Instead of calling our facilities “emergency shelter,” we might call them The Red Shield Center, which is a housing-focused center; using client self-determination to assist people to solve their own problems
- You can't work with people without realizing that maybe we're part of the problem. We don't want to be the problem. We're using trauma-informed care. Maybe we are re-traumatizing people because of our rules or policies in shelter. We don't want to base people's success on rules. We need only three rules: 1) No violence, no weapons, and no drug use on site. 2) Clean up after yourself and in shared areas. 3) Focus on your housing plan. “When you focus on housing, people get housed.”
- We call rules “good neighbor policies” or “community living expectations.”
- *What data were you seeing that prompted this shift? What can other providers look for as evidence that they might need to reconfigure?* Going forward, we're collecting more data. We came to this from a trauma-informed care and motivational interviewing approach. Some people have been in shelter for years, not only at TSA. Look how long people have been in emergency shelter, or come back every 90 days. Data from staff meetings, intakes, places of origin...too many people coming back and forth. People can do better when they're in their own place. It doesn't seem fair that we were their only option. We asked if people were leaving us better than when they arrived—mentally, physically, housing-wise.
- For more information, contact Kim at Kim.Ogilvie@uss.salvationarmy.org.

Katherine Bisson and Alexzandra Hust, Abilene Hope Haven
John Meier, West Central Texas Regional Foundation

- *Abilene has functionally ended veteran homelessness. What impact has low-barrier ES made?* JM: Having access to low barrier shelters is critical. The big change is that most of those low-barrier shelters are addressing the housing crisis with housing plans. Their focus is finding a solution to the housing crisis. Diversion takes some of the stress off the flow into emergency shelter and into the crisis intervention system. That allows your system to use funding to serve the most vulnerable people.
- *How receptive has the community been to your low-barrier ES?* AH: Community partners are supportive, and they see that it's making a difference. Some may have a stigma against low-barrier ES, which can be mitigated with training by our LHC.
- *Bridge to Home has not always been low-barrier. How did you make that switch? Words of wisdom?* KB: Just go for it. Do it and learn. Try things, get feedback. In 2016 our CoC Program funding was cut. In 2017 we opened as low-barrier ES, we had staff changes, we did a complete revamp of policies and procedures, and we had changes in funding sources to more private funding. When we tour potential funders, they see how we make the shelter a warm and welcoming environment for our participants. We made changes in paint and décor to more neutral colors and less looking like an institution. There is now more job satisfaction because staff don't need to be rule enforcers; they can develop relationships with their “neighbors.” Few rules, more choices, and access to housing-focused case management. So many

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people they serve almost don't believe them about not getting kicked out. They added a live-in staff position (hospitality coordinator) to build a better sense of community.

- *Which resources did you use when making those changes that you found helpful?* KB: National Alliance to End Homelessness (NAEH) and Facebook groups; no other organizations in our community were doing this
- *What does "prioritized access" look like?* AH: Prioritization based on chronic homelessness (CH), domestic violence survivors, pregnant women, or families with children, but we have flexibility. We are identifying gaps in our community with the Coordinated Entry system.
- *How do you weave the voices of your neighbors [clients] into your service delivery?* AH: Include neighbors in the development of policies and procedures and their amendments. We hold house meetings once per month to review policies, and neighbors can give input on those. We just implemented a grievance process. If someone breaks policy, it opens a door to a conversation; it does not mean we have an opportunity to kick people out. A staff member is always available. Staff has an open-door policy. KB: When neighbors exit, KB sits down with each neighbor who's exiting, asks how their experience was and how their agency could improve,

Molly Voyles with Texas Council on Family Violence:

- MV: 80% of families who are homeless have experienced domestic violence. Every person on this call is likely serving survivors. Only 10-25% of people go to a victim services provider; so up to 90% of folks go to a housing provider. In Texas, a survey of 150 survivors, almost half of them had experienced homelessness twice or more because of domestic violence. About 25% of survivors who had never sought services had also experienced homelessness.
- 1 in 3 people in Texas have experienced family violence.
- *What can providers do to ensure that survivors receive comparable services as they would in a victim services provider?* MV: Be careful about how you're doing an assessment—1 in 3 people has experienced domestic violence. Hold a separate space for people to talk. Offer an immediate connection to a victim services provider. Everyone working in homeless services should be trained in family violence. Don't equate leaving with safety. There is a risk of lethality. Offer voluntary services; don't require people to participate in services.
- Training is critical for mainstream services providers. There is a link in the chat box to a webinar on safety planning. https://events-na5.adobeconnect.com/content/connect/c1/940408314/en/events/event/shared/2042976822/event_registration.html?sco-id=2040685299&utm_source=HUD+Exchange+Mailing+List&utm_campaign=bd7b8068a9-RT_Women_Experiencing_Homelessness_3.12.19&utm_medium=email&utm_term=0_f32b935a5f-bd7b8068a9-19493917



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- *What is different about "diversion" in the DV world?* MV: We don't agree with the word "diversion" because it seems like we're saying "no" to sheltering someone and possibly suggesting that they return to an unsafe situation. Putting housing first in every conversation. If there's any other place the person can stay besides shelter, offer that first. Focus on survivor choice.
- TCFV has recorded webinars that people can view. <https://tcfv.org/>

IV. Community Conversation – Emergency Shelter and Interim Housing

Post-test results

1. Appropriate destination – Street Outreach or all the above. Except for SO, permanent housing is the best destination.
2. What does low-barrier mean? Both A&C
3. Role of ES – 65% true, 35% false. Quite often, people have the life skills to be successful in housing. Our role is to help people to obtain housing, and rely on community partners to help people maintain housing. Experts would not say that life skills is the most important focus of emergency shelter; it's helping people get into housing.

