

Ward Family Foundation, Inc.

Homeless Shelters and Programs Analysis of Benchmarks and Best Practices

July, 2002



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Mission

The Ward Family Foundation, Inc. was established in January 2001 to assist existing charities improve their effectiveness by implementing best practices. There is a vast network of excellent programs already in place to serve many worthwhile charitable causes. Our mission is to assist these existing programs become more effective. The foundation was inspired by Catholic social teaching which, among other things, recognizes the fundamental right of each human person to life, food, shelter, clothing and medical care. The Ward Family Foundation, Inc. is a 501(c)(3) organization operating as a private operating foundation.

Background

The vision for the Ward Family Foundation originated from the personal and business experiences of John L. Ward, the foundation's founder and Chairman of the Board. John Ward has extensive experience in the business world as a management consultant. In 1992, he founded a company to assist businesses improve their operating effectiveness through the use of benchmarking and best practices concepts. Benchmarking is a management tool to help companies remain competitive and become more effective. Best practices are those specific operating practices or philosophies that are proven to improve effectiveness.

His firm has become one of the foremost authorities on business performance measurement and implementation of best practices. Each year, his firm provides benchmarking and best practices consulting services to approximately 250 businesses throughout the United States and Canada.

The Ward Family Foundation will take these proven concepts and practices that have been successfully used in the business world, and apply them to charitable causes. We believe the business world can and should help charities more effectively serve their cause.



Homeless Program Best Practices Study

Consistent with our mission to assist existing charitable causes become more effective, we recently completed a comprehensive best practices study of 22 homeless programs in the Washington, D.C. and Cincinnati areas. The results of this study are included in detail throughout the remainder of this document. In addition to this best practices study, we have initiated two implementation projects designed to further assist homeless programs improve their effectiveness. These implementation projects are referred to as the Tracking Database Project and the Aftercare Program Project. Each project is briefly described below.

Tracking Database Project

One of the key findings of the recently completed best practices study was that most homeless programs do not have adequate resources to maintain long term contact with residents after they leave the program. While many programs offer to extend services, it is normally up to the former residents themselves to determine whether to remain in contact with the program. Most choose not to remain in contact. This general lack of contact makes it difficult to obtain feedback and measure the **long term** effectiveness of the program. Accordingly, we are working with two homeless programs on a pilot tracking database project. The objective of this project is to collect information to assist in measuring the long term effectiveness of the programs. The key worksteps of this project are as follows:

- Develop an Internet-based database to maintain information about families and individuals that have successfully completed homeless programs in recent years.
- Identify a pilot group of homeless programs interested in determining the current status of families and individuals that successfully completed the program during the past five years.
- Work with the homeless programs in their attempt to contact these families and individuals to determine the current status.
- Work with the homeless programs to load information about the status of these families and individuals into the Internet-based database. Note that personal information such as names and addresses are being kept confidential.



• Analyze the results and use the information to provide feedback to the homeless programs for use in improving their long term effectiveness.

The Tracking Database Project is in progress at this time and is scheduled for completion in 2003.

Aftercare Program Project

We are working with a transitional homeless program that has designed and implemented an aftercare program. This aftercare program will be extended to each of its graduates for a period of at least two years after graduation. The homeless program will then compare the success rate of graduates receiving the aftercare services with those that did not. This information will be used to measure the impact of aftercare services on the long term effectiveness of the program. The key worksteps of this project are as follows:

- Develop an aftercare program that is introduced to residents prior to their departure from the program. An aftercare plan will be co-developed by the resident and the homeless program case manager.
- Design incentives to increase the likelihood that graduates will participate in the aftercare program.
- Implement an aftercare program that includes a weekly clinical group and systematic follow-up contacts by the homeless program to offer services, referrals and encouragement.
- Conduct random drug testing of the graduates.
- Conduct alumni awards celebrations to recognize the successful graduates and compliance with the aftercare program.
- Monitor ongoing success rates to determine whether the aftercare program has increased the long term success of homeless program graduates in learning to live independently.

The Aftercare Program Project is in progress at this time and is scheduled for completion in December, 2003.



Next Steps

Our plan for the long term is to continue to work with homeless programs, but to also work with other charitable causes. If you have any suggestions or feedback, or would like to make a financial contribution, please contact:

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Introduction

This study analyzed the operating practices at homeless shelters and programs in a number of key areas, including sources of revenues, partnerships, caseworker assistance, intake procedures, food, counseling, health care and mental health, alcohol and drug abuse recovery, educational and life skills training, personal development, employment, computer training, spiritual guidance, housing placement, outreach services post-shelter and success measurement.

The objectives of the study were as follows:

- Evaluate homeless program operating practices.
- Provide meaningful homeless program performance comparisons.
- Survey the practices that homeless programs have implemented to improve their effectiveness.
- Develop benchmarks to measure effectiveness.

Approach

One or more representatives from the Ward Family Foundation visited each participating homeless program. These onsite visits were important in order to understand the unique challenges and philosophies of each homeless program. During the on-site visits, we interviewed the executive director and/or other members of the staff, and, in some cases, visited with residents of the program and toured the facility.

We also collected an extensive amount of information from the homeless programs participating in the study about management and operating practices. We then grouped the homeless programs into various benchmark groups for further analysis. The following summarizes the benchmark groups used for the study:

• *Emergency Programs*. Emergency programs are normally the first point of contact with the homeless. Most emergency programs focus on stabilizing the lives of the homeless and offering the opportunity to migrate to a transitional program. Emergency programs typically provide shelter for a period of 90 days to 6 months. They



tend to focus on either families or individuals. Eight emergency homeless programs participated in our study. Because only one of these programs focuses on individuals, we are not able to report on results separately for those emergency programs focusing on families versus individuals. All emergency homeless programs, including those focusing on families and individuals, were grouped into one emergency program benchmark group.

• Transitional Programs. Transitional programs normally accept homeless residents from emergency or other similar programs. Transitional programs typically provide shelter and a rigorous program for a period of 6 months to two years. Fifteen transitional homeless programs participated in our study. Because of the number of transitional program participants, we were able to establish a benchmark group for transitional programs focusing on families and a separate benchmark group for transitional programs focusing on individuals.

Profile of Participants

One of our goals was to assemble a diverse group of homeless programs to participate in this study. To be eligible, each homeless program was required to provide extensive information about their operating practices, spend a considerable amount of time meeting with Ward Family Foundation representatives and agree to share their best practices with other homeless programs. Participating in this study forced each homeless program to critically evaluate its own effectiveness and to be measured in comparison with other similar homeless programs. The process of measuring one's own effectiveness can be a painful one because of the risk of identifying areas of ineffectiveness. For this reason, we commend each participating homeless program for their dedication and sincere interest in improving their long term effectiveness.

A diverse group of 22 distinct homeless programs participated in the study. A listing and brief description of each participating homeless program is included beginning on page 142. For confidentiality reasons, we have not presented any individual homeless program benchmark results. A profile of the participant group follows:



Benchmark Group	Number	Total Annual Person Nights	Percent
Transitional Programs, Families	6	161,230	51.0%
Transitional Programs, Individuals	9	52,474	16.6%
Emergency Programs	7	102,510	32.4%
	22	316,214	100.0%

Analysis of Homeless Program Operating Practices

The remainder of this report presents the study results. This particular section begins on page 24 and includes a comprehensive analysis of the various operating practices in use. The results are presented separately for transitional programs (begins on page 24) and emergency programs (begins on page 89). The following summarizes the major findings.

Overall Profile

- The homeless programs studied offer a wide variety of services.
- The most common services offered include individual caseworker assistance, counseling, educational and life skills training for adults, parenting and family life instruction, and housing placement.
- The services offered least frequently are vocational training, spiritual guidance and outreach services post-shelter. These services represent potential gaps in service offerings.
- The homeless programs studied tend to specialize in a particular homeless segment. This reflects the unique needs of the respective segments. A wide variety of target segments are being served, including single men, single women, women with children, mentally ill, veterans and others.
- Most of the homeless programs studied were first established between 1975 and 1995. The oldest program was first established in 1906.



Approximately 58% of the transitional homeless programs studied actually own the facility while most emergency homeless program facilities are owned by the local county.

Demographics of Residents

- The average age of adults at time of admission to transitional homeless programs is 37, as compared with 33 at emergency homeless programs. However, there is considerable variation among the transitional homeless programs. The average age of adults admitted to transitional homeless programs focusing on families is 29, as compared with 41 at those focusing on individuals.
- Of the adults admitted to transitional homeless programs, 45% had an education level below high school and 45% had a high school or GED level of education. Of the adults admitted to emergency homeless programs, 54% had an education level below high school and 32% had a high school or GED level of education.
- Most adults were not employed at the time of admission. At transitional homeless programs, only 5% of adults were employed at the time of admission to transitional programs focusing on individuals, as compared with 43% of adults admitted to transitional programs focusing on families. In contrast, 61% of adults admitted to emergency homeless programs were employed at the time of admission.

Sources of Revenue

- Sources of revenue vary widely by type of homeless program. For the transitional homeless programs studied, the federal government is the largest single source of revenue at 29%. For the emergency homeless programs studied, county government is the largest single source of revenue at 68%.
- Food represented the single largest category of goods and services donated. During fiscal 2000, approximately \$31K of food on average was donated to each transitional homeless program studied. Approximately \$40K of food on average was donated to each emergency homeless program studied.
- Most transitional homeless programs studied charge a service fee to residents. Overall, service fees from residents comprise 3% of total revenues. None of the emergency homeless programs charge residents a service fee.



• Most of the transitional homeless programs studied indicated that charging a reasonable service fee to residents was an important means of fostering a sense of self-sufficiency.

Partnerships

- Most of the transitional and emergency homeless programs studied target a number of different types of organizations for partnerships. A partnership was defined as a separate organization such as local businesses, local non-profit groups, government agencies, private agencies and faith-based organizations.
- The most common type of organization targeted for partnership by transitional homeless programs are local nonprofit groups, whereas county agencies are the most common type of organization targeted by emergency homeless programs.

Staff

- On average, the transitional homeless programs studied maintained a full-time, salaried staff of 5. The emergency homeless programs studied maintained a full-time salaried staff of 12 on average.
- The primary responsibilities of the full-time, salaried staff related to administration, education and counseling, case management and intake.
- On average, the transitional homeless programs studied received 2,094 annual volunteer hours. The emergency homeless programs studied received 5,487 annual volunteer hours on average.
- Only 5% of the full-time salaried staff at the transitional homeless programs studied actually resides at the transitional shelter facility, as compared with 3% at emergency homeless programs.

Internet

- Most of the transitional and emergency homeless programs studied have access to the Internet for administrative use.
- However, a lower percentage of residents has access to the Internet. At the transitional homeless programs studied, 53% of the shelter residents have access to the Internet, as compared with 71% of emergency homeless programs.



Computer Applications for Administrative Use

- Overall, the transitional homeless programs studied have 6.4 desktop computers in use on average, as compared with 8.6 desktop computers at emergency homeless programs.
- The most common types of computerized applications are word processing and spreadsheets.
- The least common computerized applications are residents case histories and mailing lists of former residents.

Individual Caseworker Assistance

• Overall, the transitional homeless programs studied average 11.1 families/residents per caseworker, as compared with 7.6 at emergency homeless programs.

Intake Procedures

- Only 27% of the transitional homeless programs studied will accept walk-ins. Most new residents are referred from other shelters or government agencies.
- However, 43% of the emergency homeless programs studied will accept walk-ins. The largest single referral source is government agencies.
- Most of the transitional and emergency homeless programs studied record a significant amount of information about the residents at the time of admission.
- Overall, 49% of adults admitted to transitional homeless programs were homeless because of addiction to alcohol and/or drugs.
- However, 41% of adults admitted to emergency homeless programs were homeless because of low wages or lack of
 employment.
- Most transitional and emergency programs studied require residents to sign a contract.



Food

• Overall, 40% of food acquired by the transitional homeless programs studied is purchased, in contrast to the emergency homeless programs studied which purchased 62% of food acquired.

Counseling

• Group counseling sessions for adults are held infrequently at the transitional homeless programs studied, in contrast to the emergency homeless programs studied where 43% conduct weekly counseling sessions and 43% conduct counseling sessions twice weekly.

Health Care and Mental Health

- Only 52% of the residents at the transitional homeless programs studied have health insurance, while only 48% of the residents at the emergency homeless programs studied have health insurance.
- Most residents without health insurance at both transitional and emergency homeless programs receive medical care free of charge from providers.

Alcohol and Drug Abuse Recovery

- Most of the transitional and emergency homeless programs studied offer comprehensive alcohol and drug abuse recovery programs.
- The most common components of the recovery program include drug/urinalysis testing, group recovery meetings and individual counseling.

Education and Life Skills Training

For adults, most of the transitional and emergency homeless programs studied provide tools for GED. Only 27% of
the transitional homeless programs studied require adults to enroll in a GED program, as compared with 43% of the
emergency homeless programs studied.



• For children, most of the transitional and emergency homeless programs studied provide group games skills training.

Personal Development/Family Issues

- Most of the transitional and emergency programs studied teach a variety of independent living skills.
- The most common types of independent living skills taught at the transitional and emergency shelters studied include parenting skills, budgeting and finances and tenant rights and responsibilities.

Employment

- Employment is mandatory at 53% of the transitional homeless programs studied, as compared with 71% at the emergency homeless programs studied.
- The most common type of employment service provided at the transitional and emergency homeless programs studied was an assessment of career interests and capabilities.

Computer Training

- Most of the transitional and emergency homeless programs studied provide computer training.
- The most common types of computer training provided at the transitional and emergency homeless programs studied include basic computer use and word processing.

Spiritual Guidance

- Only 13% of the transitional homeless programs studied had a chapel on-site and none of the emergency homeless programs studied had a chapel.
- Most of the transitional and emergency homeless programs studied characterized their approach to spiritual guidance as voluntary and not encouraged.



Housing Placement

• The most common methods of locating housing for residents at the transitional and emergency homeless programs studied are through shelter contacts and through contact with social services agencies.

Outreach Services Post-Shelter

• While many of the transitional and emergency homeless programs studied extend their services after the residents leave the program, few pro-actively maintain contact with their former residents due primarily to resource constraints.

Success Measurement

- Most of the transitional and emergency homeless programs studied measure success based on improvement during the actual program period.
- Only 29% of the transitional homeless programs studied and 14% of the emergency homeless programs studied focus on annual operating cost as the primary method used to measure success.

Statistical Information

- The average length of stay at the transitional homeless programs studied was 375 days, as compared with 66 days at emergency programs.
- Most of the transitional and emergency programs studied do not maintain post-shelter contact with graduates.

Operating Costs

• The average operating cost per actual person night at the transitional homeless programs studied averaged \$33, as compared with \$60 at emergency programs.



Analysis of Homeless Program Effectiveness

In our view, the only objective measure of long term effectiveness of homeless programs is the success rate of its graduates in the years subsequent to departure from the program. Only a limited number of the homeless programs studied maintained contact with graduates of their programs for a period of at least six months to one year. Most of the homeless programs studied were unable to measure the success rate of its graduates for any meaningful period of time, primarily due to a lack of available resources that could be committed to this effort.

Accordingly, we were not able to measure the long term effectiveness of the homeless programs studied and therefore could not definitively define best practices. We were however able to observe practices that we believe are potential best practices. Each is briefly described below:

Measure success beyond the actual program period.

Most of the homeless programs studied measure improvement only during the actual program period. We believe this measurement horizon which tends to range between 60 days and 2 years is too narrow to measure the long term effectiveness of the program. The true effectiveness of a homeless program can only be measured by its success in helping the individual or family achieve sustained independence over the long term.

