Emergency Interim Housing Report

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Identifying Promising Practices for Emergency
Interim Housing and Similar Models

November 2022

Acknowledgements

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Table of Contents

Introduction

Traditional congregate emergency shelters have been widely used in communities across the nation as part of their response to homelessness. Although congregate shelters have long played an important role in providing overnight beds and connections to supportive services for community members experiencing homelessness, they also have a number of limitations, including potentially separating residents from their partners, pets and support networks, and shelter rules may contribute to a loss of independence and dignity. While the limitations of congregate shelters have long been recognized, the COVID-19 pandemic accelerated the development of alternative, non-congregate shelter options in many communities.

Emergency Interim Housing (EIH), an emerging promising practice before 2020, gained greater traction during the COVID-19 pandemic in providing short-term housing and services to people experiencing homelessness. With the high risk of COVID-19 contagion in congregate shelters and the new availability of federal and state COVID-19 relief dollars, communities prioritized placing highly vulnerable populations in non-congregate shelter settings. This report explores promising practices and considerations for communities looking to incorporate EIH into their homelessness response strategy.

EIH – known in some communities as "Tiny Home Villages" or "Bridge Housing Communities" (BHC) – is temporary housing intended to provide safety, shelter and supportive services to people experiencing homelessness in a non-congregate setting while they become connected to long-term housing. To the residents of these communities, having the ability to lock the door of their own private space is one of the best aspects – it provides stability in a way that is challenging while living unsheltered or in congregate shelters.

Program Duration and Staff Caseload

EIH has already proven to be more successful in connecting residents to long-term housing than traditional homeless shelters, largely in part due to the investment in one-on-one case management as well as the privacy and security residents are afforded to regain a sense of normalcy. Within the City of San José, 48% of individuals served in the City's EIH and BHC sites exited to permanent housing between February 2021 and September 2022, outperforming the 2021-2022 Santa Clara County Continuum-of-Care performance benchmark metric of 30% successful exits to permanent housing from emergency shelter.

While EIH is a promising alternative to congregate emergency shelter, it is also a temporary solution to homelessness. It is critical for EIH programs to approach program duration and permanent housing navigation with intentionality and consideration. Short-term housing solutions with no clear pathways to permanent housing can lead to returns to homelessness and re-traumatization, which erodes the stability and supports residents have built during their program stay and can exponentially worsen their situations. EIH programs must ensure that residents approaching the end of their program duration are not displaced back onto the street.

Program Participant Exits to Permanent Housing

48%
30%

Traditional Emergency Shelter Performance Benchmark

City of San Jose EIH Actual Performance
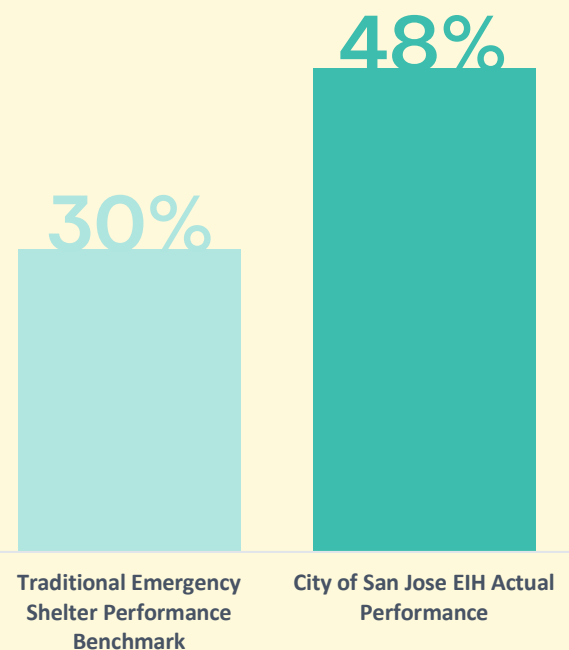
Program Duration

EIH program duration varies widely, but shorter-term EIH sites generally provide housing for three to six months. For sites serving individuals with lower acuity needs – such as those who fall within the rapid rehousing (RRH) acuity – range, a shorter timeframe to get documentation in order, connect to mainstream benefits, and connect to affordable housing listings and employment specialists can be incredibly effective in achieving housing stability. For example, an EIH program in San José, California, has reported a 90% success rate for residents who come in with RRH vouchers.

While EIH is most effective for low- to mid-acuity subpopulations, it can be used to serve individuals with higher acuity as long as program duration, staffing and supportive services provide sufficient time and resources to support individuals as they stabilize and obtain permanent housing opportunities. For example, individuals with experiences of chronic homelessness are more likely to have complex conditions such as post-traumatic stress disorder, and require more time and supportive services to obtain permanent housing and long-term employment. Achieving document-readiness for housing is a time-intensive process that frequently takes two to three months. Additionally, for individuals under duress, short program durations may lead to emotional flooding and trigger a primary instinct to be avoidant, disengage and self-isolate.

For EIH programs serving higher acuity individuals who do not yet have a permanent housing voucher in hand, longer time frames (eight to 12 months) allow residents to acclimate and move away from a fight-or-flight mode, build trust and rapport with staff and peers, and become document-ready for housing. Some programs set maximum timeframes that residents can live on the sites but allow for extensions when residents meet certain requirements. For example, in Portland, Oregon, most villages encourage a maximum of twelve months of onsite housing participation, but provide extensions for residents that are participating in "programs aimed at transition preparation."[1] Seattle's Tiny Home Villages have no time limit and approximately 65% of residents stay in the program for less than six months, 29% stay between six months and two years, and 6% stay more than two years.[2] Regardless of a program's set duration, it is essential for programs to set initial expectations with residents regarding program duration, potential extensions and program services, which allows potential residents to make an informed decision before entering a housing program.

Staff Caseloads

Special considerations must be taken for staff caseloads to best meet the acuity needs of EIH residents. Sites serving residents with lower acuity needs could have slightly larger staff-to-resident caseload ratios (1:30)[3] than sites serving residents with higher acuity needs. For sites serving individuals with higher acuity needs, Portland State University's Homelessness Research and Action Collaborative's *Village Research How to Guide* suggests maintaining an approximate ratio of 10 residents without significant behavioral health conditions to 1 resident with significant behavioral health conditions in order to balance caseloads and allow meaningful interactions between case managers and residents.[4] Higher acuity sites should prioritize lower staff to client caseload ratios – no greater than 1:15 to 1:20 as a best practice.

