Planning for a new Community Center for Homeless Individuals: Stakeholders reflect on services and the need for system change

Report to
Father Bill's & MainSpring
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Summary and Recommendations

Father Bill's & MainSpring contracted with the Brandeis University Institute on Assets and Social Policy (IASP) to conduct an assessment of their shelter population and their service needs, as well as current service delivery, to inform the strategic planning for a new community center. Data on shelter guests, specifically subgroups among them, their prior living situation, and health-related information were summarized in a previous report (Krajcovicova and Meschede, 2015). This report summarizes data collected in six groups with staff and shelter guests.

Focus group participants discussed in depth the successes and limitations of the current service delivery approach and their hopes for the new community center. With the changing shelter guest population that includes increasingly older adults and guests with more complex service and support needs, providing adequate services has become more challenging. In addition, the limited opening hours of the shelters, requiring guests to leave in the morning and line up for re-entry in the late afternoon, hinder timely assessments and referrals. Further, as discussed in detail by the shelter guests, it takes an enormous amount of energy on their part to spend the day outside the shelter with no place to feel welcome. A community center open during the day would provide a safe space for guests and regular meeting hours with shelter staff and is expected to fill a large gap in the current service delivery system.

Below is a list of recommendations and questions to consider during the next phase of the planning process for the community center, all discussed more in depth in the main body of the report. These items are grouped into four overarching areas: space, services, access, and learning from similar programs.

Space and Basic Needs

- Provide a comfortable space for shelter guests to spend time during the day that includes
    - Computers
    - Charging stations for cell phones
    - Laundry
    - A space to watch TV or read the paper
    - Exercise room
    - Showers
- Provide separate spaces for young people, elders, and women due to the specific needs of these populations

Services

- Continue providing triage services, housing services, and access to benefits services
- Co-locate representatives from state agencies
    - Representatives from all state agencies should be able to share office space for faster access to services. These should include but are not limited to DTA, DMH, DMR, DPH, DVA.
- Continue to operate a health clinic

- Provide legal services (paid or volunteer) to help clients with their CORIs and other legal matters
- Provide financial services/rep payees to help clients budget and plan for the future
- Continue to provide support groups, such as AA, and add other target support groups depending on client needs
- Provide work opportunities to shelter guests that include upkeep and other important activities to support the operations of the center
- Provide structured activities for everyone, such as classes (ESOL, computers) and targeted groups (AA)
- Provide age-specific services
    - Youth: life skills training (e.g. budgeting, financial management), education, employment, and skills training
    - Elderly: employment opportunities, creating a space they can rest during the day
    - Women: domestic violence counseling and support
- Use volunteers to help run the community center
- Determine staffing needs for assessment and triage workers

Access – a Community Center for Whom?

Determine criteria for the target population:

- What are the criteria for access to the community center, for example, should only currently homeless individuals have access to the community center? How will that be determined?
- Who else should have access to the services provided there, for example, those at the edge of homelessness, other unstably housed individuals?
- Should people accessing the community center be clean/not intoxicated?

Learn from similar programs in Massachusetts or beyond

- For example, The Community Day Center of Waltham has been operating a half-day community center since 2003 and has been surveying its clients to evaluate their services http://www.communitydaycenter.org/

Background

Since homelessness emerged as a visible social problem in the 1980s, service-enriched emergency housing in a congregate shelter has been the dominant strategy for supporting individuals who lost their home (Fein & Fosburg, 1998; Locke, Khadduri, & O'Hara, 2007). However, this model includes several important service gaps that can keep homeless individuals from achieving housing stability.

Traditionally, the service-enriched emergency housing model serves people on a first-come, first-served, one-night-stay basis. In other words, every morning, all guests are required to check out, taking their belongings with them. If they need another night of shelter, they then have to line up in the evening and check back in. In the shelter, guests can receive case management services of varying intensity aimed at moving them back to stable housing. Shelter guests receive services to treat whatever issue caused the homelessness in the first place, so that they are ready to move out into independent living situations (US Department of Housing and Urban Development, 2012). The range of services that shelter providers offer varies in both quantity and scope. Some shelters provide not only case management but also other services in-house, including health care, substance abuse treatment, and adult education. Others provide referrals to services elsewhere in the community.

Three key issues with this model preclude maximum effectiveness in supporting homeless individuals. First, shelter guests are required to leave during the daytime hours, which can be a prime time for service receipt. Because of this requirement, many homeless individuals make use of day centers or drop-in centers. These centers can be essential for providing homeless individuals with a safe place to spend the day, particularly in the winter months when being outside could prove deadly. Day centers can also be a place for homeless individuals to access much-needed services (Tsemberis, Moran, Shinn, Asmussen, & Shern, 2003). And they can be particularly important for homeless youth, who face greater safety risks and who may need more support around social and life skills (Slesnick *et al.*, 2008). However, when the day center is separate from the shelter, it is difficult to coordinate services for more holistic support.

Second, homeless individuals' service needs may vary according to their age, race and gender (Roth, Toomey, & First, 1992), and their current service use and willingness to use services may vary along demographic lines as well (Acosta & Toro, 2000). Indeed, research has shown that the number of older homeless people is increasing (Hahn, Kushel, Bangsberg, Riley, & Moss, 2006), possibly due to a birth cohort effect (Culhane, Metraux, Byrne, Stino, & Bainbridge, 2013), while a new cohort of young homeless people is also growing (*ibid*). It is also clear that older homeless people face a greater number of and more severe health challenges (Garibaldi, Conde-Martel, & O'Toole, 2005), while younger homeless individuals need support that is culturally and emotionally in tune with their age-specific needs (Slesnick *et al.*, 2008). The current congregate housing model does not have a structure that allows for specific attention to different groups' needs.

