

A CASE STUDY OF THE SAFE SPACE WINTER SHELTER
2015/2016 AND RECOMMENDATIONS FOR
MOVING FORWARD

A Project
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Emma Kennedy Clancy
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ABSTRACT

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Due to current limitations in Butte County to offer shelter and services to all individuals experiencing homelessness, the Chico Housing Action Team established the Safe Space Winter Shelter, a rotating temporary shelter to house those most vulnerable to harsh winter weather. The Safe Space Winter Shelter temporarily filled a gap in service delivery in Chico, however it can also be viewed as an organizational blueprint for establishing a year-round, fixed-site, low-barrier homeless shelter. Using a mixed method quantitative-qualitative research method, common themes were identified including general experience, cohesion, organizational structure, and suggestions & recommendations. The implication of these findings is outlined and inferences to social work practice are discussed.

CHAPTER I

INTRODUCTION

Background

The circumstances faced by men, women, and children who are unhoused has been, and continues to be a conundrum faced by social workers and policymakers. Scholars befuddled by the continued presence of austere poverty in the 21st century examine political records and claim that the persistence of homelessness in the United States, one of the wealthiest countries in the world, is the result of failed policy (National Association of Social Workers [NASW], 2011). While scholars disagree on what the next steps are to determine the extent of the problem and possible solutions (NASW, 2011), the 2015 Annual Homeless Assessment Report (AHAR) to the U.S. Congress estimates the number of individuals experiencing homelessness on any given night in 2015 was 564,708. Twenty percent of those individuals were experiencing homelessness in California (The U.S. Department of Housing and Urban Development Office of Community Planning and Development [HUD], 2015). Of the population in California, 27% were without any shelter, and 3.6% identified as unsheltered people in families (HUD, 2015).

Public attention to the issue of homelessness in the 1980s led many to action, and resulted in a surge of media coverage, academic studies, and finally the implementation of the Stewart B. McKinney Homeless Assistance Act of July 1987 (Quigley, Raphael, Smolensky, Mansur, & Rosenthal, 2001), which provided federal funds to homeless shelters and assistance programs. The legislation was later renamed the McKinney-Vento Homeless Assistance Act after the death of Representative Bruce Vento who strongly supported the bill's determinations (National

Coalition for the Homeless [NCH], 2006), and in 2009 the S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amended and reauthorized the McKinney-Vento Homeless Assistance Act (HUD Exchange, 2014).

Homelessness is often looked at as a housing problem rooted in politics and the economy (NASW, 2011), but in order to fully understand the origins of homelessness one must consider other factors. An example of these factors being individuals with psychiatric disorders who are lacking a social network (NASW, 2011), and also consider local systemic factors of homelessness that can aid in discovering a solution to the issue.

The City of Chico is experiencing a confluence of factors that contribute to the persistence of homelessness. In October 2014, the combined vacancy rate for market-value apartments and houses was 1.3%, the lowest rate recorded in the five-year period of 2009-2014 (North Valley Property Owners Association Quarterly [NVPOA] Vacancy Report for Chico, Ca., 2015). Additionally, the City of Chico (2014) reported that 39.4% of Chicoans are overpaying for their rent, defined as paying upwards of 30% of their monthly income on rent. The funding requirements desired by HUD have increased, and projects that meet their policy priorities must include: strategic resource allocation, ending chronic homelessness, ending family homelessness, ending youth homelessness, ending veteran homelessness, using a housing-first approach by removing barriers to entry (Coles, 2015). Service providers have been unable to keep pace with requirements introduced in the HEARTH Act, resulting in only 11 funded projects spread among five agencies in Butte County (Butte Homeless Countywide Continuum of Care [CoC], 2015). Service providers are also struggling to maintain operating costs, and as of March 2016, the only service provider conducting weekly street outreach is the Homeless Emergency Action Response

Team (HEART) program, targeted specifically at homeless and runaway youth (Greater Chico Homeless Task Force, personal communication, March 2016). With few open housing units and limited resources available to service providers, the municipality is in need of innovative solutions to meet the need and provide assistance to individuals experiencing homelessness.

While Chico has a number of services available to individuals experiencing homelessness, the requirements for program eligibility may be preventing many members of the population experiencing homelessness from accessing services. This realization led to the 2013 development of a new, volunteer-run service in Chico devoted specifically to those who fall into this service gap during the winter months. Safe Space Winter Shelter (SSWS) is a low-barrier homeless shelter operated by a local nonprofit group, Chico Housing Action Team (CHAT). The low-barrier shelter could also be referred to as a housing-first model modified to an emergency shelter setting. CHAT originally developed out of a desire to introduce new and alternative housing options to Chico, such as the development of a tiny house village or cooperative housing developments with the mission of helping everyone in the Chico community have access to “fair and adequate shelter and sanitation” (Chico Housing Action Team, n.d.). The attention of the group began to divide in December 2013 when Chico experienced a severe cold spell, and several members of the group opened up a local storefront, the Chico Peace and Justice Center, to provide a place for several individuals experiencing homelessness to sleep. This initiated the first season of SSWS, and provided shelter for 13 nights (C. Gailey, personal communication, July 2015).

The following year, SSWS expanded to include community volunteers outside of CHAT, and larger physical spaces donated by local churches (C. Gailey, personal communication, July

2015). The 2014-2015 shelter season served an important purpose as it drew the attention of many stakeholders in the Chico community, and a planning group was formed that met twice per month for the 2015 year. The 2015-2016 season saw the most guests and volunteers of all three seasons, and will serve as the focus of the following case study.

A concern that has been raised in Chico by community members is that providing additional social services and housing programs would make Chico a “service magnet” that would attract individuals experiencing homelessness from throughout the country. The “magnet” argument has been referenced in local government meetings (Gebb, 2015), and has served as a barrier for service providers receiving financial and community support to create policy surrounding homelessness and poverty. This concern has been shared by many cities through the United States and the world, and first appeared as early as the 16th century in England when Queen Elizabeth first introduced poor relief (Wagner & Gilman, 2012). Because poor relief was distributed locally, concern grew that a more generous welfare overseer would attract paupers from neighboring municipalities, which may have prompted some overseers to be overly rigid in distributing aid (Wagner & Gilman, 2012).

This disquietude migrated with the founding fathers to the United States, and has in more recent years been tested in scholarly research (Wagner & Gilman, 2012). By way of example, Walker (1994) and Giulietti & Wahba (2012) found mixed results in the data relating to low-income persons migrating to more service-rich areas. However, Walker (1994) found results of migration toward service-rich localities to be statistically insignificant, and Giulietti & Wahba (2012) found allegations of welfare migration to be unfounded.

Statement of the Problem

The Butte Countywide Homeless Continuum of Care (2015) identified 571 individuals experiencing homelessness in Chico. Compare this number with the number of available year-round emergency shelter and transitional housing beds, 477 (City of Chico, 2014), and there is a deficit of even the most basic services for individuals experiencing homelessness in Chico. An added problem is that many of these shelter beds are in programs that have certain eligibility requirements limiting access. Of the 477 beds available only Stairways Empowered Living with 36 beds could be categorized as having few barriers to entry (Hardee, 2015). Low-barrier is defined herein as not denying services on the basis of substance use, criminal history, pet ownership, mental illness or gender.

Considering the limited resources available in the Chico community, what can be learned from models such as SSWS to aid in the city's search for permanent and sustainable solutions for the issue of homelessness? There is not only a need for additional emergency beds in the community, but also for a variety of programming options available through the development of a systemic approach to housing and homelessness.

Project Significance

HUD is promoting the housing first model in permanent supportive housing as the new wave of housing policy (HUD, 2014). By the nature of the definition of housing first in permanent supportive housing, it is implied that communities create a systemic approach to housing that includes street outreach, rapid re-housing, permanent supportive housing, preventative homelessness measures, and emergency shelter. Following this policy, in the absence of available units and sufficient supportive services, an additional shelter in the Chico

area that does not discriminate against those with substance use histories, criminal history, or other common barriers to accessing services would allow for individuals to have a safe place to stay at night. In such an emergency shelter, resources and referrals to outside services such as education, employment, medical and mental health services, and also a place for social skill development (Ha, Nerendorf, Santa Maria, Bezette-Flores, 2015) may be a promising solution and aligned with national policy and emerging research. Through examining the 2015-2016 season of SSWS, this project sought to identify strengths and weaknesses in the organizational structure, areas for improvement, and the opportunity to replicate and strengthen this model as part of a larger systemic approach to the homeless issue in Chico and Butte County.

Ethical Considerations

This project involved individuals from a variety of ethnic and socioeconomic backgrounds. Consideration was paid to understanding the nature of the diversity of the population, and project questions and outreach were completed with an anti-oppressive social work lens, which acknowledges the complexity of the struggles in the world of social work practice (Baines, 2007).

When faced with certain difficult decisions to make in regards to social work research, the NASW Code of Ethics provides guidance and can weigh in on subjective decisions in light of “various idiosyncratic factors” (Rubin & Babbie, 2013, p. 287). In completing this project, attention was paid to ensure the dignity and humanity of all individuals was preserved. In accordance with Section 1.03 of the NASW Code of Ethics (2008) and the Institutional Research Board at CSU Chico, each participant was made aware that their participation was voluntary, was informed of the consequences of this project, and signed an informed consent. Additionally,

Babbie and Rubin (2013) described the importance of protecting the identities of all participants in conducting research, and one method of doing so is to maintain participant confidentiality. This project maintained the confidentiality of all participants to ensure that they would not be faced with any negative consequences from the community for their participation.

Homelessness is the center of heated political debate in Chico, and consideration also needed to be paid in not blurring the line between the values surrounding homelessness and political preferences. Politics and ethical issues are often intertwined, however the social work ethical approach to research focuses more on methods applied to the research than political costs and use of the research (Babbie & Rubin, 2013). While it may be impossible for analysis to be free of researcher biases, the focus of this project was to compile data with the intention of presenting a detailed picture of the population experiencing homelessness without the interference of the values and opinions of the researcher.

Definition of Terms

Chronic homelessness

The department of Housing and Urban Development defines chronic homelessness as an individual experiencing homelessness for at least one continuous year, or an individual who has had a minimum of four episodes of homelessness within the past three years (Thompson & Gagnon, 2014). The

Companion animal

This project refers to companion animals as a pet that an individual cares for, or considers to be part of their family, but does not meet the legal requirements to be a service dog.

Guest

For the purposes of this project, “guest” refers to an individual who sought shelter at the Safe Space Winter Shelter.

Housing First

“Housing First’ is a housing model that offers individuals experiencing homelessness access to permanent and affordable housing, or supportive housing (United States Interagency Council on Homelessness, 2016).

Low-barrier homeless shelter

A low-barrier homeless shelter is defined hereafter as a shelter that has few eligibility requirements to access shelter services. In the case of SSWS, low-barrier meant that individuals would not be denied services on the basis of criminal history, substance use, pet ownership, gender identity or sexual orientation (Kenny, R. R., & Gillis, L. M., 2008).

Street outreach

Street outreach is viewed in the project as when service providers work in the field and directly provide services to individuals experiencing homelessness. It may be conducted at any location that individuals experiencing homelessness congregate.

Transitional-age youth

Transitional Age Youth are most commonly defined as youth between the ages of 16 and 25 years. This age group is too old to receive child services, but may not yet be eligible for adult services, and as a result are considered to be a high-risk population (Kinney & Gillis 2008).