Moving to become a low-barrier shelter is hard work. It's important to get neighbors involved. Mid-Coast has made some participant-friendly changes in that they no longer has curfews or chore requirements, and they allow pets.

The role of the housing crisis response system (HCRS) related to survivors: a high number of domestic violence survivors are served by the homeless services system, not by a victim services provider. We need to provide them with services comparable to what they would receive from a victim services provider.

V. CoC Priority Projects

- a. HMIS
 - i. SPMs – working on clean up, so if you receive an email, please reach out to us; let us know how we can be of assistance
 - ii. Data Security webinars – if you need to attend, you've already received an invitation; please put the dates on your calendar and plan to attend this important yearly training
 - iii. New staff member, Lindsay LaGrange, Trainer
- b. Data
 - i. The PIT Count data is partially finalized. 34 communities participated, and we need to extrapolate the data for the other counties
 1. 34 communities participated in 2019, up from 31 in 2018

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2. 4,750 surveys were completed in 2019, down from 4,757 surveys completed in 2018
 3. There was a 10% decrease from 409 chronically homeless persons in 2018 to 369 chronically homeless persons in 2019
 4. 297 veterans were surveyed in 2018, compared to 219 in 2019 (a 26% decrease)
 5. In 2018 526 survivors of domestic violence were counted, but that number decrease by 13% to 460 survivors in 2019.
- ii. Housing Inventory Count (HIC) – we need your help to complete the data; send to kyra@thn.org
- c. Systems Change
- i. Abilene has reached functional zero on veteran homelessness; started with a 100-Day Challenge; testament to what systems change can do in a community
 - ii. CE Steering Committee – nominations have been finalized; Tiffany sent a poll to schedule meeting times
 - iii. CE Unplugged—next call April 9th at 10:00 Topic: role of other system providers in CE—victim services providers
- d. CoC Program
- i. Scorecard released April 1, due April 30. Date range 4/1/18-4/30/19
 - ii. CoC RRH Work Group will hold first meeting 3/21 at 10:00; for CoC Program-funded RRH providers; will be held every third Thursday
 - iii. CoC Program Registration was submitted 3/3, telling HUD that the TX BoS CoC will apply for CoC Program grant funds. Next steps: Grant Inventory Worksheet (GIW) and Notice of Funding Availability (NOFA)
 - iv. New Project applicant webinar 4/23; open to anyone who wants to learn more; RRH, PSH, Joint TH-RRH, CE-SSO; We'll explain all those acronyms in the webinar. Renewal projects may attend if they want to apply for a new project. [registration link](#)
 - v. Changes to the CoC Written Standards were approved by the CoC Board in February. THN will host webinar on 4/4 to discuss the changes. All CoC Program-funded RRH providers are asked to attend, to wrap up the RRH Collaborative with CSH.
- e. SSVF
- i. Rapid resolution plans need to be submitted to Mollie Lund at Mollie@thn.org by 3/18.
- f. ESG
- i. TDHCA has revised the Texas Administrative Code (TAC) that governs the ESG Program and changes to the Monthly Performance Report (MPR); stay abreast of State ESG by signing up for TDHCA's emails at <http://maillist.tdhca.state.tx.us/list/subscribe.html?lui=f9mu0g2g&mContainer=2&mOwner=G382s2w2r2p>.

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- g. LHCs
 - i. The next calls with LHC Chairs will happen in the last week of April. They will be on criminalization of homelessness – how to partner with local police and how to talk with local officials about criminalization.
 - ii. We're seeking communities with experience addressing homelessness and transitioning from a rural community to a more suburban community, to inform other BoS communities. How did your LHC adjust to the growing population? Contact Jen Beardsley at jen@thn.org
- h. Governance
 - i. The CoC Board approved changes to the Governance charter. The revised charter will be posted on THN's website soon.
 - ii. We will open public comment for our annual review of governance documents this summer, and we want CoC member input, to share with the Board as they consider changes.

SC: It truly takes a team to steer this ship. I appreciate all of you at THN and all of you in the field.

VI. Next Meeting – Wednesday, April 10th, at 2:00, by webinar. Topic: Rapid Re-Housing (RRH)

3:29 Poll: How familiar are you with RRH? Most people responded that they "know some things" about RRH.

Staff were available on the webinar for 15 minutes after the meeting ends, for an open discussion on topics that attendees want to discuss.