Time Spent at Seattle's Tiny Home Villages Before Participant Exits to Permanent Housing
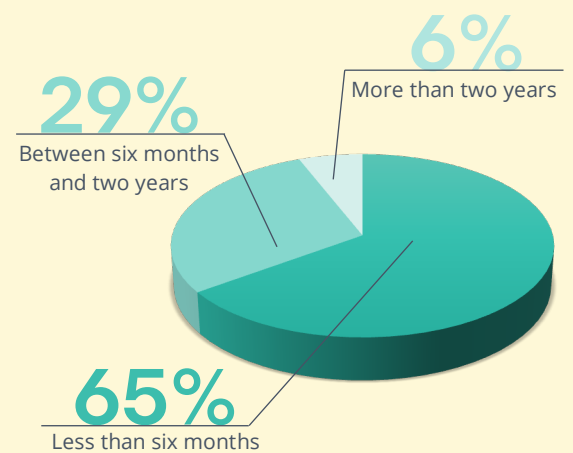
6% More than two years

29% Between six months and two years

65% Less than six months

[1] pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf

[2] housinginnovation.co/deal/seattle-tiny-house-villages/

[3] files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf

[4] pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf

Creating Designated Sites

Some EIH programs are dedicated to serving specific subpopulations, including residents that experience chronic homelessness, families with children, survivors of domestic violence, and senior adults and individuals with significant health conditions. Other specializations to consider include culturally specific pods for residents who are monolingual non-English speakers, sites targeting transition aged youth, sites catered toward individuals seeking sober living environments, sites serving Black, Indigenous, and people of color (BIPOC) community members, and sites centered around goals and interests to support workforce development and workshop programming.

Serving Older Adults and Individuals with Health Conditions

Congregate shelters are often unable to provide accessible sleeping arrangements, restrooms and other communal facilities for senior adults and individuals with health conditions. EIH tailored to these subpopulations must ensure sites are accessible and have specialized staffing such as onsite licensed vocational nurses who can administer medication, support residents with hygiene care needs, and help manage residents' medical equipment.

Additionally, EIH programs serving these subpopulations should prioritize providing comfortable furniture within individual units, including but not limited to mattresses with sufficient support. For residents with auxiliary equipment, units must be large enough to allow for free movement and follow ADA guidance[5].

Per the American with Disabilities Act guidance: Sites must have a clear process in place for residents to request reasonable accommodations, and residents should be informed of the process and of their right to use it. Some interim housing programs, have a portion of units that are ADA compliant, such as a village of pallet homes in California known as Riverside Village.[6]

In addition to accessibility within individual units, there must be consideration in the accessibility of the site as a whole. For example, unpaved and loose gravel in parking lots or walkways can be extremely hazardous to residents and there must be ramps throughout the community.

Furthermore, programs should provide transportation support such as bus tokens and shuttle services, particularly if the physical location of an EIH site makes public transportation inaccessible for individuals with mobility limitations or other disabilities.

Creating Communities for Black, Indigenous, and People of Color (BIPOC)

Creating specialized sites can foster feelings of belonging and safety, and allow service provision, staffing, programming and community rules to more effectively fit the needs of EIH residents. Single, non-English speaking adults living in an EIH site in San José, California expressed feelings of isolation due to language barriers when communicating with staff and fellow residents. In Portland, BIPOC community members were not coming to live in Tiny Home Villages because they did not feel like sites were culturally competent.[7] Recognizing the need for culturally specific communities, Seattle created T.C. Spirit Village, a Tiny House Village serving Native American, Alaskan Native and African American residents.[8] The City partnered with community-based organizations (CBOs) led by and serving BIPOC individuals to create a referral process and provide supportive services to residents of the village.

[5] access-board.gov/ada/guides/chapter-3-clear-floor-or-ground-space-and-turning-space/

[6] riversideca.gov/sites/default/files/OHS/Riverside%20Village%20Fact%20Sheet.pdf

[7] pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf

[8] housinginnovation.co/deal/seattle-tiny-house-villages/

Serving Survivors of Domestic and Sexual Violence

Survivors of domestic and sexual violence often face homelessness when fleeing violence. Emergency and temporary housing programs play a key role in ensuring safety and providing stability for survivors, but many communities do not have a sufficient supply of emergency housing options for this subpopulation. Communities should examine their local data to assess the need for creating specialized EIH programs supporting survivors in safe and stable housing.

Two examples highlight the challenges in meeting the needs of survivors in nonspecialized EIH environments. In one program, a survivor of domestic violence was forced to choose between a housing unit with male neighbors and a unit with female neighbors who actively used substances. The survivor ultimately prioritized personal safety and opted to live by the women, but she faced significant challenges that hindered her recovery goals as a result of her living environment. At another housing site, a survivor was forced to move after she was attacked by her ex-partner, highlighting the need for strategic safety measures and the benefits of having specialized sites serving this subpopulation.

Sites serving only women should consider that this could make the EIH community more vulnerable to violence. For example, the name of Kenton's Women Village made some villagers uncomfortable because having women in the name made them feel like targets.[9] EIH programs must consider putting in place confidentiality measures, clear and thorough safety protocols, and an appropriate model of security that ensures residents at sites serving historically marginalized groups are properly protected.

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[9] pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf

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Serving Individuals Coming from Abated Encampments

In addition to culturally specific communities and housing programs for survivors of domestic and sexual violence, special consideration should be given to emergency housing programs that serve individuals coming from abated encampments. As communities across the nation face pressure from constituents and other stakeholders to abate encampments, more and more individuals who have faced chronic homelessness and face significant mental and physical health challenges are being served by emergency housing.

Individuals residing in encampments often have a deep sense of community and heavily rely on one another for support. Real consideration must be given to housing encampment residents together in the same EIH sites. Maintaining these support networks can make the transition to housing easier, increase participant retention, and improve housing outcomes. Community and belonging are profound protective factors for all people, especially during times of crisis.

In instances when it is not possible to shelter people together, special consideration should be made to the visitation policy. Many EIH programs have limited visitation hours and forbid visitors in private units, such as Seattle's Tiny House Villages, which maintain visiting hours from 9:00 a.m. to 7:00 p.m. and require visits to be held in community spaces.[10] While there is a need to balance site safety and security with resident community and dignity, there is an opportunity to meaningfully engage residents and people with lived experience in the creation of the visitation policy to find what may work best for a particular EIH community.