CHAPTER II

LITERATURE REVIEW

Causes of Homelessness

Poverty and affordable housing

The American Psychological Association (2016) asserts that homelessness exists only “when people lack safe, stable, and appropriate places to live,” and cites the lack of accessible affordable housing as a primary cause. Poverty is overwhelmingly accepted as a main contributor for an individual becoming homeless (Johnsen & Watts, 2014). The influence of poverty on homelessness is a reflection of the macro conditions within a society, such as the state of welfare policy and the housing market. These macro conditions integrate with micro-level factors regarding an individual’s unique vulnerabilities (Johnsen & Watts, 2014).

The rental prices in California have been historically higher than the national average since the 1940s, making it particularly difficult for households with lower incomes to compete for housing (LAO, 2015). The average monthly rent for houses in 2015 was approximately \$1,240, ranging from \$2,000 in San Francisco to \$810 in Fresno. In comparison, the national average for home rentals in the United States was \$840 (California Legislative Analyst’s Office [LAO], 2015).

One explanation for the high price of housing is the demand for housing in the coastal regions. The rate of housing development is much lower than the demand for coastal property, raising the price for units (LAO, 2015). This demand for housing has spilled inland, causing a high need for fewer available units. The construction along California’s coast remained flat

during the housing boom of the early 2000s. Additionally, building costs in California are higher than other states due to the prescriptive building codes, energy-efficient standards, standards for the material, and building fees that are used for a number of areas, including school facility fees (LAO, 2015). On average, building a single-family home in California costs approximately \$50,000-\$75,000 more than in other states (LAO, 2015).

Mental illness

Research indicates that there is a disproportionately high percentage of individuals experiencing homelessness also suffering from mental illness. The range of mental illness experienced by individuals living on the streets can be vast, and there is conflicting research on whether mental illness is a cause of homelessness, or if it develops as a consequence of the trauma of living without safe and permanent housing.

The researchers Lippert and Lee (2015) identified that the causal link between mental health disorders and homelessness is likely bidirectional, with psychological disorders appearing both before and after an individual first experiences homelessness. They also found that the length of an individual's homeless episode has a dramatic impact on the individual's mental health status, with those experiencing chronic and episodic homeless episodes having a greater likelihood of experiencing a psychotic disorder than those who are transitionally homeless (Lippert & Lee, 2015). The phenomenon is best understood through the framework of stress theory that explains how individuals in disadvantaged social positions have larger exposure to life stressors. In the case of homelessness, individuals experiencing chronic or episodic homelessness are exposed to more life stressors, accounting for the increased prevalence of psychotic disorders.

History with the criminal justice system

Formerly incarcerated individuals, especially those who recently left criminal justice institutions, appear to be at a higher risk of experiencing homelessness compared to individuals without a criminal record (Metraux, Roman & Cho, 2007). Women are overrepresented in the population experiencing homelessness post-incarceration, as they are twice as likely as their male counterparts to experience homelessness following a period of incarceration (Fries, Fedock, & Pimlott Kubiak, 2013). Research indicates that there is a high correlation between incarceration and homelessness due to structural barriers such as ineffective discharge planning, lengthy prison sentences contributing to severed family ties, community opposition to providing resources to individuals with incarceration backgrounds, and policies that limit government support to individuals with a criminal background (Metraux, Roman & Cho, 2007).

The period of time immediately following when an individual is released from a carceral institution is when they are at the highest risk of experiencing homelessness. A 2014 California Department of Corrections study found that in the Los Angeles and San Francisco areas, 30-50% of parolees are homeless at any given time (National Alliance to End Homelessness [NEAH], 2016). This is most likely due to a lack of employment history and the fact that a criminal history prevents an individual from accessing the majority of affordable housing programs (NEAH, 2014). Parolees experiencing homelessness are also more likely to be rearrested, creating a cycle of homelessness and incarceration (NEAH, 2016).

One of the most highly discriminated against populations are those who appear on the Registered Sex Offender Registry (RSOR). The 1994 Jacob Wetterling Act was a federal law that created the RSOR along with an address verification system that law enforcement agencies

are able to access (Socia & Rydberg, 2016). The law was expanded in 1996 when a child, Megan Kanka, was raped and murdered by a sex offender that lived in her neighborhood. This expansion, called Megan's Law, made the RSOR available to communities with the intention of protecting families and children from dangerous individuals (Socia & Rydberg, 2016). A third law, the Adam Walsh Child Protection and Safety Act, was put forth in 2006 with the aim of closing any loopholes found in Megan's Law (Socia & Rydberg, 2016). To date, the Adam Walsh Child Protection and Safety Act has only been implemented by a few states and tribal territories (Socia & Rydberg, 2016).

Penal Code 290 in California dictates that any individual on the RSOR may not reside within the "child safety zone," a location restriction of any school or area where children regularly gather, and as a result the individual cannot enter an emergency homeless shelter that admits youths under the age of 18 (Feld, 2014). They also may not enter an adult residential daycare facility without informing the staff of their RSOR status.

While the intention behind the RSOR may be to create safer communities, the unintended consequences are vast and highly discriminatory. As evidenced by the literature, the 290 status held by more than 800,000 individuals blocks access for these individuals to reintegrate successfully into society and obtain adequate housing, employment, and social support (Socia & Rydberg, 2016). The child-safety zone restricts access to safe residential neighborhoods, and results in many individuals ending up having to live in disorganized neighborhoods or become homeless, further limiting the individual's access to services, and as a result, access to emergency shelter services (Socia & Rydberg, 2016).

Domestic violence

Approximately 12% of the population experiencing homelessness engaging in shelter services are survivors of domestic violence and abuse (NEAH, 2016). For many individuals who leave a violent or abusive home, they often do not have either the resources or the knowledge of where to go (NEAH, 2016), and even if they are aware of their options, many are placed on long waitlists for housing. A waitlist often forces someone to choose between remaining in an unsafe home or leaving the situation and risking homelessness. Domestic violence can be an immediate cause of homelessness for many individuals, particularly women, and many women are also exposed to abuse while unsheltered (NEAH, 2016). Of the unsheltered female homeless population, a study discovered that 92% had experienced physical assault or abuse while homeless, and 63% were survivors of intimate partner violence (NEAH, 2016).

Runaway and homeless youth

According to the Office of Juvenile Justice and Delinquency Prevention, an estimated 1.6 million youths ran away from their homes in 2002 (National Runaway Safeline, 2015). While every case is unique when it concerns youths, and the reasons youths run away differ, the National Runaway Safeline (2015) states that 48% of their callers are youths who ran away from their home due to family dynamic or abuse. One national study published by the U.S. Department of Health and Human Services found that 46% of runaway and homeless youths, had experienced physical abuse and 17% were forced to engage in unwanted sexual activity by a family or household member (National Coalition for the Homeless [NCH], 2008). The youths remove themselves from a dangerous or unhealthy situation but do not always have a plan of what they should do next or where they should go.

Another cause of youth homelessness is youths entering homelessness with their families as a result of financial instability due to a number of reasons including a lack of job opportunities, lack of affordable housing, or a personal financial crisis due to medical expenses. Often youths then have to separate from their families due to shelter restrictions, involvement with child protective services, or transitional housing policies (Shinn and Weitzman, 1996). Lastly, housing instability as a youth can be a large factor in homelessness later in life. Strong correlations have been found between a youth who experienced greater foster care placement instability or engaging in delinquent behaviors and experiencing at least one episode of homelessness before the age of 26 (Dworsky, Napolitano, & Courtney, 2013).

Policy Solutions

National policy

The United States made a stance to uphold all basic human rights by signing the Universal Declaration of Human Rights in 1948, which identifies shelter as a basic right: "Everyone has the right to ... food, clothing, housing and medical care and necessary social services" (The United Nations, 1948). The following year, the United States attempted to make a societal contract with the Housing Act of 1949 that every family would have a decent home "as soon as feasible" (Donohoe, 2004). Nearly 20 years later, the Fair Housing Act made it illegal for the housing market to discriminate on the basis of race. The researcher Donohoe (2014) explains that despite the efforts of the Declaration of Human Rights and these two laws, discrimination in the housing market still exists and not every family has access to a decent home. The fair housing laws were followed by the deinstitutionalization of the mentally ill. This led to a drastic increase of the population experiencing homelessness in the late 1970s and 1980s,

as the deinstitutionalization was not accompanied by any commitment to strengthen outpatient services (Donohoe, 2004).

Federal response to the issue of homelessness has been the McKinney-Vento Homeless Assistance Act of 1987, later amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act consolidated the Housing and Urban Development Grants, including the Emergency Solutions Grants (ESG) that typically fund emergency shelters. The impacts of this amendment are still unfolding.

California policy

In the early 1900s, the California Legislature passed the State Tenement House Act of 1909 authorizing a basic level of sanitation and safety standards in urban tenements (Department of Housing and Community Development [DHCD], n.d.). Numerous expansions to tenement housing law followed, and in 1965, the Department of Housing and Community Development was created and charged with promoting and maintaining decent living environments for all California citizens, overseeing minimum safety building standards, and acting as a body to develop solutions to California's community development problems (DHCD, n.d.). Among the many contributions of the Department of Housing and Community Development, the agency created the guidelines for the Housing Element, part of the statewide action plan for providing decent homes and suitable living situations for every family (DHCD, n.d.). Since 1965, the state has required all cities and counties to prepare for growth, and the housing element generated by each district serves as a blueprint for moving generating plans to move forward (DHCD, n.d.). The Housing Element Statute was enacted into statute 1980 through AB 2853 (DHCD, n.d.).

Local policy

The Legislature localized the minimum building standards and began to allow local governments to create the minimum safety and sanitation standards in 1953 (DHCD, n.d.). In present day, Chico has many building and zoning codes in place that builders must adhere to. While Chico adheres to statewide codes, the fee schedule is determined locally (City of Chico, 2015).

Aside from building standards, Butte County has seen many legislative changes that directly affect individuals experiencing homelessness. This is especially true in Chico, as the City Council attempted to address their constituents' concerns regarding the growing population experiencing homelessness. In 2013, the City Council passed a Sit-Lie Ordinance, banning individuals from sitting or lying on public sidewalks (Gebb, 2013). This was followed by the Offenses Against Public Property Ordinance in 2015, which made it possible for an individual to be charged with a misdemeanor or infraction if they stored personal property in city parks, streets, public parking lots, near public waterways, or the Civic Center downtown (Scharaga, 2015), later expanded to be a city-wide ordinance in March 2016 (Hardee, 2016). Both of these ordinances impede on an individual's ability to exist in a public space, disproportionately affecting those without shelter.

The state of homelessness and service provision in Chico

In the City of Chico, according to the Point-in-Time survey (2015), there were approximately 571 individuals experiencing homelessness on any given night. To meet the needs of these individuals, several social service agencies provide shelter and support services. These include day services such as two hot meals per day, access to showers and bathrooms, and access to a basic resource center at the Jesus Center (Jesus Center, 2016). Also available during the day

is the Iversen Wellness and Recovery Center, an agency that provides services to members of the Chico community with persistent mental illness, many of whom are experiencing chronic homelessness (Northern Valley Catholic Social Service, Inc., 2016). There are currently 477 emergency shelter beds available in Chico between 11 agencies (City of Chico, 2014), not including the shelter spaces available during the winter months through SSWS. While these services meet critical needs of many in our community, many others are unable to access these resources due to both systemic and personal barriers.

