



Seattle Human Services Department

***City of Seattle Investments in Shelter Programs***  
**May 2011**

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**Executive Summary**

The mission of the Seattle Human Services Department (HSD) is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities. The City of Seattle supports this mission, placing a high priority on efforts to prevent and end homelessness. City of Seattle investments to prevent and end homelessness reflect policy goals set forth in the 2009-2012 City of Seattle Consolidated Plan and in regional goals established in the Ten-Year Plan to End Homelessness in King County.

HSD invests more than \$6.7 million annually from local and federal funding sources in emergency shelter programs to achieve these goals, currently allocated as follows:

Population	City Funded Beds	% of Seattle Investment	City Investment
Single Adults	1,048 beds	71%	\$ 4,807,084
Families with Children	79 units	18%	\$ 1,215,736
Survivors of Domestic Violence	5 beds for individuals 21 family units	7.4%	\$ 508,000
Youth & Young Adult	33 beds	3.6%	\$ 243,902
<b>Total</b>	<b>1,186 beds/units</b>		<b>\$ 6,774,722</b>

Shelter investments are part of Seattle/King County's Continuum of Care services for people who are homeless. The \$6.7 million dollars invested in shelters is part of more than \$30 million dollars that HSD will invest in 2011 to prevent and end homelessness. Of the \$30 million dollars invested from local and federal funding, approximately 74% of these funds are invested in intervention programs that include shelter, day centers, meal programs, transitional housing, healthcare services, employment assistance, case management and supportive services for persons who are homeless; 17% is funding services to support formerly homeless individuals in permanent housing; and 9% is dedicated to homelessness prevention programs.

This report provides information on these investments. Background on City of Seattle funded shelters is presented, including a brief history of HSD investments, a description of the current funding sources and program services, and a look at populations served. Service needs are summarized, including new information from HSD's recent survey of 320 individuals residing in encampments and City funded shelters. Although the report does not develop policy recommendations, it provides a brief analysis of contract outcomes, data reporting, and best practices that will set the framework for the upcoming Request for Investment (RFI) process.

Information in this report shows that:

- **The majority of funding currently supports shelters for single adults.** City of Seattle investments support 1,048 beds for single adults – close to three-quarters of all beds for homeless single individuals in Seattle. The majority of the enhanced shelters funded by Seattle are serving chronically homeless men and women in overnight programs.

Seventy-one (71%) of City of Seattle shelter investments are made to single adult shelters; 18% is invested in shelter programs for families with children; less than 8% is dedicated to victims of domestic violence; and less than 4% percent is provided for shelter programs for youth/young adults. There currently is no overarching policy or data driven strategy to prioritize funding for specific population groups.

- **There are few 24-hour shelter options available for people who are homeless.** While all shelters provide a platform for engagement and connection with supportive services and housing, limited shelter operating hours restrict providers' ability to deliver holistic services that support individuals and families in achieving greater stability. The capacity to provide 24-hour shelter and on-site services varies from program to program.
- **Seattle does not have one centralized or singular coordinated access and entry system for shelter and housing services.** However, there is a high level of coordination within the system for women through the Women's Referral Center; and for victims of domestic violence shelters through the regional Day One Program. A regional, coordinated entry system is being developed for homeless families.
- **Newly developed low-income housing units and investment strategies have enabled shelter providers to assist people to transition from homelessness to housing.** Last year, 1,066 households moved from City of Seattle funded shelters to more stable transitional and permanent housing. In spite of gains made in this area, the need for affordable housing exceeds the supply.
- **People who are experiencing homelessness want housing that is affordable and appropriate to their needs.** In addition to affordable and appropriate housing, persons experiencing homelessness need a broad range of assistance and services. People have expressed a desire for assistance with locating and applying for housing. In order to secure housing, they list transportation and employment among the most important things they need. In addition, people would benefit from assistance with physical and mental health needs, and resolving legal and financial issues.

## I. Introduction

This report provides information on the City of Seattle's investments in shelter programs for individuals, families with children, survivors of domestic violence, and youth and young adults who are homeless.

In 2011, HSD will invest more than \$6.7 million from local and federal funding sources in shelter programs operated by community-based agencies at more than 37 sites in the City of Seattle.<sup>1</sup> Each night, these programs provide up to 1,086 shelter beds for single individuals, youth and young adults and 100 shelter units for families with children.<sup>2</sup> HSD also funds programs that offer a limited number of emergency hotel/motel vouchers to families and victims of domestic violence who are in need of immediate shelter.

During the coldest and wettest months, from October to March, HSD-funded shelters increase shelter capacity, adding 134 winter shelter beds. When severe weather conditions pose an immediate threat to the health and safety of homeless people additional emergency shelter beds are provided in City buildings and in space provided by non-profit agencies.

Homelessness is among the most visible and dramatic indicators of poverty in our community. Some of the contributing factors to homelessness include declining federal housing subsidies, low incomes, rising cost of housing and living expenses, and limited support systems.

City of Seattle investments to prevent and end homelessness reflect policy goals set forth in the 2009-2012 City of Seattle Consolidated Plan and in regional goals established in the Ten-Year Plan to End Homelessness in King County. The Consolidated Plan describes nature and extent of homelessness in Seattle, including the unmet needs for shelter and housing, and outlines strategies to assist homeless individuals, families, youth and young adults.

Shelter investments contribute to the "Continuum of Care" service system in Seattle and King County. Seattle shelters are connected to a range of programs including transitional housing, day centers, hygiene centers, homeless youth/young adult case management and outreach services, meal programs, health care services, and employment services, and services in permanent supportive housing for homeless individuals.

