

2019 SHELTER STUDY GROUP MEETING REVIEW

BACKGROUND

In December 2018, the City of Madison Community Development Division (CDD) and Dane County Department of Human Services (Dane County) invited staff from The Salvation Army of Dane County (TSA) and Porchlight to receive updates on the TSA's new shelter development plan for single women and families.

Several questions were raised during the meeting including the capacity needs and best practices for shelters. Some attendees of the meeting decided to meet separately to look into those questions.

This "shelter study group" invited members from the community and met four times between January and May of 2019 to discuss various topics regarding emergency shelters. The group and other community members also took a tour of Higher Ground, a new purpose-built shelter in St. Paul, MN, on April 8, 2019.

The considerations and information contained in this summary should not be considered endorsements or recommendations by any participant in the study group, or their employer.

STUDY GROUP PARTICIPANTS

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- Dane County: Casey Becker
- United Way of Dane County: Sarah Ceponis, Angela Jones
- TSA: Melissa Sorensen, Tara Barica, Carly Soby
- Porchlight: Kim Sutter, Liz Duffie
- Institute for Community Alliances: Adam Smith
- Downtown Madison Inc: Liz White
- Grace Episcopal Church: Mary Ann Cook, Susan Schmitz, Mark Clear
- UnityPoint Health-Meriter: Matt Julian

TOPICS COVERED IN THE SUMMARY

- I. Shelter Capacity Considerations
- II. Shelter Facility Design Considerations
- III. Shelter Policy Considerations
- IV. Shelter Innovations in Other Communities

The following notes and appendices were prepared by various group participants and compiled by Sarah Lim. Questions can be directed to slim@cityofmadison.com.

I. SHELTER CAPACITY CONSIDERATIONS

There are multiple factors to consider when determining the right-sized shelter capacity. The following points were considered: number of people experiencing homelessness; capacity, usage, length of stay, and performance of current shelters; system flow and need projections; and Dane County population growth estimate.

A. Number of People Experiencing Homelessness in Dane County

The U.S. Department of Housing and Urban Development (HUD)'s definition of homelessness includes the following categories:

- Category 1 Literally Homeless: people in places not meant for human habitation (streets, cars, tents, etc.), emergency shelter (ES), or transitional housing program (TH)
- Category 2 Imminent Risk of Homelessness: people whose residence will be lost within 14 days
- Category 3 Homeless Under Other Federal Statutes: unaccompanied youth or families with children who are defined as homeless under other federal agencies such as Department of Education (including doubled up and self-paying at hotels or motels)
- Category 4 Fleeing or Attempting to Flee from Domestic Violence

While homeless services typically focus on serving the category 1 literally homeless population, it should be noted that there are many more households experiencing housing instability, including some that are in unsafe situations, and may be in need of emergency shelters.

Category 1 Literally Homeless

Shelter Target Population	On a given night in January (2019 January PIT) ¹	On a given night in July (2019 July PIT)	Annually Served in Shelter or Transitional Housing ² (FY 2018)
Families with Minor Children	Total 66 families 224 persons (135 children; 89 adults) Shelter: 43 families Transitional Housing: 23 Unsheltered: 0 families	Total 60 families 221 persons (133 children; 88 adults) Shelter: 38 families Transitional Housing: 21 Unsheltered: 1 family	261 families (943 persons)
Singles Women	Total 100 persons identifying as female Shelter: 68 Transitional Housing: 22 Unsheltered: 10	Total 138 persons identifying as female Shelter: 69 Transitional Housing: 10 Unsheltered: 59	491 persons
Single Men	Total 235 persons identifying as male Shelter: 147 Transitional Housing: 40 Unsheltered: 48	Total 273 persons identifying as male Shelter: 80 Transitional Housing: 26 Unsheltered: 167	1,140 persons
Transgender or Gender Non-Conforming	Total 2 persons identifying as transgender or gender non-conforming Shelter: 1 Transitional Housing: 0 Unsheltered: 1	Total 4 persons identifying as transgender or gender non-confirming Shelter: 0 Transitional Housing: 3 Unsheltered: 1	7 persons
Info missing	Total 18 persons Shelter: 1 Transitional Housing: 0 Unsheltered: 17	Total 9 persons Shelter: 0 Transitional Housing: 0 Unsheltered: 9	3 persons

¹ Point in Time Count of Homelessness (PIT) includes unduplicated number of people in Emergency Shelter (ES), Transitional Housing (TH), and unsheltered locations. The shelters included in the count are as follows: TSA family shelter, single women's shelter, medical voucher program; YWCA family shelter; Porchlight Men's Shelter; Domestic Abuse Intervention Services (DAIS) shelter and hotel voucher program.