March 2019 CoC General Meeting Attendance

Name	Attendance Status	Company Name
Norma Longoria	Attended	Family Crisis Center
Tiffany Ross	Attended	Community Action Committee of Victoria, Texas
Beth Rolingson	Attended	Advocacy Outreach
Samuel Anzaldua	Attended	Brownsville Literacy Center
Nathaniel Dears	Attended	Denton County MHMR Center
Kim Ogilvie	Attended	The Salvation Army TX Headquarters
Andrea Omojola	Attended	Open Door
Christy Plemons	Attended	The Salvation Army
Rebecca Bromley	Attended	Neighborhood Development Corp.
Dalila De La Cruz	Attended	WestCare Next Step
Chesley knowles	Attended	Community Healthcore
David peters	Attended	East Texas Sheltering Arms Coalition
Michelle Huff	Attended	Journey towards Wholeness
Anne Spanyers	Attended	Advocacy Outreach
Zee Carroll	Attended	City of Texarkana
Marsha Wilson Rappaport	Attended	The Children's center
Daisy Lopez	Attended	Friendship of Women Inc.
Veronica G Hernandez	Attended	Border Region Behavioral Health Center
Arturo Garcia	Attended	City of Laredo
Laura Zavala	Attended	Loaves & Fishes RGV, Inc.
Dianeth Rodriguez	Attended	Tropical Texas Behavioral health
Melinda Baker	Attended	Corpus Christi Hope House, Inc.
Gracie Perez	Attended	South Plains Association of Governments
Jessica McMurray	Attended	Families In Crisis
Jenny Wilson	Attended	United Way of Lamar County
Latisha Norris	Attended	Giving HOPE, INC
Ginny Stafford	Attended	Mid-Coast Family Services
Courtney Cross	Attended	United Way of Denton County, Inc.
John Meier	Attended	WCTRF-SSVF
Susy Venegas	Attended	South Texas Development Council
Melissa Juarez	Attended	Corpus Christi Hope House, Inc.
DEBRA WASHINGTON	Attended	The Children's Center, Inc.
Katherine Bisson	Attended	Abilene Hope Haven, Inc.
Jackie Ripper	Attended	Combined Community Action, Inc.
Mercedes Cardenas	Attended	Chosen Ones Outreach Ministries
Melissa Rawlins	Attended	CHAYAH
DeJernel Adams	Attended	TAN Healthcare

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Sabrina Lang	Attended	Community Healthcore
Ruby DeJesus	Attended	The Salvation Army
Alaina Marcum	Attended	Mission Texarkana
Melissa Escamilla	Attended	Endeavors
Jennifer Wenger	Attended	City of Corpus Christi
Vicki Smith	Attended	Community Action Committee of Victoria, Texas
Taylor Cameron	Attended	Denton County Friends of the Family
Penny Hniguira	Attended	The Salvation Army
Lyzette Limon	Attended	City of Laredo Health Department
Kayla Lima	Attended	South Texas Aging & Disability Resource Center
Melissa Gutierrez	Attended	Loaves & Fishes of the Rio Grande Valley, Inc.
Molly Voyles	Attended	Texas Council on Family Violence
Reverend Lawson	Attended	The Chosen Ones Outreach Ministries of Galveston,
Ricardo Hinojosa	Attended	WestCare Foundation
Debra Huffman	Attended	Neighborhood Development
Lisa Griffin	Attended	Mid-Coast Family Services
coz lam	Attended	Choices Interlinking Inc.-Alliance for Hope
Debra Arsuaga	Attended	Corpus Christi Hope House
Dani Shaw	Attended	City of Denton
Damian Clark	Attended	Advocacy Outreach
Melanie Thornton-Lewis	Attended	Salvation Army Galveston County
Erika Thomas	Attended	Odessa Links
Tommy Lee Martinez	Attended	Loaves and Fishes of the RGV
Andrea Wilson	Attended	PATH
Crystal Garcia	Attended	Salvation army
Jean-Luc Perez	Attended	Texarkana Homeless Coalition
Monica Pena Rasmussen	Attended	La Posada
Marcela Cervantes	Attended	City of Laredo
Michelle Yates	Attended	La Posada
Carol Racz	Attended	Texana
Rebecca Ramirez	Attended	Families in Crisis, Inc.
Ruby Jones	Attended	Woman Inc.
Adrienne Arthur	Attended	Longview
Lauren Jones	Attended	Bastrop County Women's Shelter, dba Family Crisis Center
Stephanie Jerez-Rodriguez	Attended	Giving HOPE

TX BoS CoC General Meeting

Agenda
March 13, 2019, 2:00 p.m.

Lobby poll:

- 1.) I believe the role of emergency shelter in a crisis response system is _____.
- 2.) When any household enters shelter, the goal is to assist them to _____.

I. Welcome, Introductions, and Map of Attendees

II. Summary of prior meeting

III. How We are Ending Homelessness – With Emergency Shelter and Interim Housing

- Kim Ogilvie, The Salvation Army-Texas Divisional Headquarters
- Katherine Bisson and Alexzandra Hust, Abilene Hope Haven
- Molly Voyles, Texas Council on Family Violence

IV. Community Conversation – Emergency Shelter and Interim Housing

V. CoC Priority Projects

- a. HMIS
 - i. System Performance Measures (SPMs)
 - ii. Data Security webinars March 25th, 26th, and 28th
 - iii. New staff member, Lindsay LaGrange
- b. Data
 - i. Point In Time (PIT) Count
 - ii. Housing Inventory Count (HIC)
- c. Systems Change
 - i. Built for Zero
 - ii. Coordinated Entry Steering Committee
 - iii. CE Unplugged
- d. CoC Program
 - i. Quarterly Performance Scorecard
 - ii. CoC RRH Work Group meeting on March 21st
 - iii. CoC Program Registration
 - iv. New Project applicant webinar on April 23rd
 - v. CoC Written Standards webinar on April 4th