The continuum of care service system is responding to the needs of thousands of homeless individuals each year. Yet, there are many people who remain unsheltered each night. The Seattle/King County Coalition on Homelessness reported there were at least 1,753 people who were without shelter in Seattle during the January 2011 One Night Count of People Who are Homeless in King County.<sup>3</sup>

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<sup>1</sup> This number of shelter sites includes all facility-based programs and programs with scattered site apartment units for families with children. The individual apartment units in a scattered site programs are not counted as separate program sites.

<sup>2</sup> "Shelter beds/units" refers to the number of beds for single individuals and the number of apartment units for homeless families with children. Shelter beds for single individuals includes beds dedicated to single adults, youth and young adults, and the five beds dedicated for single women who are survivors domestic violence. An emergency shelter unit for families refers to units dedicated for families with children and families who are survivors of domestic violence.

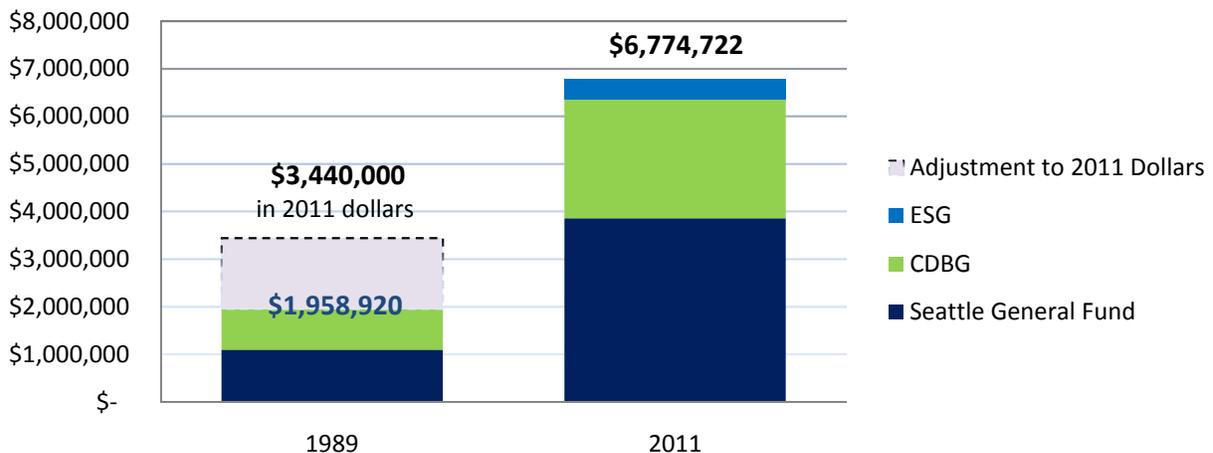
<sup>3</sup> The Seattle/King County Coalition on Homelessness (SKCCH) and Operation Nightwatch have organized a point-in-time count of people who are without shelter since 1980. SKCCH results from the 2011 One Night Count and reports from prior years: [http://www.homelessinfo.org/one\\_night\\_count/](http://www.homelessinfo.org/one_night_count/)

HSD investments help people to access housing and achieve increased levels of stability and self-sufficiency. City funding reduces risks to harm and health associated with homelessness, offers services to address social and economic needs, and supports the development of a comprehensive service delivery system. Grants provided by the City of Seattle encourage collaboration among shelter providers and with individual community members and organizations, nonprofit agencies, faith communities, neighborhood groups, and businesses.

## II. History of Investments in Emergency Shelter

The City of Seattle has provided funding to emergency shelters since the early 1980s. At that time, City investments were developed as an emergency, survival service response to a growing housing and homelessness crisis. The primary purpose of shelter funding was to provide individuals respite and safety from the streets. A 1989 report on the “Status of Homelessness in the City of Seattle” documents City of Seattle investments beginning in 1982, noting that the City was “the single largest funder of emergency shelter services in King County.” In 1989, shelter investments from Seattle General Fund and the federal Community Development Block Grant (CDBG) program were \$1.95 million in 20 shelter programs.<sup>4</sup> Today, investments from Seattle General Fund, CDBG and federal Emergency Shelter Grant (ESG) total \$6.77 million.

**City of Seattle Seattle Investments in Emergency Shelter  
Comparison 1989 to 2011**



The exact number of shelter beds funded by the City of Seattle in 1989 is difficult to determine from written reports, however, the number of shelter beds located in Seattle for single men,

<sup>4</sup> City of Seattle Human Services Strategic Planning Office, Status of Homelessness in the City of Seattle, April 1989. The chart illustrates the comparison of funding from 1989 to 2011 both in nominal and real dollars. The purple section on the 1989 bar in the graph has been added to better illustrate the difference. It does not represent a specific funding amount, but rather the dollars needed to create the total in real dollars. The 1989 amount when set in real 2010 dollars is \$3.44 million.

single women with children, families, victims of domestic violence, and youth increased from 1,269 to 2,114 beds from 1989 to 2009.<sup>5</sup>

Early investments set service delivery goals for shelter “bednights” (sum of beds occupied each night during the term of the contract). Over time, agencies have developed specialized services and housing programs, targeted resources, and coordinated efforts to meet the growing and changing needs of the populations they serve. The focus of shelter investments has emphasized specific needs at different times and resulted in an increase in beds for women and a focus on increasing partnerships with faith based communities. There currently is no overarching policy or data driven strategy to prioritize funding for specific population groups.

HSD’s current contracts include funding outcome goals and targets that focus on placing individuals and families into housing. The City of Seattle made an intentional move away from funding “bednights” and a crisis response philosophy. In 2005, HSD issued a Request for Investment (RFI) process for “enhanced shelter.” The process was notable for its emphasis on case management services and housing placement outcomes. Performance outcomes for housing placement and housing stability that included post placement retention were instituted in all City funded enhanced shelter program contracts in 2006.