Furthermore, special consideration must be taken when creating program policies and rules. While program design can be intended to motivate residents to move toward self-sufficiency, policies that impose restrictions and consequences can lead to resistance rather than motivate and empower residents to achieve their goals. For example, residents at EIH sites in San José, California, reported that a policy requiring residents to remove televisions from their units exacerbated their feelings of isolation and their resistance to engaging with staff and fellow residents. In addition to providing a longer program duration, staff at EIH programs should prioritize working with residents on any barriers that preclude residents from achieving any transition preparation or similar programs.

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[10] d33zlqvn7ozo9w.cloudfront.net/wp-content/uploads/2020/08/Code-of-Conduct-2020.pdf

Leveraging Federal Funding Streams and Partnerships to Fund Operations and Services

EIH programs may be able to leverage local, state and/or federal rental assistance as program income to fund operating costs. Rental assistance is funded through a variety of sources, each with its own rules, regulations, and requirements to remain in compliance. This section considers the use of Continuum-of-Care-funded Rapid Rehousing (RRH) but EIH programs may consider whether other funding sources would be more appropriate to their housing model. Alternative funding sources include Emergency Solutions Grant (ESG), Emergency Solutions Grants – CARES Act (ESG-CV), Home Energy Assistance Program (HEAP), Homeless Housing, Assistance and Prevention (HHAP), Supportive Services for Veteran Families (SSVF), or locally funded RRH programs.

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Case Study: Tenant-Based RRH

Communities may use Continuum-of-Care funded tenant-based RRH funds for resident rent if the unit and resident meet a set of programmatic requirements mandated by HUD, the unit meets Housing Quality Standards, the resident/tenant meets eligibility requirements (e.g., Literally Homeless or Fleeing Domestic Violence) and signs a one-year lease, and rent meets rent reasonableness standards, among other requirements. In this example, after they have stabilized in the EIH program, the tenant may take the rental assistance to another unit. This model would utilize the EIH as a bridge, aiming to provide stability for the resident while they search for housing in the private market. According to the *Regional Homelessness Strategies Portfolio* in Maricopa County, Arizona, bridge housing "can expedite efficient use of subsidized permanent housing resources by ensuring households are easy to locate, document-ready, and effectively supported in locating units."[11]

Considerations for Using Tenant-Based RRH Funding

Reduced service costs: Depending on the services associated with the RRH program, EIH sites may be able to reduce on-site services, such as housing navigation, in favor of relying on the services available through the RRH program. There may be further opportunities to reduce services costs depending on breadth and depth of services offered through the RRH program.

Charging program rent: When determining if an EIH program will charge program rent, it is important to consider the acuity of resident needs, the referral process and creating an additional administrative burden for staff. Programs serving residents with higher acuity may not be able to use RRH program vouchers, as people that hold RRH vouchers generally have lower acuity.

Administrative and other impacts must be weighed against the opportunity to collect rent and potentially reduce services costs. These are large programmatic design considerations that have many immediate and downstream implications, each of which will be varied with the funding stream tied to the RRH.

Connecting Individuals to Mainstream Benefits

Homelessness takes a significant toll on an individual's mental and physical health, and many individuals experiencing homelessness do not have access to meaningful and consistent health care and other wraparound services. This lack of healthcare access results in high utilization of emergency services, including ambulance rides and emergency department visits. EIH can connect residents with critical health care and other wraparound services that can improve health and housing outcomes and result in cost savings for municipalities, local hospitals, and the broader community. EIH programs should leverage federal funding streams, as well as partnerships with the health care sector to connect residents to mainstream benefits and provide direct health care services.

Medicaid Access

While most individuals experiencing homelessness are Medicaid-eligible, not all who are eligible are enrolled. Many face enrollment barriers due to lack of access to an internet connection, lack of a permanent mailing address, lack of transportation to enrollment agencies, limited or no documentation to support their eligibility, and challenges with navigating the often-complicated public benefit enrollment systems. EIH sites should create a protocol to ensure all eligible residents are enrolled in Medicaid as part of their initial intake. Once an eligible resident is enrolled, the care team should provide them with ongoing assistance on how to use their health insurance, including finding out who their assigned primary care physician is; how to find a doctor who accepts Medicaid near them; and how to schedule appointments.

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[11] *azmag.gov/Portals/0/Documents/Homelessness/Regional-Homelessness-Strategies-Portfolio-DRAFT.pdf*

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Navigating the Application Process

Because individuals who experience homelessness face challenges navigating the application processes for different benefits and entitlement programs, EIH programs should develop protocols to assist residents in successfully navigating application processes for benefits and entitlement programs such as SSI/SSDI, U.S. Department of Veterans Affairs benefits, and the Supplemental Nutrition Assistance Program (SNAP). Programs can identify a designated staff person to help residents acquire necessary documentation to apply for and monitor benefits, including identification, social security cards, and birth certificates. In January 2022, the U.S. Interagency Council on Homelessness, U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs created an ongoing list of federal funding streams available to connect people experiencing homelessness with supportive services. This list can be found here.

One notable funding stream on the list that can be used to enroll and engage individuals to mainstream benefits include the Substance Abuse and Mental Health Services Administration's (SAMHSA) Grants for the Benefit of Homeless Individuals (GBHI), which is specifically targeted to expanding recovery supports and treatment to individuals experiencing homelessness with substance use disorders.[12] Funding from the GHBI can be used to pay for direct treatment, enrollment in mainstream benefits, case management, and housing search assistance. Also on the list is SAMHSA's Cooperative Agreements to End Homelessness (CAEH) grant program, competitive grants jointly funded by SAMHSA and the Center for Substance Abuse Treatment (CSAT), which can be used to help individuals with severe mental health issues or substance use disorders. Similar to the GBHI, this grant funding can be used to pay for enrollment and engagement of these individuals in mainstream benefits. Other approved activities include case management, direct treatment, and peer support services.[13]