Third, service providers often do not have a clear sense of which services guests need the most, instead assuming that mental health and substance abuse services are paramount (Acosta &

Toro, 2000; Meschede, 2011). However, when researchers ask homeless individuals about their service needs, many more needs emerge. Acosta and Toro (2000) find that homeless individuals name physical safety, education and transportation as their primary service needs, while Meschede (2011) cites dental and health care as well as affordable housing and employment as most important to homeless service consumers.

In an environment where shelter has become increasingly the discharge destination for other care systems strapped of resources, it has become critical to rethink our approach to providing services to homeless people to better enable them to move beyond homelessness.

Developing a Community Center Model

To address the complex challenges in providing services to homeless shelter guests, FBMS began a strategic planning process for a new community center model. As the largest homeless services provider in the South Shore region, FBMS has been operating two shelters for homeless individuals since the early 1980s, when homeless people became more and more visible in the U.S. Both shelters, located in the South Shore's two largest cities, follow the typical shelter model: guests need to leave by 7:30 am and line up before 5 in the afternoon to access a bed for the night, with some exceptions for shelter guests working at the shelter during the day, having an illness that prevents them from leaving the shelter, or during inclement weather. As in most homeless shelters, the accommodation is crowded, with up to 60 men in one room and a limited number of showers available to them.

FBMS views a "dual commitment: emergency housing and service solution to ending homelessness" as their mission. However, achieving these goals has become more challenging due to an increased demand for emergency housing and a decline in community resources. In response, "rather than react to these challenges by making only marginal programming improvements, the FBMS Board of Directors has made the decision to take a bold step and pursue an ambitious new plan" (FBMS Strategic Plan, 2014) to build a community center for homeless people. The overarching goal, according to CEO John Yazwinski, is to move from an emergency response based on the current shelter model to a *multifaceted service and housing response* that meets the varied needs of individuals without a home. Building on their successful Housing First model (Meschede, 2007), their connections with local service and business partners, and a longstanding presence in the community, FBMS is well positioned to take the next step in providing more comprehensive and better targeted services to their shelter guests.

Goals and Methods

The goal of this research is twofold: (1) To describe characteristics and service use of shelter guests at Father Bill's & MainSpring between 2013 and 2015; and (2) To assess what stakeholders see as the major service needs for the new community center for shelter guests. This report focuses on the second goal.

Research Questions

1. What are the characteristics of FBP shelter users? Are there differences over the past 2 years? Are there any groups that do not meet the typical characteristics of homeless individuals?
2. What services are available to guests of FBP emergency shelter?
3. What services at FBP do guests use and how do they evaluate them? Do some population groups use services differently from others?
4. What services are needed and not offered? Are there certain services needed only by specific populations that are not offered?

This report addresses research questions 2 through 4. Research question 1 was discussed in a separate report on shelter guest data (Krajcovicova and Meschede, 2015).

The data for this report were collected in focus groups and interviews with 19 shelter staff (10 frontline, 9 senior staff), and in four focus groups with a total of 23 shelter guests from both shelters (Father Bill's Place in Quincy and the MainSpring House in Brockton). These focus groups focused on older, younger, female and male guests. Focus group participants had spent as little as one week and up to three years at the shelter, with most reporting a shelter stay of around 12 months. They made use of a variety of services at the shelters and provided a comprehensive picture of the diversity of shelter guests.

This report begins with a brief discussion on causes of homelessness and a depiction of the different faces of current shelter guests to better understand who the new community center will serve. It then turns to an evaluation of the current service delivery approach and how a day center can fill existing service gaps. The final section of the report focuses on recommendations for the new community center based on input from all stakeholders.

Causes of Homelessness

Research shows that the primary causes of homelessness include loss of income or insufficient income to meet rising rents, insufficient safety net, changes in family composition, and health/disability. Staff corroborated these causes of homelessness and talked about several causes of homelessness at FBMS shelters (not necessarily on the rise, but present now). These include domestic violence, insufficient income to afford rent, veterans who do not qualify for VA assistance, individuals from other states looking for benefits unavailable in their states, and immigrants who get to know of the support services through informal networks.

> *Domestic violence and economic times. They were evicted because the rent went up, or they lost their job, or one of the people lost their job and they were a two-income family and they don't have it. They just hung on as long as they could and then they get evicted.* (frontline staff)

> *35-40% of the people that come in the shelter will have some type of employment but it's just not enough to sustain housing or rent.* (senior staff)

The Customers: Shelter Guests

Traditionally, homeless shelter guests have been predominantly middle-aged men. Recent trends of individuals in need of shelter show a more diverse population. Shelter staff observed that the population coming to the shelters for services is increasingly younger, older, and female.

First, staff mentioned an increase shelter guests age 60 and older. Among them, guests above age 70 seem to have become more common, while previously the typical top-end ages were in their 60s, and many suffer from multiple health challenges. Specifically, staff reported seeing more mentally ill or behaviorally challenged elders, and mentioned that older guests are dropped off by nursing homes and hospitals, because of ending insurance coverage or an inability of these institutions to deal with more challenging clients.