### III. Current Investments in Shelter Programs

- A. King County Shelter Inventory: There are an estimated 1,516 shelter beds for single individuals, 176 units for homeless families with children, 60 beds for homeless youth/young adults, and 60 units dedicated for victims of domestic violence in King County.<sup>6</sup> Ninety-three percent (93%) of the beds for single adults, two-thirds of the units for families (67 %) and more than half of beds/units for victims of domestic violence (62%) and for youth and young adults (65%) are located within the City of Seattle.<sup>7</sup>
- B. City of Seattle Investments in Shelter: HSD contracts with nonprofit agencies to provide shelter beds/units year-round, at facility-based and scattered site units throughout the city of Seattle. The City’s investments in 11 agencies provide 1,086 shelter beds for individuals and 100 units for families with children.<sup>4</sup> A list of the shelter programs funded by HSD is included in Appendix A.

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<sup>5</sup> City of Seattle Human Services Strategic Planning Office, April 1989; and King County Community Services Division; Committee to End Homelessness Inventory of Homeless Units and Beds, Seattle/King County, Spring 2009. The number of units/beds reported does not include hotel/motel vouchers, tent cities, or severe weather beds.

<sup>6</sup> In 2010, Seattle and King County reported that there were 2,485 shelter beds in King County according to the 2010 Housing Inventory Chart (HIC) for Seattle/King County’s Continuum of Care Application to the U.S. Department of Housing and Urban Development. The number of beds and units described in this report are based on the 2010 HIC.

<sup>7</sup> Estimates based on 2010 Housing Inventory Chart (Seattle/King County Continuum of Care Application to HUD), revised and updated by HSD in April 2011. Estimates have been adjusted to account for changes in programs over the last year. See Appendix A, Table A-3: Emergency Shelter Capacity in Seattle and King County.

Shelter beds/units funded by the City of Seattle make up approximately 73% of the total, year-round beds/units available for homeless individuals and families within Seattle.<sup>8</sup> Table 1 compares the number of City funded shelter beds to the number of total number of beds/unit available in Seattle.

*Table 1: Shelter Capacity in Seattle  
Facility & Scattered Site Beds/Units Funded by the City of Seattle Compared to All Beds/Units in Seattle*

Population	City Funded Beds/Units		Total Seattle
	Year-Round Capacity	Percentage of Total in Seattle	Total Year-Round Capacity
Single Adults	1,048 beds	74%	1,417 beds
Families with Children	79 units	67%	118 units
Youth & Young Adult	33 beds	66%	50 beds
Survivors of Domestic Violence <sup>9</sup>	5 beds (in 3 units) 21 family units	65%	5 beds for individuals 34 family units
	1,186 beds/units	73%	1,624 beds/units

Source: Information is based on 2010 Housing Inventory Chart - Seattle/King County Continuum of Care.

#### IV. Funding Sources

The Seattle General Fund makes up more than half (57%) of HSD’s annual \$6.7 million of investments in shelter programs.<sup>10</sup>

Table 2 shows investments by population group and funding source. Federal CDBG and Emergency Shelter Grant (ESG) funds administered by HSD are 37% and 6%, respectively, of total contract funding.<sup>11</sup>

Shelter programs for homeless single adults receive 71% of all HSD shelter investments; 18% is dedicated to families with children; less than 8% to victims of domestic violence; and less than 4% for homeless youth and young adults.

<sup>8</sup> Shelter programs that do not receive City funding include programs operated by non-profit agencies and faith-based organizations such as the Union Gospel Mission, Bread of Life Mission.

<sup>9</sup> There are 24 confidential shelter units funded by HSD for victims of domestic violence. Many of DV programs do not have designated set asides for single women only; however, single women can still access the emergency units. The total number of beds for single individuals includes the five DV set-aside beds for single women and 21 units for families.

<sup>10</sup> Total funding for “Emergency Shelter” programs in HSD Strategic Investment Budget is more than \$7.3 Million and includes non-facility based programs which provide case management and rapid re-housing. In addition, some contracts combine emergency shelter and transition-in-place services. These programs may not be included in emergency shelter contract funding shown in this report.

<sup>11</sup> Shelter providers leverage funding from multiple public and private investors/donors to provide shelter services. City investments represent a portion of operating funding in shelter programs. The percentage of City funding varies, ranging from an estimated minimum of 15% to more than 95% of an individual program’s operating funds.