Notable Funding Streams Available to Connect People Experiencing Homelessness

Funding Streams from Substance Abuse and Mental Health Services Administration

Funding Streams from SAMHSA's Cooperative Agreements to End Homelessness

Housing search assistance

Pay for direct treatment

Enrollment in mainstream benefits

Case management

Peer support
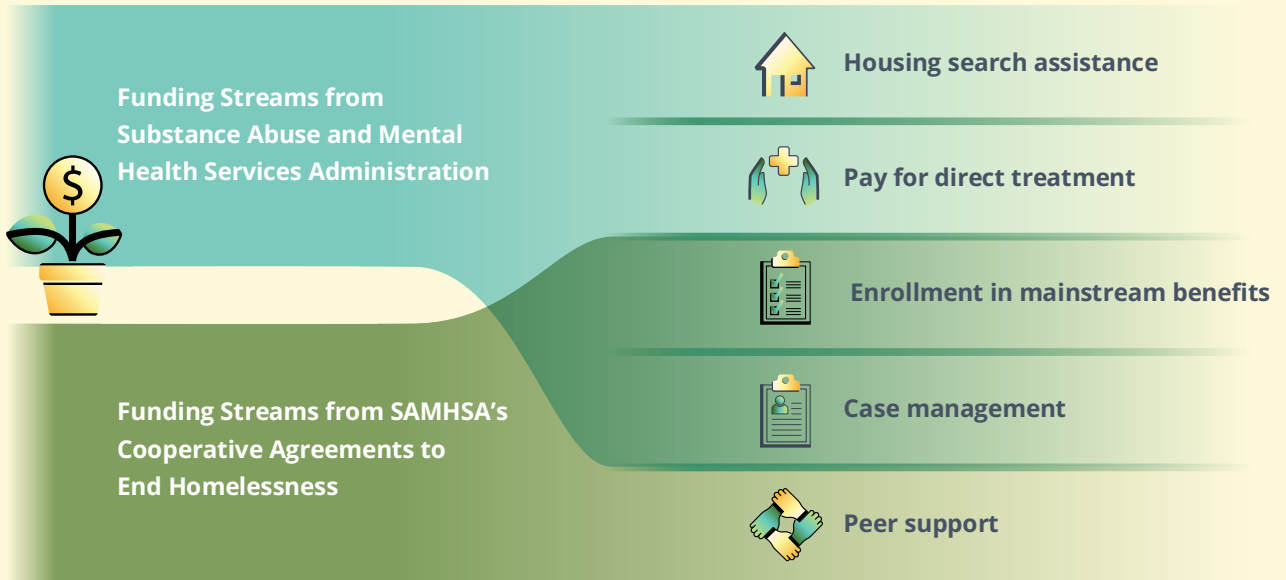
[12] samhsa.gov/homelessness-programs-resources/grant-programs-services/gbhi-program#:~:text=SAMHSA's%20Grants%20for%20the%20Benefit,Substance%20Abuse%20Treatment%20(CSAT)

[13] samhsa.gov/homelessness-programs-resources/grant-programs-services/cabhi-program

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Exploring Health Sector Partnerships

In addition to leveraging federal funding streams to provide critical wraparound services to individuals being served by EIH, special attention should be paid to potential partnerships with the health care sector to fund or sponsor either on-site or visiting health care professionals and mobile health units.

The health care sector has long recognized the need to invest in preventive and respite care for individuals experiencing homelessness in order to lower hospital readmission rates and cost to the health care system. EIH programs can leverage funding from or partnerships with local hospitals and other health care providers to bring health care services to residents on site either through sponsored health care professionals or mobile health units.

One example of such a partnership is in Napa, California, where nonprofit health center OLE Health funds medical staffing at the shelter. Another example is a partnership between Heartland Alliance Health and Chicago's homeless response system, which ensures every emergency shelter in the service area is connected to a federally qualified health center (FQHC) to provide a consistent set of health care services to the individuals sleeping there[14]. While such partnerships are still emerging for non-congregate temporary housing, they can provide financing opportunities for services directly onsite for EIH residents.

Having basic nursing care services at an EIH community can be an important way to ensure that residents' non-urgent daily health concerns are taken care of, preventing small concerns from becoming serious and resulting in 911 calls. Licensed vocational nurses (LVNs) can provide this basic level of care, such as gathering information on patients' medical histories, measuring and recording vital signs, providing medical advice, assisting with medication management, and cleaning or maintaining medical equipment. An EIH provider in Mountain View, California, utilizes LVNs to serve as liaisons between residents and their primary care providers, advise residents regarding medical issues, and work with residents around medication compliance as needed. In addition to providing these services on an as needed basis, the LVNs in this EIH community have small caseloads of up to five medically fragile residents they see regularly. For EIH programs serving residents who are on medication regimens, having LVNs support medication management can reduce the burden on residents and other direct service staff.
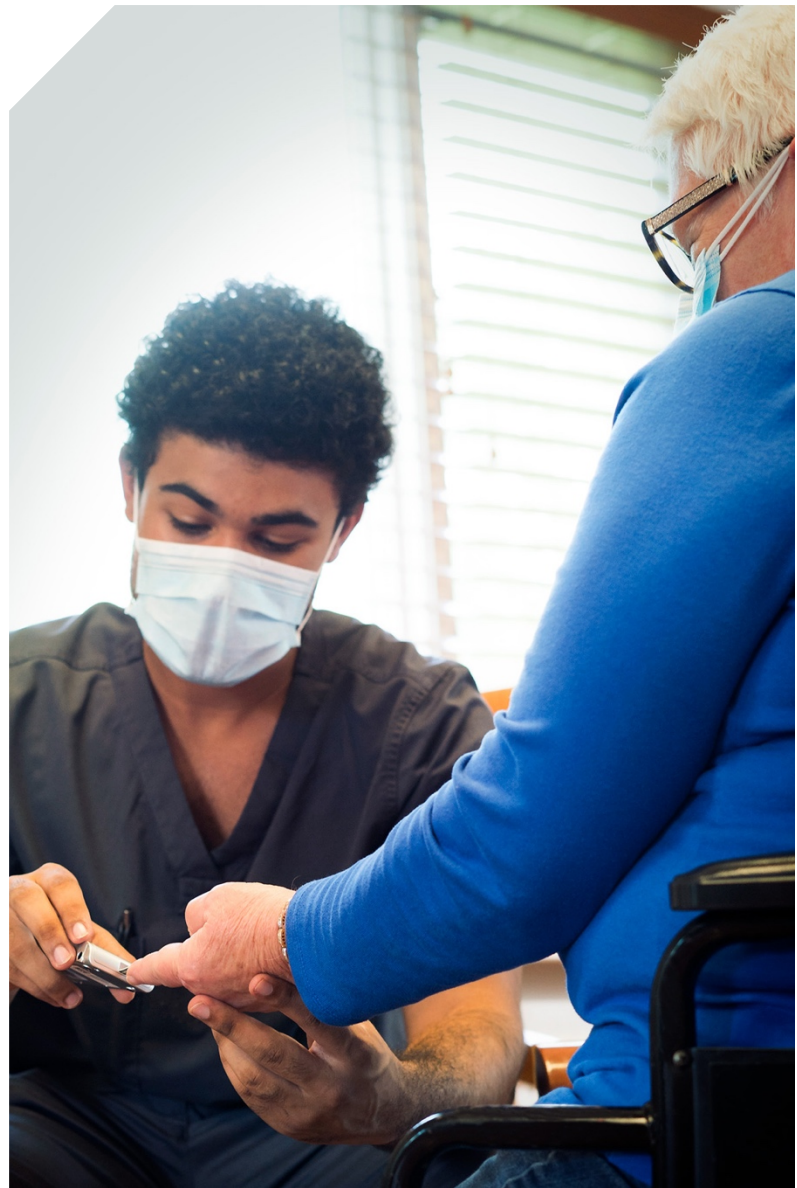
[14] endhomelessness.org/wp-content/uploads/2021/01/01-27-2021_Strengthening-Partnerships_FINAL.pdf

