360-Degrees to Self Sufficiency for Homeless Women and Children

Participating Organizations

- Salvation Army Center of Hope, Charlotte, NC

Please note that all data below was derived from the collaboration's nomination for the Collaboration Prize. None of the submitted data were independently verified for accuracy.

Formation

**Type of Collaboration:** An alliance or similar collaborative structure through which members retain structural autonomy and have defined roles and responsibilities to achieve specific social goals or purposes

**Geographic Scope:** County

**Collaboration Focus Area:** Health

**Population Served:** Homeless

**Year Collaboration was Established:** 1995

**Goals Sought Through Collaboration:**

- Expand reach and/or range of services / programs
- Improve programmatic outcomes
- Address unmet and/or escalating community need

**Reasons Prompting Collaboration:**

- Advancement of a shared goal
- Response to a community need

**Who Initiated Collaboration:**

- Board member(s)
- Executive Director(s) / CEO(s) / President(s)

**Number of Participating Organizations:** 3-4

**Were Partners Added or Dropped?** No
The Salvation Army shelter and Shelter Health Services free clinic provide a one-stop resource that enables homeless women and children to become self-sufficient.

Women with children represent 1/3 of the homeless and is the fastest growing group. Annually 75% stay in the Salvation Army shelter, the largest concentration of homeless women and children in the County. The collaboration impacts one of the largest and fastest growing groups of homeless.

Removing barriers that stand in the way of becoming self-sufficient requires more than food and shelter. Building skills in parenting, life, job hunting, computer and financial literacy, and resolving health issues that prolong homelessness are accessible to those who have the most need and the least access, within the shelter, at convenient times, in a holistic and structured way through the collaboration.

In most shelters, residents would not have access to these services nor know how to find them. Although available from separate providers, navigating access is a daunting task. For the homeless, when resolving an issue can be accelerated, follow through is more likely. Delays preempt action. A piecemeal approach is complicated. The services of the collaboration are centralized in the shelter, accessed holistically and sequentially programmed, increasing the likelihood of participation and success.

In 1994 the collaboration was formalized after the realization that health issues negatively affected participation in the shelter’s skills services. Formed with UNC Charlotte College of Nursing, the Salvation Army provided space in the shelter and UNCC provided free healthcare to residents. In 2005 Shelter Health Services was formed to continue the collaboration. What started as an 8 hour/month health service evolved to a 35 hours/week high quality free walk-in health clinic.

This collaboration is unlike any other. It focuses on homeless women and children, provides services that enable self-sufficiency, requires all services be free and delivers them in the shelter. The structure, guidance and tools of this holistic approach called 360 Degrees to Self Sufficiency, are fully integrated into a seamless process that is programmed to maximize participation and yield desired results.

Management

Management Structure: Jointly managed by the Executive Directors of the partner organizations

The management structure was predetermined to be separate by The Salvation Army’s charter that prohibited providing healthcare services. Other than the space for the clinic the individual services and operating processes would not accrue incremental cost savings or efficiencies if consolidated. Since no duplication of functional roles and responsibilities existed, management, funding, staff and operations were kept separate. The ED’s saw no reason to consolidate then, and there is no reason now.

Employing matrix-based principles, every resident contact is leveraged to assess needs and direct to the appropriate service(s). In the close shelter community, clinic and shelter staff can follow-up with clients to assess their use of the services and motivate additional use.

Adding services networks the organization to identify how to optimize results. For in-clinic HIV testing, shelter case managers and substance abuse counselors cannot mandate testing but can mandate attendance at prevention education classes. With increased knowledge of HIV, more at-risk residents will be tested through this collective effort. This level of cooperation has improved outcomes as more residents become aware of and actively engage in the many services.

Challenges

Challenges to Making the Collaboration Work:

- Defining and measuring success
- Addressing lack of staff or allocation of staff resources
- Raising funds or integrating fund development to support the collaboration
- Coordination / integration of programs & services
Outcomes are enhanced by all staff embracing the holistic approach and engaging clients in the full mix of services. The biggest challenge is the transient nature of the residents. The average stay is 6 months. Engaging residents when they first arrive and maintaining active participation are the two primary strategies. The techniques used focus on establishing relationships with the residents via proactive personal contact and consultative engagement. Facilitating effectiveness is the close community of residents, case managers, counselors and clinic nurses.