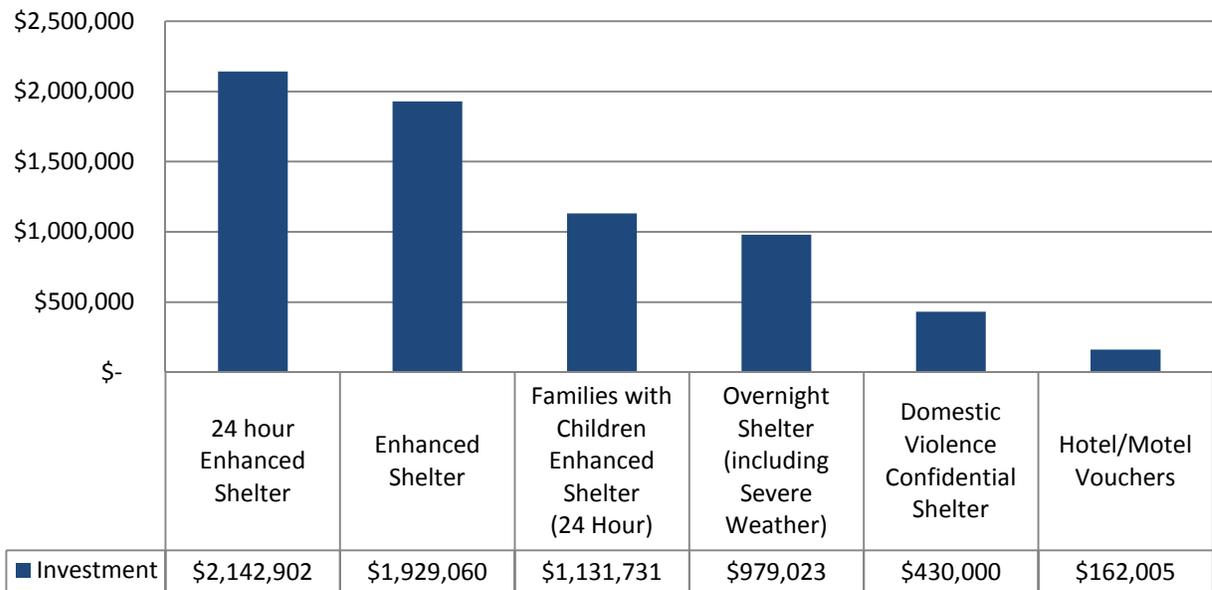
Table 2: 2011 City of Seattle Shelter Investments – Funding Sources

	General Fund	CDBG	ESG	Investment \$ Total	% of Funding
Single Adults	\$ 2,767,694	\$ 1,667,667	\$ 371,723	<b>\$ 4,807,084</b>	71%
Families with Children	\$ 390,526	\$ 825,210	0	<b>\$ 1,215,736</b>	18%
Survivors Domestic Violence	\$ 492,332	0	\$ 15,668	<b>\$ 508,000</b>	7.4%
Youth & Young Adults	\$ 211,849	0	\$ 32,053	<b>\$ 243,902</b>	3.6%
Funding Source Total	<b>\$ 3,862,401</b>	<b>\$ 2,492,877</b>	<b>\$ 419,444</b>	<b>\$ 6,774,722</b>	
Percentage of All Sources	57%	37%	6%		

## V. Types of Shelters

Shelter programs funded by HSD can be grouped into the following categories: (1) enhanced shelter and overnight shelter; (2) enhanced 24-hour shelter; (3) enhanced shelter for families with children; (4) confidential shelter; and (5) emergency hotel and motel vouchers. These types of program are briefly described within this section. The chart below shows the investment levels for the different types of shelter programs receiving City of Seattle funding.<sup>12</sup>

2011 City Shelter Investments: Type of Shelter Program



- 1) Enhanced shelter: Many programs are providing overnight “enhanced shelter” with case managers who provide coordination of a comprehensive and individualized array of services that promote health and housing stability. The range of supportive services on-site as well as referrals to collaborating providers may include crisis management, mental health and

<sup>12</sup> Investment amounts shown in this chart are approximate funding levels. Program contracts may include more than one type of provides 24 hour shelter for women and women with children.

chemical dependency, treatment planning, one-on-one group counseling, information and referral, assistance in securing entitlement income and other financial resources, financial and household management, and coordination of health care services.

HSD provides funding to 514 enhanced shelter beds for single adults (48% of HSD funded, year-round beds for individuals, including young adults). All enhanced shelter contracts include outcomes for housing placement. Few enhanced or overnight shelter programs have length of stay restrictions for shelter occupants.

Overnight shelters provide a safe place indoors to sleep during the night. Programs focus on meeting basic need for safety, food and hygiene. Programs help to engage individuals with community and social services. The level and type of services available varies among individual overnight shelter programs.

On-site amenities vary from site to site, with some programs offering dormitory bunk-type beds and others providing sleeping mats. Meals or snacks, access to phones/messaging, transportation services are provided at most programs. City contracts do not set specific requirements for storage space. Storage for personal belongings is limited, particularly in overnight shelter programs and may only be available during specified operating hours. Showers and laundry are not provided by many overnight shelter programs, but are available at day centers/hygiene programs funded by the City.

The 269 overnight shelter beds funded by HSD (25% of year-round beds for single adults) are operated in donated or leased space in churches, community spaces, and in City-owned facilities, including 40 beds at the Roy Street shelter. An additional 134 winter-only beds are operated at various sites.

- 2) Enhanced 24-hour shelter provides day and night shelter with case management and supportive services. Programs focus on providing safe and secure respite from the streets. After an individual's emergency shelter needs are addressed, the client is introduced to support services designed to address his/her individual social, health and housing needs. There are 218 shelter beds in three enhanced, 24-hour programs funded by the City. These 24-hour programs at the Downtown Emergency Service Center's (DESC) men's and women's shelter, along with Noel House and Sacred Heart, operated by Catholic Community Services, make up 20% of the year-round beds for single adults funded by the City. The programs at DESC and Noel House provide an additional 80 overnight shelter beds (7% of single adult beds) at auxiliary sites that are connected with their 24-hour shelter programs.