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Providing Sufficient Supervision and Security in a Cost-Effective Way

While many residents of EIH attribute their strong sense of safety to having private units with lockable doors, ensuring their security doesn't end there. When considering security models for EIH sites, communities and providers should explore alternatives to hiring private security staff to maintain safety and security, while maximizing cost effectiveness, respecting residents' dignity and privacy, and potentially providing a career track for individuals with lived expertise of homelessness, ensuring their security doesn't end there. Additionally, some EIH sites must consider incorporating perspectives of immediate neighbors when deciding on a security model.

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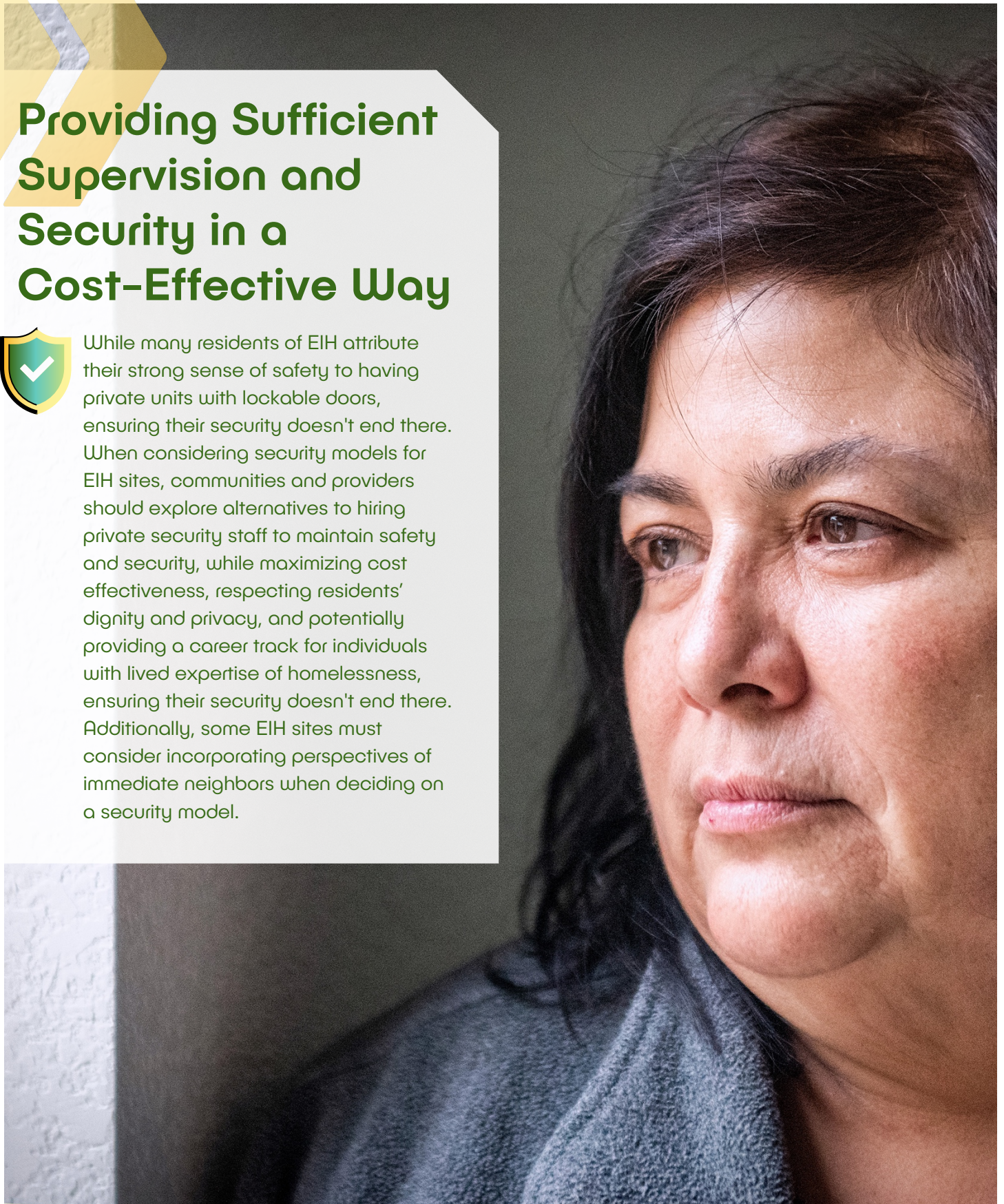
Hiring private security to provide 24/7 supervision at EIH sites can pose a substantial operational cost. In addition, communities that utilize private security report that there is no guarantee that the quality of service will be maintained across programs or sites, or that private security firms are better equipped to handle crises than trained residents. Programs exploring security models can consider creating in-house positions that can carry out supervision and security functions in a person-centered way.

In the True Hope Tiny House Village in Seattle, Village Organizers are responsible for safety and security. Village Organizers are 24/7, paid staff whose responsibilities include responding to emergencies, monitoring the Village entrance, and conducting perimeter checks.[15] True Hope has one main entrance where visitors and residents must check in, and there are security cameras across the site.

Some programs may choose to have private security during limited hours, while program staff otherwise maintain safety and security. An example of this is demonstrated by Casitas de Esperanza, a tiny home community in San José, California. At this site, program staff provide supervision during the day and private security cover the graveyard shift from 10pm to 5am.