> *Over the past few years we have had a major increase in the elderly coming in. A lot of people 70 and over are coming in, 60 and over. We've never had that before, and usually there's mental health along with their age, dropped off by nursing homes, hospitals, their families.* (frontline staff)

> *The number of physical disabilities they have, the mental health issues, there's just so many other factors when you're getting to someone that age range and whether they can even safely stay in the building, if they can care for themselves on a bunk bed with the bathroom. That's our real concern.* (senior staff)

Shelter guests also expressed concerns about the oldest guests among them.

There's an elderly here, and it's a disgrace because she has to pull a little thing behind her and the bag and she's got to be in her 70s. … That's wrong. They don't prioritize on who gets out and who gets the help. She should have been the first one out of here. It's a disgrace. (shelter guest)

Second, staff identified a growing youth population. They posited that this trend may be related to the growing substance abuse problem in the region, and the lack of interim or holding facilities in the region for youth waiting to be admitted to a detox program or other substance abuse service. Staff report that substance abuse treatment facilities seem to recommend to youth that they stay at the shelter to speed up the admission processes to their treatment system. As the FBMS shelters are not designed as sober facilities, this trend poses a serious problem for guests, contributing to further destabilizing these guests.

I'd say that there's also been an influx of younger individuals that are struggling with different types of drug addictions. I think heroin has been a thing that's been on the rise, and that's bringing a lot of younger clients to our door, because family doesn't want to be putting up with that kind of thing anymore. (frontline staff)

We're seeing definitely a lot of younger people. The change has gone from the middle-aged alcoholic to the strung-out drug addicts at younger ages. (senior staff)

Finally, more women are seeking emergency housing.

We've also seen an increasing number of women coming to the shelter as well. It's all ages and it's a variety of reasons, but the overall number used to be about 75% men and 25% women. Now it's almost 66% men, 33% women. (senior staff)

The Need for a Day Center: Promise and Limits of Emergency Shelter Services

In addition to providing a bed for the night, current shelter services include meals, health services with on-site clinics, bath and laundry facilities, and personalized triage case management to link guests with supports and resources needed to leave their homelessness behind. Both staff and guests highlight successes of the current shelter services and the gaps that remain, most notably the lack of daytime space for guests. This section of the report includes a description and evaluation of current services by both staff and shelter guests, a discussion on the impact on hours of operation for shelter guests, and how emergency shelter services connect with other care systems.

Current services at the shelters: Successes

Staff agree that the current team is well organized and connected, with plenty of communication channels and cross-team meetings to keep updated to best serve the shelter guests. The following services were highlighted by staff as effective approaches:

1. Triage case management focused on individualized service plans

   I think with the specific process, the assessment specialist piece that we've added, has really been a help in terms of identifying people that we can get housed faster and I think that has really sped things up. (senior staff)

   When they come through the door, support staff will take the information, get them settled in, get them bedding, get them all set up for the next day to meet with someone in triage if they want to move forward on an exit plan and give them help. (frontline staff)

Shelter guests discussed regular meetings with their triage workers that focus on housing, work and referrals to needed services. Shelter guests were especially pleased with the health care services in the shelter.

   I see my triage worker once a week. I've also started a new primary care doctor through here. There is a doctor that comes on Fridays, and I have made her my primary care because I had not had one in years. They help me out with medical things and they advise of me places to go, and even today I just set up a drug counseling place that I have to go to, which isn't like a priority for this Boston clinic that I go to, because I have to set up drug counseling and my triage worker helped me today to set that up. (young guest)

2. Health Services: Medical and mental health services and their expansions (like preventive services)

   I would say the partnership as well with the nursing staff that we have here through Healthcare for the Homeless and Brockton Neighborhood Health Center to have that nursing piece as well as collaboration with the mental health piece. (senior staff)

3. Housing: The Housing First program and the temporary bed system while waiting for a Housing First placement for chronic homeless and disabled shelter guests, as well as the close link between shelter and housing staff

   The handoff too. The relationship starts here at the shelter and then the housing person starting a new relationship. How does that handoff happen so that a smooth transition happens for the participant who is going through a major life change? (senior staff)

4. Employment: The Work Express program, a workforce development program helping individuals access employment, and the volunteer program at the shelter are valued highly by staff in increasing the confidence and self-worth of shelter guests, as well as providing work and income.

I think our work with work force development for employment and those that are immediately ready to go to work for Work Express and those that need some help with getting to work with resumes and stuff like that. That works well. (senior staff)

I also think that what works well is … the volunteer program in the shelter where it gives a person a sense of worth where they can do something to earn their keep and get themselves together. They're not outside getting high or they're not mixing with people that they shouldn't be mixing with. They're inside doing things, keeping their mind together. I think that helps a lot. Even though they're not getting paid for it, but they feel, "Oh. I'm doing something to help while I'm here to make myself feel better and that I'm doing something." (frontline staff)

5. Food: Food service (lunch and dinner) is seen as working well and providing valuable services to shelter guests.

6. Partnerships and collaboration: Staff discussed partnerships and collaborations as a cornerstone of the organization´s success, including Boston Medical Center, Elliot Mental Health, Cope (DV), connections with Mass long-term care through a broker that helps find placement solutions, the food services and "The Table," and its volunteers.

