THE BERGEN COUNTY HOUSING, HEALTH AND HUMAN SERVICES CENTER

A SHARED PROJECT BETWEEN THE
COUNTY OF BERGEN
AND THE HOUSING AUTHORITY OF BERGEN COUNTY

"A COLLABORATIVE APPROACH
TO MEETING HUMAN SERVICES NEEDS"

NAEH National Conference 2016

Moving to Low Barrier & Housing Focused Shelter

OPENED
October 1, 2009

Bergen County Ten Year Plan to End Homelessness 2008

5 Keys of Low Barrier & Housing Focused Shelter (NAEH)

- Housing First
- Immediate and Easy Access to Shelter
- Housing Focused Services
- Rapid Exits to Permanent Housing
- Data Driven

Bergen County 10 Year Plan to End Chronic Homelessness 2008

- **Focus groups 2007-(200 community participants)**
  - Analyze the shortfalls/barriers in the current system
  - Develop strategies to reorganize/recreate a system to quickly respond to those experiencing homelessness.
    - Permanent Housing
    - Services Provision
    - Discharge Planning
    - Education and Advocacy
    - County Level Re-organization of Homeless Services Dollars

- **Model Project (BCHHH Center)**
  - Develop and expand Housing First
  - Create a rapid re-housing program for individuals & families
  - Develop a One-Stop Center

SHELTER DESIGN CONTRAST
BERGEN COUNTY, NJ

Old System (prior 2009)

- 4 temporary shelters (some sub-standard)
- Seasonal, sit-up
- EA only, hard to access, SU banned
- 4 different intakes
- Housing access limited
- 8 beds for women

New System (after 2009)

- One new, clean, safe and welcoming shelter
- Year-round, 24-hour
- Housing First
- Coordinated entry
- Housing access prioritized and immediate
- 45+ beds for women

MISSION

- **Permanent housing with support services**
- **One-stop location and single point of entry**
- **Prevent homelessness / rapidly re-house individuals**

KEY DESIGN CONCEPTS

- **Objectives:**

  End chronic homelessness,

  prevent homelessness & successful re-entry

- **Approach:**
  The **Housing First** Model

- **Process:**
  Engagement, Collaboration, Integration

Bergen County Housing, Health and Human Services Center

KEY DESIGN ELEMENTS
ONE STOP MODEL

- **Engage** community decision makers during the design phase
- Create resource based contractual **partnerships**
- **Incentivize** onsite agency involvement
- Provide services to **accelerate** housing placement
- Offer aggressive **daytime** programming
- **Pilot test** the concept

Bergen County Housing, Health and Human Services Center

BUILDING AMENITIES & SERVICES

- 27,516 square feet
  new construction including:
  - **Nutrition site**
    (3 meals a day: 2 for community)
  - **Shelter space** for 90 + 15 in Winter
  - **Drop-in Program**
    365 Days (9:00am-4:00pm)

BUILDING AMENITIES & SERVICES

- **Open 24 Hours-**Guests can stay on premises
- Showers, bathrooms, **storage**, laundry facility
- Computers, mail service and telephones
- Wellness Services (Shared Services Jail)
- Flexible Office Space




NUTRITION CENTER

(73K MEALS ANNUALLY)

FLEXIBLE SHELTER SPACE

LICENSED 90 DAY EMERGENCY SHELTER
INDIVIDUALS, COUPLES, ADULT FAMILIES

Bergen County Housing, Health and Human Services Center

HABC UNDER SHARED SERVICES

- Management and Administration of Center
- Clinical oversight and Care Management Services
- Facility Management
- **Dedicates 20% of Vouchers** to shelter population. EA billing and interface with BCBSS
- Housing Specialist on-site to determine eligibility/provide voucher issuance
- Administer HPRP and ESG funds on-site

VOCATIONAL OPPORTUNITIES

SOURCES OF FUNDING

- Federal Stimulus Funds (HPRP)
- BC DHS State SSH Funding
- Federal Funding (CDBG, ESG, HOME and FEMA)
- Bergen County Homeless Trust Fund
- Philanthropy for Special Services
- Homeless Trust Fund

WHO DO WE SERVE?