TX BoS CoC General Meeting

- e. SSVF Program
 - i. Rapid Resolution Plans to Mollie@thn.org by March 18th
 - f. ESG Program
 - i. Revised Texas Administrative Code (TAC) Rules
 - g. LHCs
 - i. Scheduling survey for next round of regional calls with LHC Chairs
 - ii. Seeking expertise on communities transitioning from rural homelessness to suburban homelessness
 - h. Governance
 - i. Changes to Governance Charter and CoC Written Standards approved by Board
 - ii. Annual review of governance documents – public comment soon
- VI. Next Meeting** – Wednesday, April 10th, at 2:00, by webinar. Topic: Rapid Re-Housing (RRH)
Poll: What is your familiarity with RRH?

Staff will be available on the webinar for 15 minutes after the meeting ends, for an open discussion on topics that attendees want to discuss.

Everyone is invited to participate in CoC General Meetings.

The State of Emergency Shelters Across the TX BoS CoC

92

The number of
Emergency Shelters
across the TX BoS CoC.

3,682

The number of
shelter beds across
the TX BoS CoC.



45%

of shelter beds in the TX BoS
CoC are prioritized for
Domestic Violence Survivors



2,881

The number of persons
entered into Emergency
Shelter across the
TX BoS CoC on the night
of the 2018 Point in Time



46

The average length of
stay in Emergency
Shelters across the
TX BoS CoC.

22.63%

The percentage of returns to
homelessness in 2 years.

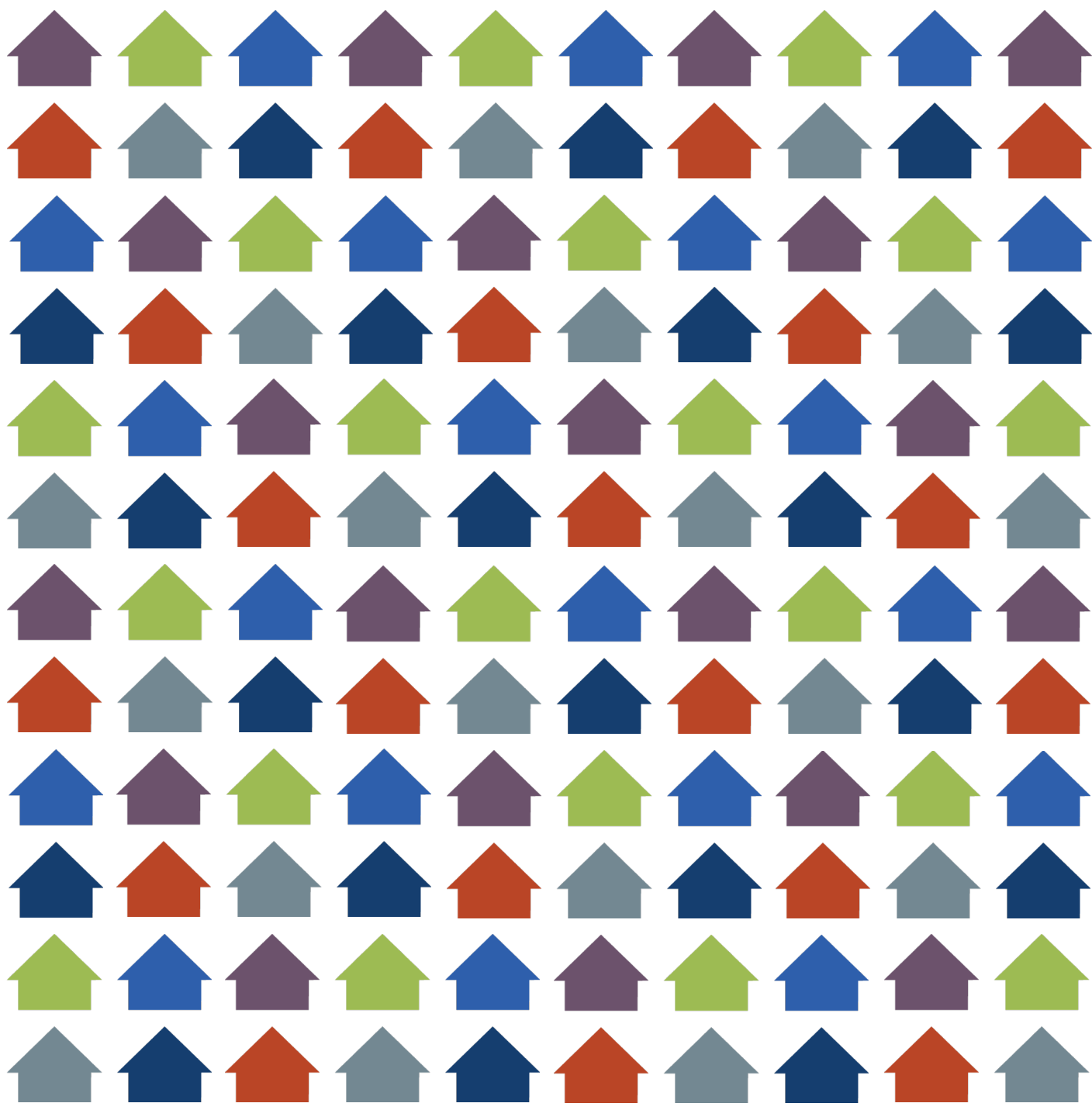
70%

The Percentage of exits to
Permanent Housing from a
Low Barrier Shelter in the TX
BoS CoC

16.5%

The percentage of
exits to Permanent
Housing across the
TX BoS CoC.