Staff also underscored the low threshold nature of the shelter that allows for individuals to access a bed even when under the influence or experiencing mental health symptoms. While this is seen as a challenge to adequately address people in different conditions while making sure that everyone at the shelter is safe, this approach is seen as a better, more humane approach to serve people in need.

Not only just the low threshold piece but not closing our doors to people, not saying we have a set number and once we hit that number doors are closed as so we don't have that pressure of having to pick who gets in and who doesn't. We just allow people to come in as they are, hopefully making them as successful as possible. (senior staff)

The fact that we have structure allows them to try to refocus or when they're coming in from an environment of addictions or mental health or whatever the structure that we provide when they're in the shelter as well as some of the policies and procedures that we have in place. (senior staff)

Current Shelter Services: Challenges

Both staff and shelter guests point out a number of limitations of the current homeless shelter service model. Unsurprisingly, the limited hours of operation is seen as a major limitation for more effective service delivery, but other challenges are the shelters' situation within the larger service system.

1. Shelter as a Dumping Ground

Providing services at the shelter has become increasingly difficult due to the increasingly complex needs of guests. Shelter staff perceived the shelters as having become a "dumping ground" for other care systems that no longer receive reimbursement for their services or feel unable to provide the services required by complex needs. Specifically, the correctional system, systems caring for the elderly, and mental health, substance abuse and health care systems were discussed at length during the focus groups.

> *There's been a couple instances recently where different programs have been sending clients here assuming that we are a holding facility or a sober facility, and it's like "You need to stay here and then reconnect with us next week to start your treatment." We however can't guarantee that you're going to be staying clean: you can leave during the day. You have to during the day, so it's kind of one of those things where... We had a young girl come here a couple of weeks ago saying "My probation officer and the court told me to come here because I'm going to be starting New Hope in the next week." I don't know if they are under the impression that this is a clean facility, that this is a holding facility, but we are not, so that complicates things*. (frontline staff)

> *… we're seeing a lot more people with complex mental health needs, serious mental illness, people with significant psychosis, people who really have active delusions who aren't successful, again, in staffed residential facilities that are supposed to be equipped to work with them.* (senior staff)

> *… thinking about it as a former hospital administrator. When a person reaches a level of non-acute needs, you have to move that person […]. So what do they do? Well I have no place to go. Where do I go? To Father Bill's and MainSpring if it's part of that discharge plan. And that puts the pressure on these poor people who are trying to manage this environment but hospitals cannot be forced to keep people who don't need acute services so we don't have the appropriate level of step-down care for a homeless person who needs more supports and services but is not immediately available upon discharge from that facility.* (senior staff)

2. Lack of Referral Options

Another area of staff concern regarding inadequate service delivery focuses on state agencies that do not adequately provide care for individuals who, based on their diagnoses, would fall under their realm.

> *There's also a lot of people that are falling between the gaps of services as far as DDS and DMH to where they've never had any psychological testing and no one wants to take ownership of these clients.* (senior staff)

> *And even clients that may be eligible for DMH with a substance abuse issue that trumps everything. DMH does have access to housing but it's not immediate… We applied to DMH for 7% of our clients and only 3% actually got approved. So as a resource for people to exit the shelter and services and housing and supports, DMH does not really fit the typical profile of a lot of homeless people.* (senior staff)

3. Limitations of the Current Shelter Buildings

The current building structures of both shelters make it difficult to implement new programmatic approaches.

> *I think particularly the shelter sites are still primarily identified as shelter sites. In the facility the primary space is beds. We're trying to offer all these additional services but ultimately the majority of our buildings are utilized as bed space. We'll talk about future stuff in a little while, but when we talk about trying to convert our service delivery system, it's really hard to do that when you're identified as a shelter first and how do you shift that focus when you still have the bulk of your space being used as sleeping quarters*.

> *I do think it speaks to the buildings. I think both buildings, while they're very unique in their structure, add a lot of limitations to our flexibility with where we can move things around. The reality of men's dorms being on the second floor and stairs; what does that mean? I think those present lots of challenges to what we can do*. (senior staff)

4. Shelter Opening Hours

Among the major challenges for shelter guests is the requirement to leave the shelter in the morning with often nothing to do during the day. Because of this requirement, shelter guests are left with myriad unmet needs, including:

- Planning each day to move from place to place as there is no facility that allows homeless people to stay for the day,
- Not sticking out as a homeless person to avoid disparaging treatment by fellow citizens,

- The need to do laundry, charge one's phone, find access to a computer, and meals if one does not comes back to the shelter for lunch.

Guests shared the different strategies they use to spend the hours between 7:30 am, when the shelter closes, and 4:30 pm, when it is time to line up for a bed for the night. Most mentioned spending a significant number of hours at the library to stay cool or warm, depending on the season, and dry.