New resident orientation meetings provide an effective way to engage every new arrival. They are eager to learn about the services and show a higher incidence of using them. This quick-start optimizes the time available for them to participate and benefit.

Another challenge is the difficulty in gauging long-term success once they leave the shelter. The technique used is to ramp-up short-term comprehension and retention through repetition. If a foundation of knowledge and understanding can be established while in the shelter, a residual positive impact is likely after they leave.

**Impact**

**Internal Efficiencies and Effectiveness:**

- Greater ability to allocate resources to areas of need - Greater ability for each partner to focus on core competency
- Reduction in overall cost per unit of service - Reduction in overall cost per unit of service
- Colocation or shared space - Co-location or shared space

**Community Impact:**

- Previously unmet community need now being addressed
- Greater range / variety of services/programs offered

Two measures gauge success: the number of unique residents that participate in each service and the % participating from their peer group. Outcomes are measured on these key criteria as reported from the central database systems. The higher the number of participants and the % penetration of the peer group, the stronger the indicator of the importance of the service. As an ongoing goal, each metric provides the baseline to be exceeded the following year.

<table>
<thead>
<tr>
<th>Service Unique Participants % of Peer Group</th>
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<tbody>
<tr>
<td>Shelter Health Services Free Clinic 728 25.4%</td>
</tr>
<tr>
<td>Mecklenburg County Substance Abuse Services 120 25.8%</td>
</tr>
<tr>
<td>Mother’s Morning Out 134 33.6%</td>
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<tr>
<td>Parent University 116 42.4%</td>
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<tr>
<td>Computer Lab 1,920 78.2%</td>
</tr>
<tr>
<td>Budgeting and Financial Literacy 1,750 94.2%</td>
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<tr>
<td>Life Skills 855 46.0%</td>
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<tr>
<td>Resume Building 420 22.6%</td>
</tr>
<tr>
<td>Boys &amp; Girls Club 320 53.5%</td>
</tr>
<tr>
<td>Spiritual Guidance 1,450 78.0%</td>
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</tbody>
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**Model**
The basic principle of this model is taking the services to those who need them the most and have the least access. It leverages several unique advantages that address the disparity of access that exists for underserved populations.

1. Location. All services are embedded within the shelter, the largest concentration of homeless women and children in the County.
2. Critical mass. Women and children represent 1/3 of the homeless and is the fastest growing group. Annually 75% of this population resides at the shelter.
3. Nonduplicated services. Few residents could seek the services at other providers due to a lack of money, transportation, Medicaid or the knowledge of how to find them.
4. Accessibility. All shelter residents qualify.
5. Totally free. All services are provided at no charge.
6. Holistic approach. The services address removing specific barriers to self-sufficiency, provided as an integrated and seamless process.
7. Predictable outcomes. Being within the shelter offers the ability to proactively engage clients and influence their participation and progress.

For other collaboratives or single-service providers each advantage is a lesson on how to increase access, opportunity, effectiveness, efficiency and capacity. For existing organizations they can be replicated individually or in combination to achieve incremental improvement. For new shelters, they can be replicated in total.

**Efficiencies Achieved**

The most effective way out of homelessness is achieving self-sufficiency. But many barriers exist and overcoming them can be a daunting task. The Collaboration's goal is to remove these barriers by providing a mix of key health, occupational and life services, and to instill a sense of personal responsibility and control that will enable and prepare the homeless women and mothers staying in the shelter to find jobs, affordable housing and be able to leave homelessness. When they do, they can enter the community as self-sufficient, productive and responsible neighbors and live a happier and healthier quality of life.

An accurate indicator of increased economic and operating efficiency and program delivery is directly related to the ability to instill within clients a sense of personal responsibility for and a sense of control in their progress to achieving self-sufficiency. Accepting this responsibility and realizing that they can control their own destiny is manifested in increased participation in multiple services as they become motivated and diligent in their efforts to succeed. Coupled with the cumulative benefits that accrue from regular participation in many services available through the Collaboration's 360-Degrees To Self-Sufficiency approach, the path to self-sufficiency seems a bit less daunting. This is why all the staff is very attentive to leveraging every client contact to cross-pollinate services and support and reinforce this behavior.

The cost of delivering each service decreases with every participation by a client. Conversely the cumulative benefits of the services increase due to continuity and repetition. Understandably the first delivery takes more time and incurs more program expense than each subsequent delivery. And with each subsequent participation, the benefits to the clients increase cumulatively as they develop a blend of life skills, job skills and become healthier. They also become more proficient in their abilities and confident in their journey to self-sufficiency.