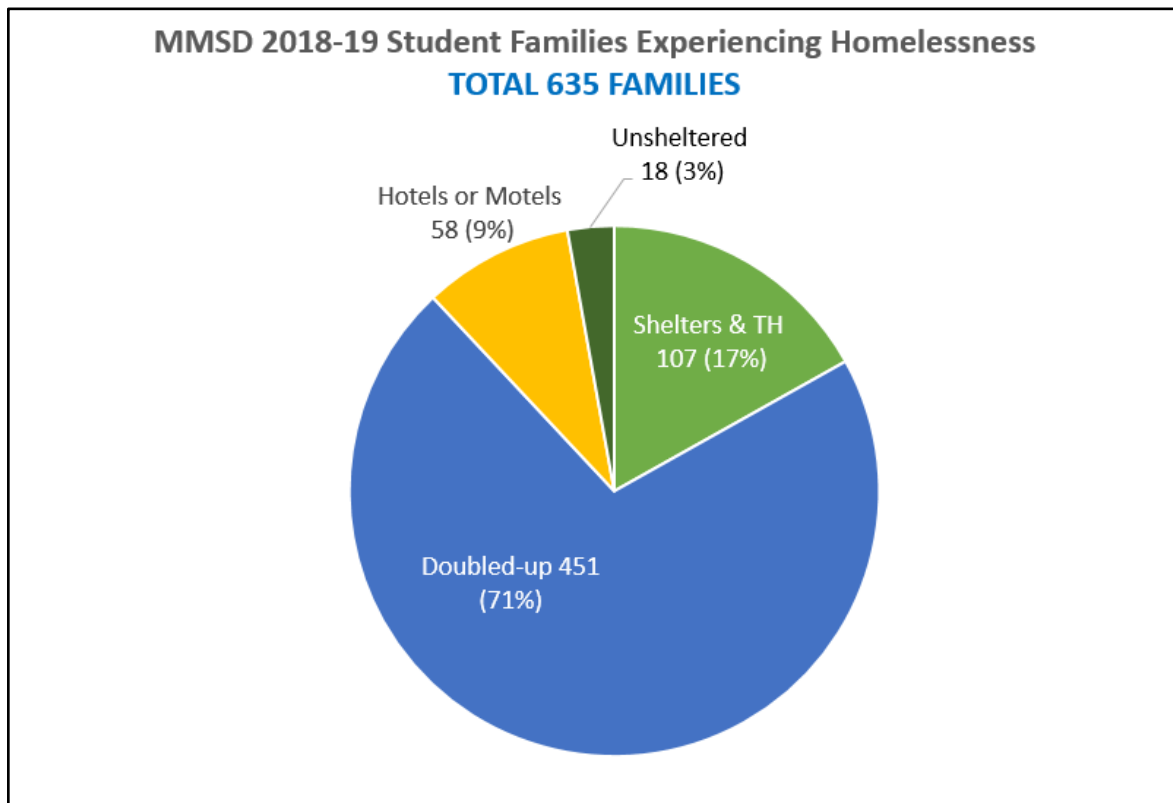
² The annual report includes unduplicated number of people served in ES and TH that enter data into Homeless Management Information System (HMIS) between 10/1/17-9/30/18 (FY2018). Anyone who used ES and/or TH, regardless of the length of stay or the number of stays, is counted as one person. The numbers do not include people who were served only at DAIS shelter as they do not enter data into HMIS. The number also does not include people who only stayed at unsheltered locations. PIT is the only source of unduplicated count for people experiencing unsheltered homelessness. However, people who stayed at DAIS shelter or in unsheltered locations who also accessed ES or TH even one night during the reporting period would have been included in the report.

Category 2 Imminent Risk of Homelessness

People who received eviction notices are considered to be at imminent risk of homelessness. Between 2000 and 2015, there were 40,439 eviction court cases initiated in Dane County, with an average of 2,529 cases per year.³

Category 3 Homeless under Other Federal Statutes

Below is the information from the Madison Metropolitan School District for the 2018-2019 school year. Department of Education's homeless definition was used. These statistics are based on information gathered at school intake and represent number of families, not number of students. It shows that only 20% of the families identified as experiencing homelessness by MMSD were in the HUD category 1- literally homeless.



³ Evicted in Dane County, Wisconsin -A Collaborative Examination of the Housing Landscape, Sims et al., 2016

B. Dane County Emergency Shelter Capacity and Utilization⁴

Dane County has existing shelters for families with minor children and individuals without minor children. All shelters are operated by private nonprofit agencies and each shelter has a different set of policies regarding eligibility, access, prioritization, and length of stay. Most shelters are partially supported with public funds (e.g. City, County, State) and follow the Community’s [Written Standards](#) regarding shelter services and operation.

Dane County Family Shelter Overview

Shelter	Max Capacity (2019)	Highest # Served + Turned Away ⁵ (2019)	2019 Jan PIT Shelter + Unsheltered	2019 Jul PIT Shelter + Unsheltered
TSA Family Shelter 630 E Washington Ave	22 families (Extreme weather exceptions apply ⁶) 19 additional units proposed by TSA	47 families (22 families served and 25 families turned away)	43 families	39 families
YWCA Madison Family Shelter 101 E Mifflin St	12 families	12 families		
Domestic Abuse Intervention Services Shelter-Family Units 2102 Fordem Ave	15 families	15 families		
Madison Urban Ministry Healing House 303 Lathrop St	3 families	opened in July 2019		
FAMILY SUBTOTAL	52 families	74 families	43 families	39 families

⁴ The shelter study group reviewed 2018 data. Tables were updated with 2019 data when available.