In some programs, adults in 24-hour shelter programs may not have access to sleeping areas during the day. Crisis respite and medical respite beds are an exception to this general rule; they allow individuals dealing with a behavioral health crisis or specific medical needs to rest and receive care during the day, as needed. DESC provides crisis respite beds Healthcare for the Homeless Network, a program of Public Health – Seattle & King County contracts with two shelters to provide medical respite beds. This program receives funding from the U.S. Department of Housing and Urban Development (HUD) under the Homeless Continuum of Care program grants (or formerly known as McKinney-Vento Act funding).<sup>13</sup>

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<sup>13</sup> The medical respite bed funding awarded to Healthcare for the Homeless (Public Health Seattle and King County) is not included in the description of shelter funding sources, although these funds are administered

Other examples of 24-hour shelter programs include:

- Catholic Housing Services' Noel House was recently transformed from a 40 bed nightly shelter to 20 beds of stable housing and 20 beds of time-limited 24-hour shelter when CHS developed a new building with affordable housing units at the site of the former shelter.
  - The Shelter, YouthCare's licensed short-term, emergency care facility that provides 24-hour care for homeless unaccompanied youth focuses on crisis resolution and provides supervision round the clock, seven days a week.
- 3) Enhanced shelter for families with children provides individual apartments for households in scattered-site units and facility-based program sites. Programs offer comprehensive case management, intervention and support services that focus on stabilizing the family unit and strengthening their skills and capacity to access and maintain housing. Support services, advocacy, and activities are provided to meet the specific needs of homeless children, as well as their parents.
  - 4) Confidential shelter for victims of domestic violence provides 24-hour, service-enriched, emergency shelter for individuals and families with children. Confidential shelters provide short-term accommodation where an individualized assessment guides the individual's or family's transition from homelessness to more permanent housing stability.

Advocacy-based counseling, a cooperative effort shared between a client and an advocate with the primary focus of empowerment through reinforcing the client's autonomy and self-determination by using non-victim blaming and problem-solving methods, provides a framework for services. Professional domestic violence advocates in confidential shelters provide support to residents as they develop a safety plan, seek long-term housing and work on legal issues, increase financial stability, and find jobs.

- 5) Emergency hotel/motel vouchers offer time-limited, emergency housing provided through voucher or direct payment to hotel/motel business owners. In some programs, agencies have agreements where they are able to quickly access a unit when a household needs immediate shelter. Programs primarily assist families with children and victims of domestic violence. A hotel stay may last from seven days to 28 days, providing a family the opportunity to develop safety strategies and identify another place where they can stay.

## **VI. Populations Served by City Funded Shelter Programs**

HSD invests in shelter programs for single adults, families with children, victims of domestic violence, and youth and young adults. There is more capacity within Seattle's shelter system to serve single adults, compared to other population groups.

Table 3 shows the number of beds/units dedicated to specific subpopulation groups. Single adults programs are designed to serve women-only, men-only and men and women.

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by HSD. A new, expanded medical respite program is being developed by Public Health in partnership with the Seattle Housing Authority at Jefferson Terrace.

Table 3: Seattle Funded Shelter Beds and Units by Population Group

Population	Year-Round Capacity		Winter Shelter Beds
	Individuals(Beds)	Families (Units)	
Single Adults	1,048 beds		134 beds
<i>Women (dedicated beds)</i>	257		25
<i>Men (dedicated beds)</i>	650		34
<i>Women or Men</i>	141		75
Families with Children		79 units	0
Youth & Young Adults	33 beds	0	0
Survivors of Domestic Violence	5 beds (3 units)	21 units	0
TOTAL	1,086 beds	100 units	134 beds

## VII. Shelter Population Characteristics

Demographic information on people in shelters is gathered from HSD contractors and reported to the Safe Harbors Homeless Management Information System (HMIS). During the 12-month period from October 1, 2009 to September 31, 2010, there were 8,361 unduplicated individuals served in emergency shelters for single adults and 1,161 persons who were assisted by emergency shelters for families in Seattle. A summary of the demographic data is included in Appendix A.<sup>14</sup>

- A. Gender: There is a significant difference between adults served in single shelters, compared to adults served in family shelters. Single adult shelters are serving a population that is predominantly male (71%), while family shelters are assisting more female heads of households (73% of adults in families).
- B. Race and ethnicity: A disproportionate number of men and women in shelters are from racial and ethnic minority groups compared to Seattle's general population. People of color make up more than 68% of those in family programs and more than 35% of the individuals in single adult/youth and young adult programs.<sup>15</sup> Data on more than 26% of individuals in single adult shelters was reported as unknown. Program providers report that more than half of the clients they serve are people of color.

African Americans/Blacks are the largest single racial/ethnic minority group in shelters. According to 2010 census data, they are reported to make up 8.4% of Seattle's population. Programs report that African Americans/Blacks make up at least 26.5% of individuals in adult programs and 55% of all individuals in family shelter programs.

- C. Age: In Appendix A, Table A-6 shows the age groups of shelter residents.

- Children under 18: There were 591 homeless children in family emergency shelter

<sup>14</sup> Data is from the 2010 Annual Homeless Assessment Report (AHAR) report to the U.S. Department of Housing and Urban Development from Safe Harbors, Homelessness Management Information System: the AHAR collects and reports on shelter, transitional housing, permanent supportive housing and service programs during the federal fiscal year.

<sup>15</sup> The race/ethnicity of many people in shelters is not reported for 15% of family members and 26% of single individuals; so all figures reported are considered estimated, minimum numbers.

programs during the reporting period of the Annual Homeless Assessment Report (AHAR) submitted to HUD. Children under the age of 18 made up 58% of the family shelter population. One out of four people served in family shelters were pre-school age children: 270 of residents were 5-years old and younger.

In addition, there were 115 unaccompanied homeless youth who were served in 2010 by The Shelter, YouthCare’s 24-hour licensed program for youth who are under 18 years old.<sup>16</sup>

- Young adults: There were 1,101 young adults between the ages of 18 to 25 served in single adult and young adult shelters, representing 13% of those reported. With less than 2% of the City-funded beds dedicated to young adults, a large number of these individuals are being served by single adult shelter programs.
- Older adults/seniors: 3,064 people who were over the age of 50 years (37% of single adults) were served by shelters during the AHAR reporting period.