> *I have to be out by 7:30 in the morning, and I find this schedule kind of grueling. I'm 60 years old, so my body is not like it used to be. You get up early. You're sitting most of the day. You read in the library a little bit. You can only read so many books. You have to be back by 4:00 or 5:00, but we come at 4:00 if you want to eat by 5:00. The schedule for me is pretty grueling. I've had fatigue issues, and I've had cancer, and I've gone through a lot of medical problems. So for me this has been... where I used to take a nap in the afternoons, there's no longer [a place for me to nap]. So I have to get up early, get out, sit around on a bench depending how the weather is (you still have to sit somewhere, covered), until the library opens, and then you go into the library but you can only read so long and then you get tired, but you have to stay there until you come back. It's continuous. Anybody doing this each day, it's not easy. It's really not easy.* (senior guest)

> *I don't think a lot of people realize what the homeless people go through. I really didn't understand the homeless thing until I became homeless, that it's quite grueling just sitting around doing nothing. It's tiring*. (senior guest)

> *It's just the boredom. The boredom, it kills us*. (male guest)

Because of the stigma, some try to blend in so as not to stick out as 'that homeless person.'

> *I go to the train station. There's a free newspaper there. I'll read that, sit on the steps, feel a part of society because everybody is getting on their buses and trains, so I sit down there and read the paper for a while.* (male guest)

Regardless of how shelter users are spending the daytime hours, it becomes clear that it takes a great deal of energy to figure out how best to live through the day in an environment where everyone else on the streets has a place to go.

Staff also commented about the limited reach of their services due to shelter hours.

> *There's also the limitations of the 11 to 7 or an 8 hour window where that person who's designated to do the new intakes 5 days a week. I think it's difficult to navigate following up and then making sure that we're getting them a really good intake and that it's fair from one person entering to the next. It can vary depending on how late they come in, what time they come in*. (senior staff)

A lot of time they come in between 4:30 and 6:00 and it's harder to divert somebody or get somebody into a program at that time. Often you have to meet with them very early the next day and there's no beds available so you lose people. (senior staff)

I feel like a big problem with people is idle time, just during the day. Just idle time where they just don't have anything to do necessarily. That's when a lot of problems come up, because people will turn to their substances out of boredom. If they have nothing to do then they start really dwelling on the past, what struggles that they've gone through. Then they start feeling guilty, and then it's like "Well. I don't have to go to work, so I'll just go back to [doing drugs]." (frontline staff)

5. Shelter Rules

Shelter guests shared a number of stories of what they perceive as strict rules having more a punitive effect than helping guests function in the crowded shelter environment. While all were very appreciative of the shelter in general, participants in all focus groups talked about some rules enforced by some shelter staff that to them have only one purpose: to make their lives even more difficult. Below are some examples.

"You got too many bags on your bed". "You got loose clothing on your bed". "You can't keep anything in your locker". It's just like the smallest things in the world that just like... Really dude? Really? (male guest)

So you have 2 bags on your bed. Your bed has to be made just right. And if you stuff like a towel underneath your pillow they'll write you up for that. That's a loose item on your bed. […] That could send someone over the edge. You don't know what type of mental state people are coming in at. They could be straight out of detox. They could be on verge of a mental breakdown, and you being so petty and minute over something that doesn't even frickin matter. (male guest)

We can't come onto this property until 4:00 once we leave. Except for lunch time that's it. If we're caught on the property, night out. Before 4:00. (female guest)

The rule against using one's phone on the shelter premise was discussed widely, posing a challenge especially for older and disabled guests who have a hard time or cannot walk the required distance away from the shelter to use the phone.

… the ability to use your own telephone because enough of the people have all the numbers in the telephone, and they actually have to physically leave the premises here and cross a set line intermediate point before they can actually use it.(senior guest)

Vision for a New Community Center for the Homeless

A new Community Center, envisioned to offer a place for homeless people to stay during the day, is expected to address many of the issues outlined above. The foremost advantage, as discussed by staff and guests, would be its hours of operation during the day, when staff could conduct assessments, connect guests with services in the community, and provide a range from structured activities for shelter guests so that they no longer have to wander the streets during day hours.

1. Services to offer

Staff and shelter guests suggested a range of services to be offered at a day center. Staff saw the opportunity for assessment and referral, stressing the ability to institute a new, more comprehensive approach that would be able to address the many different issues that shelter guests present.

> *And we really want a one-stop shopping place. If you're a homeless person we want you to come by and then we're going to say here's all the services you need to connect with but also here's a room to go sit in and read a book or you can go search for your job on our computers. Go do your laundry over here. Pick up your mail over there. We want to be a one-stop facility where the majority of their services and their service providers, so we don't want to be their primary service provider but we want their service providers to have an office over here and an office over there so "you need to talk to Brockton Neighborhood Health Center, go to that room." Or whatever it might be. "You need DTA services? Well we have a DTA representative that comes to the center every Wednesday from 10 to 2."* (senior staff)

> *… have therapists there that people that can't really get around too well need therapy. Something like that would be helpful*. (female guest)

Access to legal and financial services was another item discussed by many staff.

> *And services, legal services. Yes. Absolutely. CORIs have got to be addressed. It's holding people back from getting jobs. A lawyer of the day or something like that, that's just not something that MainSpring has addressed yet. I know here they have a lawyer*. (frontline staff)

> *What I would also like to see is a rep payee. Someone who gets here... like they get virtual checks from social security and then they end up spending it on substance abuse, alcohol, or drugs, and if they have a rep payee to represent them, handle their money situation. It would be great to have that service*. (frontline staff)

The opportunity to connect with services during the day was underscored by senior staff.

[…] when you're serving people at night you can't call DTA. You can't call any of these other agencies because they're not open at night. It's much more practical to be open during the day so you can begin to make those connections for people, for the other services that you really need. (senior staff)

This model is also expected to reduce shelter stays through quicker turn-around, and thus ultimately reduce the need for shelter beds.