⁵ Turned-away numbers are only reported from TSA family shelter. It is the only “emergency” night-by-night shelter for families where people can request the shelter the same day they need it. Other shelters require prior intake process and approval.

⁶ On extreme weather nights, such as nights with temperatures below 20 degrees, families, single women, and single men experiencing homelessness are able to use TSA Family Shelter, TSA Single Women shelter, and Porchlight Men’s Shelter, despite usual capacity and shelter night limits. However, even on extreme weather nights, behavioral issues may result in either being asked to leave shelter for that evening or in a temporary suspension.

Considerations

- To access TSA Family Shelter, families must call or visit TSA before noon and request shelter for that evening. All calls are returned by 1pm to confirm or deny a space for that evening. There is no annual limit on number of nights families can stay.
- To access the other family shelters, families must be referred or apply and go through the intake process. There are often waitlists. When approved, families can stay for a period of time, up to 90 days, depending on the shelter.
- In 2019, the highest number of families served plus turned away at TSA family shelter was 47 on 7/29/19. Twenty-two families were served and 25 families were denied due to lack of capacity. The second highest number was 44 on 10/15/19. Historically, the highest number of families are turned away between July and October.
- For families, unit or number of families, not bed or number of persons, would be a more informative measure to review capacity, as a family size fluctuates.
- Our community needed 13 additional family shelter units in 2018 and 22 additional family shelter units in 2019 to meet the highest need identified that year, which is the number of families served plus the number of families turned away on a given night.
- Domestic Abuse Intervention Services (DAIS) shelter always has a waitlist.
- Historical max capacity alone will not be an accurate measure to predict the sufficient capacity for the new shelter. Among other factors, families who are doubled up in unsafe situations that may also want to use the shelters.

Dane County Single Shelter Overview

Shelter	Max Capacity (2019)	Highest # Served ⁷ (2018)	2019 Jan PIT ES + Unsheltered	2019 Jul PIT ES + Unsheltered
TSA Single Women Shelter 630 E Washington Ave	45 persons, (Extreme weather exceptions apply) 85 additional beds (48 pay-for-stay and 37 regular) proposed by TSA	68 persons		
Porchlight Men's Shelters 1, 2 & 3 116 W Washington Ave 322 E Washington Ave 203 Wisconsin Ave	130 persons year-round; 165 persons in the winter (Extreme weather exceptions apply) Shelter 1: Grace Episcopal Church, open year-round, max 70 persons Shelter 2: St. John's Lutheran Church, available year-round, max 60 persons Shelter 3: First United Methodist Church, available Nov 1 - Mar 31, max 35 persons	163 persons	292 persons (78 women; 195 men; 1 transgender; 18 gender non-conforming or info missing)	385 persons (128 women; 247 men; 1 transgender; 9 gender non-conforming or info missing)
Domestic Abuse Intervention Services Shelter-Single Beds 2102 Fordem Ave	16 persons	16 persons		
SINGLE SUBTOTAL	226 persons	247 persons	292 persons	385 persons

⁷ Number of persons turned away from single shelters have not been consistently tracked.

Considerations

- Both TSA Single Women Shelter and Porchlight Men’s Shelter are night-by-night emergency shelters, but have 90 day stay per year limits.
- On extreme weather nights, most individuals who want to use the shelter can come, even if they used up their 90 days for the year. However, it still counts toward 90 days, so people with other options may not have accessed the shelter.
- Porchlight Men’s Shelter has not been turning people away due to capacity issues. However, individuals are turned away if they are intoxicated or under the influence except on extreme weather nights. Shelter beds that can accommodate single men who are intoxicated or under the influence are unmet needs in our community.
- TSA Single Women Shelter frequently turns people away, mostly due to capacity issues, but the turn away numbers have not been consistently tracked. In the summer of 2019, TSA reports having turned away on average, 10 single women per night.
- 44% of the single shelter guests were not new to the shelters, but many of them stayed for a very short period.
- The average age of single shelter users is higher than the average age of people experiencing homelessness (31 years old in Wisconsin and nationally).
- Unsheltered individuals who are currently not using the shelter may want to come in if the community had a purpose-built shelter.