More than half of all individuals in adult shelters are reported to have a disability. As the single adult shelter population ages, the proportion of those with disabilities also increases. Among those 60 years and older, two-third report are reported to have a disability, as shown in Table 4.<sup>17</sup>

		Individuals in Single Adult Shelters					
		18 – 54 years		55 – 59 years		60 years & older	
Disability							
Yes	3316	52.1%	573	59.3%	549	67.3%	
No	2214	34.8%	313	32.5%	207	25.3%	
Unknown	829	13.0%	79	8.2%	60	7.3%	
		6359		965		815	

## VIII. Service Needs

Programs are funded to provide support services that are tailored and targeted to meet a number of special needs within these population groups -- for chronically homeless adults with disabilities; single women; men over 50 years; youth under 18; young adults 18 to 25 years old; and children in homeless families.

- Adults:** Shelter programs funded by the City of Seattle are serving single adults who face barriers to housing, such as fragmented service systems, institutional exclusion, as well as limited employment, and access to relevant education and vocation training opportunities.

<sup>16</sup> HSD Contract Reports, Client Demographic Data, 2010.

<sup>17</sup> Safe Harbors, analysis of 2010 AHAR Data. Programs report comparatively fewer family members with disabilities: 7.5% of residents in family shelters are disabled. See Appendix A, Table A-6.

The majority of HSD-funded enhanced shelter programs are assisting men and women who are considered chronically homeless.<sup>18</sup> Many have never had stable housing in their adult lives due to disorganization and disruption caused by disabling health and mental health conditions that include severe mental illness, chronic chemical dependency, emotional trauma related to physical and emotional violence, neglect or sexual abuse. HSD shelter contracts do not typically include funding for physical and mental health services.<sup>19</sup> Agencies create collaborative relationships and referral agreements with programs to assist men and women with entry into mental health, chemical dependency and other health related service systems.

Shelters are also serving homeless individuals with negative rental histories and criminal background that include felony convictions. These barriers create additional challenges to accessing employment opportunities and stable housing that stakeholders are working to address at both the individual and systemic levels.

- B. Couples without children: There are few places that can assist couples of the opposite sex who do not have children, and often the choice for these individuals is to remain unsheltered or split up and try to access shelters that serve single men and women. Case management is not available at many of these sites, however most operate under a self managed model that encourages collective support, responsibility and peer information sharing and networking.

Eight program sites can accommodate couples in co-ed shelters. The majority of these beds (141 beds at seven sites) are part of the self-managed overnight shelter program operated by Seattle Housing and Resources Effort (SHARE) . The Roy Street shelter, managed by Compass Housing Alliance, also accepts couples. Limited services are available for individuals at these overnight shelter program sites.

- C. Working homeless: Shelter operating hours and space configurations provide challenges to those who are struggling to balance demands of work with the instability caused by being homeless. Some shelter providers have the flexibility to reserve beds for working individuals when their schedules conflict with shelter opening times, however there are a limited number of providers that can offer flexible service hours. The range of needs of homeless individuals who are employed is largely unmet by City funded shelters.
- D. Families with children: City-funded programs have the capacity to assist 79 families with children. Program capacity to assist a range of household compositions is limited by existing unit inventory and openings at any given time. City-funded programs accept single-parent and two-parent families; same sex partners/parents; intergenerational families; children ages 0-18 years, and same sex parents. There are limited options for families headed by single men and few units that have the capacity to shelter large families. A few programs have three-bedroom units; one program has a five-bedroom

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<sup>18</sup> Chronic homelessness has been defined by HUD as a condition in which an individual has a disabling condition and has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

<sup>19</sup> HSD invests in services provided by Public Health Seattle and King County/Healthcare for the Homeless Network to connect homeless individuals and families in shelter and housing programs with health and behavioral health services.

house which can shelter up to 11 household members. Programs serving families have established length of stay maximums ranging from 90 to 180 days, with some ability to extend stays on a case-by-case basis.

Family shelter programs are serving a number of households who have experienced domestic violence. One of the family shelter programs operates as a “semi-confidential” shelter, providing supportive services for victims of domestic violence.

- E. People impacted by domestic violence: the City of Seattle funds three confidential, enhanced shelter programs with a total of 24 units for domestic violence victims (21 units served families or individuals; three units with five beds are dedicated to single individuals). The shelters prioritize those who are in the most danger of a lethal attack, including those being stalked or who are fleeing intimate partner violence.

The most dangerous time for a person involved in a domestic violence relationship is when an individual chooses to end the relationship with their abuser. At this point, the individual is more likely to be harmed or even killed than at any other time during the relationship. Many people are assisted by professional domestic violence advocates to safely exit life threatening relationships. Finding a safe and confidential place to live after leaving the relationship is essential and can be very challenging.

Needs of individuals and families may include safety, housing, financial, employment services, family, medical, mental health, substance abuse, legal, spiritual/cultural, vocational/educational, transportation, child care, and veteran status.

- F. Youth and young adults: HSD funds 33 shelter beds at two programs for youth and young adults: six beds at The Shelter, a licensed 24-hour emergency care facility operated by YouthCare for homeless, abused, neglected, or runaway unaccompanied youth between the ages of 12 to 17 years; and the 27 beds of enhanced, overnight shelter at ROOTS, operated by Shalom Zone, for youth adults between 18 and 25 years of age.

The limited number of beds for young adults means that a number of young people are being served by single adult shelter programs that may not offer services that address specific developmental needs of a younger population. Providers work to connect young adults to single adult shelters, when ROOTS shelter beds are full. However, they report that many young people do not want to stay in the single adult programs.

Homeless youth services provide young people ages 12-25 with opportunities to leave the streets and lead stable, productive lives. Services focus on finding safe and secure housing for homeless young people whose many challenges can include a lack of stable housing, hunger, street violence and violence in their family home, isolation from family and community members, substance abuse, health and mental health issues, pregnancy, prostitution, lack of educational opportunities and job skills, racism and homophobia.