- One of the programs has established a goal for all of its graduates to remain in permanent housing and be employed at least one year after completing the program. The program remains in touch with all of its graduates for a full year in order to determine whether this goal has been met.
- 2. Establish a connection to the outside world for residents during their tenure in the program.

It is important for homeless program residents to make a seamless transition to the outside world. We believe a smooth and seamless transition increases the likelihood of long term independence.

• One of the programs arranges for religious and civic groups and corporations to "adopt" families for a period of up to two years. These groups provide financial assistance, food, clothing, friendship and encouragement to families as they begin their journey to independent living.



- Two of the programs use what is referred to as a "scattered site" approach for the transitional program phase. With this approach, residents reside in private distributed housing facilities that residents can remain in permanently, rather than one centralized facility that houses all residents.
- Many of the programs require that all residents maintain a service plan, or goal sheet. The service plan requires residents to focus on important goals such as obtaining employment, or performing volunteer work.
- One of the programs conducts a Sunday brunch program in which a family in the community brings in a meal and serves the residents. This program has been so successful that local families have been scheduled out for the next two years.
- 3. Focus on job training as a basis for securing long term employment.

Most homeless people are unemployed or have a history of unemployment. We believe maintaining full time employment is a minimum requirement for achieving long term independence.

- One of the programs operates three on-site employment training programs for its current and past residents. Training programs are currently operated in the areas of culinary arts, retail sales and computer repair. Residents also receive on-the-job training at a restaurant and retail store owned by the homeless program.
- Several programs require all residents to prepare a resume shortly after admission to the program. Cover letters must also be prepared that include references.
- One of the programs has developed an 8 week nurse aide training program for its residents. A number of the graduates have been certified by the state and have gone on to full time employment.
- 4. Establish a partnership with the business community for mentoring, employment and fund-raising.

The business community is often an overlooked partner to help with homelessness. Homeless programs often view the business community solely as a source of financial assistance, whereas a more productive role may be in the form of assistance with job placement.



- One of the programs has formed a special job placement initiative with a major retail establishment. Residents receive 40 hours of customer service training during the program and an opportunity for full time employment after graduation. A representative from the homeless program also spends time in the retail establishment to help understand the expectation of the employee.
- One of the programs works with a local business for job placement. The local business recognizes that their responsibility goes beyond merely providing a job to the resident. The local business also mentors the resident and assists with transportation to and from the job as needed.
- One of the programs works with local businesses in a unique fund-raising partnership. Local businesses prepare a solicitation letter on their letterhead to be sent to donors on the homeless program's mailing list. This approach provides advertising for the local business and helps the homeless program in its fund-raising efforts.
- Several of the programs have a partnership with a local restaurant. The homeless program is periodically invited to set up a table at the restaurant to talk with restaurant customers about their work. The restaurant then contributes one-third of the profits from that evening to the homeless program.
- Several of the programs have a partnership with local banks. Residents can establish checking and savings accounts at the banks. The banks have agreed not to charge any service fees.
- 5. Focus on achieving a minimum level of education.

In many cases, achieving a higher level of education is essential for obtaining full time employment.

 One of the programs has established an on-site, accredited school that offers a variety of educational and vocational training courses for its residents.



6. Establish strong spiritual underpinnings to help the residents achieve long term independence.

While most of the homeless programs studied did not incorporate a faith-based spiritual component, we believe personal faith development is important for achieving long term independence.

- One of the programs addresses the spiritual needs of its residents through the use of staff chaplains, an on-site chapel and partnerships with local churches.
- One of the programs provides three spiritual retreats for residents each year. Residents are required to attend at least one retreat.
- One of the programs conducts a 15 minute reflection and discussion period every morning. All residents must attend this reflection period.
- 7. Maintain communication with the residents after graduation.

Maintaining contact with residents after graduation is important for evaluating the long term effectiveness of the program.

- One program employs a formerly homeless resident counselor to maintain regular, informal telephone and mail contact with former residents for an extended period of time. This helps to assess the program's long term success rate and enables it to offer assistance to former residents as necessary.
- 8. Address the unique needs of young children in order to strengthen the entire family.

Homeless families present unique challenges. While the adult(s) focuses on their own rehabilitation, it is important for the unique needs of the young children to also be addressed.

• One of the programs operates a variety of children's programs. These programs include a Weekly Reader Program designed to increase children's reading skills and to foster an appreciation for books, a Student Intern Program to give young adults their first employment experience (including an application and



interview process), an after school tutoring program run by a part-time teacher and a preschool program run by a part-time preschool teacher.

- One of the programs works with local government agencies as an advocate for residents who have lost their children to the system. The program pursues visitation rights with the long term goal to reunite children with their parents.
- One of the programs offers after school tutoring programs for children that continue to be available to the children for up to one year after graduating from the program.
- 9. Visualize the potential and importance of maintaining an apartment or owning a home.

While more immediate problems tend to be the focus of most homeless programs, assisting the resident in visualizing the benefits of long term home ownership is also important.

- One of the programs makes computer software available in the resident's first language to assist with home ownership.
- 10. Establish a budgeting discipline to help the residents achieve long term financial independence.

Most of the transitional programs studied charge residents a service fee or rent subsidy, while most of the emergency programs studied do not. We believe charging a service fee, regardless of the amount, helps to establish a budgeting discipline for the residents that is important for achieving long term financial independence.

• The most common rental charge is in the range of 25% - 30% of monthly income.



¹ Transitional and Emergency Homeless Program Performance Benchmarks

	Transitional Programs				Emergency Programs			
Key Performance Measures	Overall	Focus on Families	Focus on Individuals	High	Low	Overall	High	Low
Staff								
^{2,3} Average Residents Served Annually per Full Time Equivalent Salaried Staff	2.7	1.7	3.0	6.2	1.2	15.1	70.0	5.7
Percent of Full-Time Salaried Staff That Actually Resides at the Shelter Facility	5%	0%	9%	60%	0%	4%	27%	0%
³ Annual Volunteer Hours Contributed per Average Resident Served	145	396	113	583	30	17	27	1
Individual Caseworker Assistance								
Average Families/Residents per Caseworker	11.1	8.6	12.7	30.0	5.0	7.6	12.5	2.0
Capacity Analysis								
Actual Person Nights as a Percent of Available Person Nights	73%	83%	69%	91%	28%	92%	99%	80%
Completion Analysis								
Percent of Residents Entering the Program That Did Not Complete The Entire Program	47%	51%	47%	71%	19%	32%	34%	23%
Percent of Residents Entering the Program That Completed the Entire Program	53%	49%	53%	81%	29%	68%	77%	66%
Average Length of Stay (in calendar days) for Residents That Completed the Entire Program	375	518	256	730	98	66	109	22
Operating Costs								
Average Annual Operating Costs in Total	\$430K	\$640K	\$272K	\$2.3M	\$49K	\$693K	\$1.1 M	\$82K
Operating Cost per Actual Person Night	\$33	\$21	\$39	\$81	\$13	\$60	\$83	\$12



Footnotes from page 22

- ¹ All performance benchmarks relate to fiscal 2000.
- Total number of residents that completed the program during 2000 divided by full-time equivalent salaried staff. Full-time equivalent salaried staff is calculated as the sum of full-time salaried staff plus 50% of the part-time salaried staff.
- ³ Average residents served is defined as the total number of residents that completed the program during 2000.

Concluding Remarks

We thank the homeless programs for participating in this rigorous benchmarking and best practices study. Each demonstrated a sincere interest in becoming more effective in serving the homeless population.

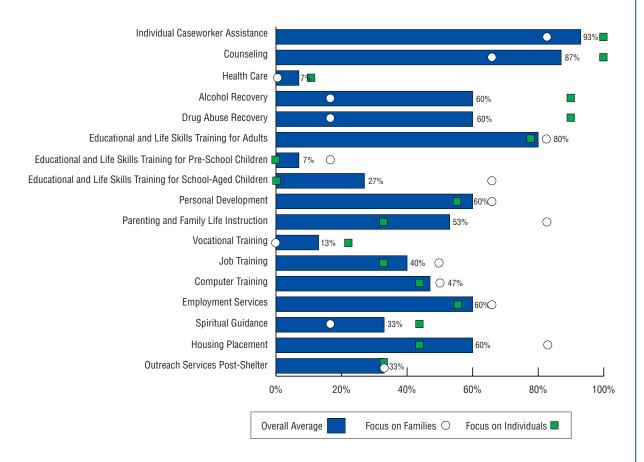


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Analysis of Transitional Shelter Program Operating PracticesOverall Profile

Scope of Services

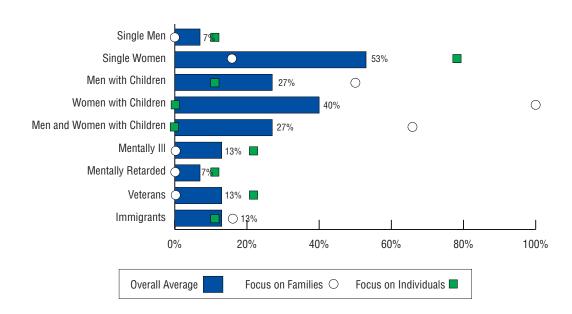


- Overall, the transitional homeless programs studied offer a wide variety of services.
- For those transitional shelters focusing on families, the most common services offered include individual caseworker assistance, educational and life skills training for adults, parenting and family life instruction and housing placement.
- For those transitional shelters focusing on individuals, the most common services offered include individual caseworker assistance, counseling and alcohol and drug abuse recovery.
- Overall, the services offered least frequently include health care, vocational training, spiritual guidance and outreach services postshelter. These services represent potential gaps in service offerings.
- Miscellaneous other services listed include educational outreach services, budgeting, health awareness programs, expressive art experiences, volunteer church or synagogue sponsorship, volunteer holiday hook-up, children's recreational activities and family reunification services.



Overall Profile

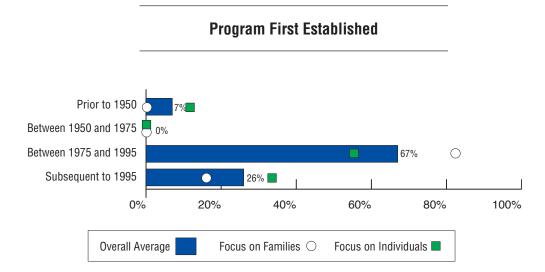




- Overall, the transitional homeless programs studied tend to specialize in a particular homeless segment. This reflects the unique needs of the respective segments.
- As the chart illustrates, a wide variety of target segments are being served. Since many of the homeless programs studied target more than one segment, the percentages across all segments do not total 100%.



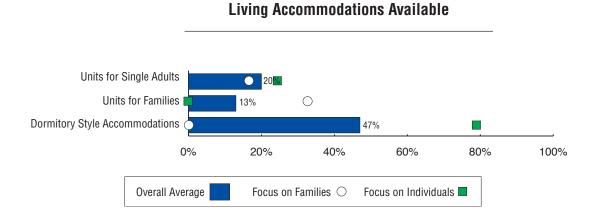
Overall Profile



- As the chart illustrates, most of the transitional homeless programs studied were first established between 1975 and 1995.
- The oldest program was first established in 1906.



Analysis of Transitional Shelter Program Operating PracticesOverall Profile

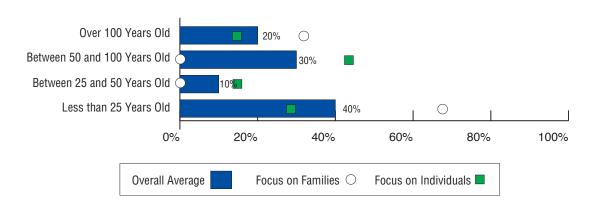


- As the chart illustrates, the most common type of living accommodation for those transitional shelters focusing on individuals is dormitory style.
- Since many of the homeless programs studied reported miscellaneous other types of living accommodations, the percentages in the chart do not total 100%.
- Miscellaneous other living accommodations listed include shared living with private, individual bedrooms; scattered-site, privately owned individual apartments or houses; dormitory style rooms with one family per room; and a group home.



Overall Profile



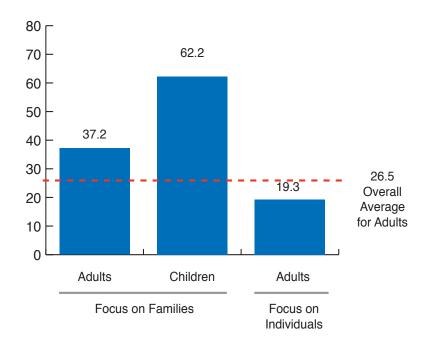


- As the chart illustrates, most of the shelter facilities are either less than 25 years old, or over 100 years old.
- Approximately 58% of the transitional homeless programs studied actually own facilities. Approximately 25% use facilities owned by a church and the remainder use facilities owned by private landlords.



Demographics of Residents

Total Residents at Given Point in Time



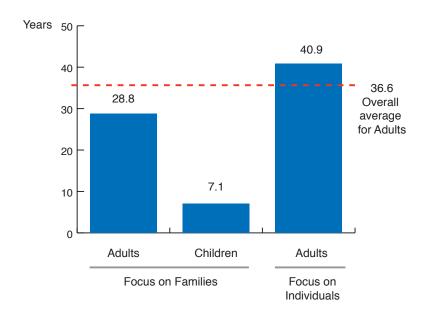
Analysis and Commentary

• As the chart illustrates, the average residents in total at the transitional programs focusing on families is 99.4, as compared with 19.3 at those focusing on individuals.



Demographics of Residents

Average Age at Time of Admission



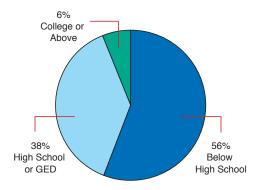
- Average age at time of admission varies widely among the transitional programs focusing on families, as compared with those focusing on individuals.
- The average age of adults admitted to programs focusing on families is 29, as compared with an average age of 41 for those adults admitted to programs focusing on individuals.



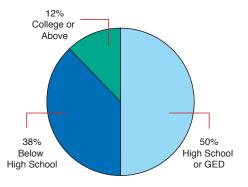
Demographics of Residents

Education Level of Adults at Time of Admission

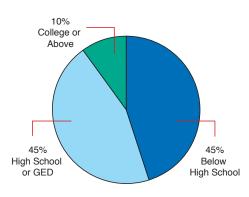
Focus on Families



Focus on Individuals



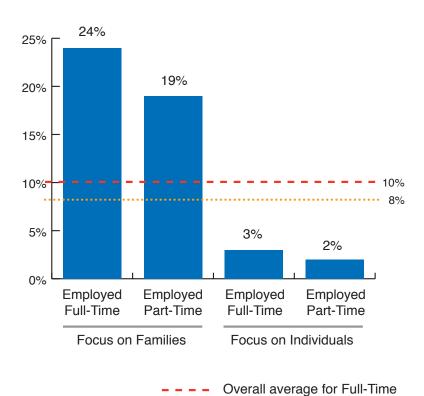
Overall Average





Demographics of Residents

Adults Employed at Time of Admission



Analysis and Commentary

- Not surprisingly, most adults were not employed at the time of admission to the transitional programs studied.
- However, the employment gap varies widely among those transitional programs focusing on families, as compared with those focusing on individuals.
- Only 5% of adults were employed at the time of admission to transitional programs focusing on individuals. In contrast, 43% of adults were employed at the time of admission to transitional programs focusing on families.

Overall average for Part-Time



Demographics of Residents

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding unique demographics about residents:

Focus on Families

- All residents are immigrants with language barriers.
 Many suffer post-traumatic stress and limited government assistance is available to them.
- Approximately 95% are African American, 3% Hispanic and 2% Caucasian.
- Approximately 72% are African American, 17%
 Caucasian, 7% Hispanic and 4% Asian.
- Approximately 90% of residents are substance abusers, 70% are dually diagnosed.