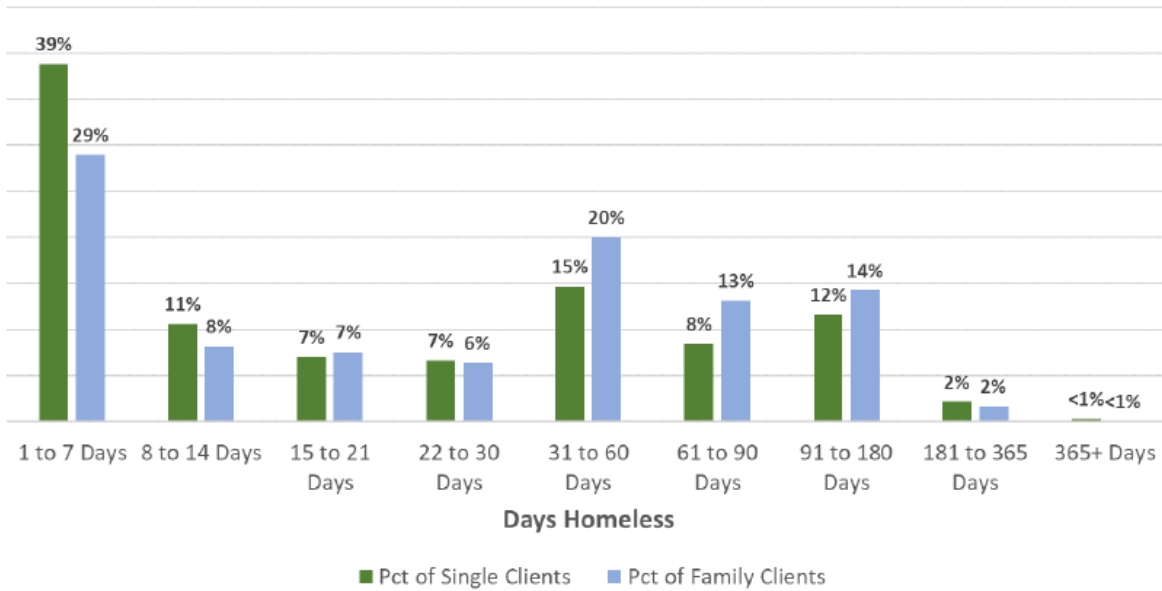
- The following shelter resources were not included in the charts above:
 - Briarpatch Youth Services 8-bed shelter for unaccompanied youth ages 12-17
 - TSA medical motel voucher program- In 2018, 17 households were served, with 6.8 nights average stay per household. 3 households were families and 14 were singles.
 - Motel vouchers provided by grassroots organizations such as Friends of State Street Family.

See [Dane County Shelter Capacity Preliminary Data-ICA \(Appendix A\)](#)

C. Emergency Shelter Length of Stay

According to the ICA analysis, 2,677 total persons stayed in emergency shelters in FY2018. Of these, 1,703 (64%) stayed in single shelters and 974 (36%) stayed in family shelters.

Length of Homelessness: Family vs. Single Clients
Dane County CoC, FY2018



- The length of homelessness distributions for families and single clients are relatively similar. In both groups, the largest percentage of clients fall into the 1 to 7 day category-39% for singles and 29% for families. The former percentage is higher, indicating that singles may be able to self-resolve more frequently.
- It should be noted that Porchlight Single Men’s Shelter and TSA Single Women Shelter currently have 90 day per year limits. For the two singles shelters, individuals can use the shelters on extreme weather nights even if they have used up their 90 days. Therefore, the maximum allowed number of days can be understood as 90 days plus extreme weather nights. TSA family shelter does not have the 90 day per year limit. YWCA family shelter does have a 90 day limit, but all YWCA shelter clients are referred by TSA after staying at TSA shelter and can return to TSA family shelter after 90 days if needed.
- Majority (86%) of the single shelter users used fewer than 90 days, below the maximum number of days allowed per year. 14% used more than 90 days (up to the max allowed). This group is likely to use the shelter longer if the shelters did not have 90-day limits.
- Total of 1,703 individuals (491 women and 1,140 men) used single shelters in the past year. It may be assumed that 12% or 196 individuals would stay longer, if the shelters did not have 90-day per year limits.

See [Length of Homelessness: Comparing Families and Single Clients-ICA \(Appendix B\)](#)

D. Emergency Shelter Performance and System Flow: Takeaways from the 2019 National Alliance to End Homelessness (NAEH) Conference

A study group member attended the 2019 NAEH Conference: Solutions for Individual Homeless Adults. Below are notes from a breakout session entitled “Assessing Shelter Capacity”.

Does your community need more shelter?

- It is not as simple as just determining whether your community has a high number of households experiencing unsheltered homelessness
- If a shelter is not well targeted or effective, increasing shelter beds will do little to reduce homelessness
- Assess how our community is using the current shelter inventory, who enters, where they exit to, and time in shelter (length of stay)

What Is “System flow”?

- An efficient and coordinated process that moves people through the crisis response system from homelessness to housing as quickly as possible
- The “process” means that all interventions need to work as one system to create flow

Before Adding Capacity, Ask about System Flow and Find Any Bottlenecks

- Is each intervention housing-focused?
- Does everyone in the system take responsibility for quickly housing people?
- Is our community creating efficiencies or barriers in our system?
- Do stakeholders see ourselves working as one system?
- Are stakeholders in constant dialogue with each other across the system?
- Is each component working effectively and efficiently to quickly end homelessness?
- Do we let our challenges limit us, or do we challenge our limits?

What to Assess

- Does your current inventory align with your populations?
- Are people unable to enter shelters because of restrictive shelter policies?
- What are the outcomes for people staying in shelter?