- Adult men (66%) and women (34%)
- Ages 18+ largest 51-60 yrs (36%) 41-50 yrs (17%)
- Chronically homeless 1%
- Veterans (5.6%)
- Ethnicity/Race: Caucasian (60%) African American (25%) Hispanic/Latino (15%)
- Why people were homeless: Asked to leave (16%) Job/Income loss (16%) Evicted (10%) Jail (8%)
- Residence Prior to Entry: Living with Family/friends (22.8) Street (13.6%) Renting (10.4%) Incarceration (8%)
- Employed (7%) Unemployment benefits (3%)
- SSI/SSD (11.8%) SNAP (14.4%)

Based on HMIS data for 6665 respondents using all services (Drop-in/Meals/Shelter) from October 1, 2009 - Present

OUTCOMES 2010-2016

- 1000+ individuals placed in permanent housing (1/4 chronic)
- 465 + homeless prevention/rapid re-housing assistance ended 2012 (HPRP)
- 220+ homeless prevention/rapid re-housing assistance began 2012 (ESG)
- Less than 5% recidivism rate

1000+

465+

220+

<5%

PIT OUTCOMES 2010-2016

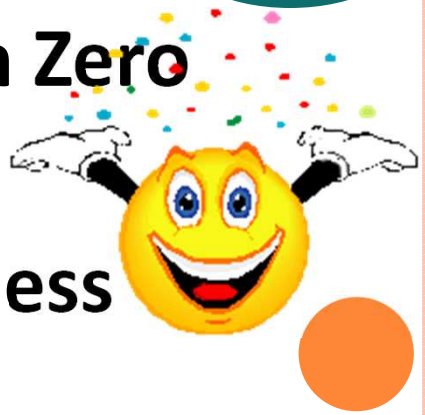
- Unsheltered homeless decreased by 84.7%
- Chronic homelessness decreased by 86.8%
- All-Star participants in 100k campaign
- Only NJ Community participating in Zero 2016
- On track to end Veteran homelessness