As an example of these efficiencies and the most precisely quantified is participation in the free health clinic's services. The first health clinic visit can cost 3 times more than subsequent visits. The first visit can last an hour and cost as much as $100. Subsequent visits can take less than 30 minutes and cost less than $30.

On the initial visit, clinic nurses administer a battery of screenings and administer their initial health assessment. One blood sugar HgbA1c screening for diagnosed diabetes costs $20+. Nurses document whatever medications are being taken and confirm specific diagnoses. Prescription and over the counter medications that are needed are paid by the clinic and provided free of charge. Self-monitoring aids such as glucometers for diabetics are provided with instructions on how to use them. Bus passes are given for transportation when clients are referred to other safety-net agencies and any co-pays or fees are paid by the clinic. Health and wellness education are integral to every client visit, especially on their initial visit. For chronic diseases this education can take up to 1 ½ hour. 45% of clinic clients have hypertension or diabetes.

After all these initial visit activities are completed and captured in the electronic medical records system, they are accessible at the next visit/participation, which takes much less time and incurs much less expense. On average clients return five times to the clinic during their stay at the women’s shelter for follow-up or to address new health issues. This is a clear indication of their taking responsibility for and control of their situation, as they truly are becoming healthier.

The other services of the Collaboration exhibit similar efficiencies of reduced time and expense for subsequent use, although they are not tracked as precisely as the health clinic's services. Of course the services that involve children (Parent University, Mother’s Morning Out and Boys & Girls Club) require more supervision so the efficiencies are not as pronounced, although they still exist. Each service tracks individual participation. Tracking of participation in multiple services is centered at the Case Manager level where there is regular interaction with every shelter resident on an individualized basis.
Program delivery increases exponentially as clients take responsibility and control through regular participation in multiple services. This dynamic is exhibited in all the various services as the synergy between their content is recognized by clients. With less instruction needed on subsequent uses, they can access some services with minimal supervision to self-accelerate their pace of learning. When they use the services regularly and often, they become motivated to ramp-up their participation to maximize the collective benefits. As they gain confidence in their abilities they will overtly seek out opportunities that previously may have been avoided.

A challenge in measuring the longer term benefits is the transient nature of the population. With an average stay at the shelter of 6 months, all progress through the services must be achieved within this short time frame. The benefits can be measured during this time based on levels of participation (number of shelter residents that participate), persistency in participating (frequency and interval in using the services) and multiple use (more than one services). But once they leave the shelter and no longer have access to the services, tracking becomes increasingly difficult and cannot be quantified. Although many anecdotal success stories exist.

This is why it is so important to engage the women and mothers immediately as they enter the shelter, and proactively motivate them to use multiple services during their time in the shelter. New resident orientation meetings have become the venue to do this for the health clinic. Every new resident is informed about the services within five days of their arrival and are engaged to visit the clinic. They are specifically identified if they know they are diagnosed with hypertension or diabetes, or if their children have asthma. Additionally they are asked if they are taking any medications. Having a prescription (either active or expired) is a good indicator of the existence of a condition that may need regular care. Participation in the other services are addressed by the shelter’s Case Managers individually with clients rather than in the orientation meetings as they have ongoing personal assessments of their needs with care plans put into place and regular evaluation of results.

The social good that inspired the Collaboration was the recognition 20 years ago that self-sufficiency was the most effective way out of homelessness. And that layering developmental services on top of the basic needs for food, shelter and warmth was needed and had to be accessible within the shelter and free of any charges. Further learning showed that unresolved health issues had a detrimental effect on participation in the developmental services. Healthcare became an integral component of the approach. But simply having the services available was too passive and static of a model.

The significant breakthrough was with the realization of the importance of instilling acceptance of responsibility and a sense of control within the homeless women and mothers who were truly seeking self-sufficiency, and that these attributes could be influenced by proactively engaging them in participating regularly in multiple services. The holistic approach called 360-Degres To Self-Sufficiency was formalized and operationalized.

**Evolution**

The Collaboration was initially founded on the premise that self-sufficiency was the most effective and efficient way for the women and mothers living in the shelter to leave homelessness. And that it took more than the typical transient services of food, shelter and warmth. Also needed were health and wellness, jobs skills, life skills, parenting skills, safe child care and guidance in navigating community and employment opportunities. This premise remains the guiding light and is the driving force behind the Collaboration.