Factors to Consider When Expanding Shelter

- Add housing resources (e.g. Rapid Rehousing, Permanent Supportive Housing) for every shelter bed to be added
- If community wants shelter beds to turn over every 30 days, then add 12 housing resources for every shelter bed you add; if community wants shelter beds to turn over every 60 days, add 6 housing resources per bed

Steps for System-Wide Redesign of Shelters

- Align emergency shelters' goals w/ the community's goals to end homelessness
- Reframe people living unsheltered as people w/ legitimate unmet needs who need targeted engagement
- Design shelters to be low-barrier and housing-focused; strengthen shelter policies and services to improve the housing outcomes for people experiencing homelessness across your crisis response system
- Align funders and develop new shelter contracts
- Educate community partners on the evolving role of shelter in your system
- Integrate shelters into Coordinated Entry

Case Study: Alameda County

- In 2013, unsheltered PIT (2,337) outweighed sheltered PIT (1,927), shelter utilization was 93%
- In 2015 and 2016, Alameda County did two things:
 - Increased permanent housing beds and emergency shelter beds in equal proportions
 - Focused on serving more people by reducing barriers and getting transitional housing to function more like emergency shelter
- Saw a percentage decrease in utilization, increase in length of stay, decrease in exits to housing
- What happened to create the need in Alameda?
 - Housing market exploded – rents went way up and availability way down
 - Two people became homeless for every one person leaving for permanent housing
 - The proportion of increase in PH was not enough to ensure system flow
- Lessons learned:
 - Be clear-eyed and honest about the scale of intervention needed to change the trajectory in your community (much more housing needed)
 - Focus on reducing the number of people becoming homeless
 - House more people directly from the streets whenever possible

E. Dane County Shelter System Flow Analysis

TSA Family Shelter (Focus Strategies Worksheet Summary)

- Most of the shelter is for the population that needs it and have little to no transitional housing inventory remaining.
- 150 out of 376 people (40%) are entering shelter from “housed” locations.
→ Potential Solution: Implement diversion and limit shelter to serve primarily people who are unsheltered; (target >75% from unsheltered and >35% diverted)
- Median LOS (24 days) < Average LOS (36 days)
→ Potential Solution: Focus on assisting and reducing long-term shelter stayers to free up beds
- 89% of exit data is known (target 85%)
- 53% are exiting to PH (target >40%)

Focus Strategies Worksheet exercise suggested that all shelter populations in Dane County can benefit from implementing diversion programs. TSA started a family diversion program in 2017 and the program has been successful as shown below. TSA started a diversion program for single women in October 2018.

TSA Family Diversion

- Data period: 1/1/2018-12/31/2018
- 321 families (70%) were able to be initially diverted from shelter
- Of the 321 families initially diverted from shelter, 214 did not return to shelter within 60 days
- 33 families secured housing with diversion case management support
- Families that were successfully diverted were not counted toward emergency shelter or turned-away numbers. They would have been added to the shelter or turned-away numbers if they had not been diverted.

TSA Single Women Shelter (Focus Strategies Worksheet Summary)

- 160 out of 486 people (33%) are entering shelter from “housed” locations (160/486, 33%).
→ Potential Solution: Implement diversion and limit shelter to serve primarily people who are unsheltered; (target >75% from unsheltered and >35% diverted)
- Do not know where they go (known exit 45%)
→ Potential Solution: Focus on outcomes data to know where people are going (target 85% known)
- Few people leave shelter for permanent housing (30% exit to PH)
→ Potential Solution: Focus on rehousing as main goal of shelter (>40% of exits)
- Median LOS (10 days) < Average LOS (30 days)
→ Potential Solution: Focus on assisting and reducing long-term shelter stayers to free up beds

TSA Single Women Diversion

- Data period: 1/1/2019-9/30/2019
- 45 women (27%) were initially diverted from shelter
- Of the 45 women initially diverted from shelter, 39 women (87%) did not return to shelter within 60 days
- 15 women secured housing with diversion case management support
- Women who were successfully diverted were not counted toward emergency shelter or turned-away numbers. They would have been added to the shelter or turned-away numbers if they had not been diverted.

Porchlight Single Men's Shelter (Focus Strategies Worksheet Summary)

- Most of the shelter is for the population that needs it and have little to no transitional housing inventory remaining.
- 385 out of 811 people (47%) are entering shelter from "housed" locations (385/811, 47%)
→ Potential Solution: Implement diversion and limit shelter to serve primarily people who are unsheltered; (target >75% from unsheltered and >35% diverted)
- Do not know where they go (known exit 17%)
→ Potential Solution: Focus on outcomes data to know where people are going (target 85% known)
- Few people leave shelter for permanent housing (5% exit to PH)
→ Potential Solution: Focus on rehousing as main goal of shelter (>40% of exits)
- Median LOS are long (>60 days)
→ Potential Solution: Focus on assisting and reducing long-term shelter stayers to free up beds
- LOS is short but we have time limits; lots of people go from shelter to shelter
→ Potential Solution: If many to other shelters or unsheltered locations, reconsider how using time limits; focus rehousing rather than shuffling

Single Men Diversion

Dane County currently does not have a diversion program targeting single men.