Emergency Shelter

Strategies For Change

thn.org

Low Barrier Shelter

What is appropriate to require at entry to shelter:

- Background checks?
- Income at entrance?
- Making individuals pledge their motivation to change?
- Sobriety checks?
- Residency Requirements?
- Requiring life skills/budgeting courses?
- An identification card?
- No pets?
- Specific Populations?
- Family Separation?

Are you screening people in or out?



Housing Focused Shelters:

- Divert participants from homelessness when safe to do so
- Emphasize finding permanent housing while in shelter
- Intake conversations stress housing-focused importance
- Present new ideas for housing frequently until a plan sticks
- All staff play a role in clients housing plan
- Prioritize housing plans before life skills / budgeting
- Low barrier shelters focus on community expectations over shelter rules.
- Emphasize linkages to Permanent Housing



Shared Characteristics of Low Barrier & Housing Focused Emergency Shelters



How can you retool your rules?



- Focus on respect in behaviour, not punishment for actions
- Use a trauma-informed approach
- Use restrictions and barring sparingly, and always connect people to alternative resources as best as possible
- Know your own values and beliefs; but, not impose those on others
- Accept people without judgment
- Treat guests' belongings respectfully
- Encourage access to basic needs like hygiene with dignity
- Reinforce the strengths of each person
- Talk about housing and community integration
- Be transparent in how decisions are made with guests, not about them
- Circulate frequently throughout the shelter and actively engage with guests to encourage housing and promote hope
- Be sensitive to the power of your position

- Iain De Jong, OrgCode Consulting

Resources

So, You Think You're a Low Barrier Shelter...let's Check

Iain Jong

<http://www.orgcode.com/lbsc>

National Alliance to End Homelessness

Emergency Shelter Learning Series

<https://endhomelessness.org/resource/emergency-shelter/>

Housing Focused Shelter

Iain Jong

http://www.orgcode.com/housing_focused_shelter

NAEH Emergency Shelter Low-barrier Self- Assessment and Action Plan

<https://endhomelessness.org/resource/emergency-shelter/4-naeh-emergency-shelter-low-barrier-self-assessment-and-action-plan/>

Housing First Checklist: Assessing Projects and Systems For a Housing First Orientation

<https://www.usich.gov/tools-for-action/housing-first-checklist/>

Kim Ogilvie

MSW

**Director of Social Services,
The Salvation Army**

**Katherine
Bisson**

**Executive Director,
Abilene Hope Haven**

**Alexzandra
Hust**

**Program Director,
Abilene Hope Haven**

Molly Voyles

**Public Policy Manager,
Texas Council on Family
Violence**

	Low Barrier, Housing Focused Shelter Philosophy	Practices	High Barrier, Transitional Shelter Philosophy	Practices
Safety and Order	<ul style="list-style-type: none"> • Consider the safety of household if unsheltered • Believes excessive rulemaking and can be traumatizing to some survivors of domestic violence • Violating rules not necessarily cause for discharge 	<ul style="list-style-type: none"> • Very few criteria for people they will not accept • Staff trained in conflict resolution and de-escalation techniques try to avoid discharge for out of control behaviors 	<ul style="list-style-type: none"> • Consider the safety of clients and staff in shelter • Addresses safety concerns by minimizing loss of control over environment • Violation of rules are grounds for discharge 	<ul style="list-style-type: none"> • Restrictive criteria that requires sobriety • Clients discharged because they are not able to follow the rules, sometimes not allowed to return for long periods of time
Substance Use	<ul style="list-style-type: none"> • Believe temptation for people in recovery is everywhere and that shelter cannot truly protect anyone from it • Believes it is not necessary for households to be clean and sober to obtain or maintain permanent housing • See people using substances as more vulnerable to harm if unsheltered 	<ul style="list-style-type: none"> • Accepts people who are intoxicated • Staff trained in harm reduction, recognize signs of a health crisis when people are intoxicated 	<ul style="list-style-type: none"> • Believe allowing intoxicated people in shelter will threaten the sobriety of people in recovery • Believe they are better able to help people who are clean and sober 	<ul style="list-style-type: none"> • Does not accept people who are intoxicated, conducts breathalyzer or drug tests
Exit to permanent housing	<ul style="list-style-type: none"> • Sees the primary purpose of entire organization, including shelter, as quickly exiting people back to permanent housing 	<ul style="list-style-type: none"> • Resources are invested in, and reallocated to, rapid re-housing or financial assistance to expedite exit to housing • Messaging to clients clear that the goal is to return to permanent housing as quickly as possible, the shelter is not your home • Within a few days after entry, every person is assisted to create a plan 	<ul style="list-style-type: none"> • Sees the primary purpose of shelter as supporting people to gain employment, increase income, and stay sober while resolving their own housing challenges 	<ul style="list-style-type: none"> • Very few resources invested in rental subsidies, housing location, or financial assistance • Messaging to clients is around the need for self-improvement, signage in shelter may say “welcome home”