85%

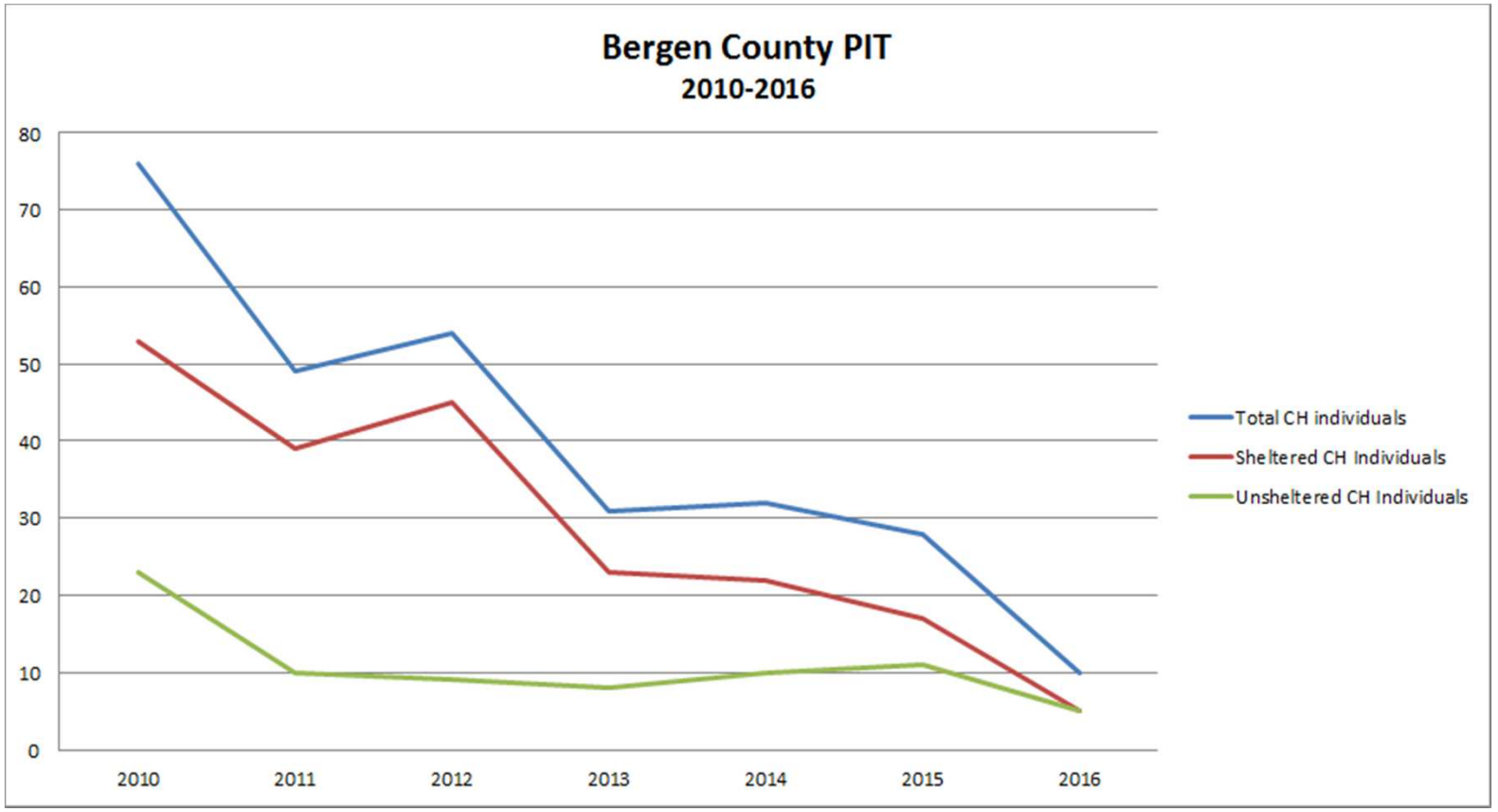
87%

All-Stars

ZERO



PIT Data Chronic Homelessness 2010-2016



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GETTING TO ZERO*

- **Ending chronic homelessness takes *political will, leadership, collaboration* and *coordination* among multiple state and local programs to *align resources* for housing and supportive services**

*** Adapted from USICH 10 Strategies to End Chronic Homelessness**

GETTING TO ZERO*

- *Persistent, coordinated and creative outreach* ***(person centered)***
  - ***Reduce Barriers for applicants***
- *Housing First* **System Orientation and Response**
- **Engage and Support PHA's to increase supportive housing through limited preferences**

- **Set and Hold Partners Accountable to Ambitious Short-Term Placement Goals**
  - **Adopt *"surges"* to break down the larger goal into focused blocks of time and effort**
  - **Creating and *sharing* community wide lists**
  - **Using *assessment tools* to prioritize and target interventions**
  - ***Monitor progress* at least monthly**

Bergen County Houses last chronic Homeless Person on BNL 7/6/16

Bergen County Housing, Health and Humans Services Center

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Bergen County Housing, Health and Humans Services Center

Moving to a Low Barrier & Housing Focused Shelter Model

Karen A. Santilli, Crossroads Rhode Island

July 2016

Crossroads Rhode Island

The mission of Crossroads Rhode Island is to help homeless or at-risk individuals and families secure stable homes. They achieve this by engaging in our range of services including housing, basic needs, shelter, case management, referrals, and education and employment services.

Rev'd January 2013

Crossroads' Values

- *Safety* – promoting an environment free from physical and emotional harm and ensuring a feeling of security and comfort to all.
- *Respect* – acknowledging the intrinsic worth of every person.
- *Effectiveness* – delivering services & managing the organization with efficiency, professionalism, innovation & accountability.

At a glance…

- Founded in 1894 as Travelers' Aid Society; changed name in 2001
- Private, non-profit organization with $13 million annual operating budget
- Programs and services range from housing, education & employment services, crisis intervention, emergency shelter, street outreach; 24/7 operation
- Implemented organization-wide housing first focus in 2014; we had always been low barrier, but not housing focused
- RI has high number of long-term shelter stayers; low # of unsheltered homeless
- Largest provider of services to individuals and families experiencing homelessness in Rhode Island. RI is one COC.

5 Keys to Effective Emergency Shelter

1. Immediate and low barrier access to emergency shelter
2. Housing First approach
3. Housing-focused services
4. Rapid exits to permanent housing
5. Using data to do better

Credit NAEH

Crossroads Journey to Housing First

2012: Changed mission from managing one's homelessness to ending it, by implementing Housing First philosophy and practice

2013: Trained all social service staff; revised job descriptions to incorporate housing focus and evidence informed practices

2014: Implemented new model

2015: After 2 full years w/housing first focus, length of stays in shelter decreased, housing placements increased

1. Immediate and low barrier access to emergency shelters

Emergency shelters include:

- Men's shelter - 112 beds
- Women's Shelter – 41 beds
- LGBTQ Shelter – 2 bedroom apartment
- Couple's Shelter – 2, 2 bedroom apartments
- Family Shelter - 25 families
- Overflow emergency shelter capacity for all populations

- When diversion is not possible.

What do we mean by low barrier?

- Shelter expectations vs. rules
- Shelter “contracts” between staff & guests
- Amnesty boxes for users “works”
- Undocumented families not turned away
- Separate accommodations for couples, LGBTQ
- Cultural competency

2. Housing first approach

- Criteria to be “ready for housing”:
  - Breathing
  - Homeless
- Focus on housing plan: immediately engage clients in planning for housing; program based on VI SPDAT score
- Intentional, proactive conversations between shelter guests and staff; regardless of their “job”

Shelter Expectations vs. Rules

Crossroads 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 responsibility.
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.