See [Dane CoC System Flow Analysis-Focus Strategies Worksheets \(Appendix C\)](#)

F. Dane County Crisis Response System Needs Projection

In order to end homelessness in our community, the inflow into homelessness must decrease and the outflow into permanent housing must increase. If the number of people entering into homelessness is decreased by half through providing effective and right sized prevention and diversion programs, only half of the shelter beds would be needed compared with today's

need. If the speed people exit homelessness into permanent housing is doubled by providing services and rent assistance they need, only half of the shelter beds would be needed compared to today's needs. Therefore, system flow analysis and needs assessment must be done not only at the shelter level but also at the broader homeless crisis response system level.

Housing Intervention	Existing Stock on Point-in-Time*	Number of Units Available Annually through Turnover**	Annual Needs ***	Annualized Over/(Under) Units
Permanent Supportive Housing (PSH) - Families	131 units	13 units	39 units	(26 units)
Permanent Supportive Housing (PSH)- Individuals	450 beds	45 beds	180 beds	(135 beds)
Rapid Rehousing (RRH) and Other Permanent Housing Programs- Families	129 units	182 units	170 units	12 units
Rapid Rehousing (RRH) and Other Permanent Housing Programs - Individuals	364 beds	151 beds	1,196 beds	(1,045 beds)

See [Annual Housing Intervention Needs Projection \(Appendix D\)](#)

G. Dane County Population Growth Estimate

- 30% population growth in Dane County estimated between 2015-2050
- If homelessness trends remain flat (approximately 3,000 persons annually, which is currently half a percent of our total Dane County population), an additional 800 people may experiencing homelessness.
- The growing affordable housing gap also needs to be considered.

See [Dane County Population Growth Estimate Report \(Appendix E\)](#)

II. SHELTER FACILITY DESIGN CONSIDERATIONS

Emergency shelter is where people turn when they have nowhere else to go. Turning to shelter is a traumatic experience for people. In designing a shelter, the community must consider safety in design, while also ensuring a space that is welcoming and dignified. The following design considerations were compiled from review of available shelter design guidelines and homeless services staff's tour of the Higher Ground facility in St. Paul, MN.

Whole Building

- Ensure spaces are accessible
- Professional and clear signage
- Furniture should be durable and pest proof

Entrance and Reception Area

- Should be large space that allows for people to gather inside to check-in, as opposed to lining up outside
- Tall ceilings and many windows to allow natural light and a feeling of openness
- Open reception desk for check-in, ideally use SkanPoint to allow for ease of check-in, shelter staff should not be behind glass, allow for adequate space for shelter staff to work: space for confidential paperwork, adequate storage for office supplies
- Clear sight lines from the desk to all reception space
- Include space to get coffee and water, fountain with water bottle filler
- Resource board

Bunk Room

- Tall ceilings to create feeling of openness
- Bunks with storage lockers attached and outlets to allow for charging of phones and devices
- Space to put mats on the floor for overflow or guests who are safer sleeping near the floor
- Separate smaller bunk room for people who are unable to be in a large congregate setting, including those who are intoxicated

Kitchen and Dining Area

- Allow for staff and volunteers to prepare and serve meals
- Kitchen that can be locked when not in use
- Dining area to have a microwave for guests who may miss meal
- Dining area to be space that could be accessed after lights out to read, visit with others, etc.
- Tables should be cafeteria style to be folded and moved to the sides; space can then double as overflow shelter during extreme weather nights with mats on the floor

Smoking Area

- Outdoor and accessible at all times
- High walls and a large overhang, but some space that is open to the outdoors

- Some tables and chairs
- Garbage and space to dispose of smoking materials
- 2 sets of doors to allow for cold/hot and smell to remain outside

Bathrooms, Showers, Laundry

- Gender neutral private bathrooms
- Private shower rooms
- Guest laundry for people who are unable to access other free laundry resources
- Commercial laundry for staff use

Staff Space and Storage

- Private office space to accommodate support services staff and shelter director
- Must be adequate storage space for shelter supplies, additional mats, cleaning supplies, donations, etc.
- Breakroom with microwave, fridge, private bathroom including shower
- Heat treatment room for treatment of bed bugs

Support Services

- Private office space for guests to meet with support services staff
- Private office space for outside providers to meet with guests
- Possible co-location of some services (The Salvation Army currently has a dental clinic)

See:

[Higher Ground Shelter Tour Debriefing Notes and Photos \(Appendix F\)](#)
[Shelter Design Guidelines-BC Housing \(Appendix G\)](#)

III. SHELTER POLICY CONSIDERATIONS

People experiencing homelessness have diverse and complex needs. The complex, and often multiple needs of homeless individuals require operating policies that respond appropriately. Including current or former shelter guests in stakeholder planning discussions can help inform shelter practices and policies that result in a safe, accessible, and welcoming shelter environment.