We feel like we can really get to that reduced number whatever that final number ends up being. We have those services on site and can rapidly look at how we move people out of shelter into the next appropriate place. Instead of having to say "Well walk down the street and go to the DTA office here. Then come back. Now we're going to set up an appointment in this next town over." Having people in house that can take care of all those things. We know we can't have everyone in house, but having those primary ones that are really critical for us can hopefully ... Instead of someone being here for a month maybe they're here for 3-4 days and then they're off. (senior staff)

2. A welcoming and comfortable place

Both staff and guests discuss in depth the need for a comfortable, friendly, and empowering environment. In addition to creating a space where guests would feed safe and could relax during inactive times in the day, a number of suggested activities included use of computers for job and/or housing or other searches or recreational activities recreation.

They want to be able to go there and actually do something and feel like they're normal and not have to worry about the fact that they're homeless. (male guest)

Just a place to rest instead of sitting on a cold stone wall. I mean, that hurts. (female guest)

3. Critical resources for guests

Guests underscore their need to have access to computers, use of their cell phones, and access to cell phone charging stations.

You know that 80% of things are on computers now, and probably more that we're not supposed to know that they are there. You can check your section 8 I believe. You can check the health status of your applications basically. Is it dead? Is it in transit? Is it active? I think that's all accessible by computer and a lot of people do not have access to that. I get the feeling just going into the library that we are not the most welcome asset. It's like "Oh the people are here again." (senior guest)

You should be able to get up, get out of here in the morning and go to the center and have a couple of computers so people... You know, you don't have to go to the library and wait to get on a computer, and you're not interfering with the regular people. (male guest)

I asked a lot of the women last night and a few today and one said a charging station for phones. That's difficult for us because if we bring our phone in it has to go right in our locker. It's hard to get the phone recharged unless you pay a dollar at here or there or when you sit in front of a place that has an outlet and they usually don't let you stay there long, or if you go to the library. (female guest)

Access to basic physical needs, such as showers, laundry, exercise, and napping was discussed in all guest focus groups.

A gym and showers so that some of these people could actually bathe. Even though there's all the free showers and shampoos that you can have here, those people still choose not to use them. I'd really like a small gym where people could actually work out and be active. (young guest)

Take a nice nap in the chair without getting yelled at. (female guest)

I feel that it comes down to sometimes during the day you just need to sit down, relax, even take a nap. (senior guest)

Well the main thing is the washer and dryer, a place that you can sit and actually watch TV because. (male guest)

And then, personal hygiene. We need more resources here. You have 60 guys in 3 bathroom stalls. (male guest)

… laundry facility and a shower facility. (female guest)

On that laundry thing you were talking about, I think it would be good to put a drop-in center where we could do our laundry and everything, and charge our phone, work on housing, have access to computers and phones, if not then charge our phones. (female guest)

Guests were also interested in programming at the Center to include opportunities for learning and skills development. Ideas shared included classes that focus on enhancing computer skills, GED classes, financial literacy classes, skills trainings, and a space to connect and meet with mentors who could support employment or teach general live skills.

A place for people to learn skills and stuff. Like one lady, she crochets like crazy, and if she could get just a bit more business class then she'd be out. It's so beautiful. She can be out selling her stuff. Just teach people basic skills. (young guest)

At a community center there would obviously be an area where a labor pool, to use the term maybe wrong, where people could come, and on certain days just these people will be here, these people will be here. They're looking for, they're looking for. Then you're

not confined and not knowing that these jobs exist, because not everybody goes out of line to advertise their services or to solicit for employees. (senior guest)

Main thing is counseling, some support, entryways into the job force, school...(young guest)

4. Social and support groups and activities

In addition to groups currently provided at the shelters, a number of additional activities were suggested to help structure daily activities for shelter guests. Suggestions for these groups ranged from support groups, such as AA, to skills training, such as computer classes or language classes for those who need to learn English.

Groups for women. (female guest)

There's a lot of things that people need and it's hard to address it all. And don't always be like "Okay. You guys just go." Have some type of structure. "Today we're going to do this group. If you don't want to do this group, you can go in there." (young guest)

5. Opportunities for work and entrepreneurship

The idea of a business incubator was discussed to meet two overarching goals: for guests who may be interested in gaining valuable skills in running or starting a business, and for the day center to be open to the larger community, increasing interactions between those with and without a home.

A coffee shop … They can start to branch out something like that. So I'd like to see a Dunkin Donuts or a Subway or something like that, a small business come in and work with them, because then they could... that's jobs that they can manage. When you go in with the job people, they're looking for like "Well, have you got your CDL" or "What did you do before" or something like that, and they can't necessarily do that, but it's a real trainable skill working at McDonald's believe it or not. (frontline staff)

If they had a place like a Dunkin Donuts where people could work at, like a training place where people actually can go. People only have so much money, but they would spend it on coffee and food. Lord Jesus, they would gather their pennies and get their coffee. (young guest)

[…] and there is a wonderful facility that's called the Amherst Survival Center … For example, they have a cafe there. People come and they get donations from Panera and some other places and they serve very affordable meals. They have a thrift shop in there. When you talk about going to a place where nobody's there, if you don't have the right things that attract people to come like a cafe and a thrift shop ... So you've really got to put together the right kinds of thing to bring people in to attract them. (senior staff)

6. Location

Shelter guests would like to see the community in close proximity to the shelter, especially those focus group participants who are older or disabled.