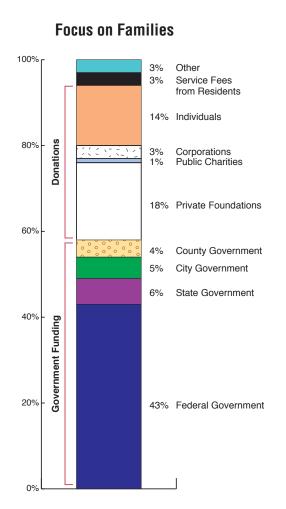
Focus on Individuals

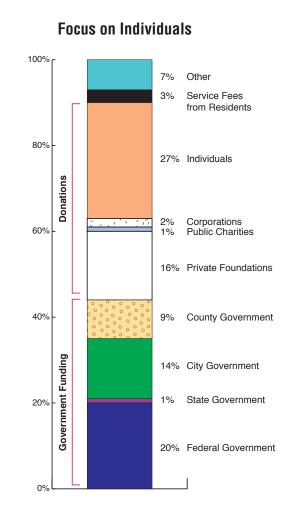
- Approximately 90% of residents are substance abusers, 70% are dually diagnosed.
- All residents are veterans.

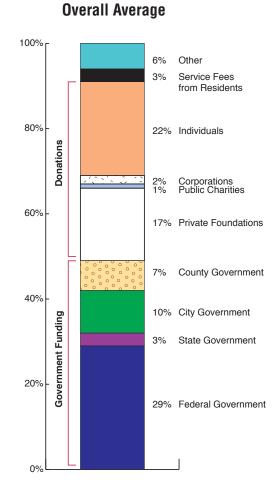


Sources of Revenue

Sources of Revenue for Fiscal 2000



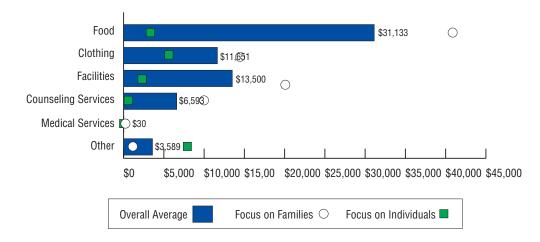






Sources of Revenue

Value of Goods and Services Donated During Fiscal 2000



- Several of the homeless programs studied indicated that a significant component of revenue is generated from special events.
- Miscellaneous other goods and services donated include toiletries, bed linens, towels, furniture, household items, tutoring support, Christmas toys and personal care items.



Sources of Revenue

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices and philosophies relating to charging service fees:

Focus on Families

- Housing program does not charge a service fee per se, but residents do pay rent subsidies for their housing.
- Residents pay a portion of their rent based on income.
- When residents receive an income, they contribute a
 resident participation fee (RPF) based on a sliding
 scale. The RPF is used to assist with housing repairs,
 purchasing household items and resident needs. It is
 regarded as an important means of fostering a sense of
 self-sufficiency. The RPF is collected monthly.
- Participants pay 30% of their adjusted gross income toward the cost of their private apartment units.
- Residents pay \$250, \$350 or \$450 per month in rent depending on the size of the family and their circumstances.
- Residents pay 30% of their monthly income for rent.

- New residents pay the lesser of 20% of income or \$150 each month. Residents who have moved to a more independent level of housing program pay the lesser of 30% of income or \$300 each month. Overall, 20% of food stamps are collected from each resident.
- While in the third phase of the one year program, residents pay in rent the lesser of 20% of their earnings or \$50 per week. Other residents pay no fees. They focus instead on drug addiction recovery and preparation for employment.
- Residents pay 30% of net adjusted income (after deduction of personal expenses), not to exceed \$150 per month.
- Housing program chooses not to charge a service fee since it requires residents to save 75% of their income while in the program.
- Housing program does not charge a service fee but will loan money to residents who have an income and expect to be repaid.



Sources of Revenue

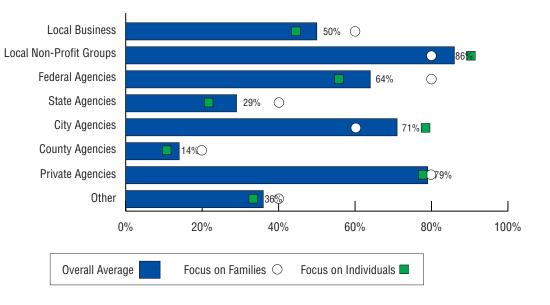
Focus on Individuals (cont.)

- Residents are required to pay a program fee of \$45 per week or 30% of income, whichever is less. The housing program believes this replicates real world expectations and prepares the resident to maintain permanent housing.
- Housing program does not charge for services while the Veterans Administration funds the resident (3-6 months). Following that period, the housing program charges residents 30% of income as rent.



Partnerships

Types of Organizations Targeted for Partnership



- As the chart illustrates, the transitional homeless programs studied target a number of different types of organizations for partnership. Since many of the programs studied target more than one type of organization for partnership, the percentages across all types of organizations do not total 100%.
- The most common type of organizations targeted for partnership include local nonprofit groups, private agencies and city agencies.
- Miscellaneous other types of organizations listed include churches, community groups and universities.



Partnerships

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding the significant partnerships in which the homeless program partcipates:

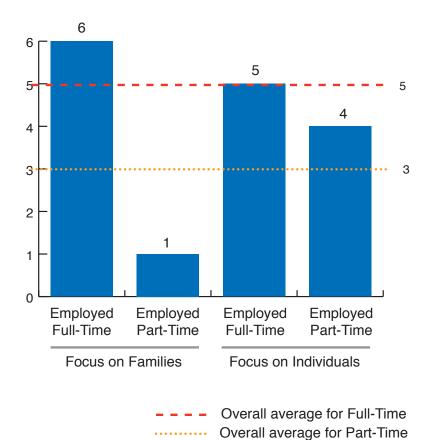
Focus on Families

- Housing program partners with other area job training programs to extend opportunities to its clients.
- Housing program partners with local religious groups for direct sponsorship of resident families. Program also partners with local volunteer recruiting agencies.

- Local community mental health services provide psychological assessment, diagnosis and treatment to include medication and group and individual therapy.
- Housing program has a number of partnerships with local churches and employers who employ some of the program's residents and serve as their mentors.
 Program also uses the services of a number of individual volunteers.
- Local university provides doctoral candidates in psychology to the housing program to provide inhouse mental health therapy. Nursing students at a local university provide one semester of health awareness presentations to residents.
- Local church and businesses provide volunteers who serve and prepare food and stay at the shelter overnight.



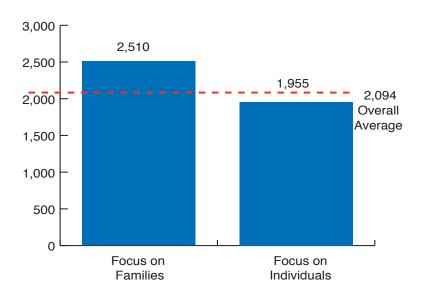
Salaried Staff Complement



- Salaried staff complement is relatively low among the transitional homeless programs studied.
- Those transitional programs focusing on individuals tend to rely more heavily on parttime employees than do programs focusing on families.
- Only 5% of the full-time salaried staff actually resides at the transitional shelter facility.
- Among the full time salaried staff, the primary responsibilities of most are administration (26% of the effort), followed by educational counseling (24% of the the effort), case management (23% of the effort) and intake (17% of the effort).



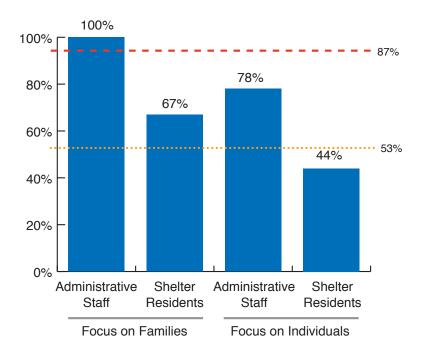
Average Annual Volunteer Hours



- Overall, the transitional homeless programs studied rely heavily on volunteer hours.
- Those transitional programs focusing on families tend to rely more heavily on volunteers then do programs focusing on individuals.



Have Access to the Internet



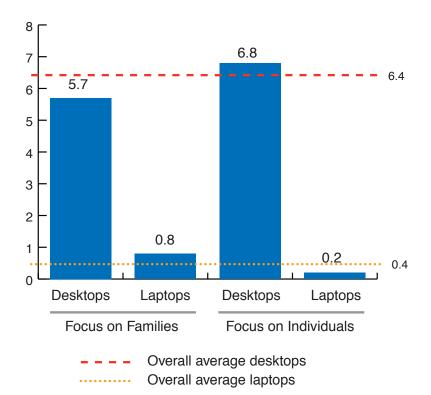
Overall average for administrative staffOverall average for shelter residents

- Overall, most of the transitional homeless programs studied have access to the Internet for administrative use.
- Although a lower percentage of shelter residents have access to the Internet, 53% of transitional program residents overall do have access to the Internet.



Computer Applications for Administrative Use

Number of Computers in Use



- Overall, the transitional homeless programs studied have 6.4 desktop computers in use on average.
- Laptop computers are seldom used.

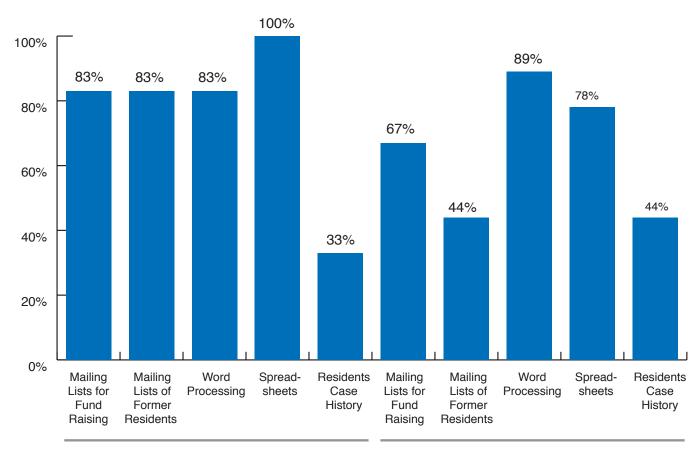


Homeless Shellers and Programs • Analysis of Benchmarks and Best Practi

Analysis of Transitional Shelter Program Operating Practices

Computer Applications for Administrative Use

Applications Computerized



Focus on Families

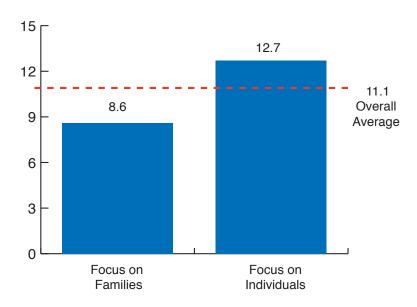
Focus on Individuals

July, 2002



Individual Caseworker Assistance

Average Families/Residents per Caseworker



- Overall, the transitional homeless programs studied average 11.1 families/residents per caseworker.
- However, this benchmark varies widely among the respective programs. Among those programs focusing on families, average residents per family varied from a low of 5 to a high of 18. Among those programs focusing on individuals, average residents per caseworker varied from a low of 7 to a high of 30.



Individual Caseworker Assistance

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding the manner in which caseworkers work with residents:

Focus on Families

- Goal plans with contracted deadlines are established.
 A wide variety of life skills are taught. Evaluations are conducted regularly.
- Caseworkers provide individualized case management.
 They also refer participants for medical, mental health, child care and educational services and assist with development of family stabilization plans to monitor family functioning while in placement. Caseworkers also conduct assessments of family program and monitor budget.
- Caseworkers meet and work with resident families weekly. They perform advocacy services for adults and children as needed.

- Housing program devises individualized case management plans. Caseworkers meet at least weekly with residents.
- Treatment plans are monitored and data is gathered to reflect progress against plans.
- After being admitted, resident meets with caseworkers to devise a service plan agreement. Short-term goals and a tentative move out date are established. Residents meet at least weekly with caseworker to judge progress.
- Caseworker creates an individualized case plan with each resident. Caseworker determines, based on the level of functioning of the resident, the level of care to be given.
- The focus of the work is goal setting and problem solving. The psychosocial assessment lays the foundation. Direct casework meetings occur at least weekly, with several other supportive contacts between. The case manager is in the house at least five days a week and is available at all times for emergencies.
- Caseworkers facilitate group sessions daily, individual sessions weekly and case management as needed.



Individual Caseworker Assistance

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to improve the effectiveness of caseworker assistance:

Focus on Families

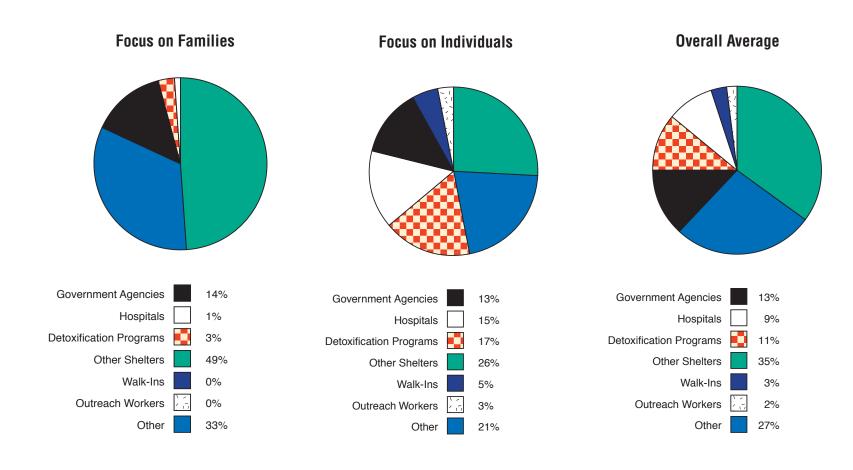
- Housing program offers comprehensive services to residents that include on-site employment training and placement, and youth services.
- Housing program takes a team approach to case management. Children's coordinators, resident case managers and employment counselors all work together.
- Caseworkers all live on-site.

- Housing program employs some formerly homeless residential counselors. A weekly Goal Development seminar is held to help residents learn time management.
- Case histories and files are computerized.
- Caseworkers provide weekly supervision and "support on demand" services.
- Weekly written contracts and goals signed by the participant and case manager clearly outline expectations. Probation has been effectively used to refocus the participant's attention on goal achievement and program expectations.



Intake Procedures

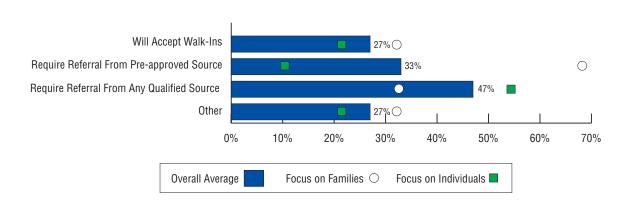
Referral Source





Intake Procedures



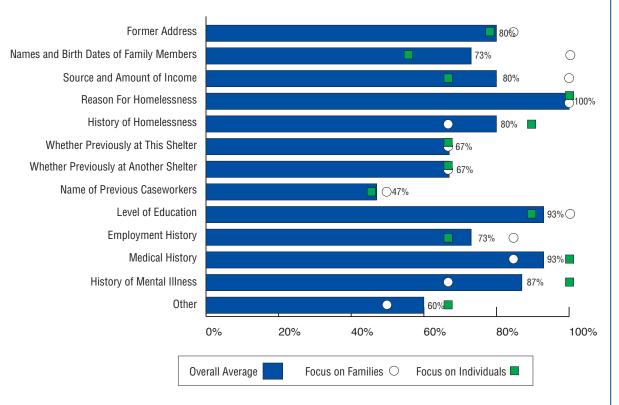


- Most of the transitional homeless programs studied required referral from a pre-approved or qualified source.
- Only 27% of the transitional homeless programs studied will accept walk-ins.
- Miscellaneous other intake policy items listed include court referrals and former clients.