Homeless populations may include:

- Women, including women fleeing from violence
- Seniors experiencing age-related conditions, such as diabetes, Alzheimer's, and dementia, as well as older adults with mobility impairments
- Families, including single mothers or fathers with children
- Youth
- LGBTQ
- Individuals with mental health conditions and/or substance use disorders
- Couples
- Working poor
- Transient population
- People with current medical issues
- People with varying levels of physical abilities, such as those with physical disabilities, mobility issues, or developmental disabilities

A. Low-Barrier Shelter

The BC Housing Shelter Design Guidelines state that

“Where a new or upgraded shelter will be the only one in a community (for a specific population), the facility should be designed and operated as a minimal-barrier shelter, which accommodates those who:

- Are dealing with addictions and/or mental health issues
- Require harm reduction supplies, including clean needles, access to safe disposal (sharps containers), condoms, etc.
- Require access to primary health care
- Cannot be refused service unless extenuating health/safety issues present
- Require physical accessibility
- Require appropriate sized and secure storage facility for their belongings, including a cart, bike, etc.
- Have a pet.”

Ensuring the safety of guests and staff in minimum-barrier shelters is a very important consideration. In addition to reviewing the [NAEH Emergency Shelter Learning Series-The Keys](#)

[to Effective Low Barrier Emergency Shelters](#) , DMI policy researcher reviewed other community low-barrier shelter examples.

See [Designing Safety Policies for Low-Barrier Shelters \(Appendix H\)](#)

B. Time-Limited Shelter vs. Year-Round Shelter

Dane County has only one emergency shelter for single men (Porchlight Single Men’s Shelter) and one emergency shelter for single women (TSA Single Women Shelter). Both shelters have 90-day per year limits.

Shelter providers report that considerations for the 90-day per year policy include the following:

- State of Wisconsin SSSG grant requirement of 90 continuous days: This was understood as the main reason for the original 90-day set up. However, after contacting the State SSSG grant specialist, the City of Madison staff received the following response:

“Our SSSG program rule is that shelters provide no more than 90 continuous days of emergency shelter. This information is in our monitoring materials and application. My understanding is that was put in place as we need to define “emergency shelter,” as SSSG is for that specific purpose alone, and that we want to encourage shelters to affirmatively act to help clients move on to permanent housing and long-term stability. At some point, longer stays start turning into housing other than emergency shelter. In practice, if clients need some additional time in shelter waiting for housing or a paycheck to come in, for example, we would not expect shelters to deny continued shelter simply because of SSSG. Also, if shelter guests exit shelter and later need emergency shelter again, SSSG would not prohibit this.”

- Bed capacity concern: Demand is too high to accommodate within the current capacity (especially for single women). If people were allowed to stay longer, the shelters would run out of beds and people would be turned away more frequently.
- Staffing and operation capacity concern: without the 90-day limit, more people are going to use the shelter longer. Current staffing, volunteer capacity, and operation budget would not be sufficient (especially for single men’s shelter).

The following considerations should be made when exploring lifting 90-day limits:

- Increased resources for case management services and shelter operating costs may be needed.
- Additional resources specific to unique needs of long-term stayers may be needed.
- Prioritization of the shelter population served, in the event shelter capacity is reached more often without 90-day limits(e.g., people who are newly homeless, chronically

homeless, who were denied the night before, etc.). See C. Emergency Shelter Length of Stay data for projection of increased demand.

IV. SHELTER INNOVATIONS IN OTHER COMMUNITIES

A. Pay-for-Stay Shelter

Pay-for-stay shelter is an innovative strategy aiming at providing flexibility for people to be able to work second and third shift jobs and saving for housing entry costs.

Case Study: Higher Ground, St. Paul, MN

Catholic Charities' Higher Ground offers emergency shelter and permanent housing for single individuals. The ground floor is a traditional emergency shelter, with 172 beds for single men and 60 beds for single women. There is no cost to use the first floor shelter beds. The second floor offers 52 "pay-for-stay beds". Guests who have used the no-cost ground floor shelter beds can sign up and pay \$7 a night for guaranteed shelter and more amenities, including a computer room, more privacy, large lockers, and an earlier entry time. The money guests pay for shelter is held in trust, up to a certain amount (\$500 as of April 2019) to be used as rental deposits when they move into permanent housing. While there is no limit on how long people can stay in pay-for-stay beds, Catholic Charities reports 79% stayed less than 6 months during the first two years of operation.

B. Medical Respite

Medical respite is a short-term residential care for people experiencing homelessness who are too sick to recover on the streets or in a typical shelter but are not sick enough to continue staying in a hospital. It allows people experiencing homelessness the opportunity to rest and recuperate in a safe environment while accessing medical care. Medical respite provides hospitals with an alternative to discharging patients not equipped to handle significant medical needs.

Case Study: Higher Ground, St. Paul, MN

Catholic Charities' Higher Ground set aside 10 beds of medical respite program on the second floor to provide a place of healing for individuals post hospital discharges. The program offers a private room with a shared bathroom, clinical care, three meals a day, and assistance with transportation. Clinical care is provided by nursing, behavioral health, and community health worker staff who implements the care plan of health care providers, including increasing skills to better navigate the healthcare system and helping reduce unnecessary emergency room and hospital admissions. It is supported and funded by three main hospitals in downtown St. Paul

that make placement referrals: United Hospital (Allina Health), Regions Hospital (HealthPartners), and Saint Joseph's Hospital (Fairview). The average length of stay is 12.5 days. Within two years of opening on 1/17/17, the program reports having prevented 2,497 potential inpatient days, with an estimated cost savings of \$3,346,000.