> *So would that place be located near of the shelter here? Where, once they leave early, how early would it open, because the center in Boston, the community center for the seniors, I think it opens at like 9 o'clock and that means... You know I go along with her. I'm 63 years old. I walk like two miles every morning, so basically I keep my strength up by working in the shelter. If you got to come out of here at a certain time, you're still walking because it's only going to open at a certain time, but I think that the benefit by building a community center they should be able to walk out this door and walk into the other one.* (senior guest)

> *And like you said you know a lot of older people can't walk. He (another guest participant) has a problem on his ankles. At least he'll be able to walk out the door and walk right into another door. Or if we're sort of alluding to transportation, getting from point A to point B.* (senior guest)

7. Population to be served: Both addressing and preventing homelessness

Staff shared diverse ideas on the target population for the community center. These ranged from a focus on those who are literally homeless to inclusion of the local low-income community who, as staff said, are often just one pay check away from homelessness or move in and out of homelessness due to the combination of their low income and rising housing prices. The frontline staff in particular felt that while the center would primarily serve homeless populations, it should connect as much as possible to the community – by welcoming low-income / high-risk populations, looking at a preventive model, and by offering an attractive space.

> *My idea is that, well coming from Brockton our homeless go in and out of... because it's a working, blue collar community, so they have a lot of those types of jobs. They're in and out of homelessness. They always have been. I don't foresee a lot of people getting past that point. It might be a good thing. You're really thinking about branching out, because there's such a connection between people who are low income but currently not homeless that might become homeless.* (frontline staff)

> *So that's one of the nuances that we're challenged with, defining at-risk. We know what we consider homeless, but we also recognize that at-risk population has always been a sticky point to define. You're not a poverty program but you're a homeless program and how do you stay true to that? Can we divert or help someone who would come to our doors otherwise?* (senior staff)

One the one hand, assessment at the front door should provide the information as to whether an individual would fit criteria for inclusion.

> That sort of rapid, quick up-front assessment to figure out are you someone who fits our target population is really critical. (senior staff)

But it also can be a "slippery slope," as one senior staff commented.

Shelter guests would prefer to focus on those who are literally homeless in the shelter.

> *It would pretty much predominantly be for the homeless, because there's just no way to track all the people coming in and out of there*. (male guest)

> *I think any center being open for the people who have nowhere to go, like if they have to leave in the morning, would be helpful for them. In Brockton all they do is stay at the park, and I don't think that's helpful or beneficial to them. There some that really want to do stuff with their life but don't have the resources, or they feel like their triage workers are not doing enough with them. I think any center for them being open, helpful...* (young guest)

8. Staffing and Volunteers

Staff was pondering the number of staff and the positions that would be needed for the new community center.

> *We talk about this sort of quick assessment and diversion. What does that mean? Is that one person? Is that 10 people? Where does that fall? What are the skill sets? We're starting to flesh out what does the staffing look like. What's the roles of our triage workers, our housing specialists, and how may that change?* (senior staff)

Another important theme was the presence of volunteers, who were seen as good support for people coming in – to orient, welcome, have a chat. In particular, Housing First recipients were mentioned as ones that could come in for support that volunteers could provide (anxiety, need for encouragement). Volunteers could also support an increasing number of elder guests, for example by providing them with help using computers, reading, and writing notifications or applications they might find challenging.

> *… and maybe have volunteers run the shelter, go there and volunteer, help out like with the laundry and the phone situation, or maybe even hire some of the people.* (female guest)

Staff also thought of professionals that volunteered their time to help with job preparation, shared experiences and connections.

9. Opportunities for local leadership engagement

As staff discussed, a community center for homeless people that is open during the day would not only improve service delivery but also address the needs of municipalities in which

homeless people gather during the day. Engagement of their leadership in planning for the new center is therefore seen as a critical element to consider in the planning process.

> *So where does everybody go all day? Well they are going to the library. They're in the streets of Quincy and Brockton and places where the city leadership does not want that kind of burden in cities and towns, in their retail areas. To engage the local leadership … to cut down on a lot of that tension that exists in cities and towns for people that don't have a place to go during the day. Doing that at least recognizes that there needs to be collaboration, cooperation between providers and the municipality to make this work, including getting the municipality to cough up some money. It's a reality that cities and towns all deal with what happens during the day when folks have no place to go.* (senior staff)

10. Creating a new response to homelessness

The new community center provides potential for a new response to homelessness that would go beyond a new building with daytime opening hours.

> *Ultimate goal of new facility: a community setting with some emergency beds and housing attached to it. Begin with one center in one of the two urban settings – can't do more than one to start. Not start with a building but a better response, a better system of communication with those programs who drop off guests at the shelter. Institute a practice of diversion and prevention that should start with these facilities: MH, criminal, treatment programs, nursing homes, etc. Create other emergency housing options – FBP could get call first but could serve as a referral system. Need to broker with other community resources to provide for guests to come in during the day, get some rest, not get harassed. People should also be charged for housing.* (senior staff)

Recommendations

The rich discussions in the focus groups underscore the need for bold changes in the way we address the needs of the growing and more diverse shelter population in Quincy and Brockton. In addition to facing financial losses by opening the shelter to all individuals in need of shelter, regardless of whether they are intoxicated or not, the time it takes to connect individuals with much needed services and housing is long and presents a substantial toll for the guests. A day center open during hours when other service providers are operating is essential to provide faster access to much needed benefits and housing and thus to enable guests' quick departures from shelter life.