LifeMoves leadership views their residential service coordinators as the heart of their operations—responsible for facilitating safety and ensuring residents are respected and heard.

LifeMoves Mountain View EIH in California previously hired private security and later shifted to a residential service coordinator model. They found that not only was this a huge opportunity to cut operational costs, but also an opportunity to create a supervision model that is more person-centered and another touchpoint for genuine interactions and rapport-building. Under their current model, LifeMoves has three residential service coordinators that carry out supervision and security functions. Residential service coordinators complete multi-day trainings focused on crisis prevention and intervention, motivational interviewing, de-escalation, and administering first aid and Narcan.

LifeMoves leadership reported that they have yet to encounter a situation in which private security would have been better equipped to handle a crisis than their residential service coordinators. And even if a situation escalates to a high enough level, law enforcement must be called in regardless if it's private or in-house security. Furthermore, residential service coordinators have been more successful in de-escalating situations because they have rapport with the residents. LifeMoves also strategically utilizes security cameras to promote and encourage safety and compliance while balancing residents' privacy. This model addresses the need for supervision while also stepping away from a traditional security model reminiscent of policing and institutional settings. LifeMoves has found success in this model across their various sites and plans to adopt this approach at additional EIH sites.

In addition to being a massive cost saving opportunity, supervision roles can be an onramp for new hires to grow into case management and supportive services roles within agencies. A significant portion of individuals with lived expertise of homelessness hired by LifeMoves Mountain View EIH site start off as residential service coordinators, and roughly three quarters of case managers started off as residential service coordinators. Residential service coordinator roles are centered around person-centered approaches and authentic relationships with residents rather than punitive compliance monitoring. Residential service coordinators are supervised by onsite leadership and advance within the organization by stepping into larger responsibilities and leadership roles. LifeMoves leadership views their residential service coordinators as the heart of their operations—responsible for facilitating safety and ensuring residents are respected and heard.

There is an opportunity for other EIH communities to create stipend tracks for residents to take on roles akin to the LifeMoves residential service coordinator position. Residents who have exhibited interest in taking on more responsibilities and being more involved with sites can receive training to become residential supervision coordinators at other EIH sites. Working at one site while being a resident at a different site allows for separation which can mitigate concerns around potential power dynamic imbalances and tensions among residents. These concerns can also be addressed by intentionally designing the role to focus on providing support and building connection rather than completing compliance checks and administering punitive measures.

[15] d33zlqvn7ozo9w.cloudfront.net/wp-content/uploads/2020/08/Sample-Management-Plan-2020.pdf

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Self-Governance and Resident Engagement

Many EIH communities use a model of self-governance to empower residents to meaningfully participate in decision-making. Residents in the Village in Seattle, for example, attend weekly meetings to discuss concerns, solutions, announcements, and participate in community activities. In fact, Seattle's model of partnering with homeless resident organizations to operate villages where residents manage operations and are the primary decision-makers has even been successful in reducing overall operating cost.[16] Meanwhile, Portland's Parkrose Community Village residents elect a Community Council of Villagers who facilitate conversation and make decisions on day-to-day operations and other activities that impact the social and physical environment. This model encourages similar villages to "seed" new villages with experienced villagers who choose this leadership role and are compensated for this expertise.[17]

[16] shelterforce.org/2019/03/15/tiny-house-villages-in-seattle-an-efficient-response-to-our-homelessness-crisis/

[17] pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf

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Resident input on programmatic design is most impactful by building a feedback loop – entities actively implement feedback and communicate the outcomes of the feedback process to all involved parties. Clear feedback loops signify a commitment to thorough follow-up processes that better support residents who have spent time and emotional labor providing feedback while fostering deeper trust in the process, which in turn incentivizes future engagement opportunities.

For example, Our House in Little Rock, Arkansas utilizes happy or not voting terminals[18] that ask residents different questions and to weigh in on specific programmatic elements. They pair these votes with "talk back" sessions where residents dive more deeply into the feedback collected and brainstorm opportunities to improve services.

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Fostering Connection with the Surrounding Community

EIH programs often have the opportunity to increase residents' connection to the surrounding communities. This connection can be facilitated by building a strong volunteer infrastructure – communicating about the program benefits and facilitating opportunities for volunteers to become involved – as well as having either a paid or volunteer position whose duties include acting as a liaison between the EIH program and the surrounding community.

The Befriender program at Austin's Community First site connects each resident with a special team of volunteers that spend a few hours each month serving as supportive friends. Before residents arrive, they are asked about what they love, and the Befriender team finds pictures and objects to reflect those passions for the incoming residents.[19]

Similarly, at Eden Village in Missouri, volunteers can take part in home teams—a long-term opportunity to make a personal connection with an Eden Village resident. Each resident is assigned a home team upon move-in, and they meet once a month to provide support and encouragement during their transition from life on the streets to life at the site. Volunteers with lived experience of homelessness or housing instability can be prioritized within this program to help build bridges and provide tips and tricks to support residents' transitions into the sites.

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[18] ssir.org/videos/entry/homeless_shelter_uses_feedback_to_help_its_clients_regain_independence

[19] communityimpact.com/austin/central-austin/development/2022/10/26/community-first-village-marks-groundbreaking-on-1400-home-expansion-for-formerly-homeless-residents/

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Designing Private and Communal Physical Spaces

The physical design of private and communal spaces is a critical element to consider in order to effectively meet the needs of EIH residents.

When designing communal spaces, comfort should be a key consideration—a range of seating/posture options for comfort and accessibility should be included. The small size of the private units often limits the options for comfortably positioning one's body, making it crucial that residents can freely move and re-position themselves while in shared facility spaces.

Furthermore, spaces should inspire connection within the community. Having open-air spaces that are community-oriented, especially having several in one community, will give residents options and places to gather. People with lived expertise should be consulted in all aspects of the creation of an EIH community, including physical and communal spaces. In Santa Clara County, the Lived Experience Advisory Board (LEAB) – an advisory board of people with current or former experience of homelessness – is actively participating in the design of the physical spaces of an EIH site not yet in operation.

Across several EIH and BHC sites in San José, California, residents expressed appreciation for sheltered or semi-sheltered outdoor gathering areas such as picnic tables and green spaces. Residents also expressed a strong desire for barbecue and fire pits - both of which they saw as places that would foster community.