It started as an insightful menu of health, developmental and social services that were made available to the women and mothers who were living in the shelter, accessible within the shelter and free of any charges. It has evolved into a fully integrated and seamless process comprised of the delivery of key interrelated services that make substantive contributions to achieving the goal of self-sufficiency, still accessible within the shelter and free of any charges. The cumulative benefits and logical progression is effectively depicted in the 360-Degrees To Self-Sufficiency graphic.

Although driven by the charter under which the Salvation Army Center of Hope operated, the wisdom of having separate management structures for the health clinic and the shelter cannot be denied. Engaging specialists with special expertise to manage the delivery of the services uncompromisingly leveraged the strengths of each organization’s structure, management and staff.

As the Collaboration matured, there was the challenge to ensure consistency in the delivery of services and transparency of client interaction. Successful cross-pollination of the many services into a cohesively integrated process that maximized the benefits that accrued to the clients required an overarching set of values and principles.

These values and principles are reflected in the acronym PRISM. They guide the Collaboration in every contact with clients, the daily interagency operations and long term strategic planning.

**Presence:** Offering an abiding presence to the women and children we serve where they can access the services easily

**Respect:** Demonstrating profound respect for the people we serve and each other in everything we do

**Information:** Providing whatever information is desired by clients to enhance their quality of life and facilitate their journey to self-sufficiency
Service: Bringing tangible services that will enable self-sufficiency and would otherwise not be available or accessible

Movement: Co-participating in the movement of the clients’ lives, from where they are now toward where they hope and strive to be tomorrow

The women and mothers who use the various services of the Collaboration will participate in more of the services and achieve significantly more than if they had to source the services individually. Without the ease of accessibility to the Collaboration’s healthcare services, substance abuse counseling, parenting classes, jobs skills development, life skills development, job sourcing networks, Boys & Girls Club and child care within the shelter, free of any charges, the women would have to navigate the fragmented, ad hoc landscape to find the “right” services they need. If the “right” service was found, then transportation would have to be found. And if there were any fees, they would not be able to be paid. Back to square one – homeless, indigent, no prospects of becoming self-sufficient and leaving homelessness.

The Collaboration’s success is measured every day by each homeless woman or mother and child who enters the shelter at possibly the lowest point in their life, with virtually no personal possessions, no money or Medicaid (81% of adults and 44% of children do not have Medicaid), no transportation and no support network of family and friends. But through the Collaboration’s 360-Degrees To Self-Sufficiency approach she is able to accept responsibility for and feel in control of her future. Through participating in the various services of the Collaboration she can overcome health issues, fill-in skills deficits, shore-up parenting short-falls, and remove other barriers to becoming self-sufficient and self-reliant.

Why should this Collaboration win the Prize?
One issue that will be better addressed if the Prize is awarded is mental illness. It is estimated that 30%-35% of homeless have some form of mental illness. Cursory screening and referrals to a behavioral health agency are now the response to this need. Most of these issues can be addressed with medications and when prescribed, the clinic pays for the medications. However, to better serve the homeless community, a more extensive and formalized screening is needed with the ability to diagnose and prescribe in-clinic. With the Prize, formalized screening will be put into place and the services of a psychiatrist/psychologist will be sourced to be present regularly in the clinic.

The Collaboration reflects a delivery model that is unique and highly beneficial to clients. Remember, these women and mothers and their children have the most need for the services, yet have the least access to them. The Collaboration’s model offers the distinct advantages of:
1. Location. 2. Critical mass. 3. Nonduplicated services.
4. Accessibility. 5. Totally free. 6. Holistic approach. 7. Predictable outcomes. Few if any other Collaborations offer these advantages.

These women and children are the successes and why the Collaboration of the Salvation Army Center of Hope shelter and Shelter Health Services free clinic should win the Prize. With an average annual cost per shelter resident of a modest $1,000 that provides the services of transitional housing, three meals per day, warmth, quality healthcare, case management, social services, training in job skills, life skills, parenting skills, computer skills, community outreach networks for referral services and child care, the Collaboration Prize award of $250,000 will enable more than 250 women and mothers with children to be able to leave homelessness, enter the community as self-sufficient, productive and responsible neighbors and live a happier and healthier quality of life.