Needs in Dane County

In Dane County, medical respite for people experiencing homelessness have been provided mostly through hotel vouchers. Madison Urban Ministry's Healing House, a medical respite shelter for families with children, opened in July 2019, but their capacity is 8 beds (approximately 3 families). TSA received \$10,000 in state funding and provided 201 days of medical respite via hotels for 17 households in 2018. UW, SSM Health, and UnityPoint Health Meriter (UPH Meriter) will at times match TSA's funds for short-term hotel stays. UPH Meriter also has a respite room in a partnership with Porchlight to provide services to single adults. In 2018, UPH Meriter provided 246 days of medical respite via hotels and the medical respite apartment. UPH Meriter saw a 33% increase in medical respite days, which can be correlated to the medical respite partnership with Porchlight housing that opened in September of 2017.

The hotel voucher program is neither cost effective nor consistent due to availability of hotels in the area. The cost of one to two weeks of hotel vouchers can be equivalent to the cost of a full-month rent for an apartment. Our community would benefit greatly by establishing a medical respite shelter with a homeless service provider, so that health care providers can better tailor their services to meet the need.

Dane County Medical Respite Program Envisioned

TSA proposed to create 13 private medical respite rooms for single individuals in their new shelter facility. It is envisioned that clients can have access to medical respite beds 24 hours a day without having to leave the shelter during the day. Medical respite services will include access to showers, laundry, and three meals a day. Shelter staff members are not expected to provide medical services, only shelter services to improve recovery. Medical partners in the community will make referrals and be responsible for providing home health services, which may include physical, occupational, speech therapies, medication management and wound care. Medical partners and shelter staff will partner to arrange transportation for necessary follow-up appointments. Duration of stay can be determined by the referral recommendation.

C. 24-Hour Coverage Models

There are different ways to provide 24-hour shelter coverage:

- Separate day and nighttime shelters – Dane County's current structure
- 24-hour shelter operated by one provider - See DESC Shelter in Seattle case study
- Separate day and nighttime shelters, with some exceptions made for subpopulation to be able to stay during the day at nighttime shelter

- Co-location of day and nighttime shelters operated by different providers

Our community currently has a separate day and nighttime shelter model. When considering development of new shelters, 24-hour shelter model is a valuable approach to consider.

Case Study: DESC Shelter, Seattle, WA

DESC's Main Shelter has 200 beds for single individuals and is open 24/7. There are 14 case managers who provide case management services during the day, 7am-7pm. Day and night time shifts overlap and operate as one team. The shelter offers on-site medical care, mental health counseling, and chemical dependency counseling. A team of housing assistance case managers, three information and referral case managers, and a chemical dependency counselor are on site in the shelter, as well as a registered nurse from Health Care for the Homeless. A Nurse Practitioner or MD is also on site three days per week to provide primary care services and follow-up for treatment clients received elsewhere. The healthcare clients receive in the shelter goes a long way toward preventing emergency room visits. Housing assistance case managers have access to \$300,000 in Rapid Rehousing Program (RRH) assistance. Exit to permanent housing increased from 3% to 10% with the increase in RRH funding. The shelter's initial design was to help as many people's basic needs as possible. It changed to having a narrower client base and providing more intensive case management so clients can move to permanent housing faster.

Advantages of a 24-hour shelter model

- Increased shelter desirability / low barriers: Creating a co-located overnight and daytime shelter program with 24-hour services for participants increases the desirability of shelter and removes a significant barrier by eliminating the need for participants to travel from site to site multiple times a day with their belongings.
- Increased opportunity for robust service delivery: When shelter desirability increases, barriers are reduced, and overnight and daytime services are provided as a single program, there is more opportunity for services beyond survival services to be provided to participants. In particular, individuals who may be resistant to or have difficulty accessing supportive services are more likely to receive such services in a 24-hour shelter context.
- Cost effectiveness compared to a similar level of service provided by separate overnight and daytime operations: There are significant opportunities for cost efficiencies when daytime and overnight services are combined into one program. Facility construction and maintenance costs and administrative costs can be lessened.

Challenges and Mitigation Strategies

- Any operational design, however desirable, has characteristics that present challenges or drawbacks. Understanding, planning for, and having strategies to mitigate these is an important component of the design process.

- Three challenges stand out when considering a 24-hour model of emergency shelter in our community:
 - Potential for decreased access for individuals who are suspended from services
 - Facility maintenance and hygiene
 - Challenges and costs associated with making changes to the existing model of homeless service provision

Discussion Topics

- Do we want 24-hour shelter? Would our participants prefer the option of being able to stay 24 hours?
- Would 24-hour shelter be more cost efficient than our current model? If so, would services be complementary, duplicate, or replace services at The Beacon?
- Could certain participants (e.g. mobility issues, chronically homeless, those working with case managers) stay during the day? If so, how would eligibility and prioritization work?