Having dedicated spaces for residents to engage in hobbies and potentially in micro-enterprise, such as a craft room or a woodshop, can provide opportunities for residents to create elements to improve the site such as furniture, shelving, curtains/blankets, etc. Creating a can and bottle drop spot could also be a promising addition at sites to support residents who use recycling as income and could potentially become a place for neighbors from the greater community to bring their recyclables.

Outdoor Gathering Areas Foster Community
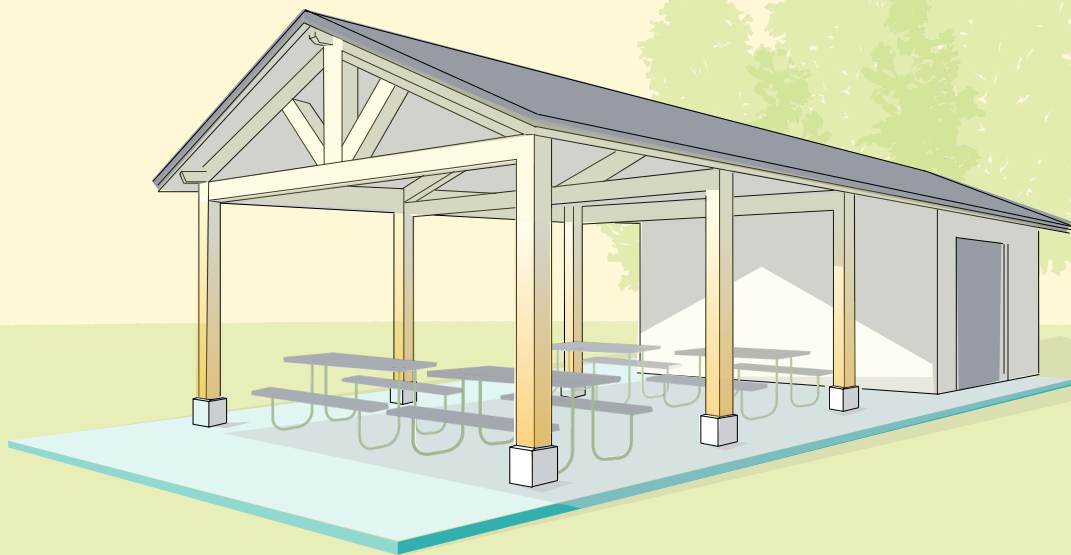
Breaking the Box
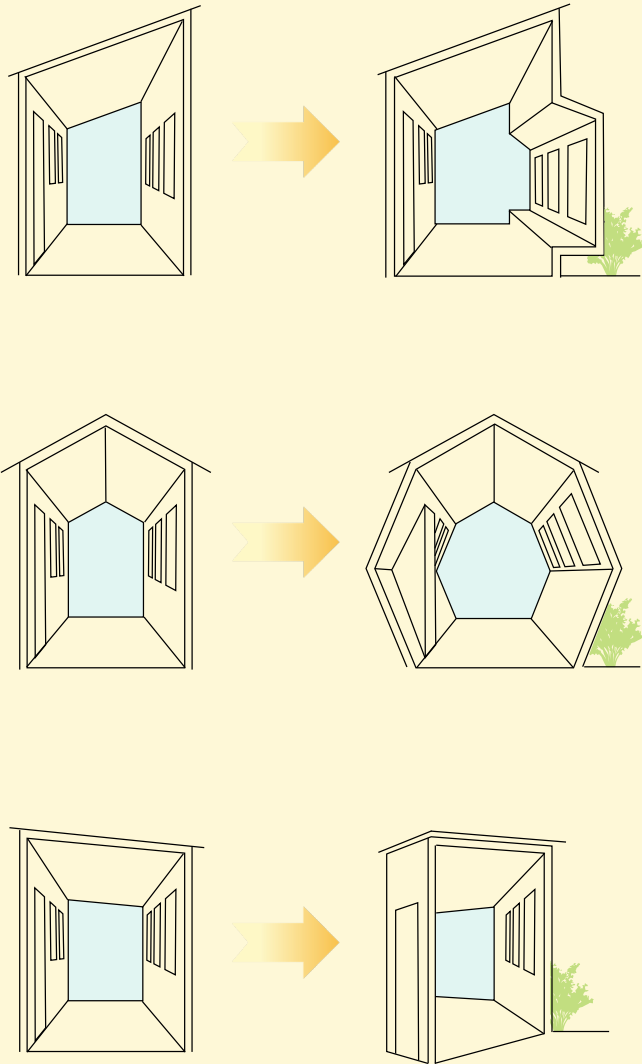
Bathrooms play a critical role in allowing a person to maintain personal hygiene and a sense of dignity and independence. While some EIH sites provide a private restroom within each unit, others have shared facilities. Building communal restrooms, instead of private ones, can often allow EIH sites to be established more quickly as there is no need for plumbing infrastructure in each private unit.[20] This is an important consideration as time is of the essence to get people out of unsheltered homelessness and into a more stable and safe housing situation.

Some communities, like the Tiny Home Villages in Portland, however, have determined that creating shared restrooms undermine the feeling of safety and dignity available in the village model. Furthermore, the villages in Portland that do have congregate showers report that the shower room ends up only being used by one person at a time – ultimately resulting in inefficiencies in both space and cost.

For sites serving residents that are older or have chronic health conditions, mobility challenges, or disabilities, taking the time to build private bathrooms within each unit can make a site significantly safer and more accessible. Having to travel even a short distance outside of a unit to use the restroom can increase the chance of injury, falls, or other dangers – particularly at night. Furthermore, it is incredibly important for families with children to have access to a bathroom without having to leave the unit.

At both Kenton Women's Village and St. Johns Village in Oregon, there are about three toilets per 20 people, a ratio that is working well for both communities.[21] In the tiny home portion of Austin's Community First Village, there are five nearby laundry, restroom, and shower facilities for residents to use at any time.