Analysis of Transitional Shelter Program Operating PracticesIntake Procedures

Information Recorded at Time of Admission



- Most of the transitional homeless programs studied record a significant amount of information about the resident at the time of admission.
- The most common types of information recorded at the time of admission include former address, source and amount of income, reason for homelessness, history of homelessness, level of education, medical history and history of mental illness.
- Miscellaneous other information listed includes substance abuse history, criminal justice history, previous involvement with child protective services, history of domestic violence, emergency contact designation, child care information, childrens immunizations, history of financial and legal problems, and copies of birth certificates, social security cards and picture identifications.



Intake Procedures

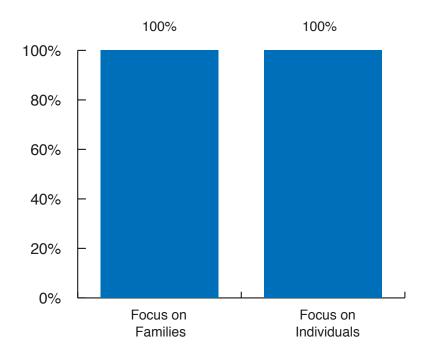
Reason for Homelessness

Focus on Families Overall Average Focus on Individuals Domestic Violence Domestic Violence Domestic Violence 1% Drug Addiction 22% **Drug Addiction** 15% Drug Addiction 26% Lack of Employment Lack of Employment Lack of Employment 10% 3% Low Wages Low Wages Low Wages 5% 4% Mental Instability Mental Instability Mental Instability 10% 13% **Dual Diagnosis Dual Diagnosis** Dual Diagnosis 11% 17% Drug and Alcohol Addiction Drug and Alcohol Addiction 27% Drug and Alcohol Addiction 30% Other Other Other



Analysis of Transitional Shelter Program Operating PracticesIntake Procedures

Required to Sign a Contract



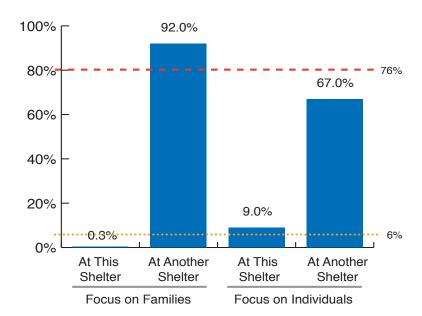
Analysis and Commentary

 As the chart illustrates, all residents are required to sign a contract at the transitional homeless programs studied.



Analysis of Transitional Shelter Program Operating PracticesIntake Procedures

Percentage Previously Homeless



Overall average at another shelterOverall average at this shelter

- As the chart illustrates, most residents at the transitional homeless programs studied were previously homeless.
- Over 92% of residents at transitional programs focusing on families were homeless previously, as compared with 76% at transitional programs focusing on individuals.



Intake Procedures

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding intake procedures:

Focus on Families

A team interview approach is used to select appropriate candidates. A complete assessment is conducted on incoming residents, including psychosocial history.

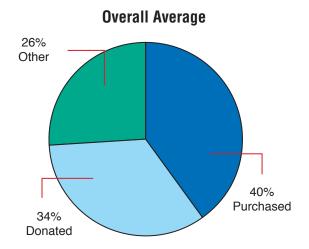
- Prospective participants are given a referral packet and complete requested information. Housing program schedules housing interview and staff determines eligibility, notifies applicant of acceptance and identifies housing. Family signs service contract and moves into housing.
- Initial interview determines whether resident needs shelter or transitional housing, both of which are available at the housing program. Decision is based on employment, mental stability and any unique circumstances.

- Prospective residents first meet with a social worker or substance abuse counselor. They meet next with all staff members who determine whether the individual should be admitted.
- A medical exam is conducted outside of the housing program. This includes an assessment of mental health to determine whether the prospective resident is suited to the program.
- Housing program first receives call from referral source and then arranges an interview if the prospective resident is deemed appropriate. A complete medical history is taken and a service plan is devised.
- Referral source calls case manager who does phone intake and sets up date for client interview. Prospective resident must supply psychosocial and medical history and mental health evaluation if needed. Prospective resident meets with one caseworker during the first meeting and then a second meeting. All staff then meet the individual and determine whether to admit into the program.
- Screening prospective residents involves two interviews, psychological assessment, drug screening and police check.



Food

Method of Acquiring

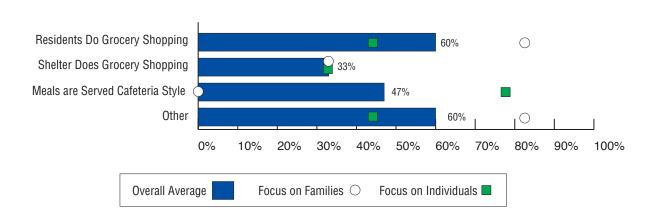


- As the chart illustrates, 40% of food acquired is purchased at the transitional homeless programs studied.
- Miscellaneous other methods listed include barter arrangement, food distribution pantry and purchased by residents.



Food

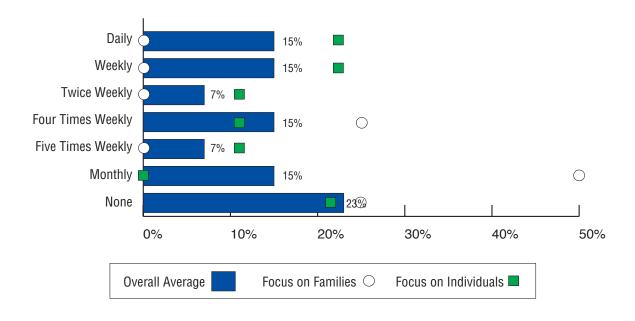
Method of Delivering Meals





Counseling

Frequency of Group Counseling Sessions for Adults





Counseling

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to assist residents with counseling:

Focus on Families

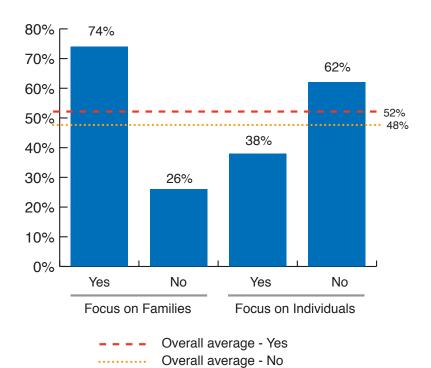
- Substance abuse consultants hold evening group sessions and individual sessions.
- Outside public and private therapy is provided.
- Residents are referred to necessary services.

- Each resident is assigned a mentor who has been resident at the housing program for a while.
- Housing program uses externs from a local university.
- Housing program refers residents to outside organizations.
- Housing program employs residential counselors who are former substance abusers.
- Residents have mandatory weekly case management meetings at a minimum.
- Housing program refers residents to on-site Wellness Center and to outside therapists.
- Residents are referred at no cost to a community psychologist. A psychologist consults with staff monthly.
- Housing program consults with other service providers that are available to residents and provides transportation.



Health Care and Mental Health

Percentage of Residents with Health Insurance

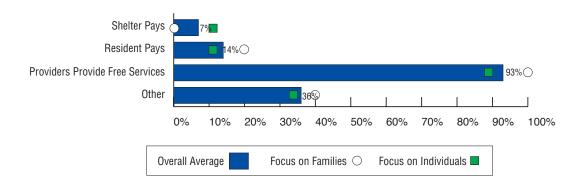


- As the chart illustrates, only 52% of the residents at the transitional homeless programs studied have health insurance.
- This varies widely among the transitional shelters studied. On average, 74% of residents at transitional programs focusing on families have health insurance, as compared with only 38% at transitional programs focusing on individuals.



Health Care and Mental Health

If No Insurance, How Medical Care is Provided



- As the chart illustrates, most residents without health insurance receive medical care free of charge from providers.
- Miscellaneous other methods listed include free clinics, local hospital, non-profit community health clinics, hospital emergency rooms and on-site volunteer doctors and nurses.



Health Care and Mental Health

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding health care and mental health services provided on site:

Focus on Families

- Housing program has a Health and Wellness Program to support clients with substance abuse and mental health problems and an in-house Director of Clinical Services.
- A county public health nurse visits weekly.

- A psychiatrist visits once a week and works with residents. Clinical Director and several licensed clinical counselors and drug addiction counselors are available to residents.
- A volunteer doctor and nurse visit the housing program about two times a month. Residents without health insurance may also see them.
- Two contract therapists and three university doctoral candidates in psychology provide services on-site.
- Two psychiatrists visit housing program weekly to provide services.
- While there is some overlap, the housing program distinguishes its case management from mental health care. Most residents access mental health care through a community organization.



Health Care and Mental Health

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to assist residents with health care and mental health:

Focus on Families

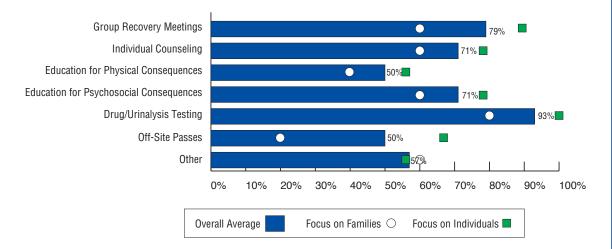
- Case managers refer clients to outside services.
- Residents are referred to Department of Human Services and local Babies Project.

- A volunteer psychiatrist spends one day each month advising staff about diagnoses and medications.
- A social services coordinator is on staff to connect residents with service providers.
- Residents are referred to outside service providers.
- Residents are referred to community-based health and mental health clinics.
- A "parish nurse" is available for education and consultation. A local health agency has presented information to staff to be shared with participants.
- Housing program transports residents to mental health service providers.



Alcohol and Drug Abuse Recovery

Components of Recovery Program





Alcohol and Drug Abuse Recovery

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding the major phases of the alcohol and drug recovery program:

Focus on Families

- Residents are given two opportunities for relapse recovery before they are directed to a panel for a hearing that will determine whether they can stay in the housing program.
- AA/NA meeting attendance with verification is required as appropriate.
- Residents must have at least 30 days of clean time before being admitted to the housing program.

- There are three phases. The first phase is orientation. This includes introduction to the requirements of the housing program to include treatment plan, daily meetings and weekly class. The second phase is maintenance. This includes daily meetings, weekly class. The third phase is preparation for independent living. During this phase, residents are housed in private units on different levels of the housing facility.
- The program has four phases. Phase I lasts 90 days, focuses on achieving and maintaining abstinence. Phase II lasts 90 days, focuses on developing relapse prevention plan and developing abstinence skills. Phase III lasts 90 days, focuses on solidifying health routine and developing life coping skills and career training/skills. Phase IV lasts 90 days, focuses on reentering community with work and social network.
- Residents attend weekly AA/NA meetings on-site.
 Case managers are substance abuse counselors by training.
- For drug recovery, a local county agency has a threephase program that lasts one year.



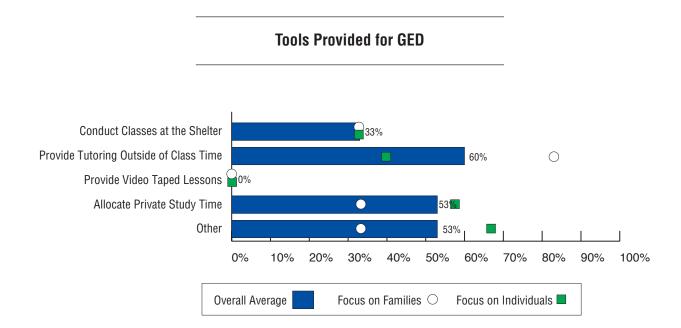
Alcohol and Drug Abuse Recovery

Focus on Individuals (cont.)

- Housing program does not follow phases but instead individualizes plans because of large percentage of dually diagnosed residents.
- First phase, 60-90 days of intense treatment. Second phase, 3-6 months spent attending school and in job search. Third phase, 12-18 months spent becoming independent.



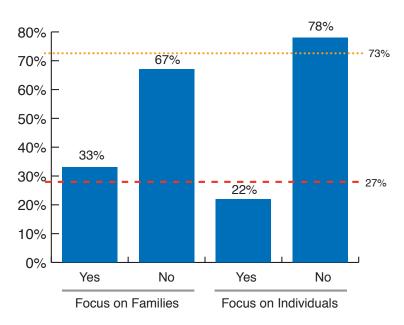
Educational and Life Skills Training - Adults





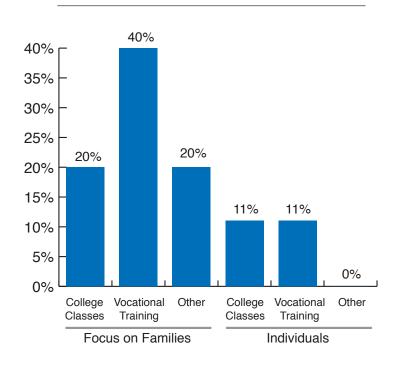
Educational and Life Skills Training - Adults

GED Program is Mandatory



--- Overall average - Yes
Overall average - No

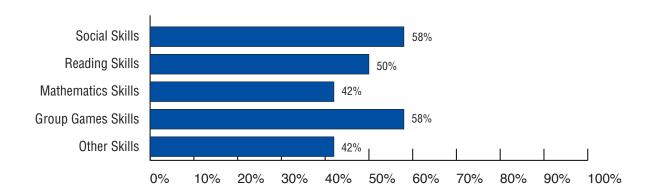
Scholarships are Available





Educational and Life Skills Training - Children

Skills Training Provided to Children





Educational and Life Skills Training

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to assist with educational and life skills training:

Focus on Families

Adult

- Housing program established on-site education and employment center to serve client needs.
- Housing program provides on-site job training and work preparation classes.
- Computers on-site include programs in residents' first language.

Pre-School Children

• Housing program takes youth ages 3-13 on recreational and educational field trips.

School-Aged Children

- Housing program provides tutoring sessions four days a week and provides advocacy services within the school system.
- Volunteers provide homework help and the local school district tutors school-aged residents.
- School-aged children in housing program take monthly outings that are organized with another childfocused organization.
- Housing program conducts field trips, summer camp and a library program.

Focus on Individuals

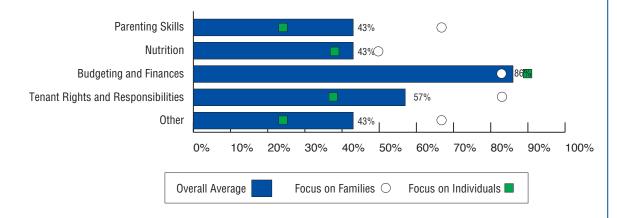
Adult

- Housing program conducts Out of Poverty Program designed to break the cycle of poverty. Regular seminars on money management, wellness and literacy are held. Residents are required to save 75% of their income.
- Program, a 12 week program focused on career planning, placement and advancement. A career developer works with residents. Housing program established on-site accredited school that offers a variety of educational and vocational training courses. Phase III residents mentor residents in Phases I and II.
- Residents are required to save 50% of income after service fee and personal expenses are deducted.
 Savings can be deposited in a local bank account or given to the housing program for safekeeping. Weekly seminars are held on topics that include credit counseling and money management.
- Junior League and other agencies provide workshops throughout the year. University interns provide supportive services, e.g., resume writing, interviewing skills. Residents meet with outside organization that provides professional training and clothing.