## **IX. Shelter and Encampment Survey Results**

As part of its research on shelter programs, HSD developed a Shelter and Encampment Survey to assist the City of Seattle learn more about the needs of single adults who are homeless and

living in shelters and encampments. HSD staff worked with Public Health Reserve Corps volunteers to interview 320 individuals at six single adult shelters and one encampment site in early 2011.

<i>HSD Shelter Survey: Interview Locations</i>	<i>Number of People Interviewed</i>
Old Fire Station #39 (Encampment with Indoor Facilities/Beds)	70
City Hall Winter Shelter	64
DESC Main Shelter	51
Angeline's/Women's Referral Center	50
St Martin de Porres Shelter	44
Hammond House	23
Roy Street Shelter	18
<b>Total</b>	<b>320</b>

The HSD survey was created using the City of Toronto's Homeless Needs Assessment as a model. Participation was voluntary and responses were anonymous with no information linked to individual participants. Those who completed the survey were offered a grocery/convenience card valued at \$20.

The survey asked individuals to respond to questions about demographic information (age, gender, race/ethnicity), income source and benefits, and housing and service needs. In addition, there was a section on domestic violence services. The survey was not designed to be a scientific or a representative polling of shelter clients. Rather, it was intended to be a tool to gather input directly from individual clients, to learn about their service needs, and to identify questions for discussion in focus groups and in planning circles.

A few findings of the survey are highlighted in this section with additional detail in Appendix A.

- People want affordable housing.**  
 Individuals want housing that they can afford on their income. Of those who were surveyed, 88% stated a desire to enter permanent housing, yet only 38% indicated that they were currently on a housing waiting list. Respondents indicated they would like assistance to find housing and to fill out housing applications.
- They need jobs and transportation to secure housing.**  
 Jobs, more work hours, training and education opportunities, and transportation were identified by two-thirds of the respondents as needs for securing housing.

Approximately one-third of the people said that landlords and employers willing to rent to or hire someone with a felony conviction would help them to secure housing.

Table 5: HSD Shelter Survey Responses: Services to Secure Housing

“Which of the following would help you secure housing?”	N	%
<b>HOUSING</b>		
Housing that you can afford on your income	275	88%
Help locating an affordable place to live	265	85%
Help with housing applications	188	61%
Support to address your rental history	165	54%
<b>EMPLOYMENT and TRAINING</b>		
Finding full time work or more work hours	207	67%
More training/education	184	59%
Opportunities to start a business	125	40%
<b>TRANSPORTATION</b>		
Transportation to see apartments	208	67%
Transportation to appointments	205	67%
Transportation to work, training, or education	194	63%
<b>PHYSICAL and BEHAVIORAL HEALTH</b>		
Help addressing health needs	177	58%
Mental health services/support	145	47%
Help getting alcohol or drug treatment	64	21%
Help getting detox services	39	13%
Harm reduction support (methadone, safer crack kit, needle exchange)	31	10%
<b>LEGAL, FINANCIAL</b>		
Assistance applying for benefits	153	53%
Help resolving personal credit issues	131	42%
Financial management support	122	39%
Help with obtaining I.D. / documents (e.g. birth certificate)	120	39%
Help with legal issues	114	37%
Assistance with Legal Financial Obligations	98	32%
Help with immigration issues	23	8%
<b>CRIMINAL RECORDS / RE-ENTRY</b>		
Landlords willing to rent to felons	107	35%
Help to expunge criminal records	95	31%
Finding employer friendly to felons	83	27%
<b>CULTURE</b>		
Cultural supports (community centers, groups)	111	37%
Services in a language other than English	33	13%

- **People are receiving assistance at a number of services sites, but opportunities to connect with housing assistance are limited.**

Many of the shelter and encampment residents who were interviewed were using hygiene centers and food banks, and had visited emergency rooms or health clinics. When survey participants were asked whether they had received assistance with housing at any of the service points they visited, half of the people (51%) mentioned that they had received some help with housing at at least one of the sites that they had visited in the last year. Some of the assistance received was limited to information and referral.

While a majority of the respondents (83%) had used shelter services in Seattle in the last 12 months, fewer than half those interviewed (32 %) reported that they received help with housing during their shelter stay. Not surprisingly, those who had been homeless for less than one month were less likely to be on a waiting list for housing. However, the overall length of time a person was homeless was not related to being on a housing waiting list.

## **X. Shelter Health, Safety and Service Standards**

The City of Seattle contractors are expected to meet acceptable health and safety standards that promote quality services. All programs funded by the City agree to adhere to a set of guiding principles and program standards for access to shelter, resident rights and responsibilities, health, food safety and nutrition, physical facility/environment, and safety.

HSD and Public Health-Seattle & King County provide technical assistance to agencies to ensure that programs meet or exceed standards. HSD and Public Health work closely with the Seattle King County Coalition on Homelessness (SKCCH) and its member organizations to share information on health-related issues affecting shelter providers and their clients. The Bed Bug Task Force is an example of a collaborative network that meets regularly to share resources and develop responses to a widespread problem that is not specific to the homeless shelter system.

Domestic Violence (DV) shelter providers are required to comply with the Washington State Administrative Code (WAC-Chapter 388-61A) which establishes minimum standards for DV shelter and supportive services, including administrative standards for documentation, confidentiality, and facility, health and safety requirements.

The Shelter, YouthCare's emergency program for unaccompanied homeless and runaway youth, is required to follow 24 hour shelter licensing requirements from the Washington Administrative Code (WAC 388-148) which outlines specific health, safety and service standards for facilities housing minors.