Table 1 below contrasts current services provided by the two emergency shelters with those envisioned to be provided by the community center.

Table 1: Services at Shelters and Community Center

	Shelter Services	Proposed Services at Community Center
Health	Clinic at shelter	Clinic/medical services available at check-in
Mental Health	Referrals/Elliot Center representative	Assessment/referrals during the day/ Elliot Center representative
Substance Abuse	Referrals	Assessment/referrals during the day
Housing	Emergency beds/overflow	Limited emergency beds and housing
Benefits	Access through shelter staff	DTA/DMH/DMR/DPH representatives
Work	Work Express	Work Express, employment at community center
Veterans Services	VA specialist	VA specialist/VA representative
Legal Services	None	CORI/other legal matters as needed
Support Groups	AA	AA, DV, others
Financial Services	Periodical financial literacy classes	Rep payees, regular financial literacy classes
Structured Activities during day hours	None	Groups targeted to different groups, classes (e.g., computer, ESOL)
Space during daytime	None, except for lunch	Space to rest, computer use, exercise room
Hygiene	Shower access at night, limited laundry access	Laundry room, showers
Coffee shop/soup kitchen	none	Training/employment opportunities for guests

The many items discussed by staff and guests present an ideal vision for the community center, but everyone knows that not all of them can be implemented at once. Continuation of the same level of services currently provided at the shelter and provision of a comfortable space and meaningful activities for guests to engage in are a first step in creating a new community

center for homeless men and women in Quincy and Brockton. In addition, providing rooms for community programs, such ESOL instruction, computer training, and AA meetings could enhance the offerings at the new day center. As new day programming will take pressure off of the local communities in accommodating homeless people in their public spaces, involvement of local leadership in the planning process is critical and essential. The overall goal of more efficient diversion, shorter shelter stays, and faster access to much needed services in addition to providing a safe place for shelter guests to stay during the day will not only benefit those who have lost their homes but also those of us who enjoy a home to return to each night.

References

Acosta, O. & Toro, P. (2000). Let's ask the homeless people themselves: A needs assessment based on a probability sample of adults. *American Journal of Community Psychology, 28*(3), 343-366. doi: 10.1023/A:1005105421548

Calsyn, R. J. & Morse, G. (1990). Homeless men and women: Commonalities and a service gender gap. *American Journal of Community Psychology, 18*(4), 597-608. doi: 10.1007/BF00938062

Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The age structure of contemporary homelessness: Evidence and implications For public policy. *Analyses of Social Issues and Public Policy, 13*(1), 228-244. doi: 10.1111/asap.12004

Father Bill's & MainSpring (2014). Performance Based Strategic Plan

Fein, J. & Fosburg, L. (1998). *Emergency shelter and services: Opening a front door to the continuum of care*. Paper presented at the Practical Lessons: The 1998 National Symposium on Homelessness Research. http://www.huduser.org/portal/publications/homeless/practical.html

Garibaldi, B., Conde-Martel, A., & O'Toole, T. P. (2005). Self-reported comorbidities, perceived needs, and sources for usual care for older and younger homeless adults. *Journal of General Internal Medicine, 20*(8), 726-730. doi: 10.1111/j.1525-1497.2005.0142.x

Hahn, J. A., Kushel, M. B., Bangsberg, D. R., Riley, E., & Moss, A. R. (2006). Brief report: The aging of the homeless population: Fourteen-year trends in San Francisco. *Journal of General Internal Medicine, 21*(7), 775-778. doi: 10.1111/j.1525-1497.2006.00493.x

Locke, G., Khadduri, J., & O'Hara, A. (2007). *Housing models*. Paper presented at the National Symposium on Homelessness Research. http://aspe.hhs.gov/hsp/homelessness/symposium07/locke/report.pdf

Meschede, T. (2011). From street life to housing: Consumer and provider perspectives on service delivery and access to housing. *Cityscape, 13*(1), 71-93.

Roth, D., Toomey, B., & First, R. (1992). Gender, racial, and age variations among homeless persons. In R. Marjorie & G. Milton (Eds.), *Homelessness: A national perspective* (pp. 199-211). New York: Plenum Press.

Slesnick, N., Glassman, M., Garren, R., Toviessi, P., Bantchevska, D., & Dashora, P. (2008). How to open and sustain a drop-in center for homeless youth. *Children and Youth Services Review, 30*(7), 727-734. doi: http://dx.doi.org/10.1016/j.childyouth.2007.12.004

Tsemberis, S., Moran, L., Shinn, M., Asmussen, S., & Shern, D. (2003). Consumer preference programs for individuals who Are homeless and have psychiatric disabilities: A drop-in center and a supported housing program. *American Journal of Community Psychology, 32*(3-4), 305-317. doi: 10.1023/B:AJCP.0000004750.66957.bf

US Department of Housing and Urban Development. (2012). *Introductory guide to the Continuum of Care (CoC) Program: Understanding the CoC Program and teh requirements of the CoC Program interim rule*. Retrieved from US Department of Housing and Urban Development website: https://www.hudexchange.info/resource/2036/introductory-guide-to-the-coc-program