Challenges w/ low barrier

- High shelter #s: "Crossroads will take them"; serving highest acuity clients
- Undocumented parents
- Families w/ history of offense w/ one of the partners
- Off-site shelter for couples & LGBTQ – challenge with high acuity clients and off-site supervision/mediation

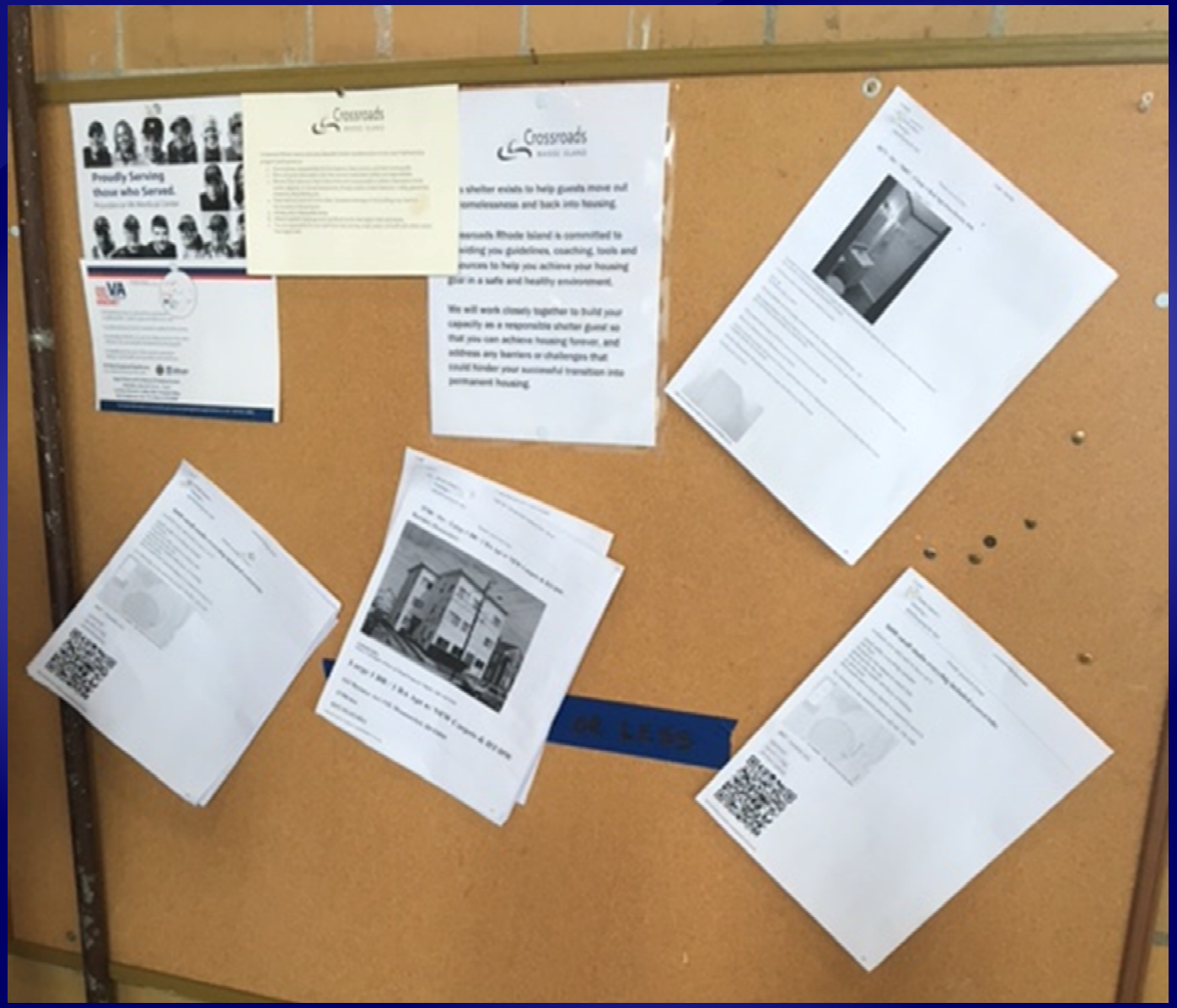
3. Housing-focused services

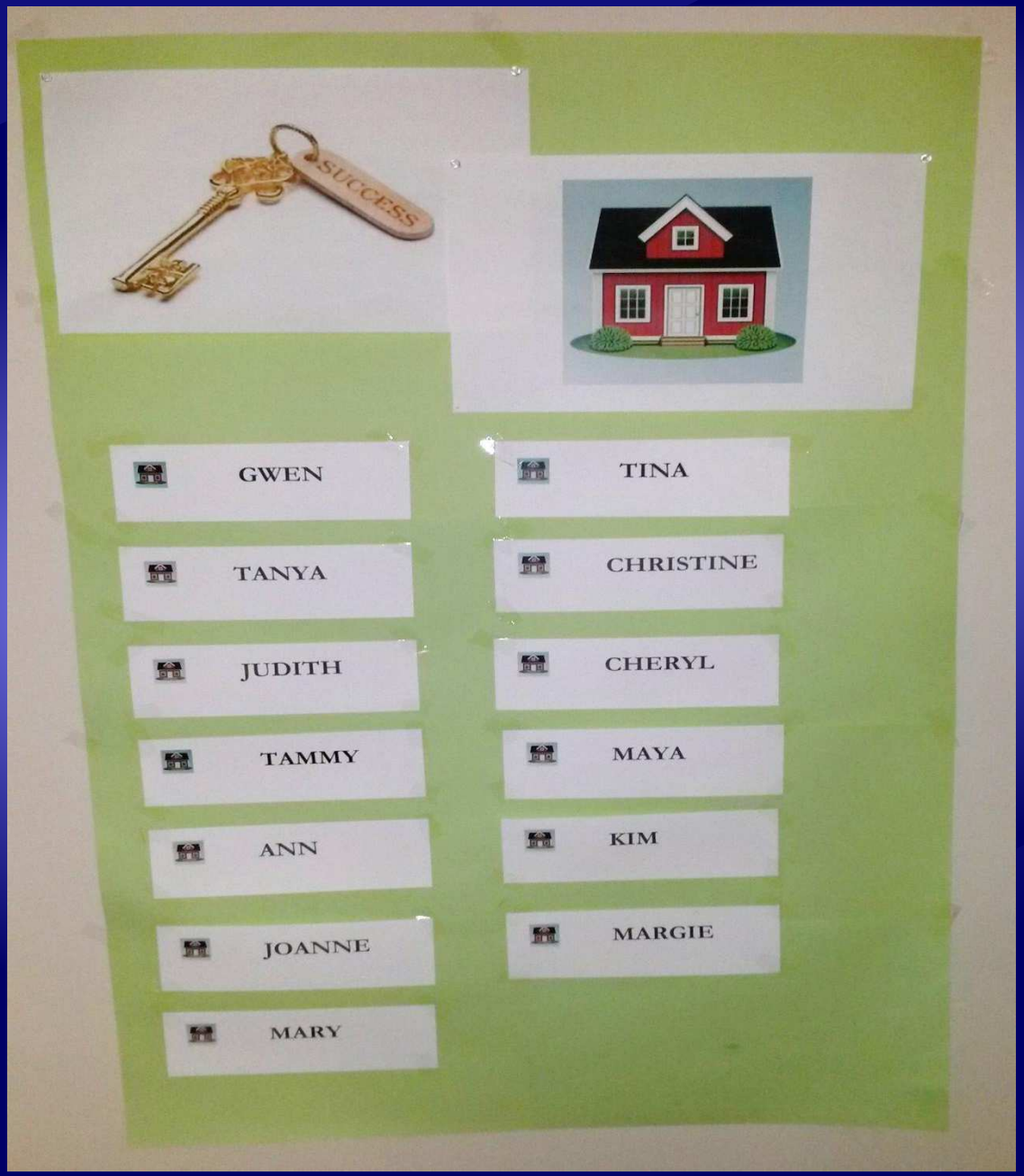
Programming and culture shift w/in shelters:

- From Yoga & self-awareness to “4 easy steps to housing” info sessions
- Regular conversations re: barriers to finding and maintaining housing
- Housing plans based on assessment scores
- From passive to active engagement with guests at every opportunity

Shelter Visuals/Signage: HOUSING HOUSING HOUSING

- Removed variety of communications about many different programs
- Added housing applications, apartment listings
- Focus on and celebrate shelter guest move outs


Proudly Serving
those who Served.
Crossroads
Crossroads


SUCCESS
GWEN
TANYA
JUDITH
TAMMY
ANN
JOANNE
MARY
TINA
CHRISTINE
CHERYL
MAYA
KIM
MARGIE

4. Rapid Exits to Housing

- Have intentional conversations about housing starting on day 1
- Connect shelter guests to most appropriate housing program (PSH, Employment-based Interim Housing, Rental Assistance)
- Connect shelter guests with employment services upfront; integrated Education & Employment staff
- Maintain low caseload size:
  - Rapid rehousing: 30 clients/case manager
  - Housing first: 20 clients/case manager
- Housing locators & Rental assistance funds
- Hold lower acuity shelter guests to higher expectations; self-help