Personal Development / Family Issues

Independent Living Skills Taught



- Overall, the transitional homeless programs studied teach a variety of independent living skills.
- However, those transitional programs focusing on families offer a more comprehensive array of independent living skills, as compared with those focusing on individuals.
- Among those transitional programs focusing on families, the most common types of independent living skills taught include parenting skills, budgeting and finances and tenant rights and responsibilities.
- Miscellaneous other independent living skills listed include personal hygiene, hair care, housekeeping, health maintenance, safety, domestic violence, self-esteem, home ownership and etiquette.

100%

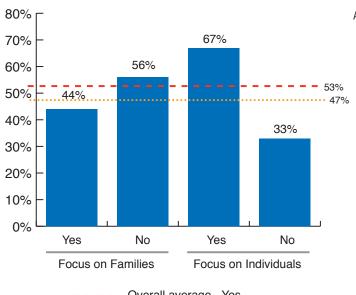


Analysis of Transitional Shelter Program Operating Practices

Employment

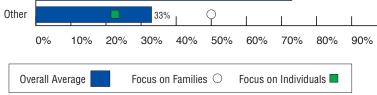
Employment is Mandatory

Employment Services Provided



Assessment of Career Interests and Capabilities

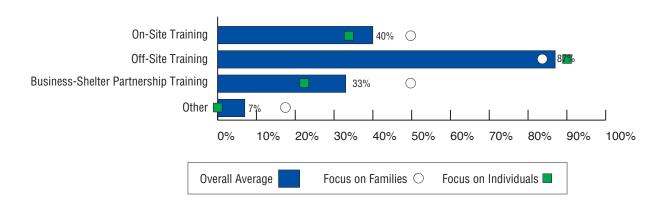
Job or Vocational Training



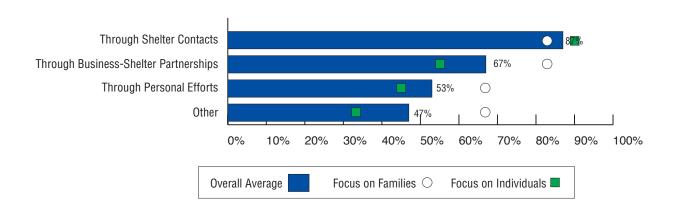


Employment

How Job or Vocational Training is Provided



How Residents find Employment





Employment

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to assist residents with employment training and placement:

Focus on Families

- Housing program runs three on-site employmenttraining programs in the areas of culinary arts, retail sales and computer repair. Residents receive on-thejob training at a restaurant and retail store owned by the housing program.
- On-site employment training program provides job skills assessment, training and job placement.
 Residents complete and maintain resumes on shelter program computers and can access those resumes after leaving housing program.
- Housing program employed an employment specialist while funding for that position was available.
- Employment assistance representative works with participant to help find/retain employment and improve employability skills. Residents are referred to workforce development and education training classes.

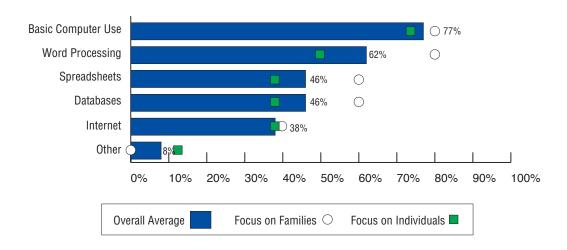
Focus on Individuals

- Housing program assists residents in preparing resumes and conducts weekly programs on job readiness.
- Residents are required to complete a resume and a reference and cover letter within 60 days of arrival.
 An up-to-date bulletin board on job openings is maintained at the housing program.
- Housing program runs a small employment program where residents do chores for a small stipend and have a chance to work under supervision.
- Housing program collaborates with Goodwill Industries and local department of jobs and family services.



Computer Training

Computer Training Provided



- Overall, most of the transitional homeless programs studied provide computer training.
- However, those transitional programs focusing on families offer a more comprehensive array of computer training, as compared with those focusing on individuals.



Computer Training

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to provide residents with computer training:

Focus on Families

- Housing program is in the process of implementing a computer-training program.
- Housing program conducts on-site oriented job readiness program.

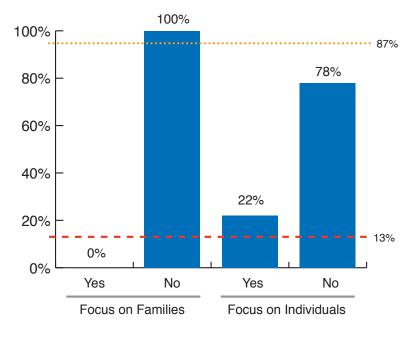
Focus on Individuals

- Evening and weekend computer classes are offered on-site.
- Housing program hired a computer instructor who offers one night weekly instruction.



Analysis of Transitional Shelter Program Operating PracticesSpiritual Guidance

Shelter Has a Chapel



Overall average - YesOverall average - No

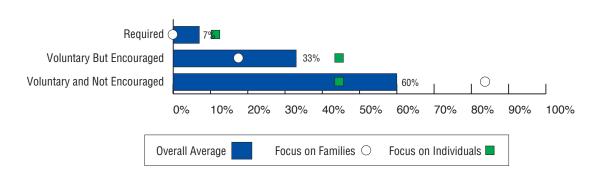
Analysis and Commentary

• As the chart illustrates, only 13% of the transitional shelters and programs studied have a chapel.



Analysis of Transitional Shelter Program Operating PracticesSpiritual Guidance

Extent Encouraged to Attend Spiritual Services



- As the chart illustrates, the extent to which residents are encouraged to attend spiritual services is most frequently described as voluntary and not encouraged.
- Transitional programs focusing on individuals are more likely to encourage attendance at spiritual services than transitional programs focusing on families.



Spiritual Guidance

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to provide spiritual guidance:

Focus on Families

No responses were provided.

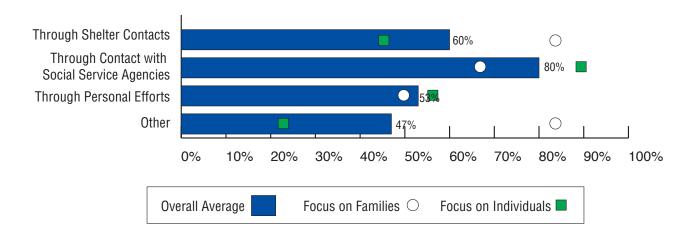
Focus on Individuals

- Residents spend 15 minutes each morning in reflection during which residents read from an inspirational book.
- Weekly Bible study, daily chapel service, morning devotions. Housing program has an outreach program to area churches that involves them in the work of the housing program in a variety of ways, including prayer service. Housing program has two chaplains on staff.
- Housing program provides three, off-site spiritual retreats a year. Residents are required to attend at least one.
- Housing program offers Bible studies and outings to cultural events.
- Housing program has a commitment to a holistic approach to health and wellness. This includes a focus on the spiritual dimension.



Housing Placement

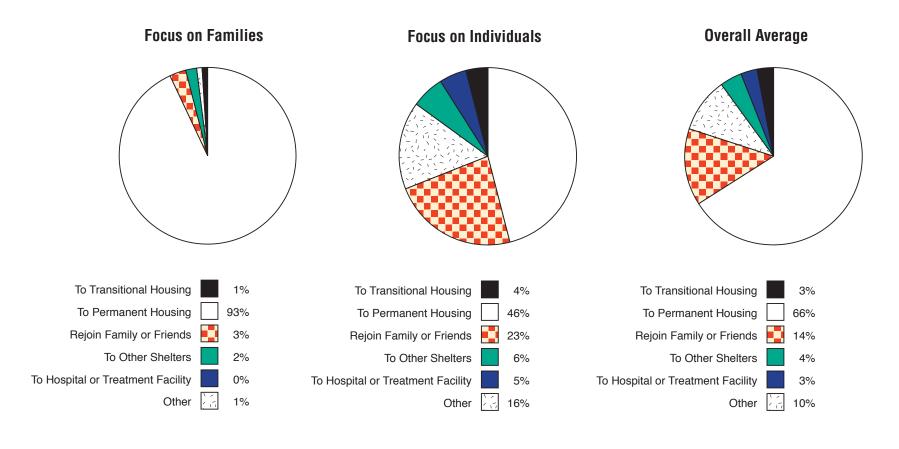
Method of Locating Housing





Housing Placement

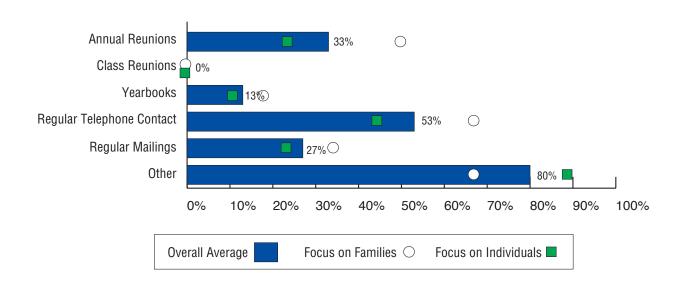
Destination After Leaving Shelter





Outreach Services Post-Shelter

Techniques Used to Remain in Contact





Outreach Services Post-Shelter

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding services available to residents once they leave the shelter:

Focus on Families

- Housing program follows and mentors for a six-month period following housing placement. Former residents can continue to use on-site employment facility.
- Former residents can continue to use on-site employment center and receive holiday food and gift baskets.
- Housing program follows up to insure that services put into place remain in place or assess whether additional services are required.
- Supportive services are available for up to one year after leaving housing program. This includes referrals for needed services, housing assistance (not including subsidy assistance), on-site employment and education services.
- Housing program extends all services to former residents.

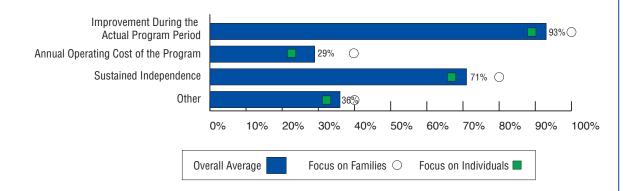
Focus on Individuals

- Caseworker provides follow up services for 30 days.
 Formerly homeless residential counselor maintains informal phone and mail contact and log book on former residents for an extended period of time.
- Work Net career developers work with residents for one year after completing the Work Net program.
- Case managers follow-up residents for a minimum of six months. Housing program has an open door policy for former residents as needed and appropriate. Housing program extends invitations to on-site functions to former residents.
- Housing program offers case management, access to day shelter, breakfast, lunch, clothing, and access to Wellness Center, which offers acupuncture, massage, groups, and eye and dental clinic.
- Supporting counseling, psychological counseling, referral service and crisis intervention are offered.
- All social services offered by housing program and some VA services are available.



Success Measurement

Methods Used to Measure Success



- As the chart illustrates, most of the transitional homeless programs studied measure success based on improvement during the actual program period.
- Only 29% of the transitional programs studied focus on annual operating cost as the primary method used to measure success.
- Miscellaneous other methods listed include preparation of an annual program review book.



Success Measurement

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to measure and monitor success:

Focus on Families

- Housing program's Board of Directors examines the success rate of all aspects of the housing program based on results of goals set.
- Housing program maintains contact with all former residents for a year and publishes annual, detailed statistics on all aspects of the program.
- Housing program conducts client exit interview and client follow-up survey.

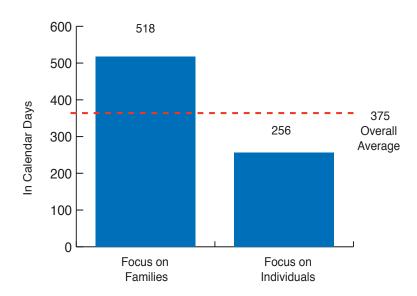
Focus on Individuals

- Housing program compares management indicators with actual outcomes in three areas: income, volunteer activities, and housing. Client satisfaction questionnaires are filled out.
- Housing program recently hired a caseworker that will attempt to maintain telephone contact with residents who complete the program.
- Housing program conducts client satisfaction surveys twice a year.
- Housing program collects statistics monthly on the services it has helped the residents receive and where they go after leaving the shelter.
- Pre-and post-residence skill and self-assessment tools are used.



Analysis of Transitional Shelter Program Operating PracticesStatistical Information

Average Length of Stay



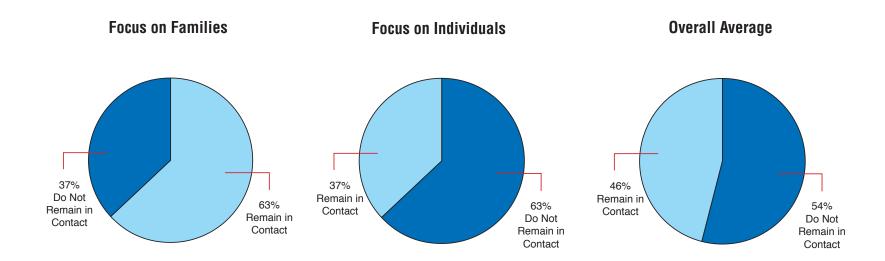
Analysis and Commentary

• As the chart illustrates, the average length of stay at the transitional homeless programs studied varies widely among those programs focusing on families (518), as compared with those focusing on individuals (256).



Statistical Information

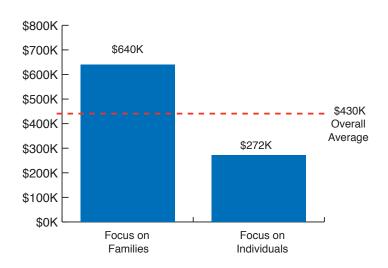
Post-Shelter Contact with 2000 Graduates



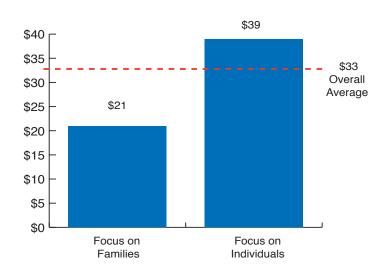


Operating Costs

Total Annual Operating Costs



Operating Cost per Person Night



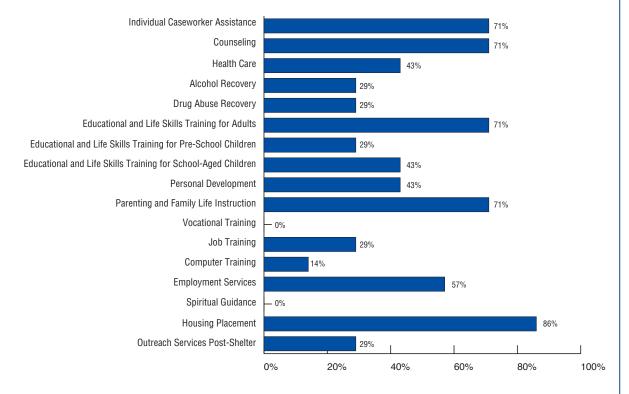


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Analysis of Emergency Shelter Program Operating PracticesOverall Profile

Scope of Services

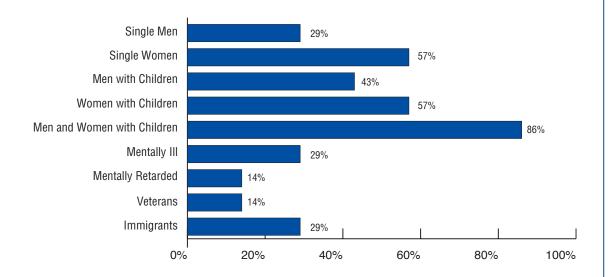


- Overall, the emergency homeless programs studied offer a wide variety of services.
- The services offered most frequently include individual caseworker assistance, counseling, educational and life skills training for adults, parenting and family life instruction and housing placement.
- The services offered least frequently include vocational training, computer training and spiritual guidance. These services represent potential gaps in service offerings.