		to rapidly exit to housing		
Case Management and Services	<ul style="list-style-type: none"> Case management in shelter is focused on connecting people to housing as quickly as possible 	<ul style="list-style-type: none"> Services in shelter are minimal and focused on obtaining housing, services once households exit to housing are home-based and focused on housing stability Clients drive their case plans and develop their own goals for obtaining housing Continued stay in shelter is not contingent on participation in case management 	<ul style="list-style-type: none"> Case management in shelter is focused on helping people obtain employment, increase income, and learn life skills 	<ul style="list-style-type: none"> Services in shelter are robust as funding allows, some “after care” services once households exit shelter, but these are minimal Case plans are standardized and may be linear regardless of client’s unique situation Clients may be discharged for not participating in case management or accomplishing goals on case plan
Access	<ul style="list-style-type: none"> Weighs the expense of longer hours of operation against the increased time to engage with clients and the safety of clients during the day Believe people who are more difficult to accommodate are least likely to find shelter elsewhere and more likely to sleep outside if not accommodated 	<ul style="list-style-type: none"> Shelter access is 24/7 Clients are not required to pay for shelter beds Allow people to store belongings People are not turned away because they have pets that are not service animals Couples without children can remain together 	<ul style="list-style-type: none"> Believe clients should be out working towards goals such as employment, and should not remain in the shelter Limitations on space, staff time, and other concerns make it impossible to accommodate everyone 	<ul style="list-style-type: none"> Clients must leave shelter during the day Cannot accommodate people with pets Sleeping areas are not conducive to couples without children remaining together

Characteristics of Low Barrier & Housing Focused Emergency Shelters

non-discriminatory

Equal Access

Meaningful participation from people with lived experience

Shelter
Expectations replace
Shelter Rules

**Screen
People
In &
Not Out**

*Housing
Plans
Before
Budgeting
or
Life Skills*

*Prioritized
Access*

A Goal of
Housing in
90
days or less

Does not require:

- Background Checks
- Income at entrance
- Sobriety Checks
- Residency Requirements
- Identification Cards

Emergency Shelter Self-Assessment

Immediate and Low-Barrier Access to Shelter

- 1. The eligibility criteria to enroll in our shelter is low-barrier, and does not exclude people who have criminal histories, a lack of income, or currently use drugs and/or alcohol.**
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
 - I don't know

- 2. Shelter participants are not required to participate in services or do chores to stay in shelter.**
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
 - I don't know

- 3. We do not permanently ban people for anything other than violence or theft.**
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
 - I don't know

- 4. Our shelter is compliant with the HUD Equal Access Rule and is open to all eligible individuals regardless of sexual orientation, gender identity, or marital status.**
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
 - I don't know

5. Our family shelter space can accommodate different configurations of families, such as allowing a male head of household or teenage son to stay in the same room with the rest of the family.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I don't know
- N/A

6. Our shelter is open 24 hours a day, 7 days a week to provide easy and immediate access for participants any time of the day.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I don't know

7. Our shelter does not make people leave every morning at a certain time, stay outside until evening, and line up for their beds every night.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I don't know

8. We provide training for board, staff, donors, and community members on why a low-barrier model is a more effective way to serve people who are experiencing homelessness in our community.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I don't know

Action Plan for Providing Immediate and Low-Barrier Access to Shelter

Action Step <i>What needs to be done?</i>	Responsible Person <i>Who should take action to complete this step?</i>	Deadline	Necessary Resources <i>What do you need in order to complete this step?</i>	Potential Challenges <i>Are there any potential challenges? How will you overcome them?</i>	Result <i>Was this step successfully completed? Any new steps to take?</i>



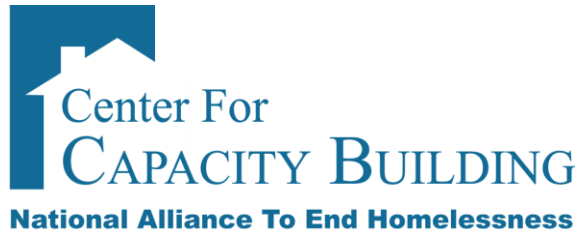
Crossroads Rhode Island cultivates desirable shelter resident behaviors by requiring/expecting program participants to:

1. Demonstrate responsibility for themselves, their actions, and their housing plan.
2. Store all prescribed and/or over the counter medication safely and responsibly.
3. Abstain from behavior that is disruptive and unacceptable to others. Examples include: verbal, physical, or sexual harassment, threats and/or violent behavior, nudity, possessing weapons, drug dealing, etc.
4. Keep bed and common areas clean. Excessive damage to the building may result in termination in the program.
5. Smoke only in designated areas.
6. Attend resident meetings and contribute to the Harrington Hall community.
7. You are responsible for your stuff and may not buy, trade and/or sell stuff with others within Harrington Hall.



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System Design

Menu of Change Strategies for a Best Practice Crisis Response System

Coordinated Entry with Diversion and Prevention

STRATEGY: COORDINATED ENTRY

Description: A coordinated entry system provides a single or coordinated method by which people at risk of or currently experiencing homelessness can find and access shelter, housing and services. Typically, the intake process includes outreach, a basic assessment, initial system intake (including eligibility determinations such as housing status), and program referral or program placements or reservations (such as shelter bed reservations.) The primary goals for an effective coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present.