Factors that Impede Shelter Use

Factors that may inhibit shelter usage range from informal concerns to more formal societal norms. Barriers surrounding access included items such as a non-centralized location for shelters, lack of transportation to reach shelters, adverse shelter conditions, and restrictive shelter rules (Ha et al., 2015).

A main factor contributing to the large number of individuals without shelter may be the high expectations by shelters for persons experiencing homelessness to enter. Dry-shelters, in which an individual must be able to pass an alcohol and drug screening to enter the building, have been the preferred model in Chico, evidenced by the Torres Shelter, Esplanade House, and the Jesus Center rules (Torres, n.d.). As such, many individuals who imbibe alcohol or other illicit substances are ineligible for the majority of services offered in Chico and therefore must remain unsheltered.

The researchers Ha, Narendorf, Santa Maria, and Bezette-Flores (2015) identify two categories of barriers to young adults accessing shelter services: access and attitudinal. Access refers to the structural and systemic makeup of the shelter, while attitudinal refers to the societal

and personal attitudes that affect shelter usage. In terms of societal and personal attitudes, Ha et al. (2015) identified societal stigma and shame related to being unsheltered, coupled with a sense of self-reliance and pride of being able to survive on the streets. However, the stigma did not stretch to young adults experiencing special circumstances, such as experiencing pregnancy, a substance use disorder, or severe mental illness, and those individuals were more likely to access a shelter that addressed their individual needs. This was common among certain age groups, as older men who were experiencing homelessness for the first time were also more likely to utilize shelter services under special circumstances, such as a severe mental illness (Rothwell, Sussman, Grenier, Mott & Bourgeois-Guérin, 2014). Access-related barriers identified by Ha et al (2015) referred to the shelters themselves, such as the conditions of the shelter, shelter rules that were too prohibitive, the geographical location of the shelter, and shelters utilizing a restrictive definition of homelessness.

Registered Sex Offender Registry

A criminal history can act as more than an indicator for homelessness, and may actually present an entrance barrier for individuals to access emergency shelter services. Emergency homeless shelters most commonly discriminate against those who appear on the RSOR (Socia & Rydberg, 2016). Individuals on the RSOR are discriminated against for many reasons in emergency homeless shelters. In addition to legal limitations, community perception may place additional restrictions on those on the RSOR, with the intention of keeping children and families safe.

Pets

Pets are a common barrier for individuals experiencing homelessness who wish to seek shelter. California state laws Unruh Civil Rights Act, the California Disabled Persons Act (CDPA), and the Fair Employment and Housing Act (FEHA), and the federal Americans with Disabilities Act (ADA) allow for a person with a disability to bring a trained service dog into all public places (Duffly, 2015). In California, the term disability is an umbrella term in the law that includes physical and psychiatric disabilities. However, pets that are not certified service animals do not qualify for the same protections. Many agencies and shelters do not admit pets due to agency philosophy or health department restrictions and to guarantee the safety of other guests (Hanson, 2015). A pet can also be a barrier for those wishing to seek medical care, permanent housing, or may be an obstacle for applying for a job as animals are not typically allowed in public or private businesses (Hanson, 2015).

While all of these reasons merit attention, researchers have found a link between the wellbeing of a person experiencing homelessness and ownership of a pet, and these benefits may outweigh the risk associated with admitting animals into a shelter. One of these benefits is that homeless pet owners experience a lesser degree of depression and loneliness than their pet-less counterparts (Rhodes, Winetrobe & Rice, 2015). A study conducted by Lem, Coe & Haley (2013) found that for youths experiencing homelessness, the responsibility of owning a pet was a strong enough incentive to make better life choices and avoid incarceration to prevent separation from their pet. The authors noted that service providers need to understand the strong bond between humans and animals, and should support that bond, as the animals provide structure, a sense of responsibility, resulting in a lower rate of risky behaviors such as illicit drug use (Lem,

Coe & Haley, 2013). This was echoed in a San Francisco study (as cited in Rhodes, Winetrobe & Rice, 2015), which found that pets provide a sense of accomplishment and motivation for the individual.

It is estimated that as many as 25% of people experiencing homelessness are pet owners (Rhodes, Winetrobe & Rice, 2015). In addition to the benefits listed above, pet owners report that their pets act as social facilitators (Rhodes, Winetrobe & Rice, 2015), meaning that people are more likely to approach the individual and be pleasant with the individual if they have a dog. As social facilitators, pets can prevent an individual from becoming isolated from the society at large, and can make reintegration into services or a housing facility a simpler process as the individual has maintained communication and social skills during their time without shelter.

Substance Dependence and Use

In 2009, SAMHSA published that 10% of Americans 12 years and older either abuse or are dependent on illicit drugs or alcohol (Schutt & Goldfinger, 2011). Additionally, the Department of Housing and Urban Development found that three quarters of individuals experiencing homelessness who were engaged in services had abused drugs or alcohol at some point in their lifetime (Schutt & Goldfinger, 2011). Relevant neurobiological research indicates that addiction to illicit drugs or alcohol can overturn basic survival instincts, intended to ensure the individual's safety, underlying the progress of substance abuse into a serious medical issue (Schutt & Goldfinger, 2011).

Substance use is documented as one of the largest barriers to shelter access. The Butte Countywide Continuum of Care noted that a major barrier to accessing temporary shelter and services is drug and alcohol use (CoC, 2015). Traditional programs to aid people experiencing

homelessness have been oriented through a treatment-first framework, requiring sobriety and compliance with psychiatric treatment (Lincoln, Plachta- Elliott & Espejo, 2009). The restrictions found in treatment-first models tend to disproportionately affect the most vulnerable of people who are homeless, leaving those who struggle with a substance use disorder ineligible for many programs (Lincoln, Plachta-Elliott & Espejo, 2009). Some of these programs include dry homeless shelters, shelters that require individuals to be substance free before accessing services and abstain from substance use while accessing services, and facilities where their stay at the shelter is conditional on their ability to pass a drug and alcohol test (HeretoHelp, 2015).

Theoretical Perspective

Systems Theory

Systems Theory explains human behavior as the intersection of a person with their environment and notes that decisions made by a family or community can have a direct effect on the individual (Dale, Smith, Norlin & Chess, 2009). This theory asserts that an individual is constantly transacting with their environment — a series of interrelating systems — and an individual's actions can have direct implications on themselves, their family, and their community (Dale, Smith, Norlin & Chess, 2009).

When applied to social work practice, the systems theoretical perspective acknowledges that the relationship between a problem and the cause of said problem may be indirect and not obvious, and that to optimize the whole or fix a solution, the relationship between all of the parts must be strengthened (Dale, Smith, Norlin & Chess, 2009). Using the systems perspective to view homelessness, the relationship between an individual and the system is very important. Series of personal choices may contribute to their status of being without a home, but the

personal choices cannot be seen without also taking into account the structure of the system, including but not limited to family ties, ties to the community, local laws and ordinances that may affect the individual's choices, and their relationship with the criminal justice system.

CHAPTER III

METHODOLOGY

This project employed a mixed method approach, utilizing both qualitative and quantitative data. Mixed method research design is most appropriate when a social work researcher is seeking to understand the complexity of social problems, and include broader theoretical understanding by juxtaposing two perspectives (Padgett, 2008). Homelessness is a complex social issue, as homelessness acts as an intersection of many different social factors, including, but not limited to poverty and inequality, mental illness, substance use, community lack of affordable housing, and individuals escaping abusive homes, among other factors (Baum, & Burnes, 1993; Ha et al., 2015; Schutt & Goldfinger, 2011; Wagner & Barton Gilman, 2012). In light of the many intersections, a mixed methods design is most appropriate for understanding the perspective of those experiencing homelessness and also provide a community perspective of how to provide the most effective service for these individuals.

A mixed methods qualitative-quantitative approach aids the researcher in both exploring and explaining a societal phenomenon (Bronstein & Kovacs, 2013). Rubin and Babin (2013) define seven types of mixed methods approaches. For this study, a qualitative-emphasized mixed methods approach was applied, as the quantitative data collected after the qualitative data can add substance to the qualitative findings (Rubin & Babin, 2013). The authors outline seven phases that are followed in mixed method research: Problem formulation, designing the study, data collection, data processing, data analysis, interpretation of the findings, and finally writing

the report (Rubin & Babbie, 2013). These steps were followed to increase the validity of and reduce redundancies in the research.

Project Design

In the first stage, problem formulation, the research questions were formulated, however hypotheses were not developed until after observations had been made. The second phase, designing the study, considered many different logical arrangements and data collection techniques. It was decided that the design of the study would take three phases: surveys, focus groups, and secondary data collection. The surveys were intended for individuals experiencing homelessness and also for housed community members. A set of focus groups were held specifically for guests of SSWS and separate focus groups were held for volunteers of SSWS. Lastly, the secondary data collection included analyses of the nightly logs sheets, intake forms, incident reports and other written data available from SSWS 2015-2016 season. Following the phases outlined by Rubin and Babbie (2013), the third stage involved implementation of the study design.

Prior to distributing any surveys, a Human Subjects in Research application was presented to the Human Subjects and Animal Care department at the Office of Graduate Studies at California State University, Chico. The project was approved for research on October 14, 2015. The original application covered the surveys for individuals experiencing homelessness and community members. An amendment to the original application was made to include the focus groups, and was approved on March 4, 2016. Prior to completing any surveys or taking part in a focus group, all participants signed an informed consent form that detailed the benefits

and risks of participating, how the research results will be distributed, and contact information for the researcher and chair of the research committee.

Selection of Participants

The target population of this study was individuals experiencing homelessness, Chico community members, and community members who volunteered at SSWS.

Participants for this study were selected through a convenience sample of individuals who were readily available and able to contribute. Recruitment of study participants included in-person recruitment at SSWS and the Jesus Center, a local organization that provides hot meals and other basic services to individuals experiencing homelessness. Individuals who were approached were not engaged in other activities, and were of a high enough cognitive functioning level to understand and respond to questions. Fifteen individuals experiencing homelessness agreed to participate in this study through either completing surveys relating to their experiences of homelessness, or participating in a focus group specifically looking at their experience as guests at SSWS.

Recruitment of community members for the surveys was done through emails to specific individuals from different areas of expertise in the community. The surveys examined their values surrounding homelessness. A goal was set for community member survey from different areas of specialty: 4 members of law enforcement, 4 social service providers, 3 employees of the City of Chico, and 4 local business owners in an attempt to receive a holistic view from the community of Chico regarding the creation of a low-barrier homeless shelter. In total, 33 community members agreed to complete the survey. To recruit SSWS volunteers for the focus groups, an invitation email was sent to all 409 volunteers and 20 SSWS volunteers agreed to

participate in one of two focus groups. Recruitment for the guest focus group was conducted in person on the last night of shelter at SSWS and also at the Jesus Center during breakfast. Four guests participated in the guest focus group.

Instrumentation

Qualitative Instrumentation

The survey for community members was comprised of seven questions and was distributed as an online survey on Survey Monkey. This survey explored the community values and support relating to the opening of a low-barrier homeless shelter in Chico (Appendix A). The surveys were designed specifically to appeal to the target audiences. The survey for individuals experiencing homelessness was printed, and completed in person, and the questions for the survey were chosen specifically to gauge the experience of an individual experiencing homelessness. The survey included 15 substantive questions and 10 demographic questions (Appendix B).