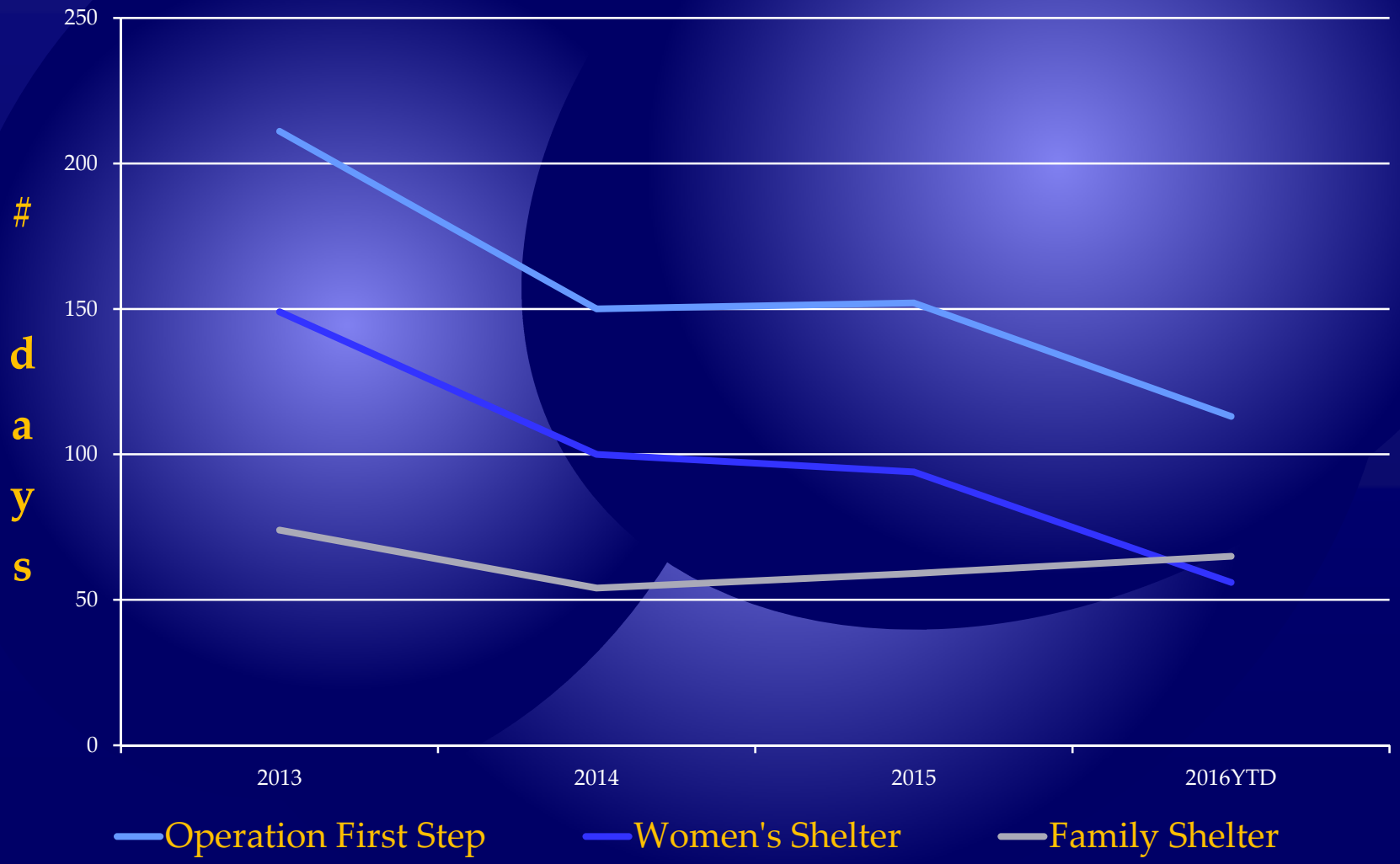
Challenges w/ Rapid Exits

- Long-term shelter stayers (changing culture; this is not “home”)
- Special populations with housing restrictions (sex offenders)
- Case workers managing caseload: move-on strategies; client terminations
- Housing location – client choice
- Rhode Island – high cost of rental apartments; low vacancy
- Utility arrears issues with family households