While boxy pod designs can maximize interior square footage and volume, this set-up coupled with the small size of units can often feel confining and can activate triggers of institutionalized settings. Whenever possible, it is recommended that unit design aim to "break the box" and to prioritize design that creates forms that feel more welcoming and distinct, as illustrated in the depiction on this page.
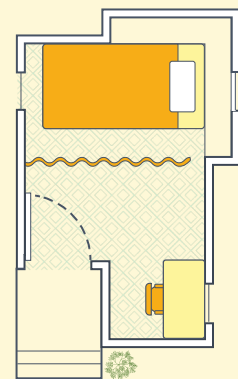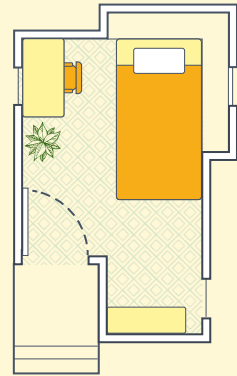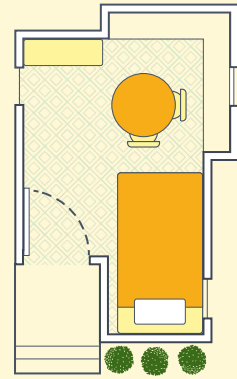
[20] palletshelter.com/blog/reasons-we-designed-our-shelters-without-bathrooms/

[21] pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf

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Additionally, the ability to personalize and rearrange the interior of their pods is greatly valued by residents. EIH sites should consider opportunities for residents to rearrange the space. This can be done by offering several layout configurations which help divide the space to best meet the households' needs, as depicted below.

Some EIH communities have creatively leveraged relationships with local design, architect, and construction professionals to create innovative pod designs for residents. One such example is the Kenton Women's Village in Portland, Oregon, which launched a POD build challenge in which local construction firms donated and built pods based on three different designs that were evaluated by villagers and village managers.[22] Not only did the challenge and engagement with the surrounding community result in forward thinking and sustainable design, but the partnerships created through this effort also resulted in decreased capital expenses for future projects because community partners were willing to do work pro bono and donate materials. Since its inception, Kenton Women's Village has undergone many transitions and improvements, including with its physical spaces, highlighting the fact that continuous feedback and engagement from residents is important to continue improving physical spaces as a housing program evolves.

Personalizing the Space

[22] pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf

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Employment Opportunities and Workforce Development

EIH programs should explore operationalizing employment opportunities for residents. Residents are particularly well-suited for operational roles because they share an intimate understanding of what it is like to live in EIH and what is important for residents during their stay. This also allows for greater resident buy-in across the sites.

Potential resident employment opportunities could include landscaping, beautification and trash pick-up at the EIH and in surrounding communities, food service, providing peer-to-peer support in various forms, security roles, and micro-enterprise opportunities. An interested resident would have to apply for an open position, while the position must pay at least minimum wage, help the resident refine transferable skills, and be conducive to the operation of the site. The supervisor for the resident could be a staff member from a workforce development partner who can provide feedback, guidance, and consistent and regular check-ins. It is important that the supervisor not be site staff, as this could jeopardize rapport and trust that site staff have with residents.

Austin's Community First Village offers contract job opportunities for 1099 income through their Community Works Program by providing micro-enterprise opportunities to residents. Some of these opportunities include janitorial and maintenance services, car servicing, gardening, art, blacksmithing, wood-working, and concessions[23]. They have a limited number of jobs and cannot guarantee availability, and rely on volunteers with these skills to train and provide support to residents. Although the Community First Village permanent housing program is located on a very large plot of land that allows residents the space and time to develop their skills, EIH sites can still learn from their approach of leveraging volunteers to provide a wide range of employment opportunities to their residents. Furthermore, some of the opportunities offered allow residents to connect with the neighboring community, as the village hosts movie nights, serves food cooked by residents in the culinary program at their fast casual restaurant called Goodness Grill, and has a Community Market that allows the village residents to sell their art and wares to the community at large.

> **Residents are particularly well-suited for operational roles because they share an intimate understanding of what it is like to live in EIH and what is important for residents during their stay.**

Bridge House in Boulder, Colorado provides temporary housing and supportive services to individuals experiencing homelessness while they work in one of two social enterprises in the Ready to Work Program – food service or landscaping. According to the program, 80% of participants are still housed and employed 12 months after graduating from the program[24]. The Ready to Work Program follows the Work Works Model, which focuses on providing transitional jobs to prepare participants to transition to the mainstream workforce while providing transitional housing and wraparound services like case management. This model has been mainly targeted at individuals experiencing homelessness with low- to mid-acuity needs. Participants will be better prepared to enter the mainstream job market having gained soft and hard skills, stability, and work history to empower them to make a living wage and build a career.

Goodwill's workforce development program follows a similar transitional job model. In San José, California, Goodwill is partnering with an EIH provider to connect individuals in their program to housing, and connect individuals already at the EIH to workforce development. Once participants get through the first two weeks of the program, they begin intensive training to help familiarize them with common workplace expectations and cultivate habits that can sustain meaningful employment. The goal of the program is to have participants attain livable wage employment within 12 to 18 months of starting the program. Furthermore, Goodwill's model takes a harm-reduction approach and focuses on meeting individuals where they are, recognizing a person coming from homelessness may be experiencing trauma or struggling with mental health or substance use.

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[23] mlf.org/community-works/

[24] https://boulderbridgehouse.org/ready-to-work/

Conclusion

EIH is a promising model being deployed by homeless response systems across the nation to provide temporary housing to unhoused community members while they are being connected to permanent housing. This report highlights some of the considerations homeless response systems, service providers, and communities should consider when building or expanding EIH.

Greater transparency and communication around program requirements and length of stay limits at the sites, coupled with subpopulation-designated sites with tailored program duration, layout, and supportive service provision are key strategies to consider in order to maximize the effectiveness of EIH. Additionally, creating opportunities for wider community engagement and resident involvement would make residents feel more valued, heard, and welcomed.

Exploring alternative person-centered security models can reduce operational costs while also providing a pathway for people with lived expertise to become program staff. Leveraging federal funding streams and programs can ensure residents are connected to critical wraparound services such as health care, while improving housing outcomes and reducing costs for local governments and hospitals.

The design of private and communal physical spaces within an EIH site can help foster connection, ensure accessibility and safety, and provide comfort and stability for residents. Workforce development programs and other employment opportunities for residents can allow them to learn and develop hard and soft skills and earn a dignified wage.

While EIH can be more expensive to operate than traditional congregate shelters, they result in higher numbers of successful housing placements and can serve as secure places for individuals to regain grounding, stability, and integrity and to focus on relearning life skills and achieving self-sufficiency in ways not typically possible in a congregate shelter. The time provided in a safe place to heal empowers and prepares residents to successfully maintain housing once they leave the sites. Until there is a sufficient supply of permanent housing available for individuals who need it, EIH can be one part of the solution to ending homelessness. While establishing best practices for EIH can be challenging, it is a worthwhile investment of time and resources for all those that were, are, and will become residents of these sites.