The focus groups added an additional layer of knowledge to the research. Two focus groups were offered for individuals who volunteered at SSWS and one was facilitated for guests of SSWS. The focus groups were facilitated by Chico State faculty members Sue Steiner, PhD, and Susan Roll, PhD, to ensure an impartial mediator. Before the focus groups for volunteers, a pre-questionnaire was distributed to all participants (Appendix C). Five guiding questions were created prior to the focus groups to lead the conversation in each session (Appendix D).

Quantitative Instrumentation

In addition to the demographic answers gleaned from the surveys, the quantitative portion of this project included a detailed examination of SSWS files. The intake forms provided self-

reported information regarding participants' age, gender identity, veteran status, and any mental or physical health concerns that the guest wanted to provide the shelter volunteers. The nightly logs were analyzed to determine the average number of guests per night, the average male to female ratio per night, and how many companion animals were accommodated at the shelter.

Data Analysis

Phases four and five of Rubin and Babbie's (2013) model outline processing and analyzing the data. Descriptive statistics were used to define the population that sought shelter at SSWS (Rubin & Babbie, 2013), and to generalize the findings to the larger population experiencing homelessness in Chico.

Qualitative data analysis comprised of coding and categorizing for themes, and identifying similarities and differences through constant comparison analysis. Doody, Slevin and Taggart (2013) recommend the use of constant comparison analysis when there were multiple focus groups within the same study to assist in data saturation, and describe the three stages of analysis. The first stage, open coding, data was grouped into small units and attached a descriptor to each unit. In the second stage, the units were compiled into categories through axial coding. Finally, through selective coding, themes were developed to articulate the content of each of the groups. An additional stage, researcher triangulation, was added in which Susan Roll, PhD, provided an independent check to establish the legitimacy of the analysis.

Limitations

While the research was carefully prepared, certain limitations emerged during the course of this study. To begin, the researcher does not have a history of experiencing homelessness, meaning that first person accounts of accessing shelter services at SSWS had to be collected in

entirety through the surveys and focus groups. This also implies that perhaps there were helpful questions or possible points of analysis that the research team may have been unable to explore due to a lack of personal experience.

Another limitation was that the population recruited for the study was engaged through a convenience sample. Due to the time frame in which this study took place and the manner in which the research was conducted, only individuals who were available, of a high level of cognitive functioning, and sober at the time of the study participated. Community members who were either unavailable due to time constraints or who did not possess technological skills did not participate as the surveys and volunteer recruitment were conducted online. Using a convenience sample as opposed to a random sample limited the number of individuals who were able to participate and may have biased the sample.

Likewise, the use of a convenience sample also speaks to the limited time frame available to complete this case study. There were many unique features of SSWS, and also unique characteristics of the unsheltered population in Chico, however due to the time frame of one academic year, the scope of the research question had to be concise and within reason to complete the requirements of this project. The questions left unanswered by this project can lead to many future research studies that can further investigate the causes, consequences, and solutions to homelessness in Chico.

An additional identified limitation is with the use of a survey in conducting research. Because the surveys with individuals experiencing homelessness and all three focus groups were conducted in person, anonymity was forfeited even though the data remained confidential. Rubin and Babbie (2013) cite this lack of anonymity as a disadvantage of face-to-face is that a lack of

anonymity can impede responses in regards to sensitive areas. This was especially concerning with the SSWS volunteer focus groups, as core volunteers and nightly volunteers were in the same space and responses may have been edited to not offend others at the table.

CHAPTER IV

FINDINGS AND RESULTS

Analysis of the results was comprised of two stages. The first stage of combing through the census data offered by SSWS revealed the demographic makeup of the guest population. The next phase included extracting themes from the qualitative data acquired from the surveys and focus group transcripts. Identified themes were grouped into like categories and by prevalence in the data. Some of the findings refer to the organizational structure of SSWS, explained in further detail in Appendix E.

Census Data

In the 2015-2016 SSWS season, 322 unique individuals accessed shelter and 409 individuals from the community volunteered. Ten churches donated their space for the shelter, and in total SSWS operated for 12 weeks. On average SSWS sheltered 43 guests per night with a range of 17 guests on the least populated night to 60 guests, and provided a total number of 3,290 individual nights of shelter.

According to self-report, of the guests who accessed shelter, 76.2% identified as male, 23.2% as female, .3% as transgender, and .3% declined to state. Almost 10% of guests had served in the military, although this does not distinguish if the guest was a veteran and therefore eligible for veteran services, or if the individual served in the military but was not honorably discharged. Approximately 7.4% of guests owned a pet companion. The age of guests ranged from 7-months old to 74 years of age. Thirty percent of guests were 50 years or older, 11% were identified as transitional-aged youth, and six guests were under the age of 18. A majority of

guests (57.1%) stated that they have lived in Butte County for five years or more, 10.9% of guests having lived in Butte County for 40 years or more. In total, 15.8% of guests had lived in Butte County for their entire life. On the other end of the spectrum approximately one quarter, 26%, of all guests had been in Butte County for one year or less.

Themes

Themes emerged from data collected during the focus groups and surveys. After coding, grouping, and performing a triangulation of the data analysis, four overarching themes became apparent: General Experience, Cohesion, Organizational Structure, and Suggestions and Recommendations. Under each overarching theme were several subcategories that seemed to help paint a holistic picture of volunteer and guest experiences at SSWS.

General Experience

The general experience of those who volunteered or stayed at SSWS ranged from very positive experiences to somewhat challenging experiences. The overall feeling of focus group participants was that the experience of volunteering at the shelter was at the same time meaningful and difficult, miraculous but overwhelming. On the pre-questionnaire, focus group participants noted that while they did not feel sufficiently prepared to volunteer, they would return next season to contribute to the effort to provide shelter. One participant cited that they had a wonderful experience with guests, but experienced difficulty with other volunteers. Not all participants knew how to engage with guests, and some expressed shock at the number of guests experiencing severe mental illness or physical disabilities. Many agreed on a feeling of inadequacy, based on the fact that they were asked to make decisions on complicated situations or on behalf of a vulnerable population on a nightly basis. It was commented on how “ordinary”

some of the guests appeared to be, and they appreciated how grateful many of the guests were for their volunteer work. Guests were perceived as being helpful to volunteers, and they were able to assist nightly and also perform “preventative maintenance” in preserving the peace of the shelter.

Participants who had been guests of SSWS commented that they had a good experience at the shelter. Interactions with volunteers were overall positive, and guests noted they appreciated when volunteers intervened in situations of conflict, and that staying at the shelter was a good learning experience about oneself and how to deal with others. It was noted that SSWS did not make guests choose between housing and recovery unlike other emergency homeless shelters in Butte County. However, one participant commented that alcohol issues were a problem because a few guests would sneak alcohol into the shelter, and they noticed an increase in alcohol consumption throughout the process because volunteers were perceived as becoming more lenient in monitoring guests. This sentiment was echoed by some of the volunteers as well. According to the accounts, on certain nights, some guests would sneak out of the shelter and purchase alcohol. The alcohol use turned some other guests away, as they were concerned proximity to alcohol would threaten their sobriety. It was noted that tensions “may run high when rules are broken.”

Another subject that arose regarding general experience was that many volunteers became indifferent toward guests, and each other, over time. This was attributed to volunteers feeling overwhelmed by the task of operating the shelter, to the amount of trauma they were exposed to, and also to illness. The majority of guests and volunteers at SSWS became very ill about halfway through the season, with illnesses ranging from whooping cough to the flu.

Recognition of shared humanity. Volunteers overwhelmingly expressed a passion or desire to help unhoused individuals. One focus group participant, a 5th generation farmer, noted that he valued dignity and humanity for all individuals, and that we “all have hard times and need help shifting back.” Another participant stated that she retired last year, and that she has “been fortunate but could easily be homeless.” Participants referred to the issue of power and privilege evident in SSWS, as “many layers of society [were] represented.” Concurrent with power and privilege was the notion of equality and fairness. A participant that volunteered noted that they did not feel all volunteers from the local churches treated guests with respect, while another participant stated that it was important for a conversation to be had about an understanding of the socioeconomic power differential at play within the shelter. However, data revealed that there was not always a common understanding of recognition of shared humanity among volunteers, with one participant noting that before volunteering at SSWS they felt that Chico caudles individuals, and has a history of encouraging entitlement through the offering of services.

Cohesion

A need for cohesion among the volunteer force emerged as a central theme from the data. It was apparent that there was a lack of communication between the intake center and the church that was hosting the shelter for the night, and also a lack of understanding of what each shift was responsible for. One participant stated that increasing the communication among volunteers may be more beneficial than implementing additional trainings. This supported comments by other participants, who noted that the shelter coordinator team appeared to be cohesive as they held weekly meetings about shelter operations and concerning events. However, those who were not in a leadership position were not informed of decisions and changes discussed at the meetings.

While volunteers of SSWS donated their time to help unhoused individuals, one person came to the realization that they were not “showing up to help homeless people; I needed to be showing up to support the other volunteers.”

Sense of community. There was a commonality with volunteers sharing a commitment to the community and issues of homelessness, revealing a sense of belonging and a feeling of responsibility to volunteer. Many participants mentioned that they volunteered or worked for other organizations within the Chico community working directly with individuals experiencing homelessness, including the Iversen Center, Youth for Change, and the Jesus Center. One guest noted that they felt part of a greater community and “safe space makes you feel like you are at home.” On the other hand, it was apparent that SSWS volunteers habitually spoke ill of other service providers in the community, such as the Torres Shelter, which was detrimental to promoting the sense of community outside of SSWS.

Organizational structure

There appeared to be an overall frustration with the organizational structure, highlighted by one participant when they noted the group “spent so much time trying to organize and I’m not sure if it paid off.” A need for balancing administrative oversight and the degree of flexibility with which to operate the shelter was noted. This specifically related to adhering to the agreed upon protocol among SSWS volunteers, between SSWS organization and the churches, and between all volunteers and guests. The agreed upon protocols with the churches were not always followed causing frustration within congregations. It was discussed among focus group participants in all three focus groups that the volunteer lead each night set the pace of the evening, and defined the level of support felt by volunteers and respect felt by guests.

Identified strengths included SSWS being more organized compared with the previous two years, and that there was a lead volunteer to whom other volunteers and guests could turn to with questions or if a difficult situation occurred. One participant noted that there was a greater attempt to treat guests fairly this season compared with the previous two seasons of SSWS, and many more churches and volunteers participated this season.

Challenges within the organizational structure were also identified. As a result of the increase in participating churches and community volunteers, it was difficult to consistently enforce rules or guidelines. A major challenge identified related to accessibility. Bathrooms were not accessible in many of the churches, and at least five individuals with mobility issues were not able to be accommodated. The interior of the intake center was not accessible, leaving those with mobility issues outside of the building to go through the intake process, and also limited the pool of volunteers for the intake process as some volunteers were unable to physically enter the space due to the steep stairs.

Another challenge presented was the deterioration of the shelter structure as the days progressed. The leniency in monitoring toward the end of the shelter season was correlated with an increase in alcohol consumption during the intake process, and also with an increase in younger guests pushing older guests or those with mobility issues out of line in order to receive priority registration.