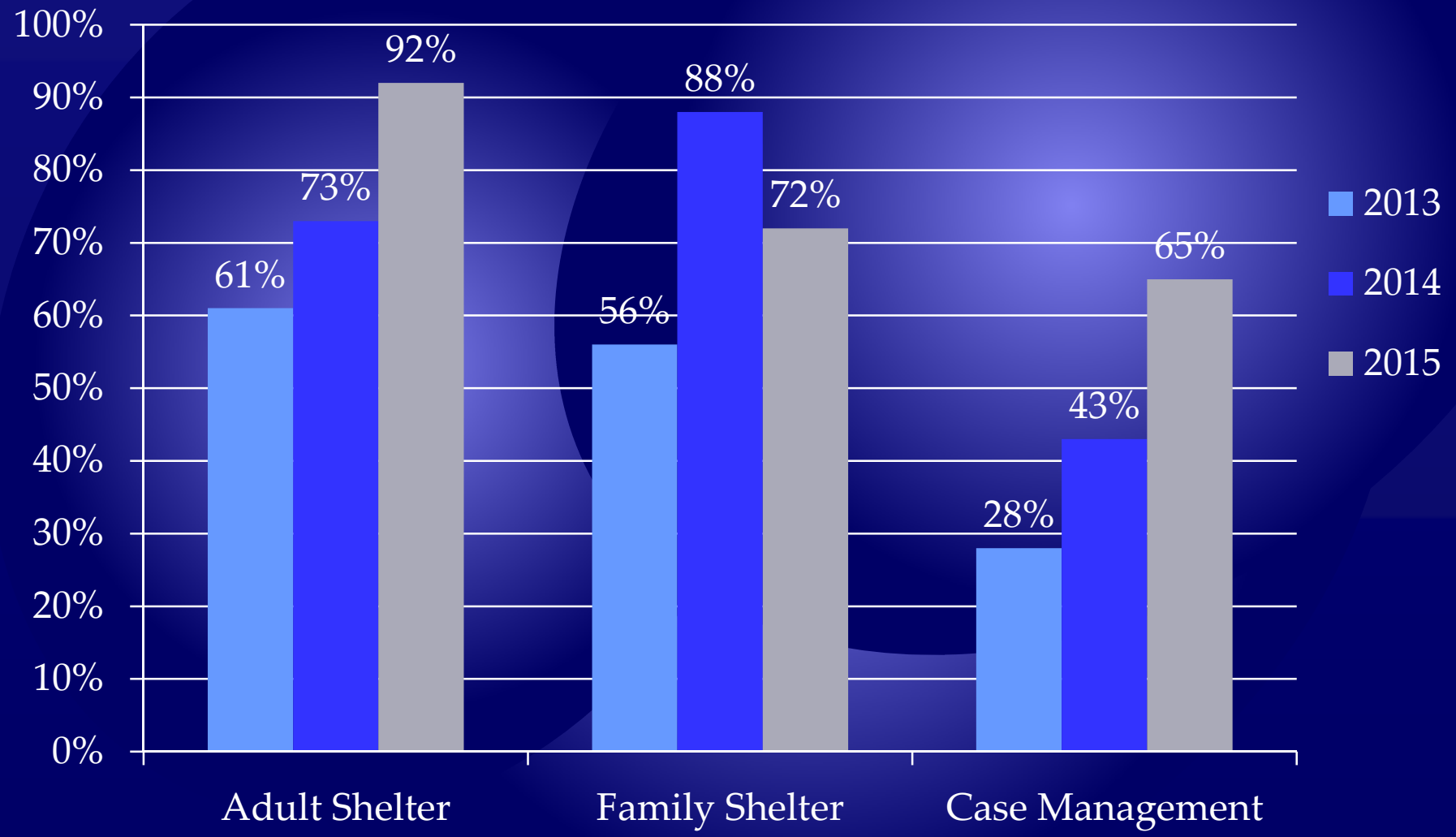
5. Using data to do better

- Track outcomes vs. outputs:
  - VI-SPDAT and SPDAT scores (vs. just # people served)
  - Length of stay (vs. counting bednights)
  - Exits to positive destinations
- Incorporated metrics into staff performance appraisals
- Provided program managers with easy dashboard reports
- Track and maintain fidelity to practice: established Program Outcomes Monitoring as senior staff position