Overall Profile

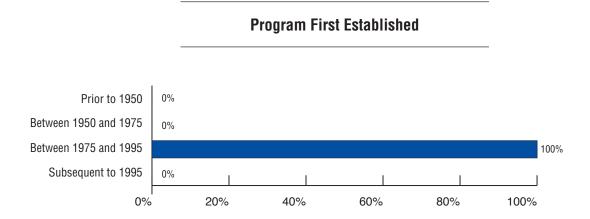
Homeless Segments Targeted



- Overall, the emergency homeless programs studied tend to specialize in a particular homeless segment. This reflects the unique needs of the respective segments.
- As the chart illustrates, a wide variety of target segments are being served. Since many of the homeless programs studied target more than one segment, the percentages across all segments do not total 100%.



Overall Profile



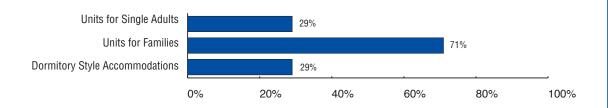
Analysis and Commentary

• As the chart illustrates, all of the emergency homeless programs studied were first established between 1975 and 1996.



Overall Profile

Living Accommodations Available

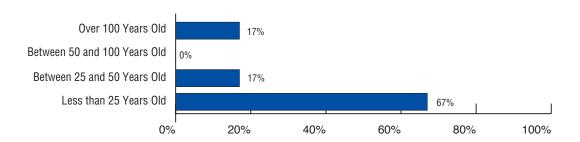


- As the chart illustrates, the most common type of living accommodation for emergency shelters are units for families.
- Since many of the homeless programs studied reported miscellaneous other types of living accommodations, the percentages in the chart do not total 100%.



Overall Profile





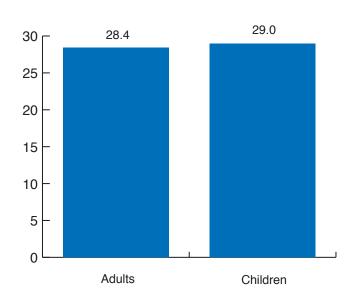
- As the chart illustrates, most of the shelter facilities are less than 25 years old.
- Most are owned by the county in which the emergency homeless program operates.

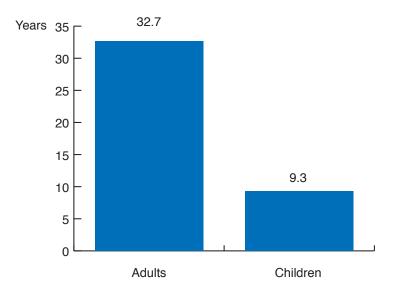


Demographics of Residents

Total Residents at Given Point in Time

Average Age at Time of Admission



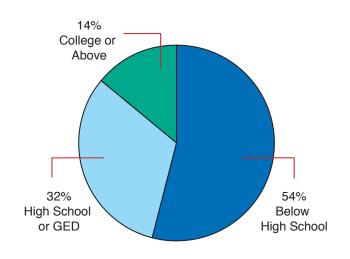




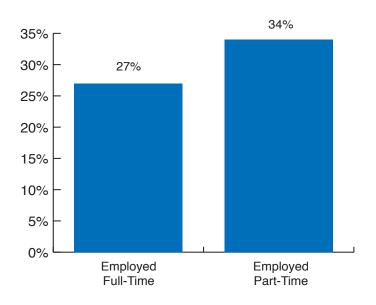
Demographics of Residents

Education Level of Adults at Time of Admission

Overall Average



Adults Employed at Time of Admission





Demographics of Residents

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding unique demographics about residents:

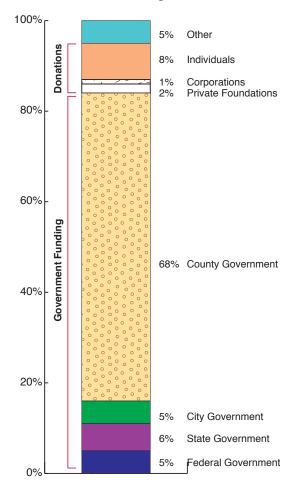
- Many residents are non-English speaking.
- A number of residents are immigrants with cultural and language barriers.
- All families are active with Children's Protective Services.
- Most residents are mentally ill and/or substance abusers.
- Many residents are victims of domestic abuse and some are mothers with high-risk pregnancies.



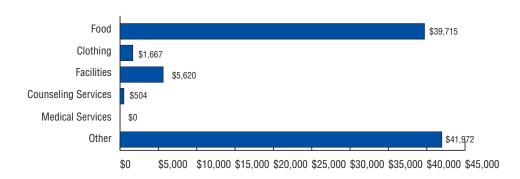
Sources of Revenue

Sources of Revenue for Fiscal 2000

Overall Average



Value of Goods and Services Donated During Fiscal 2000





Sources of Revenue

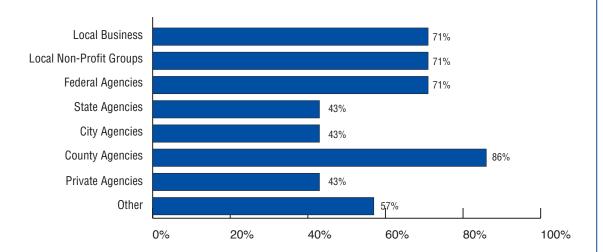
Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices and philosophies relating to charging service fees:

- A service fee is not required. Residents must, instead, save 75% of their income, which is returned to them at discharge.
- No fee is charged of residents.
- Housing program does not believe in charging client fees.
- Residents are not charged a service fee.
- Housing program offers assistance to those in need to become self-sufficient. Helping those less fortunate requires assistance to them, not a burden of charging a fee.



Types of Organizations Targeted for Partnership



- As the chart illustrates, the emergency homeless programs studied target a number of different types of organizations for partnership. Since many of the programs studied target more than one type of organization for partnership, the percentages across all types of organizations do not total 100%.
- The most common type of organizations targeted for partnership include local business, federal agencies and county agencies.
- Miscellaneous other types of organizations listed include religious organizations and religious communities.



Partnerships

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding the significant partnerships in which the homeless program participates:

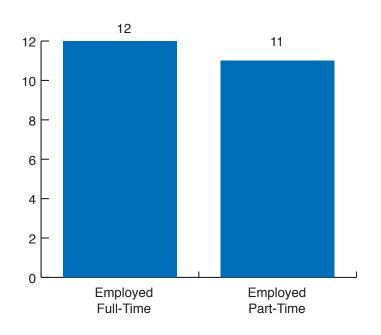
- Housing program relies heavily on the local county government for funding and support services.
- A group of volunteers from a local church provides household goods and has done some painting.
- Housing program works with a local family shelter program that provides a coordinated, integrated approach to
 meeting the needs of the homeless families as well as a local coalition for the homeless that leads the local
 community in addressing needs of the homeless population.

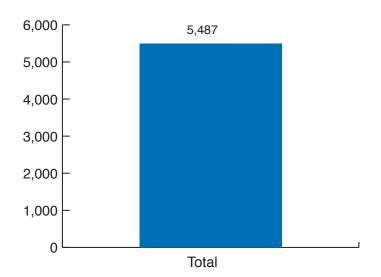


Staff

Salaried Staff Complement

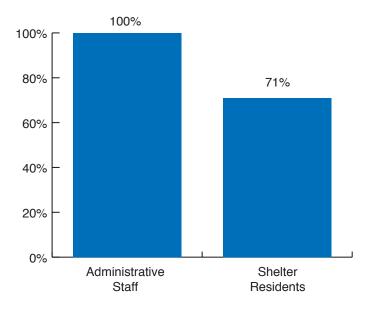
Average Annual Volunteer Hours







Have Access to the Internet



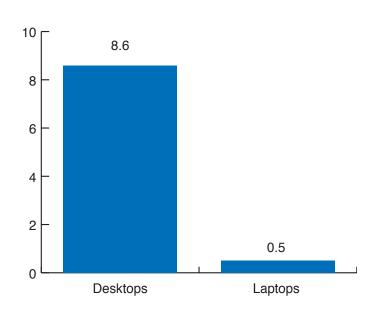
- Overall, most of the emergency homeless programs studied have access to the Internet for administrative use.
- Although a lower percentage of shelter residents have access to the Internet, 71% of emergency program residents overall do have access to the Internet.

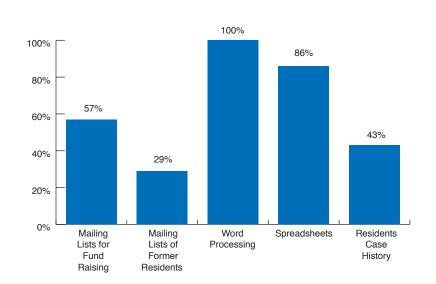


Computer Applications for Administrative Use

Number of Computers in Use

Applications Computerized

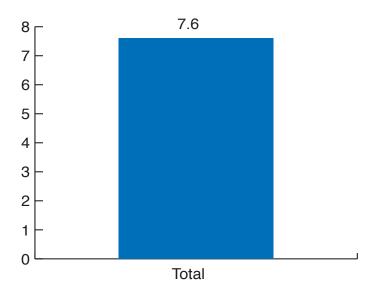






Individual Caseworker Assistance

Average Families/Residents per Caseworker



- Overall, the emergency homeless programs studied average 7.6 families/residents per caseworker.
- However, this benchmark varies widely among the respective programs. Average families/residents per caseworker varied from a low of 2.0 to a high of 12.5.



Individual Caseworker Assistance

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding the manner in which caseworkers work with residents:

- Case managers meet with the residents weekly to assist in providing resources that would allow them to move to self-sufficiency and independence.
- Caseworker devises a customized service plan for client and meets with client at least once a week and maintains
 phone contact. Caseworker ensures that client gets and keeps a job and complies with other elements of the service
 plan.
- Housing program provides referrals to permanent housing and other needed resources. Also provides casework, counseling and advocacy.
- Caseworkers perform detailed intakes, assessments, and referrals for whatever services are needed. There are weekly case management contacts and exchanges of data with internal/external service providers.
- A service plan is developed with clients and is monitored weekly. Progress must be made and goals attained for continued stay.



Individual Caseworker Assistance

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to improve the effectiveness of caseworker assistance:

- Housing program has implemented an Out of Poverty training program, which assists residents in understanding what
 they are lacking in their lives.
- Housing program will revise shelter rules to promote client rights.
- Regular case management meetings are held to discuss issues of the clients and best ways to help. A guest log is
 kept, which records details of the events and activities of the day. Weekly house meetings let the clients know what is
 expected of them as well as staff of the housing program.

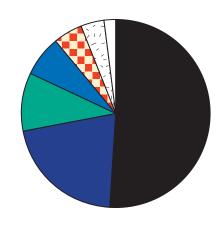


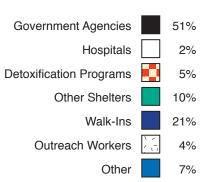
Intake Procedures

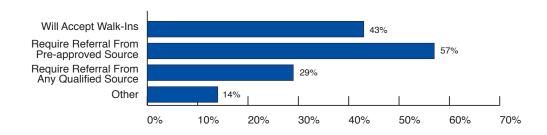
Referral Source

Intake Policy

Overall Average



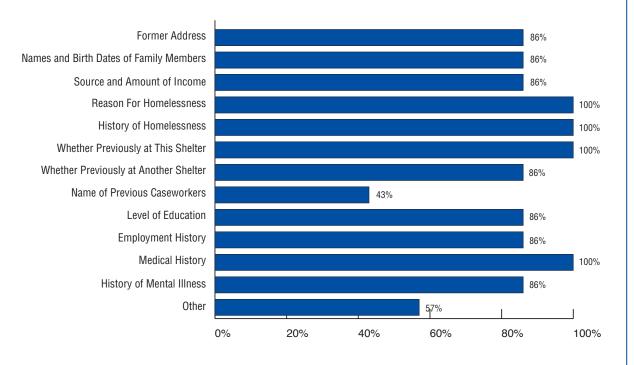






Analysis of Emergency Shelter Program Operating PracticesIntake Procedures

Information Recorded at Time of Admission



Analysis and Commentary

- Most of the emergency homeless programs studied record a significant amount of information about the resident at the time of admission.
- The most common types of information recorded at the time of admission include former address, names and birth dates of family members, source and amount of income, reason for homelessness, history of homelessness, level of education, employment history, medical history and history of mental illness.
- Miscellaneous other information listed includes history of extended family support and emergency contact information.

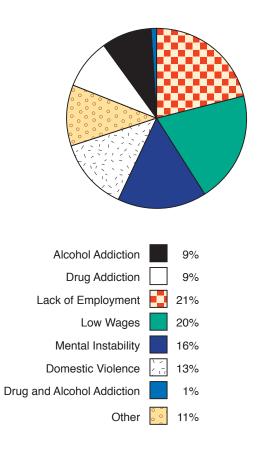


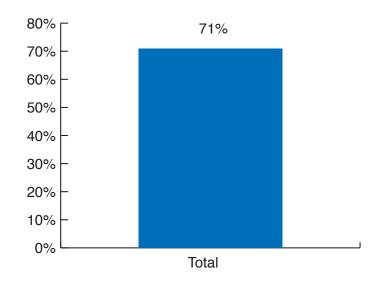
Intake Procedures

Reason for Homelessness

Required to Sign a Contract

Overall Average

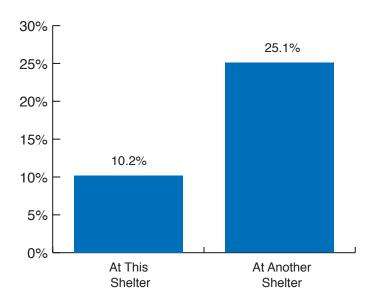






Analysis of Emergency Shelter Program Operating PracticesIntake Procedures

Percentage Previously Homeless



Analysis and Commentary

• As the chart illustrates, approximately 35% of residents at the emergency homeless programs studied were previously homeless.



Intake Procedures

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding intake procedures:

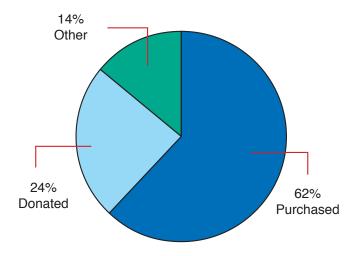
- A prospective resident must call a central county location and be referred to an area shelter, after which, the intake worker does an assessment and places the family on a waiting list. Families normally wait 2-3 months before being placed in shelter.
- All residents are referred through a county-wide intake process.
- A tour of the facility is given, pertinent information is gathered, all rules and procedures are covered and an initial
 assessment of the resident is conducted.
- A House Manager generally conducts the telephone intake with families seeking emergency shelter. The interview
 form used is broken down into six areas, including referral and current problem, history of problem/family history,
 housing history, work/welfare history, health history and assessment/tentative plan.
- Prospective client calls, is screened for appropriateness, and is admitted if space is available.



Food

Method of Acquiring

Overall Average

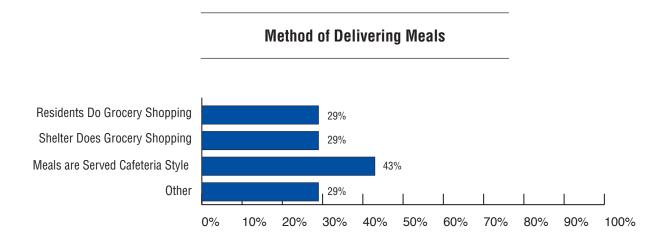


Analysis and Commentary

• As the chart illustrates, 62% of food acquired is purchased at the emergency homeless programs studied.