Communication. Communication proved to be a major subtheme of the organizational structure, and was closely related to the theme of cohesion. It was stated by several participants that they would arrive for their volunteer shift and find the process they were accustomed to had changed completely, inferring that communication between decision-makers and nightly

volunteers was an issue. One participant stated that they “often felt blind-sided” when they arrived for a shift because so many procedures had changed since their previous shift. A lack of communication was evident as nightly volunteers and guests did not always know who was serving as a shelter leader each night. Volunteers who worked fewer shifts were not always aware that a shelter coordinator was available for support throughout the night, and they also were not always aware of who the guests were, and vice versa.

One instance discussed by participants of the focus groups was the circumstances surrounding the early closure of the shelter, and how a lack of communication around this topic was cause for a lot of confusion and heartache. Due to pressure from the neighborhood near the intake center, and the support of the Jesus Center to conduct intake at their facility withdrawn, the shelter closed one week premature to the surprise of guests and volunteers alike. One participant that was involved as a core volunteer referred to the decision being made by the three shelter coordinators, and felt that their voice was not heard when they advocated to keep the shelter open. Another reason cited in the focus groups for the early closure was the decreasing number of volunteers, however there was not general agreement that the volunteer force had actually decreased.

Volunteer scheduling, retention, and training. Understanding the capacity of the volunteer pool was also referenced, and having medical and mental health triage services available to complement the volunteer pool was identified as necessary. A focus group participant stated that SSWS seemed so organized and there were so many volunteers that she did not feel needed. It was also apparent through the discussion that the volunteer pool varied, and there would either be too many volunteers or too few for each shift.

Many focus group participants who had served as SSWS volunteers did not feel adequately trained to interact with guests. There was a lack of training related to medical emergencies and mental health crises. It was mentioned that it did not appear that volunteers were aware of how to protect themselves while caring for others. This subtheme ranged from volunteers not taking precautionary measures when applying bandages to taking emotional care of themselves to prevent empathetic burnout.

Suggestions and recommendations

Many suggestions emerged from the focus group data. A primary recommendation was to make sure that all facilities used were ADA compliant and accessible to all volunteers and guests regardless of mobility constraints. Identifying an intake center that is easily accessible and in one permanent location may decrease the anxiety of guests and volunteers as they go through the intake process each night. Additionally, transportation was highlighted as another area where accessibility was an issue on a few nights, as guests who use wheelchairs were not always able to use the vehicles provided.

Participants identified training as an additional area of improvement. Suggestions for the training were to discuss the overall structure of the shelter, the dynamics of power and privilege in the shelter environment, basic medical training, and de-escalation training. Also incorporating role play scenarios would be helpful to educate volunteers of how to competently handle different situations that arise in the shelter setting. To complement the training, it was suggested that a social worker work each shift or be on call each night to assist with challenging situations. A last area of training that was noted as maybe being useful is training volunteers on the patterns

of communication within SSWS and ensuring that all nightly volunteers were made acutely aware of who was a core volunteer and able to help support each night.

Lastly, it was suggested that the mission of SSWS expand. While the goal is solely to provide shelter, SSWS could act as a starting point for individuals to engage in services and be an opportunity for outreach.

Informal Findings

Many individuals who had stayed as guests of the shelter were unable to attend the focus group, but informally inquired if their input could be included in the suggestions portion of the research. A common theme that emerged related to the issue of individuals working on their sobriety having to interact directly with those who arrived at the shelter intoxicated or high, or with those who smuggled substances into the shelter. Sober individuals felt their sobriety was threatened by being in close proximity to substances, and it was suggested that individuals who arrived at the shelter intoxicated should be directed to a separate space in the shelter to sleep.

Another theme that emerged from informal conversations centered around the perception of power held by many of the volunteers. A guest who identified as male noted that he and many of his peers had previously been incarcerated, and their response to authority is reactionary and conflictual. The manner in which a volunteer approaches a guest can set the tone for the evening and for the relationship at the shelter.

Finally, it was suggested by guests that they could be utilized as volunteers to aid in the work that had to be done each day. Many are working on community service hours and would be glad to be asked and to participate in the shelter operations for their own community.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this project was to develop a clear understanding of how SSWS operated, how the community interacted with SSWS, and recommendations for moving forward. The literature suggests that a low-barrier shelter, such as SSWS, could be one solution to providing shelter to individuals who are unable to access services elsewhere in the community. It is a housing-first model modified for an emergency shelter setting, in that housing and shelter are a priority before considering looking at healing from addiction, trauma, or pursuing any form of self-sufficiency because this model of shelter meets one of the primary human needs: shelter. Allowing individuals to keep their pet companions with them, and not penalize someone for an addiction or past circumstances can be the first step in an individual's healing process.

The qualitative findings suggest that the community's experience with SSWS was overwhelmingly positive, and while there were challenging situations, the community connected with SSWS saw the importance of having the low-barrier shelter in operation. During all three focus groups, comments were future-oriented, implying that both the guests and volunteers from the 2015-2016 shelter expect to participate again next year.

There was an intriguing correlation between volunteers beginning to express symptoms of compassion fatigue and/or becoming severely ill with a decrease in implementing shelter policies and procedures. This was evident in the data as both volunteers and guests referred to an increase in drug and alcohol use in the shelter at night during the same time frame that participants referred to become "indifferent" toward the shelter and when a major illness swept through the

shelter. If those organizing SSWS choose to operate the shelter next year, it is vital that volunteers be offered sufficient training and support. Volunteers are regularly exposed to the possibility of vicarious trauma, and there were no systems in place to support the nightly volunteers, core volunteers, or shelter coordinators.

Through the process of operating SSWS, many other gaps in services were identified. To begin, volunteers were unable to identify a mobile medical or mental health triage unit in Butte County to call to the shelter during behavioral health crises. The only options for volunteers during a moment of crisis with a guest was to call an ambulance or the police department, and typically the hospital would refer SSWS volunteers to call the police department to perform a welfare check. When a guest of the shelter began to experience a moment of crisis, it was left to community volunteers to try to support the individual, because few volunteers were comfortable calling the police or ambulance to deal with an emergency mental health crisis. It should be a priority of Butte County to implement a mobile crisis triage team that would be available to go anywhere in the community to support an individual in a moment of crisis, deferring the situation away from law enforcement and toward mental health professionals.

A second recommendation would be to use the information gathered from the three years of operating SSWS to create a year-round, fixed-site, low-barrier homeless shelter. SSWS can serve as an operational blueprint as an agency that is specific to the Chico area, and can offer a program that specifically aids those experiencing homelessness in the community. Successful low-barrier shelters are opening in many states, such as the Interfaith Works Emergency Overnight Shelter (IWEOS) in Olympia, Washington (Appendix F). A challenge with SSWS is that it is temporary and is only in operation for a few months during the year, resulting in a

regression of any personal progress experienced by the guests during the shelter months as many immediately experience sleep-deprivation, hunger, and increased exposure to illicit drugs when sleeping on the streets again. Guaranteeing a safe space to sleep in year-round can allow the personal progress to continue, and also allow time for individuals to consider engaging in long-term services and re-engage in the Chico community once more as a valued member.

Implications for Social Work Practice

Social workers and community members interacting directly with individuals experiencing homelessness must take the lead in changing the dialogue from considering an individual to be “housing ready” to understanding that all people are ready for shelter, but the housing market as it stands is not yet “consumer ready” (Slusher, 2014). Looking at homelessness as a crisis of poverty and housing, social workers can begin to change the paradigm of viewing homelessness as an issue of personal failure to one of systemic disappointment.

Consideration of homelessness as a social issue with many personal intersections is crucial to shaping social work practice. Those living without homes may experience any number of life’s stressors, including but not limited to poverty, hunger, substance use and abuse, any number of traumatic events, and mental and physical health challenges. It is vital that social workers understand the many ways someone may experience homelessness to inform their personal practice, as no two individuals experiencing homelessness are alike and each may need a very different plan for care and understanding than the next.

Along the lines of fully understanding the scope of homelessness is need to understand the premise of anti-oppressive practice. Anti-oppressive practice specifically refers to social workers gaining an understanding of the many systemic forces oppressing individuals and communities

and actively work to negate those forces of oppression (Strier, 2006). Within the context of a low-barrier shelter, this process can begin when social workers acknowledge the dignity of each individual that seeks shelter at their agency and actively work to recognize their humanity. This can be accomplished through many avenues, from recruiting guests to help operate the shelter by preparing meals or helping to keep the space clean, to advocating on behalf of individuals without homes in the community and for policies that support the population.

The findings of this project can be used as a tool in Chico to understand the demographic makeup of a population that is not able or willing to utilize the current services in the community, and to create targeted projects for this population. Understanding that the majority of guests were male, for example, can influence the decision of whether or not to create a gender neutral shelter or a gender-specific shelter. Understanding that approximately 30% of guests were above the age of 50 can influence decisions on what community partners need to be involved. And also learning the importance pets carry for so many individuals living on the streets can influence a shelter's decision to cater to the pet-owning population. While it may take time and significant funding to create a low-barrier, fixed-site, year-round homeless shelter, these finding can inform the practices of current agencies in Chico until such a time exists.

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APPENDIX A

Community Member Questionnaire

The purpose of this questionnaire is to determine the feasibility of opening a vulnerability-based emergency shelter in the Chico area. This questionnaire is voluntary and all responses will be kept confidential. The data collected will be analyzed and used to create a feasibility study that will be made available to local service providers. All participants will be awarded a (\$___) gift card for completing this questionnaire.

1. Have you had interactions with people experiencing homelessness in Chico? Y / N
 - a. Have those experiences been largely positive or negative?

2. How many people do you believe are homeless in Chico?

3. What do you believe are the main causes of homelessness in Chico?

4. Do you believe homelessness is a law enforcement issue or a social service issues?
Comments:

5. What do you know about the services currently available to homeless persons in Chico?
 - a. What do you think are the barriers for people experiencing homelessness to accessing these services?

6. Do you think that if space was available, most people would choose to utilize the existing shelter services?

7. Would you support the opening of a vulnerability-based shelter in Chico?
Comments:

8. Do you identify as any of the following:
- a. Local business owner
 - b. Employee of the City of Chico
 - c. Student at Chico State or Butte College
 - d. Social Service Provider

APPENDIX B

8. What are some of the survival strategies you have had to use while living on the streets?

9. Have you been involved in either foster care or the criminal justice system? Y / N

Comments:

10. Have you ever been denied entry to an emergency shelter? If yes, what was the reason?

11. Have you ever chosen to not utilize shelter services when a bed was available? Y / N

Comments:

12. Would you sleep at a more accessible shelter if one existed in Chico? Y / N

Comments:

13. Would you use a day drop-in shelter if one existed? Y / N

14. I am interested in why some individuals seek shelter and others do not seek shelter. Can you tell me your thoughts?

Demographic Questions:

Age

1. 17-24
2. 25-40
3. 41-54
4. 55+

Ethnic identity (all that apply)

1. Caucasian/ White American
2. Mexican/ Mexican-American
3. Latino
4. African/ Black American
5. Native American/ Alaska Native/ Hawaiian Native
6. Asian American
7. Pacific Islander

What is your current gender identity?

1. Female
2. Male
3. Other

Are you a veteran?

Y / N

Do you identify as LGBTQ+?

Y / N

Comments:

Where was this survey completed?