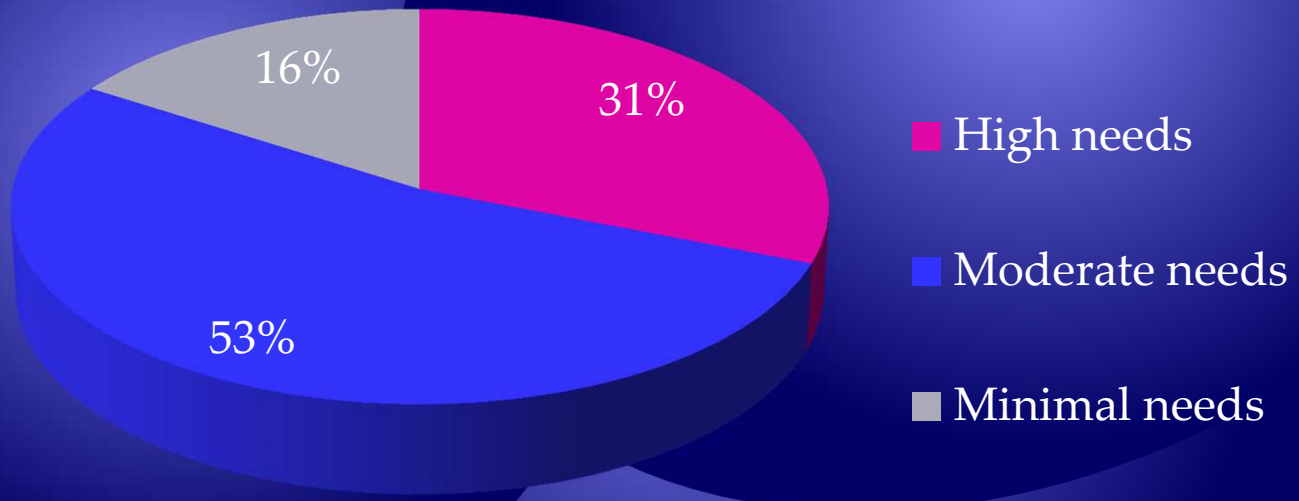
Average Length of Shelter Stay



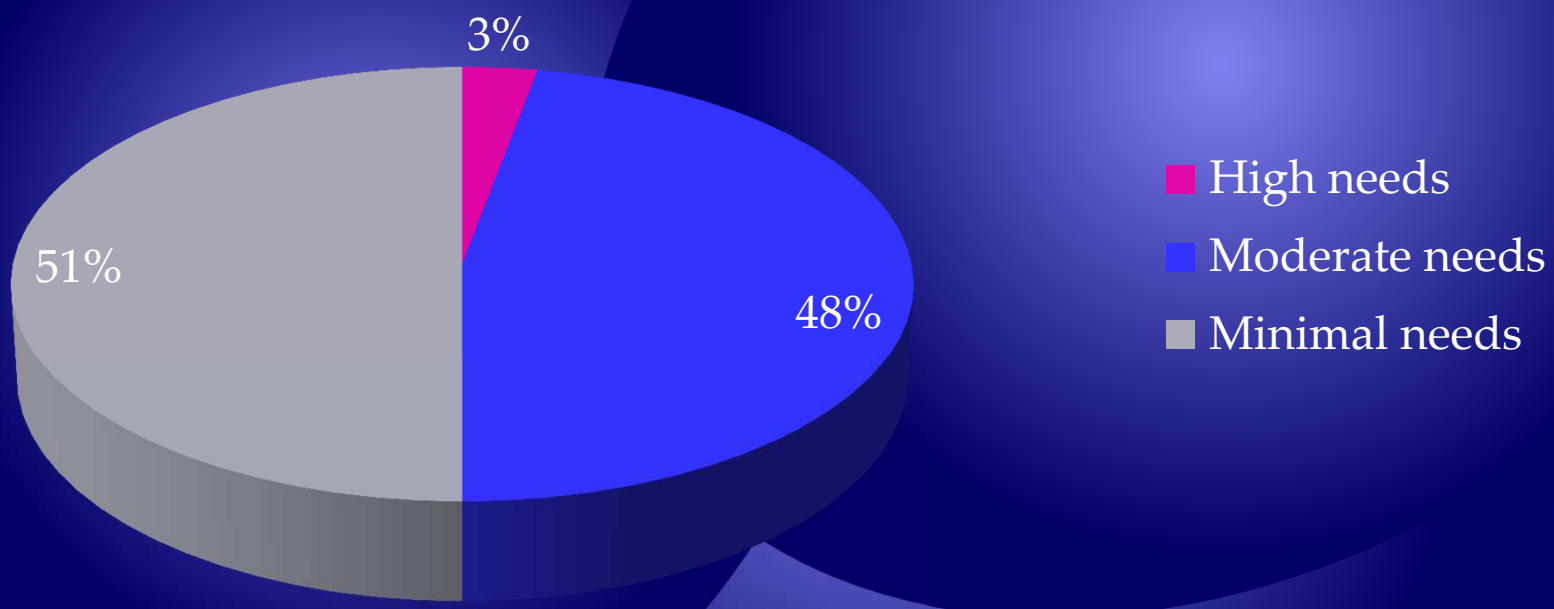
Client Exits to Housing



Assessment of Individual Clients



Assessment of Families



Training & Professional Development of Staff is key

- Housing-based Case Management
- Motivational Interviewing
- Objective Based Interactions
- Assertive Engagement
- Progressive Engagement
- Trauma Informed Care
- SPDAT Training

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