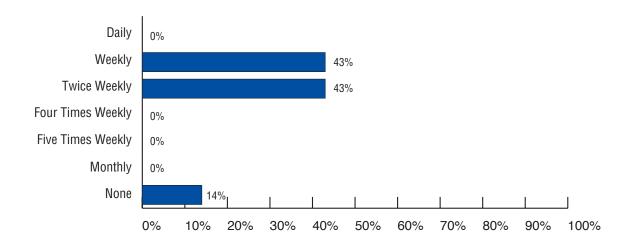
Food





Counseling

Frequency of Group Counseling Sessions for Adults





Counseling

Summary of Individual Participant Responses

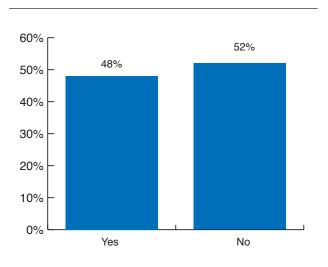
The following summarizes comments provided by participants in the study regarding practices implemented to assist residents with counseling:

- All residents are referred for a mental health assessment. Recommendations made by the mental health counselors become part of the individual service plan.
- Residents are referred to outside agencies.
- A psychologist consults with staff monthly. A psychologist at a community health board sees guests at no cost.
- Residents are referred to outside mental health counselors and substance abuse counselors and have weekly private
 meetings with caseworkers.

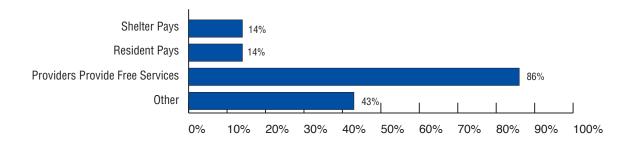


Health Care and Mental Health

Percentage of Residents with Health Insurance



If No Insurance, How Medical Care is Provided



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Health Care and Mental Health

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding health care and mental health services provided on site:

- A nurse practitioner comes weekly along with a registered nurse. There are also deployed mental health staff on-site daily.
- A local county nurse practitioner visits the shelter weekly. A local county public health nurse also visits. A county-provided ADS counselor and a mental health counselor each spend 16 hours a week at the housing program.
- Residents generally access mental health care through a local community health board.
- County mental health therapists provide 32 hours a week of coverage and are available to do assessments, provide counseling, medication monitoring and crisis intervention.
- County-deployed mental health staff has offices at the housing program facility.



Health Care and Mental Health

Summary of Individual Participant Responses

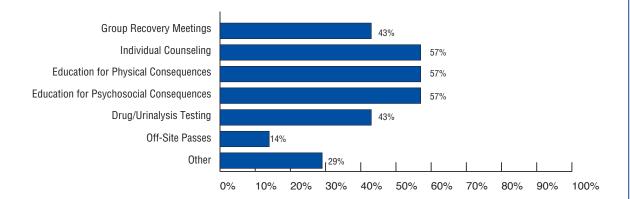
The following summarizes comments provided by participants in the study regarding practices implemented to assist residents with health care and mental health:

- The mental health staff, as well as the nurse practitioner, must assess all residents during their first two weeks in the shelter.
- A weekly Women's Support Group, which is led by a licensed therapist, meets on-site. A variety of therapeutic services are offered to children and their families.
- Housing program refers clients to local clinics.
- A medical assessment is conducted on all residents and referrals to appropriate health care providers are made.



Alcohol and Drug Abuse Recovery

Components of Recovery Program



Analysis and Commentary

- Most of the emergency homeless programs studied offer comprehensive alcohol and drug abuse recovery programs.
- The most common components of the recovery program include individual counseling, education for physical consequences and education for psychosocial consequences.
- Miscellaneous other components listed include referral to off-site services and urinalysis testing only for cause.



Alcohol and Drug Abuse Recovery

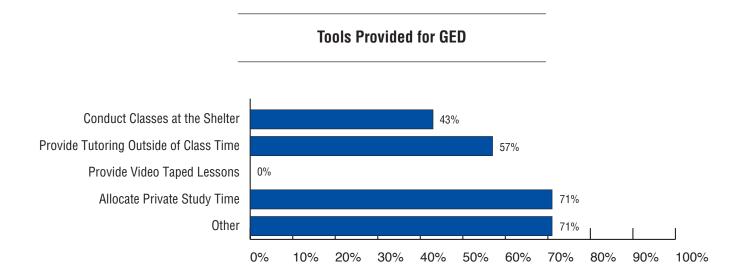
Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding the major phases of the alcohol and drug recovery program:

- Individual counseling is done weekly. Persons needing treatment are referred out to other service providers.
- Individual and group counseling sessions are held weekly.



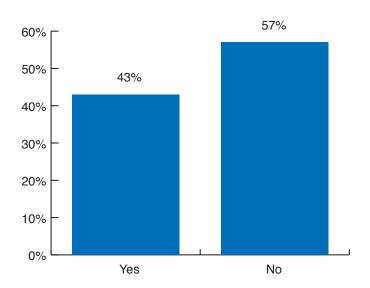
Educational and Life Skills Training - Adults



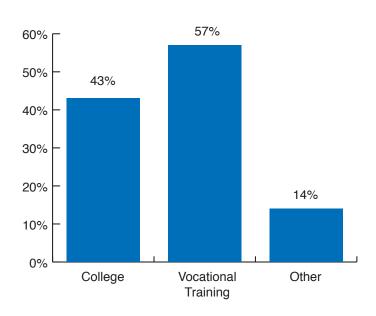


Educational and Life Skills Training - Adults

GED Program is Mandatory

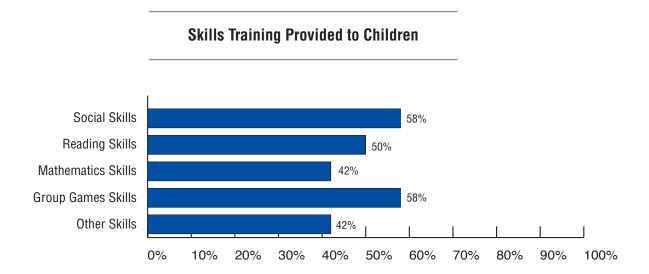


Scholarships are Available





Educational and Life Skills Training - Children





Educational and Life Skills Training

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to assist with educational and life skills training:

Adult

- Housing program has an on-site Learning Center, which is supervised by volunteers after the hired staff leaves. Volunteers conduct a variety of life skills seminars. Mentors work with individuals who need intensive assistance.
- Community members teach various classes to residents.

Pre-School Children

- A child therapist conducts assessments of socialization skills.
- Housing program hired a part-time pre-school teacher.

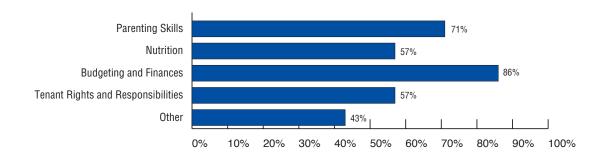
School-Aged Children

- Children are taken on field trips and offered cultural exposure.
- Housing program runs an after school tutoring program, a weekly literacy program to enhance reading skills, and a Student Intern Program, which provides job opportunities for youth residents on-site.
- Housing program offers tutoring and enrichment services in conjunction with local public schools.
- Tutoring and homework assistance is provided.



Personal Development / Family Issues

Independent Living Skills Taught

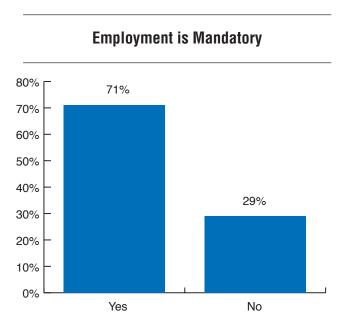


Analysis and Commentary

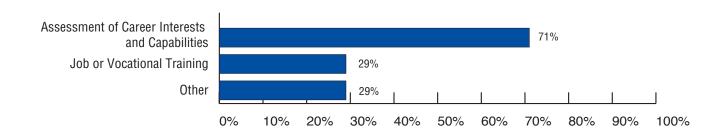
- Overall, the emergency homeless programs studied teach a variety of independent living skills.
- The most common types of independent living skills taught include budgeting and finances and parenting skills.
- Miscellaneous other independent living skills listed include welfare rights, mental health, conflict resolution, stress management, selfesteem and goal setting.



Employment



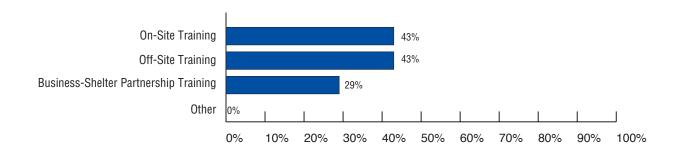
Employment Services Provided



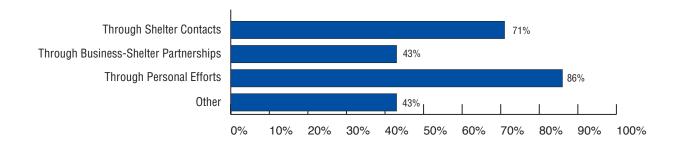


Employment

How Job or Vocational Training is Provided



How Residents find Employment





Employment

Summary of Individual Participant Responses

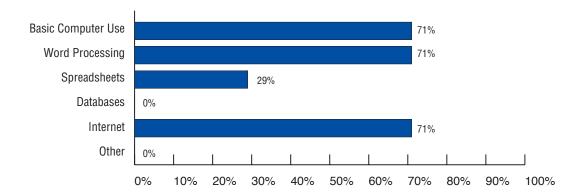
The following summarizes comments provided by participants in the study regarding practices implemented to assist residents with employment training and placement:

- Housing program encourages residents to do volunteer work.
- Community volunteers conduct in-depth employee assessments of adult residents; they assess interests and qualifications and provide a list of local employers and guidance on appropriate jobs to pursue. Housing program also provides assistance in resume writing, interviewing and business etiquette.
- Housing program provides bus tokens for job search as well as referrals to the Dress for Success program. Residents can be referred to local county department of jobs and family services, which provides job training and, from time to time, job placement.
- Residents sometimes do volunteer work.



Computer Training

Computer Training Provided



Analysis and Commentary

- Overall, most of the emergency homeless programs studied provide computer training.
- The most common types of computer training provided include basic computer use, word processing and the Internet.



Computer Training

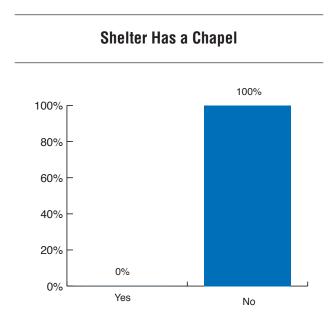
Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to provide residents with computer training:

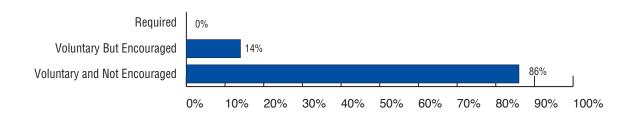
- Housing program refers residents to local computer training programs.
- Housing program refers residents to other local private and public facilities and an effort is made to find affordable classes for them.



Spiritual Guidance



Extent Encouraged to Attend Spiritual Services





Spiritual Guidance

Summary of Individual Participant Responses

The following summarizes comments provided by participants in the study regarding practices implemented to provide spiritual guidance:

- Housing program operates with a holistic approach to health and wellness, which includes a focus on the spiritual dimension.
- Residents attend 12 step groups.
- Sponsoring religious organizations advertise Bible and other religious classes. Churches invite residents to services and provide transportation for them.

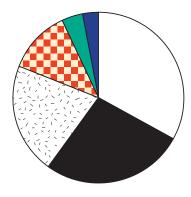


Housing Placement

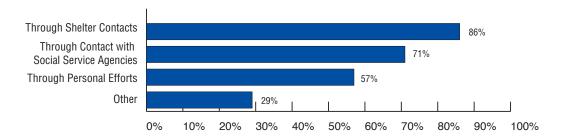
Destination After Leaving Shelter

Method of Locating Housing

Overall Average

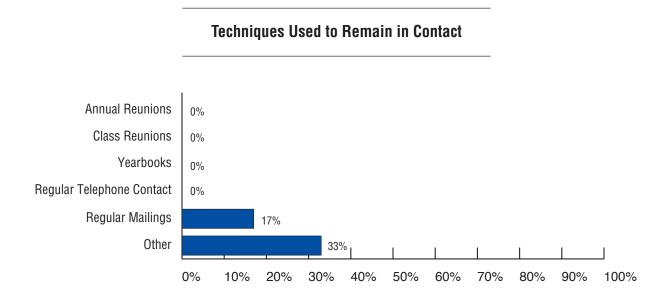








Outreach Services Post-Shelter





Outreach Services Post-Shelter

Summary of Individual Participant Responses

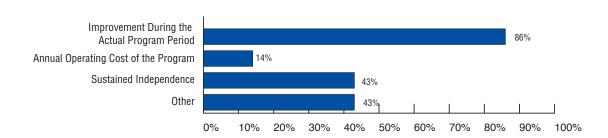
The following summarizes comments provided by participants in the study regarding services available to residents once they leave the shelter:

- Mental health services and family therapy are available. Housing program will also provide case management services and will assist former clients with resume writing and updating.
- Housing program provides advocacy and referrals as requested and needed.
- Former residents can continue to use on-site employment resource center.



Success Measurement

Methods Used to Measure Success



Analysis and Commentary

- As the chart illustrates, most of the emergency homeless programs studied measure success based on improvement during the actual program period.
- Only 14% of the emergency programs studied focus on annual operating cost as the primary method used to measure success.
- Miscellaneous other methods listed include county-based outcome assessments.



Success Measurement

Summary of Individual Participant Responses

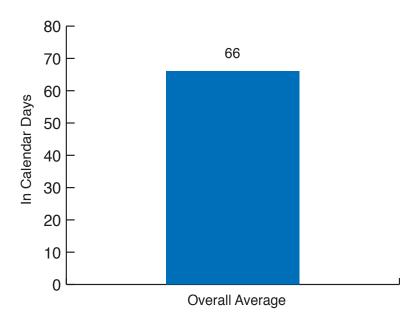
The following summarizes comments provided by participants in the study regarding practices implemented to measure and monitor success:

- An evaluation of the program is given to as many clients as possible.
- Housing program uses a point measurement system.



Statistical Information

Average Length of Stay



Analysis and Commentary

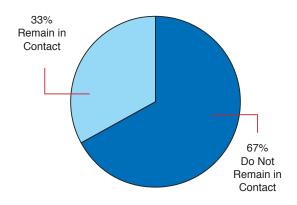
• As the chart illustrates, the average length of stay at the emergency homeless programs studied is slightly more than two months.



Statistical Information

Post-Shelter Contact with 2000 Graduates

Overall Average



Analysis and Commentary

• As the chart illustrates, the emergency programs studied do not maintain contact with the majority of their recent graduates.