APPENDIX C

Pre-Focus Group Questionnaire

Age: _____

Gender Identity: _____

1. What volunteer role(s) did you perform during the Safe Space season?

2. Have you experienced homelessness?

3. Are you a member of a church that participated in Safe Space?

4. Did you attend one of the Safe Space Winter Shelter trainings?

5. Did you feel safe while volunteering for Safe Space?

Extremely Unsafe <input type="radio"/>	Unsafe <input type="radio"/>	Somewhat Unsafe <input type="radio"/>	Undecided <input type="radio"/>	Somewhat Safe <input type="radio"/>	Safe <input type="radio"/>	Extremely Safe <input type="radio"/>
----------------------------------------------	---------------------------------	---------------------------------------------	------------------------------------	-------------------------------------------	-------------------------------	--------------------------------------------

6. I feel I was made aware of changes to the Safe Space policies, procedures, and other pertinent information:

Strongly Disagree <input type="radio"/>	Disagree <input type="radio"/>	Mildly Disagree <input type="radio"/>	Undecided <input type="radio"/>	Mildly Agree <input type="radio"/>	Agree <input type="radio"/>	Strongly Agree <input type="radio"/>
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7. How likely are you to volunteer with Safe Space again?

Extremely Unlikely <input type="radio"/>	Unlikely <input type="radio"/>	Somewhat Unlikely <input type="radio"/>	Undecided <input type="radio"/>	Somewhat Likely <input type="radio"/>	Likely <input type="radio"/>	I'll be back! <input type="radio"/>
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APPENDIX D

Safe Space Winter Shelter
Volunteer Focus Group
February 29th, 2016 at 5pm
OR
March 1st at 9am
North Valley Community Foundation

Guiding Questions:

1. Why did you choose to volunteer at Safe Space?
2. What was your experience at the shelter?
3. Did you have a particularly challenging situation at the shelter? Why was it challenging?
4. Do you feel you received appropriate training and support so that you could perform the tasks associated with your volunteer role?
5. How might Safe Space improve for next season?

APPENDIX E

Organizational Structure: Safe Space Winter Shelter

The Safe Space Winter Shelter (Safe Space) is a function of the Chico Housing Action Team (CHAT), and is entirely volunteer-run. To operate each night of shelter there was a specific volunteer hierarchy in place consisting of a Shelter Coordinator, Core Volunteers, and Nightly Volunteers. The Shelter Coordinator oversaw the general operations of the shelter and remained on call for the entire night to respond to emergencies. Under the Shelter Coordinator were the Core Volunteers, who oversaw the operations of each shift. Core volunteers agreed to volunteer at the shelter over the entire season and oversaw the intake process, shelter set up, laundry, meal service, morning shift, and transportation. Under the supervision of Core Volunteers were Nightly Volunteers, who signed up for individual shifts.

Smaller subcommittees were also developed to help develop more efficient procedures for Safe Space. One such subcommittee was the social work subcommittee, developed with the intention of creating action plans for guests who required special accommodations, or those ready to transition into permanent housing.

No two SSWS guests were alike. While questions on the intake form were optional, many guests self-disclosed their histories of medical and mental illness. Among medical diagnoses, the most common were grand mal seizures, foot sores, head and chest colds, Methicillin-resistant *Staphylococcus aureus* (MRSA), mobility concerns, and back issues. Mental illness diagnoses included schizophrenia, schizoaffective disorder, bipolar I and II, depression, anxiety, and post-traumatic stress disorder. Of the guests who disclosed their diagnoses, many had dual physical and mental illnesses. Additionally, it was revealed through conversations with guests that many

had a substance use disorder. Alcohol, marijuana, and methamphetamines were the most commonly disclosed substances.

SSWS was funded through private monetary and in-kind donations. The churches involved in the program donated their space, community members donated their time, expertise, and hot meals to the group. After taking these donations into account, the shelter purportedly spent \$24,401 on transportation, insurance, and other administrative costs.

APPENDIX F

Organizational Profile: Interfaith Works Emergency Overnight Shelter

Organizational Description

The Interfaith Works Emergency Overnight Shelter (IWEOS) is a low-barrier homeless shelter that follows a housing-first model by making accessibility a priority. IWEOS is located in Olympia, Washington, a city of Thurston County. The IWEOS Program Director Meg Martin, MSW, MPH (2015) stated that the concept behind a housing-first emergency shelter model is that individuals have greater access to social service programs and support, and are therefore more likely to engage with those services once they have safe shelter, although participation in programs is not a requirement to maintaining shelter (M. Martin, personal communication, August 26, 2015). IWEOS operates on a vulnerability-based intake system, allowing individuals with the most complex challenges and at most risk to be admitted first. Vulnerability is based on the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment tool designed by the 100K Homes Campaign (IWEOS, 2015).

To stay true to the housing-first model, IWEOS has few requirements to enter the shelter. Couples are not separated, there is secure storage for guests' belongings in the form of 37 lockers, and service and companion animals are accommodated (M. Martin, personal communication, August 26, 2015). Sobriety is not required so long as there is no drug or alcohol use on the premises, and while guests are required to partake in an intake process, a valid form of identification is not required (M. Martin, personal communication, August 26, 2015). Consistent with the rules of other shelters in Thurston County, level 2 and 3 sex offenders are not admitted into the shelter (IWEOS, 2015).

IWEOS (2015) strives to provide a “safe, welcoming alternative for homeless adults” who had previously been without shelter. The shelter is part of a coordinated approach to services that is made up of a collaboration between local nonprofits, community leaders, and the local government (IWEOS, 2015). IWEOS is the product of a research planning effort by the “Low Barrier Shelter Task Force,” facilitated by the Thurston County Homeless Coordinator (Slusher, 2014).

Operations

IWEOS operates under the mission of advancing “the social inclusion and empowerment of the homeless through innovative practices of sheltering, mental health and emergency basic needs coordination” (The People’s House, 2014). IWEOS is funded through private donations and grants, a consolidated homeless grant, and veteran’s assistance. Part of the consolidated homeless grant is funded by a document recording fee in Thurston County, and this money funds approximately 90% of the homeless services in the area (M. Martin, personal communication, August 26, 2015). Potential revenue streams for the shelter include the Emergency Solutions Grant (ESG) and accessing foundations. In total, the shelter's projected 12-month operational expense budget for the program year September 2015- August 2016 is \$339,150 that translates to \$24 per guest per night (M. Martin, personal communication, August 26, 2015).

IWEOS is located in the basement of a downtown church, which formerly housed a family shelter. It took the program manager more than two years to find an appropriate location and gain neighborhood support (M. Martin, personal communication, August 26, 2015). Presently, IWEOS (2016) has 37 beds with overflow space in the hallways for a total of 42 spots and is always at capacity. There are two men’s dorms, one of which also accommodates couples of

mixed genders, and a women's dorm. To promote inclusion, the shelter has a gender neutral bathroom and also the "princess room," a private room that is available to guests who need extra privacy or space for the night (M. Martin, personal communication, August 26, 2015). The shelter operates each night from 5pm-7am with 2 full-time staff, one manager, and 1-2 volunteers (M. Martin, personal communication, August 26, 2015). The staffing goal is that all staff have personal-lived experience with homelessness or injection drugs, as many guests of IWEOS struggle with both. All staff and volunteers are required to complete training in conflict management and de-escalation (M. Martin, personal communication, August 26, 2015).

Benefit to the Community

The view of the government of Olympia views homelessness as a housing crisis, and asserts that all individuals are "housing ready," but the system is not yet "consumer ready" (Slusher, 2014). IWEOS is striving to prove its benefit to the community by maintaining a client-centered orientation and through reducing cost to the community. In Olympia, it costs \$104 per day for an individual to be in jail, and \$2,500 to hospitalize someone at Saint Peter's Hospital (Martin, 2015). Between November 2014 and December 2015, IWEOS sheltered 309 unique guests. Of those guests, 82% of guests at IWEOS identify as having persistent mental health challenges, 60%t identify as having a physical disability, and 60%t identify as having a substance use challenge, with 42% of guests experiencing all three of these challenges simultaneously (Martin, 2015).

According to IWEOS (2014), having a low-barrier shelter keeps individuals off of the streets, resulting in fewer citations, arrests, and hospital visits. Encouraging individuals to sleep at IWEOS as opposed to on public sidewalks and in business doorways helps both the downtown

business community by having fewer individuals loitering in front of their businesses and provides an opportunity for unhoused individuals to connect with a larger network of services, resulting in “a positive outcome for all” (IWEOS, 2014).

Ms. Martin (2015) highlighted one guest in particular, “DeDe,” who is now in permanent housing and exemplifies the benefit of IWEOS to the community (Martin, 2015). DeDe spent three years homeless in Olympia prior to accessing shelter at IWEOS, and was included on a list gathered by the Olympia Police Department as an individual who was frequently in police custody, and had been screened out of other services in the community (Martin, 2015). DeDe was a grandmother and had previously owned a hair salon, but her decreased mental health capacity and increasing symptoms of dementia made her behavior very challenging to work with. In the year prior to entering IWEOS, she received trespass citations from downtown businesses, social service agencies, and the library (Martin, 2015). The local food program fed her outside because her behavior was too challenging indoors (Martin, 2015). In that year she also cost taxpayers approximately \$250,000 in police citations, arrests, and hospitalizations (Martin, 2015). Through accessing the network of services that IWEOS is part of, DeDe was able to secure permanent housing and is no longer sleeping in shelters or on the streets of Olympia.

Community Concerns and Solutions

The major concern in opening IWEOS was gaining neighborhood and city support for the shelter (M. Martin, personal communication, August 26, 2015). A large campaign to gain neighborhood support was held, and once the shelter opened guests were not allowed to loiter outside of the shelter location in an effort to decrease neighborhood impact during the day or during shelter operating times (M. Martin, personal communication, August 26, 2015). The

interfaith-works network in Olympia appears to oversee many programs targeted at promoting social justice and inclusion (IWEOS, 2015). Having Interfaith Works as the sponsoring body for the shelter was a strategic, and ultimately successful, plan.

One of the central concerns of the church that houses the shelter and their neighbors in opening IWEOS was the risk of bed bugs. To ease this fear, IWEOS purchased bed bug-resistant beds at \$340 per bed (M. Martin, personal communication, August 26, 2015). While this was a high upfront cost for the shelter, it has drastically reduced the risk of a bed bug infestation and helped to decrease concerns.

Funding poses an additional challenge. While the shelter has accessed many renewable sources of income, they began the year anticipating a paucity of \$117,000 in the budget if additional sources of income are not tapped into (M. Martin, personal communication, August 26, 2015). While the document recording fee and other revenue streams will mostly likely be renewed annually, reserves for the shelter are approximately \$27,000, which equates to less than two months of shelter operations. Building the reserves and tapping into foundation grants, as the shelter is planning to do, and staging larger scale private fundraising drives will help IWEOS become less dependent on federal and local government funds (M. Martin, personal communication, August 26, 2015).

APPENDIX G



A Case Study of the Safe Space Winter Shelter 2015/2016 & Recommendations for Moving Forward

*A Project by Emma Clancy
MSW Candidate, 2016*

Contents

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My grateful thanks are also extended to Dan Everhart, MSW, for sharing his valuable knowledge on the subject of housing and homelessness and encouraging me to continue my project even when I felt discouraged.