Benefits:

- Clear entry point for homeless and at-risk people in the community
- Improved fit between clients and programs and services
- Greater opportunity for up-front diversion from homeless entry
- Faster access to beds and services for clients
- Reduction of duplication of effort for intake and data collection burden at participation agencies
- Better data and feedback about trends in demand, needs and gaps

Considerations:

- Consider different access options, including single location, phone-based (e.g. 211) paired with secondary intake at a site, or multiple locations using common assessment and intake process.
- Make decisions about placements into homeless assistance programs through the coordinated entry process instead of by individual providers.
- Use a common barrier assessment and prioritization tool and process for identifying resources and barriers to housing, and for targeting interventions to meet people's needs.
- Prioritize people with the greatest needs for any type of housing and homeless assistance available in the CoC, including PSH, Rapid Rehousing (RRH), and other interventions.
- Avoid screening people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record
- Lower screening barriers for housing and homelessness programs in partnership with the coordinated entry process

Needed for implementation:

- Funding for central functions and identified operator(s)
- Agreement on basis for a referral or placement to each program participating
- Common data system

- Common training
- Ability to maintain and revise tools and process
- Written eligibility and prioritization standards

Resources:

Coordinated Assessment Toolkit, <http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit>

Coordinated Entry Policy Brief, <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

STRATEGY: SHELTER DIVERSION

Description: Provides rapid assessment and immediate assistance to prevent shelter entry at the point of coordinated entry. For example, relocation to family or friends or relocating people being discharged from institutions that would otherwise enter shelter.

Benefits:

- Prevents the need for shelter entries
- Prevents disruptions to clients
- Preserves shelter beds for those who most need them
- Preserves housing situations that may be viable

Considerations:

- Directing prevention resources to the front door of coordinated entry
- Eviction prevention vs. homeless prevention

Needed for implementation:

- Diversion training and tools for coordinated entry staff
- Services and assistance that can be provided decoupled from shelter entry
- Landlord relationships
- Flexible financial assistance

STRATEGY: TARGETED PREVENTION

Description: Improving prevention programs to better target people likely to become homeless by using system data, targeted outreach methods, screening and greater program flexibility. Targeted prevention directs prevention resources to households *most likely* to enter the homeless system, not all households in danger of eviction or housing loss.

Benefits:

- Targets limited resources to those most likely to benefit from them
- Reduces homeless episodes
- Uses flexibility to provide the right amount of assistance instead of predetermined approach

Considerations:

- Prediction methods are challenging
- Commitment to constant refinement
- Stand-alone programs versus links to other prevention and re-housing assistance

Needed for implementation:

- System data system to develop targeting information and tools
- Flexible resources and ability to refer to more extensive services if needed
- Flexibility to adjust as necessary

Resources:

- *Homelessness Prevention: Creating Programs That Work (and Companion Guide)*, <http://www.endhomelessness.org/library/entry/homelessness-prevention-creating-programs-that-work>

Crisis Housing and Services

Strategy: Use emergency shelter and congregate transitional housing beds for crisis housing and services with a rapid-rehousing focus

Description: Implement a crisis housing system to alleviate a consumer's immediate housing crisis as a first step to being re-housed that includes emergency shelter, street outreach, and emergency health and crisis services.

Benefits:

- Shortens lengths of stay in homelessness system
- Reduces trauma
- Enables existing shelter beds to serve more people
- Assists households in accessing permanent housing quickly
- Provides a way to use existing housing stock of congregate transitional housing facilities to meet the crisis needs

Considerations:

- 24 hour crisis beds
- Low demand shelters
- Create a strong link between crisis housing and permanent housing resources
- Comprehensive street outreach
- How to best utilize existing congregate TH beds as crisis beds

Needed for implementation:

- Linkages to permanent housing
- Permanent housing is part of the initial assessment
- Strategies to feed persons from crisis beds into rapid re-housing quickly
- Strong linkages between street outreach and crisis beds

Resources:

The Role of Long Term, Congregate Transitional Housing in Ending Homelessness

<http://www.endhomelessness.org/library/entry/the-role-of-long-term-congregate-transitional-housing-in-ending-homelessness>

Rapid Re-Housing

Expand Rapid Re-Housing

Description: Implement a systemic plan to take the rapid re-housing intervention to scale by developing and expanding rapid re-housing strategies that quickly re-house families or individuals when they become homeless, generally to private market housing in the community.

Benefits:

- Shortens lengths of stay in homelessness/low cost per housing placement
- Reduces trauma
- Enables existing shelter beds to serve more people
- Provides support to households in their own housing

Considerations:

- Decision: Combine with shelter or operate as standalone programs?
- Identify funding for rental assistance and flexible resources
- Braid various funding sources together to take rapid re-housing to scale
- How to best utilize existing service network

Needed for implementation:

- Systemic standards for best practice including integration of the three core components of rapid re-housing
- New or reallocated funding resources
- Build community housing capacity by developing strong landlord relationships
- Home-based voluntary support services once people are housed

Resources:

Rapid Re-Housing: Creating Programs that Work,

<http://www.endhomelessness.org/library/entry/rapid-re-housing-creating-programs-that-work>

STRATEGY: TRANSITIONAL HOUSING RETOOLING

Description: A method for modifying transitional housing programs to provide other forms of assistance, including rapid-rehousing, transition-in-place, short-term crisis housing (emergency shelter), or permanent supportive housing.