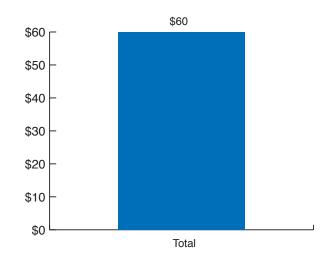


Operating Costs

\$0K

Total

Operating Cost per Person Night





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Transitional Shelters that Focus on Families

(listed alphabetically)

D	escription	Address	Executive Director	Telephone/ Fax	Email/Website
1.	Arlington-Alexandria Coalition - Adopt-A-Family				
	Arlington-Alexandria Coalition for the Homeless (AACH) was created in 1985 by concerned citizens of Arlington and Alexandria, Virginia. AACH works in coordination with public agencies, businesses and community groups to give homeless people the support, shelter, counseling and employment training they need to regain self-sufficiency. In the Adopt-A-Family program, churches and synagogues, civic groups and corporations assist families for a period of up to two years.	3103 North 9th Road Arlington, VA 22201	Mr. Ed Rea	703-525-7177 f. 703-525-0750	volunteer@aachhomeless.org www.aachhomeless.org
2.	Community Family Life Services, Inc.				
	Community Family Life Services, Inc. (CFLS) was established in 1969 as an emergency support center for ex-offenders and their families. It now provides a network of social services and holistic programs to address the challenges facing families and individuals in poverty. Its two main goals are to resolve short-term crisis needs and to enable people to achieve economic and social self-sufficiency. CFLS operates five distinct programs, including Community Services, Housing, Community Organization, Employment Services and Youth Services.	305 E Street, NW Washington, D.C. 20001	Ms. Mary Lou Tietz	203-347-0511 f. 202-347-0520	www.cfls1.org
3.	Families Forward, Inc.				
	The mission of Families Forward, Inc. is to provide homeless and low income families in the greater Washington-Baltimore area with quality housing, individualized support and marketable training so they can obtain the skills and motivation to achieve their highest level of self-sufficiency. Formerly known as ConServe, Families Forward has been operating since 1986. It was originally established as a consortium of ten small service providers.	1012 14th Street, N.W. Suite 1400 Washington, D.C. 20005	Ms. Ruby King Gregory	202-639-9760 f. 202-639-9763	www.familiesforwardinc.org



Transitional Shelters that Focus on Families

(continued)

D	escription	Address	Executive Director	Telephone/ Fax	Email/Website
4.	Hannah House - THEIRS				
	Hannah House provides structured, caring homes and supportive services for homeless women. It helps residents build healthy families and work toward their goals, which may include life-long recovery from addiction, an improved sense of self, and independent living. The THEIRS program opened in 1996 and helps mothers reunite with their children. In addition to case management services, life skills and job readiness training, the THEIRS program provides parenting classes and special support for the children.	612 M Street, N.W. Washington, D.C. 20001	Ms. Tanya McKoy	202-289-4840 f. 202-289-5425	tanya@hannahhouse.org www.hannahhouse.org
5.	Mary House				
	Mary House provides a variety of important services to its families and surrounding community. These services include free housing for homeless families, low cost transitional rental housing as families develop an ability to pay, a savings program for each family, a family atmosphere with live-in staff and families, food bank delivery program and outreach services. Mary House focuses primarily on homeless Latino and Bosnian families in the Washington, D.C. area.	4303 13th Street, N.W. Washington, D.C. 20017	Mr. William Murphy	202-635-0534 f. 202-529-5793	casademary@aol.com www.maryhouse.org
6.	Tom Geiger Guest House, Inc.				
	Tom Geiger Guest House (TGGH) provides transitional housing for single women with and without children. TGGH works in liaison with its partners, Bethany House Services and the YWCA. The women that come to the TGGH are from both of these shelters. The women receive their supportive services working with their case worker from the shelter. TGGH has two facilities with a total of 24 apartments. There is a soup kitchen between the two apartment buildings that serves food 7 days a week.	2631 Gilbert Avenue Cincinnati, Ohio 45206	Ms. Patty Donnerberg	513-961-4555	tomhouse@fuse.net



Transitional Shelters that Focus on Individuals

(listed alphabetically)

Description	Address	Executive Director	lelephone/ Fax	Email/Website
1. Bethany House Services, Inc Bethany Place				
Part of the continuum of services offered by Beth House Services, Bethany Place offers transitional hous opportunities for single women who are homeless. So	sing Cincinnati, OH 45214	Sister Mary Stanton	513-921-1131 f. 513-557-2871	smstanton@bhsinc.org www.bethanyhouseservices.com

of the women served have children, but none of them are currently living with their children. To those women who are mothers, Bethany Place offers a program component which attempts to help them address and nurture relationships with their children. The overall program uses the shared living environment of a beautiful older home as a therapeutic and teaching tool. Women served by the program often are in recovery from chemical dependency. on parole or probation through the criminal justice system, dealing with mental health problems or beset by any combination of these issues/circumstances. Significant emphasis is placed on helping participants learn to establish a support network. Staff is on-call and available to the residents at all times, but not actually stationed in the house itself. Program goals include developing and implementing plans for financial management and obtaining permanent housing within 18 months of admission.



Transitional Shelters that Focus on Individuals

(listed alphabetically)

De	escription	Address	Executive Director	Telephone/ Fax	Email/Website
2.	Dorothy Day Place				
	Dorothy Day Place (DDP) opened in 1986 as the first overnight emergency shelter for homeless women in Montgomery County, Maryland. Over the years, the need for transitional shelter services evolved and, in November 1995, DDP became the first 24-hour transitional shelter program for homeless women in Montgomery County, Maryland. DDP is operated by Catholic Charities of the Archdiocese of Washington under contract with Montgomery County, Maryland. Currently, DDP is the only transitional shelter for unaccompanied (single) women in Rockville City and Montgomery County that is not limited to servicing clients with mental illnesses. It offers a homelike setting for women who are actively working on issues related to mental health, recovery, stabilization and family unification, educational training, employment and permanent housing.	251 North Stonestreet Avenue Rockville, MD 20850	Ms. Nola Dixon	301-762-8314 f. 301-762-5304	DixonN@CatholicCharitiesDC.org
3.	. Gospel Rescue Ministries of Washington, D.C Fulton House of Hope				
	Gospel Rescue Ministries (GRM) was established in 1906. It operates three transitional shelters. The Fulton House of Hope is a residential recovery ministry for women. GRM also operates Barnabas House, a transitional living facility for graduates of GRM's residential ministries who need clean, drug-free, low cost housing to help them save for more autonomous living while beginning new employment.	810 5th Street N.W. Washington, D.C. 20001	Mr. John Jackson	202-842-1731 f. 202-898-0285	director@grm.org www.grm.org



Transitional Shelters that Focus on Individuals

(continued)

De	escription	Address	Executive Director	Telephone/ Fax	Email/Website
4.	Gospel Rescue Ministries of Washington, D.C Transforming Lives Ministry Gospel Rescue Ministries (GRM) was established in 1906. It operates three transitional shelters. Transforming Lives Ministry is a residential recovery ministry for men. GRM also operates Barnabas House, a transitional living facility for graduates of GRM's residential ministries who need clean, drug-free, low cost housing to help them save for more autonomous living while beginning new employment.	810 5th Street N.W. Washington, D.C. 20001	Mr. John Jackson	202-842-1731 f. 202-898-0285	director@grm.org www.grm.org
5.	Hannah House - HERS Hannah House provides structured, caring homes and supportive services for homeless women. It helps residents build health families and works toward their goals, which may include life-long recovery from addiction, an improved sense of self, and independent living. Since 1989, the HERS program for single women helps each resident develop an action plan for her future. It guides each woman's progress as she does volunteer work, finds training, looks for employment, saves money and moves to independent housing.	612 M Street, N.W. Washington, D.C. 20001	Ms. Tanya McKoy	202-289-4840 f. 202-289-5425	tanya@hannahhouse.org www.hannahhouse.org
6.	Joseph House, Inc. Joseph House, Inc. was established in Cincinnati in 1993 and offers homeless veterans outreach, advocacy and long-term residential treatment. Joseph House provides a six month Primary Rehabilitation Program designed to deal with dual diagnoses involving some form of mental illness, alcohol addiction or drug addiction. Its mission is to meet the needs of our nation's homeless veterans who suffer from an addictive disease or mental illness by providing coordinated holistic care in a safe and structured recovery environment.	1519 Vine Street Cincinnati, Ohio 45210	Mr. William Malone	513-241-2965 f. 513-241-0368	josephhouse@fuse.net www.josephhouse.net



Transitional Shelters that Focus on Individuals

(continued)

De	escription	Address	Executive Director	Telephone/ Fax	Email/Website
7.	Mount Carmel House				
	Mount Carmel House is a transitional shelter for homeless women. It was first established in 1980 by the Carmelite Sisters of Charity as an emergency shelter, and was then converted to a transitional shelter in 1995. Mount Carmel House helps women in poverty who are homeless as a result of addictions, mental illness and/or domestic violence. It is a program of Catholic Charities of the Archdiocese of Washington, D.C.	1471 G. Place, N.W. Washington, D.C. 20001	Sister Ann Forrest	202-289-6315 f. 202-289-1710	www.mtcarmelhouse.org
8.	New Endeavors by Women				
	New Endeavors by Women (NEW), a residential program for homeless women, provides women with a history of mental illness, substance abuse and/or HIV/AIDS in the District of Columbia with transitional housing and comprehensive support services while they complete the steps that lead them to independent living. Self-sufficiency is achieved through an extensive system of services, including case management, mental health services, academic and independent living skills education, employment counseling, housing search assistance and therapeutic and recreational activities. Founded in 1988, NEW was the first transitional center for women in the Washington, D.C. area. Women enter the program through a referral process.	611 N Street, N. W. Washington, D.C. 20001	Sister Mary Popit	202-682-5825 f. 202-371-5653	nebwomen@qwest.net
9.	N Street Village				
	N Street Village was founded in 1973 by the Luther Place Church which offered shelter to the homeless. N Street Village is an interfaith effort to offer a continuum of services designed to meet the immediate and long-term needs of homeless women and low income families. It is rooted in the ancient biblical concept of hospitality - "welcoming the stranger" that brings mutual blessing to both guest and host.	1333 N Street, N.W. Washington, D.C. 20005	Ms. Ann Bodnyk	202-939-2071 f. 202-319-1508	nstreet@attglobal.net



Emergency Shelters that Focus on Families

(listed alphabetically)

De	escription	Address	Executive Director	Telephone/ Fax — ——————	Email/Website
1.	Arlington-Alexandria Coalition - Sullivan House				
	Arlington-Alexandria Coalition for the Homeless (AACH) was created in 1985 by concerned citizens of Arlington and Alexandria, Virginia. AACH works in coordination with public agencies, businesses and community groups to give homeless people the support, shelter, counseling and employment training they need to regain self-sufficiency. Most residents and their families stay at Sullivan House for about two months. This allows them to achieve a measure of stability and savings for re-entry into private housing.	3103 North 9th Road Arlington, VA 22201	Mr. Ed Rea	703-525-7177 f. 703-525-0750	volunteer@aachhomeless.org www.aachhomeless.org
2.	Bethany House Services, Inc Emergency Shelter				
	Bethany House Services (BHS) collaborates with others to provide a full range of housing, education and assistance programs to homeless and disadvantaged women and children. BHS was created in 1984 to respond to the crisis of homelessness being experienced by women and children in the Greater Cincinnati area. BHS creates the essential partnerships that effectively serve homeless families through direct service initiatives and systemic change in the social service delivery systems of Cincinnati. In addition to the emergency shelter, BHS provides comprehensive case management, life skills training, child/parent programming, post shelter support, transitional housing and a nurse aide home care program.	1841 Fairmount Avenue Cincinnati, Ohio 45214	Sister Mary Stanton	513-921-1131 f. 513-557-2871	smstanton@bhsinc.org www.bethanyhouseservices.com



helps these families make the transition from a supported to an independent living environment by helping them

obtain affordable, permanent housing.

Detailed Description of Participating Homeless Shelters and Programs

Emergency Shelters that Focus on Families

(continued)

		(continued)			
Description		Address	Executive Director	Telephone/ Fax	Email/Website
3.	Embry Rucker Community Shelter				
	Embry Rucker Community Shelter (ERCS) is operated by Reston Interfaith, Inc., a community-based non-profit human services agency founded in 1970 by representatives of area religious organizations. The mission of the ERCS is to provide healthy and safe emergency housing and supportive social services to homeless men and women. ERCS provides an array of intensive services and training programs which are tailored to the needs of both single adults and families.	11975 Bowman Towne Drive Reston, VA 20190	Ms. Aneata Bonic, Director	703-437-1975 f. 703-481-1406	www.restoninterfaith.org
4.	Friars Club, Inc Homeless Shelter for Families Friars Club, Inc. is the oldest private social service agency in the Cincinnati area. It was founded by the Franciscan	65 West McMillan Street	Ms. Beth Bowsky	513-381-5432	bbowsky@friarsclubinc.org
	Friars and operates ten separate programs, including the Friars Club Homeless Shelter for Families, which offers quick access/emergency housing and enrichment programs to families in need. Families are provided with housing referrals, linkage to community resources, counseling, advocacy and case management services. Friars Shelter	Cincinnati, Ohio 45219		f. 513-381-7909	www.friarsclubinc.org



Emergency Shelters that Focus on Families

(continued)

Description	Address	Executive Director	Telephone/ Fax	Email/Website
5. New Hope Housing, Inc Mondloch II				
New Hope Housing, Inc. (NHH) provides homeless families and individuals shelter and opportunities to seek a better life. Its philosophy is one of hope, hospitality and forgiveness, and its approach is innovative, wholistic and individualized. It uses a set of tools called Out of Poverty to equip residents to move out of the social, spiritual, physical and economic poverty of homelessness. NHH's goals are to meet the essential physical needs of residents and provide them with the tools to move out of homelessness. It assists residents obtain and remain in permanent housing, increase their skills and income potential, and achieve greater self determination. NHH also provides early identification of and intervention in the mental health and development needs of homeless children. NHH operates a continuum of residential programs, including Mondloch House II, a 45 bed facility that serves homeless families.	8407-E Richmond Highway Alexandria Virginia 22309	Ms. Pamela Michell	703-799-2293 f. 703-799-6503	admin@newhopehousing.org www.newhopehousing.org
6. Shelter House, Inc.				
Shelter House, Inc. is a community-based non-profit	P.O. Box 4081	Ms. Jewell Mikula	703-536-2155	shelter@shelterhouse.org

organization incorporated in 1981. The Shelter House mission is to provide temporary emergency housing and supportive services to homeless families to enable them to transition to permanent housing and a stable family life. Shelter House carries out its mission in partnership with Fairfax County, local human services agencies, a variety of ecumenical groups, community organizations, private sector sponsors and friends.

Falls Church, Virginia 22044

f. 703-536-8263

www.shelterhouse.org



Emergency Shelters that Focus on Individuals

(listed alphabetically)

Description	Address	Executive Director	Telephone/ Fax	Email/Website

1. New Hope Housing, Inc. - Kennedy Shelter

New Hope Housing, Inc. (NHH) provides homeless families and individuals shelter and opportunities to seek a better life. Its philosophy is one of hope, hospitality and forgiveness, and its approach is innovative, wholistic and individualized. It uses a set of tools called Out of Poverty to equip residents to move out of the social, spiritual, physical and economic poverty of homelessness. NHH's goals are to meet the essential physical needs of residents and provide them with the tools to move out of homelessness. It assists residents obtain and remain in permanent housing, increase their skills and income potential, and achieve greater self determination. NHH also provides early identification of and intervention in the mental health and development needs of homeless children. NHH operates a continuum of residential programs, including the Eleanor U. Kennedy Shelter, an emergency walk-in shelter for homeless single men and women that opened in 1986.

8407-E Richmond Ms. Pamela Michell 703-799-2293 admin@newhopehousing.org
Highway f. 703-799-6503 www.newhopehousing.org
Alexandria, VA 22309