Completion of this project could not have been accomplished without the support of the Chico Housing Action Team, the guests of the Safe Space Winter Shelter, my classmate Joe Hoffman who aided in collecting survey responses, and my family. To my parents, Marianne Kennedy and David Clancy, I would not have achieved all that I have without your loving guidance and instilling in me that I can make a positive impact on the world.

Finally, I wish to thank my partner, Logan Todd, for his patient support, inspiration, editing help, and late night ice cream runs during the entirety of this project.

Overview

SCOPE OF HOMELESSNESS

According to the 2015 Annual Homeless Assessment Report to Congress:

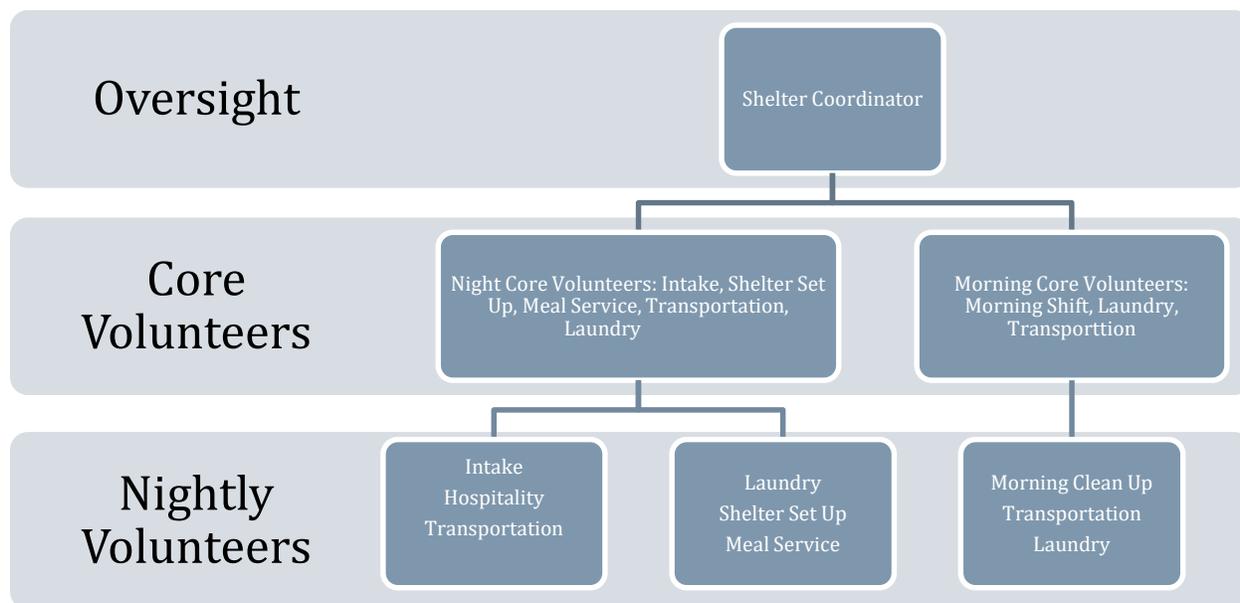
- 564,708 individuals experienced homelessness on any given night in 2015
- 20% of those individuals resided in California
 - In California, 27% were without any type shelter
 - 3.6% identified as unsheltered people in families
- The 5 major cities in the United States with the highest rates of unsheltered people are all located in California:
 1. San Jose/ Santa Clara City & County
 2. Los Angeles City & County
 3. Fresno/ Madera County
 4. Long Beach
 5. San Francisco
- Nationally, 74% of the unsheltered population identified as male, 25.6% as female, and 0.4% as transgender
- The majority of unsheltered individuals were Caucasian (57.1%), less than one third identified as African American (28.1%), and about one fifth of the population identified as Hispanic

The Butte Countywide Homeless Continuum of Care (2015) identified 571 individuals experiencing homelessness in Chico. Compare this number with the number of available year-round emergency shelter and transitional housing beds, 477 (City of Chico, 2014), and there appears to be a deficit of even the most basic services for individuals experiencing homelessness in Chico. Adding on the fact that the combined vacancy rate for houses and apartment rentals is 1.3% (NVPOA, 2014), and that 39.4% of Chicanos are considered to be overpaying for rent- defined as paying more than 30% their monthly income on rent (City of Chico, 2014)- it is evident that Chico is facing an affordable housing crisis that compounds the issue of homelessness and complicates the search for a solution.

ORGANIZATIONAL STRUCTURE

The Safe Space Winter Shelter (Safe Space) is a function of the Chico Housing Action Team (CHAT), and is entirely volunteer-run. To operate each night of shelter there was a specific volunteer hierarchy in place consisting of a Shelter Coordinator, Core Volunteers, and Nightly Volunteers. The Shelter Coordinator oversaw the general operations of the shelter and remained on call for the entire night to respond to emergencies. Under the Shelter Coordinator were the Core Volunteers, who oversaw the operations of each shift. Core volunteers agreed to volunteer at the shelter over the entire season and oversaw the intake process, shelter set up, laundry, meal service, morning shift, and transportation. Under the supervision of Core Volunteers were Nightly Volunteers, who signed up for individual shifts.

Smaller subcommittees were also developed to help develop more efficient procedures for Safe Space. One such subcommittee was the social work subcommittee, developed with the intention of creating action plans for guests who required special accommodations, or those ready to transition into permanent housing.



OPERATING HIGHLIGHTS

- Safe Space operated for 82 nights during the 2015/2016 season
- Served 322 unique individuals
- An average of 43 individuals were sheltered each night, with a range of 17 to 60
- 3,290 individual nights of shelter were provided
- 10 church communities offered their space for the shelter
- 409 volunteers from the community donated their time

No two Safe Space guests were alike. While questions on the intake form were optional, many guests self-disclosed their histories of medical and mental illness. Among medical diagnoses, the most common were grand mal seizures, foot sores, head and chest colds, Methicillin-resistant *Staphylococcus aureus* (MRSA), mobility concerns, and back issues.

Mental illness diagnoses included schizophrenia, schizoaffective disorder, bipolar I and II, depression, anxiety, and post-traumatic stress disorder. Of the guests who disclosed their diagnoses, many had dual physical and mental illnesses. Additionally, it was revealed through conversations with guests that many had a substance use disorder. Alcohol, marijuana, and methamphetamines were the most commonly disclosed substances.

Project Methodology & Findings

THE PROJECT

The project employed a mixed-methods research design comprising of surveys, focus groups, and analysis of census data.

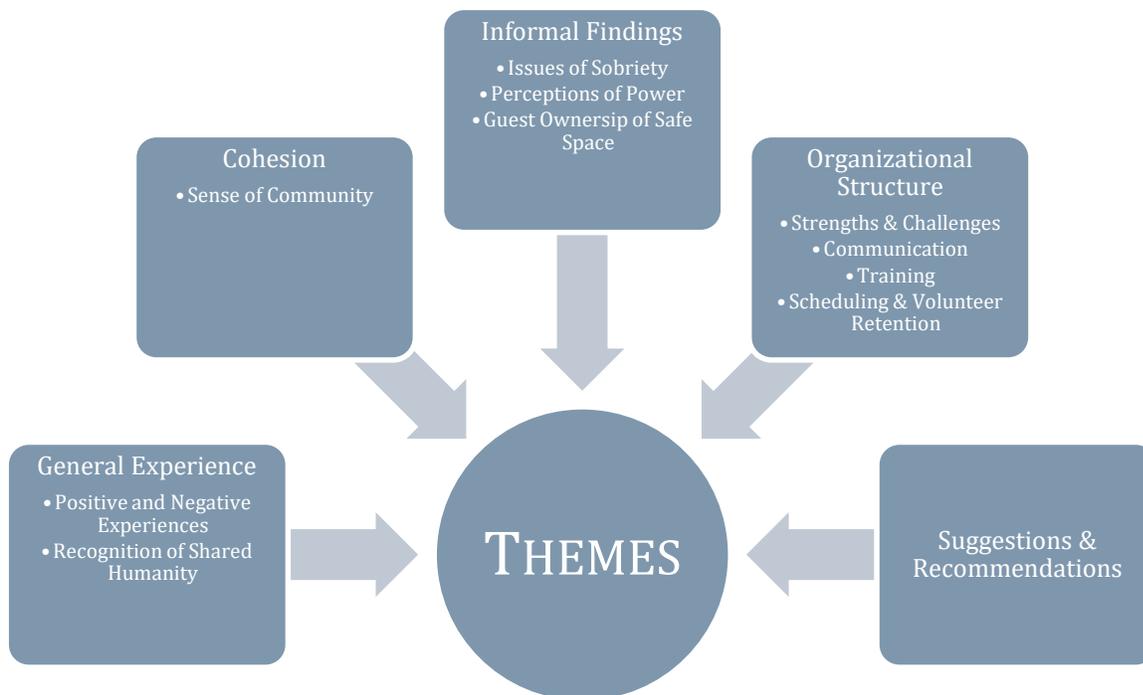
MAIN RESEARCH QUESTION

Considering the limited resources available in the Chico community, what can be learned from models such as the Safe Space Winter Shelter to aid in the city's search for permanent and sustainable solutions for the issue of homelessness?

PROJECT PARTICIPANTS

Participants included community members, individuals experiencing homelessness in the community, and guests & volunteers of the Safe Space Winter Shelter.

QUALITATIVE THEMES



Safe Space Census Data: 2015-2016 Shelter

Questions on the intake forms for the shelter were optional, and guests self-reported any information they chose to.

*Note: Data was also requested regarding if an individual was engaged in social services, however the data recorded was inconsistent throughout the season and was not helpful in understanding the Safe Space guest population.

Highlights:

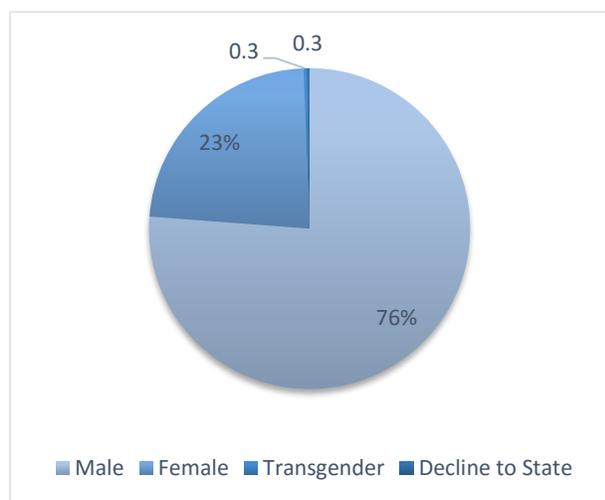


Figure 2: Gender Identity

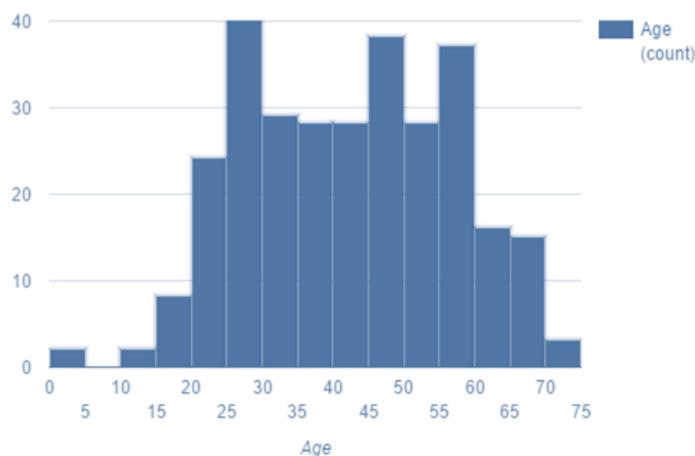


Figure 3: Age Distribution

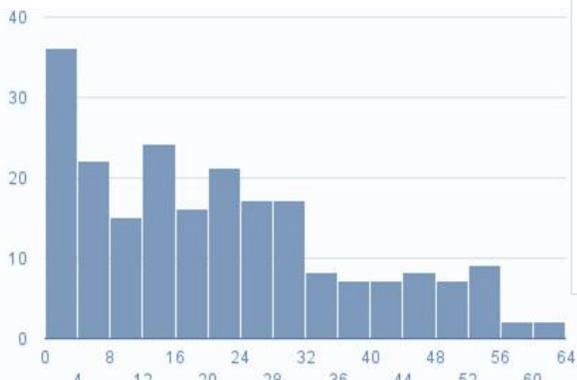


Figure 1: Years in Butte County

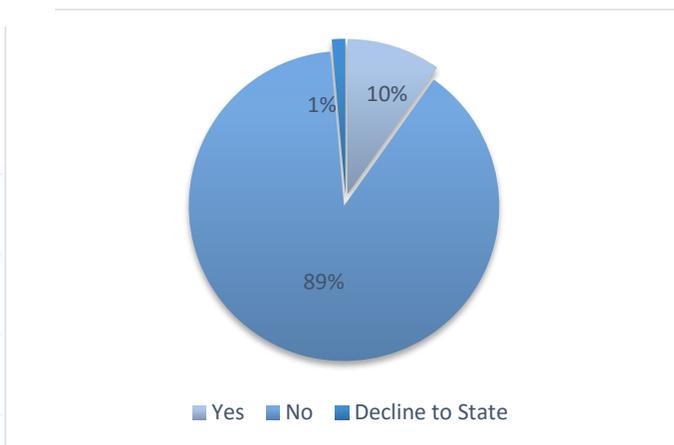


Figure 4: Military Service

Proposed 2015-2016 Operational Budget

AREA	ITEM/ NEED	UNITS	PRICE
ADMINISTRATION	PORTABLE RESTROOM RENTAL	\$100 x 3 UNITS + 2 SINKS X 2 WEEKS	\$1,300
	LIABILITY INSURANCE	ANNUAL	\$2,400
	LAUNDRY	\$25/DAY X 90DAYS	\$2,250
	PILLOW COVERS	26 x \$5.50 EACH	\$143
	ZIPLOC CLEAR GALLON	50 x 60 x .15	\$450
	GARBAGE BAGS	2,400 x .25 EACH	\$600
	MELAMINE CUPS	60 x \$1.70	DONATED
	PAPER/PRINTING	8 PAGES PER GUEST X 250 x .10	\$200
	PROMOTION	PRINT, RADIO, TV--KCHO/ KZFR/ ER/ CN&R	DONATED
CLEANING	WASHABLE RAGS	LARGE BAG	\$0
	H2O2 3%	4 GALLONS	\$30
	BAKING SODA	10 BOXES	\$10
	VINEGAR	2 GALLONS	\$15
	BLEACH	3 GALLONS	\$15
	DISH LIQUID	2 GALLONS	\$10
	CARPET/UPHOLSTERY	2 CLEANING EVENTS IF NEEDED	\$600
HOSPITALITY	COFFEE (FOLGER'S)	\$8.44/240 CUPS, 100CUPS X 90NOCs	\$320
	BLACK TEA	312 BAGS LIPTON	\$0
	CHAMOMILE TEA	200 BAGS	\$0
	CREAMER	12LGE@\$14	\$170
	SUGAR	200 x .50/POUND	\$100
	REUSABLE HOT CUPS	60@\$1.70EA MELAMINE (FOR INTAKE)	\$0
	PAPER TOWELS	12 ROLLS@\$16 x 8	\$128
	PAPER CUPS/LID/SLEEVE	5000x.092 (FOR AM COFFEE)	\$540
	FIRST AID/ COMFORT	MISC.	\$2,455
	MISC. HYGIENE ITEMS	MISC.	DONATED
OTHER	CLOTHING	MISC. CLOTHING	DONATED
	TRANSPORTATION	RENTAL, FUEL, INSURANCE, MAINTENANCE	\$12,665
	HOTEL VOUCHERS		DONATED
	SHELTER SPACE		DONATED
	TOTAL		\$24,401

Organization Profile: IWEOS

ORGANIZATIONAL DESCRIPTION

- The Interfaith Works Emergency Overnight Shelter (IWEOS) strives to provide a “safe, welcoming alternative for homeless adults” who had previously been without shelter. The shelter is part of a coordinated approach to services that is made up of a collaboration between local nonprofits, community leaders, and the local government.
- Low-barrier emergency homeless shelter in Olympia, WA.
- Admittance is based on the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), an assessment tool designed by the 100K Homes Campaign.
- Concept behind a housing-first emergency shelter model is that individuals have greater access to social service programs and support, and are therefore more likely to engage with those services once they have safe shelter, although participation in programs is not a requirement to maintaining shelter.
- Consistent with the rules of other shelters in Thurston County, level 2 and 3 sex offenders are not admitted into the shelter.

OPERATIONS

- IWEOS operates under the mission of advancing “the social inclusion and empowerment of individuals experiencing homelessness through innovative practices of sheltering, mental health and emergency basic needs coordination.”
- Funding: private donations and grants, a consolidated homeless grant, and veteran’s assistance. Part of the consolidated homeless grant is funded by a document recording fee in Thurston County, and this money funds approximately 90% of the homeless services in the area.
- Potential revenue streams for the shelter include the Emergency Solutions Grant (ESG) and accessing foundations.
- Projected 12-month operational expense budget for the program year September 2015- August 2016 is \$339,150 that translates to \$24 per guest per night.
- 37 beds with overflow space in the hallways for a total of 42 spots and is always at capacity:
 - 2 men’s dorms, one of which also accommodates couples of mixed genders
 - 1 women’s dorm. To promote inclusion, the shelter has a gender neutral bathroom
 - 1 “princess room,” a private room that is available to guests who need extra privacy or space for the night
- The shelter operates each night from 5pm-7am with 2 full-time staff, one manager, and 1-2 volunteers.
 - The staffing goal is that all staff have personal-lived experience with homelessness or injection drugs, as many guests of IWEOS struggle with both. All staff and volunteers are required to complete training in conflict management and de-escalation.

BENEFIT TO THE COMMUNITY

- *The government of Olympia views homelessness as a housing crisis, and asserts that all individuals are “housing ready,” but the system is not yet “consumer ready.”*
- In Olympia, it costs \$104 per day for an individual to be in jail, and \$2,500 to hospitalize someone at Saint Peter’s Hospital. It costs \$24 per guest per night at IWEOS.
- Between November 2014 and December 2015, IWEOS sheltered 309 unique guests.
 - Of IWEOS guests, 82% identify as having persistent mental health challenges, 60% identify as having a physical disability, and 60% identify as having a substance use challenge, with 42% of guests experiencing all three of these challenges simultaneously.

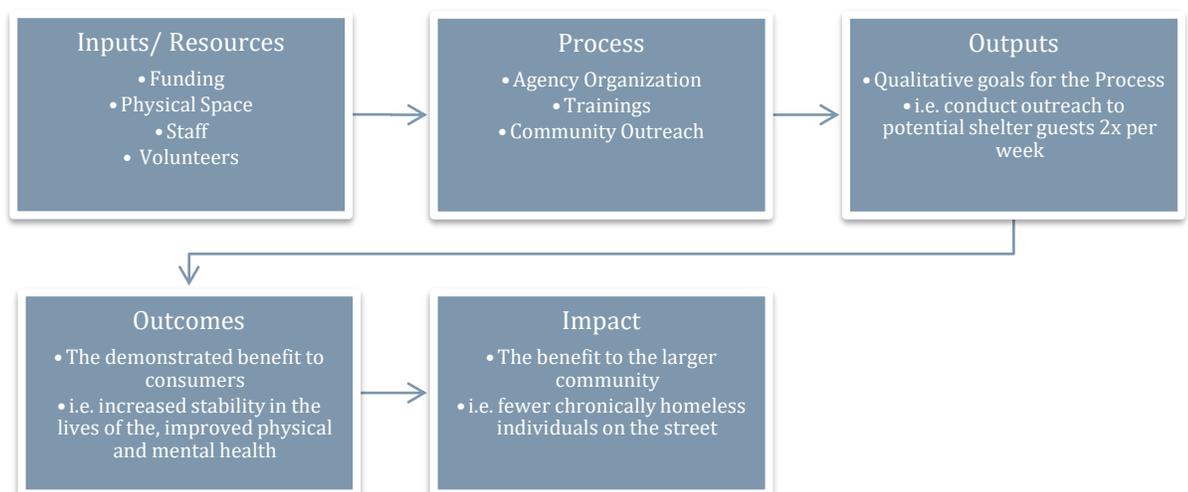
Moving Forward



- The need for an emergency winter shelter demonstrates a gap in services available to unhoused residents of Chico. However, the good news is that Safe Space also demonstrates that this gap can be filled. The shelter can serve as a local organizational blueprint on which to build plans for a year-round, fixed-site, low-barrier homeless shelter.
- Low-barrier homeless shelters can function as a starting point for individuals to engage in services and be an opportunity for outreach. A low-barrier shelter meets the basic needs of individuals such as sleep, socialization, and the practice of good hygiene, and from that point opportunities arise to meet higher functioning needs such as accessing regular healthcare or returning to school.
- Safe Space also demonstrated a large need for mental health and medical triage in Butte County. While there are agencies offering mental health services, it was the experience of volunteers at Safe Space that no agency was able to provide mobile crisis intervention, aside from requesting a welfare check by the local police department.
- A major concern that emerged from the three focus groups was that volunteers at the homeless shelter need adequate training to be prepared to serve guests of the shelter. A comprehensive training that covers topics such as the issues of power and privilege present in a homeless shelter setting, medical and mental health procedures, as well as the basic flow of the organization, are necessary to ensure the safety of all volunteers at a homeless shelter.
- Moving forward, there is an opportunity to operate a low-barrier shelter through an anti-oppressive model and support guests to take ownership the shelter, and their community. While this participation should not be mandatory, encouraging individuals who are members of a marginalized population to share a skill or participate in meaningful activities can help reintegrate guests back into the community and begin to heal any harm they have either been responsible for or have experienced.

Recommendations for Next Steps

1. Create a small collaborative learning group comprised of individuals with an invested interest in opening a low-barrier homeless shelter, including but not exclusive to social service providers, community leaders, individuals currently experiencing homelessness, and local funders.
2. Identify project leaders, co-leaders, and committees.
3. Utilizing the logic model proposed by Kettner, Moroney & Martin (2013), describe the group's planned work and intended result. Simultaneously, keep in mind what efforts will be taken to evaluate the agency and how to incorporate a feedback loop (this may differ depending on whether the group chooses to apply for funds from grants, foundations, or private citizens).



4. Create an action plan for developing the program! Cultivate a mission statement, identify a shelter location, acquire 501(c)3 status, create an internal organizational structure, purchase insurance, get the appropriate permits from the City of Chico, and gather community support to sustain the program.