Benefits:

- Shortens lengths of homeless stays for programs and communities
- Increases numbers of households that can be served with existing resources
- Brings system into better alignment with goals of the HEARTH Act and Federal Strategic Plan to Prevent and End Homelessness

Considerations:

- Requires buy-in from stakeholders, including program staff, board, funders
- Contract amendments for CoC and other funding
- Possible changes to target population

Needed for implementation:

- New staff job descriptions with staff training
- Restructuring plan

Resources:

Organizational Change: Adopting a Housing First Approach,

<http://www.endhomelessness.org/library/entry/organizational-change-adopting-a-housing-first-approach>

STRATEGY: REALLOCATING FUNDING RESOURCES TO INCREASE RAPID REHOUSING CAPACITY

Description: Shifting traditional shelter and transitional housing resources (such as ESG funds, CoC funds, state and private dollars) to expand rapid rehousing. When people who become homeless receive rapid re-housing assistance, beds turn over more quickly, and a reduced number of shelter beds can potentially serve the same number of people or possibly more.

Benefits:

- Moves clients from homelessness to housing faster and shortens lengths of stay
- Reduces need for shelter beds
- Possibly more community support because of reduced number of shelter facilities

Considerations:

- Challenging to convert fixed location costs to flexible costs
- Mobile services rather than site-based services
- Targeting rapid re-housing services to people who would have been medium or long term shelter users

Needed for implementation:

- Ability to redirect staffing and/or other shelter resources to RRH;
- Strong landlord relationships;
- Mobile services capacity;
- Quick access to flexible funds that will help with housing placement and upfront costs

PERMANENT SUPPORTIVE HOUSING

Strategy: Target Permanent Supportive Housing to the Most Vulnerable

Description: The chronically homeless are given priority for non-dedicated PSH beds as vacancies become available through turnover. All new and turnover beds are targeted to the chronically homeless populations with the highest needs.

Benefits:

- Increase progress towards ending chronic homelessness
- Preserves scarce PSH chronically homeless persons/families with the highest need
- Ensures that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH

Considerations:

- How will you identify those with the highest need for prioritization
- Would family PSH beds be better utilized for singles who are chronically homeless

Needed for implementation:

- Prioritization standards that are adopted by the Continuum of Care that all PSH providers must adhere to
- Systemic identification of the most vulnerable
- Assessment of all existing PSH units and re-use of all non-dedicated units as chronic beds
- Available housing units that are affordable to PSH tenants

Resources

Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

<https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>

Strategy: Increasing Positive Exits from Permanent Supportive Housing

Description: Assistance for tenants of permanent supportive housing who no longer need intensive services to move to other affordable (frequently subsidized) housing. Turnover and new beds targeted to chronically homeless populations with the highest needs.

Benefits:

- Preserves scarce PSH resources for chronically homeless persons/families with the highest need
- Builds on recovery movement approach to helping tenants continue to move toward greater independence

Considerations:

- How to identify PSH tenants ready and wanting to move to other housing

Needed for implementation:

- Assessment process to identify and determine readiness for tenants to move on
- Available housing units that are affordable to PSH tenants

Resources:

Moving On: Facilitating Tenants' Ability to Move from Permanent Supportive Housing to Other Housing,

<http://www.endhomelessness.org/library/entry/moving-on-facilitating-tenants-ability-to-move-from-permanent-supportive-ho>

GRANTS



PRESERVING FAMILIES: KEEPING PETS AND PEOPLE TOGETHER

APRIL 3 - APRIL 24



Purpose of category:

This grant will support programs that facilitate interventions for people and their pets at the point of imminent relinquishment or separation. The intervention takes place at a pivotal point of transition for the human, that will risk the bond between human and animal. The interventions have an identifiable time frame, such as short-term sheltering, may be co-located with a pet or human service agency, and provide a temporary service.

Types of animals served:

Any owned companion animal. These are animals that are kept primarily for a person's companionship.

Applicants should include one or more of the following:

- **Time frame:** Pet sheltering for short-term/identifiable time frame
- **Urgency:** Housing for moments of acute crises
- **Partnerships and collaboration:** Programs that involve collaborative partnerships between social services, animal welfare and/or for profit organizations
- **Leveraged infrastructure:** Co-housing that supports shelter for people and their pets or repurposed space in an animal shelter
- **Data collection:** Programs that are unique and innovative that have strong data collection and can build an example for other organizations

Grant Category FAQs

What are types of pivotal points of interventions we will fund? —

- Domestic abuse
- Deployment
- Incarceration
- Hospitalization/medical treatment/hospice care
- Housing crisis/housing transition/emergency homelessness sheltering

What are we unable to fund? —

- Food insecurity programs
- Medical interventions/access to affordable care (unless necessary as part of emergency sheltering - e.g. vaccinations or S/N)
- Transitional or long-term housing which would fall under systematic programs
- Angel Funds

Who can apply:

- Open application to animal welfare organizations, government entities, or human social service agencies

THIS GRANT CATEGORY IS CURRENTLY CLOSED AND WILL OPEN APRIL 3, 2019

If you have any questions or experience difficulties in the submission process,
please contact us directly at grants@petsmartcharities.org

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