Appendix B includes standards outlined in HSD contracts with single adult and family shelter contracts. These guidelines were prescribed in the 2005-06 RFI for shelter and transitional housing programs.

## **XI. Contract Outcomes: Moving Individuals and Families from Shelter to Housing**

HSD shelter contracts include housing placement outcomes for most programs. 2010 performance outcomes for shelter programs are shown in the Table 6. Appendix A provides details on housing placement outcomes for contractors/programs.

In 2010, HSD shelter programs assisted 1,066 individuals and families move from homelessness to transitional and permanent housing. Thousands were provided indoor shelter and received services to meet immediate safety needs.

Newly developed low-income housing units and investment strategies have enabled people to transition from homelessness to housing. However, the need for affordable housing continues to exceed the supply of housing for low-income households who are homeless.

Table 6: HSD 2010 Shelter Program Outcomes

Outcome	2010 Actual Outcome
Individuals/families meet emergency or immediate shelter needs. <sup>20</sup>	15,537 households(single individuals and families) 310 youth/young adults 583 persons in DV confidential shelter 402 persons in DV voucher programs
Homeless households move from shelter to transitional housing.	179 adults (without children) 98 family households with children 48 youth/young adults 39 adults –DV survivors (and household members)
Households move from shelters/homelessness to permanent housing.	563 adults (without children) 76 family households with children 63 adults – DV survivors (and households members)

Source: HSD Contract Management System and HSD Internal Reports.

## XII. Shelter Occupancy and Data Reporting

Shelters funded by the City of Seattle, King County and the United Way of King County are required to participate in Safe Harbors, a Web-based Homeless Management Information System (HMIS). The system is used to collect and analyze information about people who are homeless or at risk of homelessness and to learn more about the services they use. Safe Harbors is managed by HSD.

Safe Harbors was developed to allow the Seattle/King County Continuum of Care to monitor progress toward reaching the goal of ending homelessness. The system also responds to federal and state funding requirements. Local jurisdictions must have an HMIS to be competitive for U.S. Department of Housing and Urban Development (HUD) funding for homeless Continuum of Care resources as well as Washington State Department of Commerce homeless service funds.

- A. Direct Data Entry and Data Integration: Agencies participating in Safe Harbors provide data to the Safe Harbors system in one of two ways: (a) through **direct entry** of individual client and program records into Safe Harbors; or (b) through a **data integration** process where information is uploaded to the HMIS system from an agency’s internal database system. Direct entry of data and data integration do not provide information in real time. Agencies are entering and uploading data into the system at regular intervals. Contracts require that direct entry agencies provide client data within one week of program entry and exit data with two weeks of client exit. Data integration agencies need to submit data by the fifth business day of every month.

Currently 56 agencies and more than 330 programs in Seattle/King County are using direct data entry or data integration to submit client-level data to Safe Harbors. Of the programs that receive City funding, 12 programs currently report using direct entry, while 10 programs currently report using data integration. HSD funded shelter programs and

<sup>20</sup> Numbers may be duplicated households receiving safety in shelters/voucher programs.

their method for HMIS data entry are shown in Table 7.

*Table 7: Safe Harbors Shelter Programs: Direct Entry and Data Integration Programs*

Agency and Program	Population	Direct Entry Beds/Units	Data Integration Beds/Units
<b>Abused Deaf Women's Advocacy Services</b>			
ADWAS Shelter	DV	6	
<b>Compass Housing Alliance</b>			
Adult Center Enhanced Shelter	Men	80	
First Church Shelter	Men	60	
Hammond House	Women	40	
Roy Street Shelter	Men, Women	40	
Family Support Program	Family	5	
<b>New Beginnings</b>			
New Beginnings Shelter	DV	6	
<b>The Salvation Army</b>			
Pike Street Enhanced Women's	Women	20	
Gethsemane Enhanced Men's	Men	15	
Catherine Booth House	DV	14	
<b>Seattle Housing and Resource Effort (SHARE)</b>			
Shelter Program	Men, Women	239	
<b>Shalom Zone</b>			
ROOTS	Young Adults	27	
<b>Catholic Community Services</b>			
St. Martin's de Porres Main Shelter	Men		212
Sacred Heart Shelter	Women, Family		12
<b>Catholic Housing Services</b>			
Noel Enhanced Women	Women		50
<b>Downtown Emergency Service Center</b>			
Enhanced Shelter Program	Men, Women		236
Kerner Scott Enhanced Women's	Women		25
<b>Solid Ground Washington</b>			
Family Shelter Program	Family		15
Broadview Emergency Shelter	Family		10
<b>YouthCare</b>			
The Shelter	Youth		6
<b>YWCA of Seattle-King County-Snohomish County</b>			
Angeline's Enhanced Night Shelter	Women		35
YWCA Enhanced Women and Children	Family		43
<b>Totals:</b>		<b>552</b>	<b>632</b>
		47%	53%

- B. Occupancy: Safe Harbors HMIS collects data from shelter programs and reports on bed utilization rates, calculated by dividing the number of clients housed by the number of beds for that program. Additionally, HSD collects monthly program reports from shelter contracts which include occupancy information. Single adult and family shelter programs are expected to maintain a monthly average occupancy rate of at least 80%. Shelters are operating at full capacity. In 2010, the average occupancy rate for programs serving families with children was 95%; single adult shelter programs were operating at a 92% monthly average.

HSD monitors occupancy trends very closely and collects a daily census for single adult shelter occupancy. Agencies submit these reports on a weekly basis. Reports on daily shelter occupancy for the first quarter of 2011 are included in Appendix C.

The City of Seattle is working with King County to create a new Coordinated Entry and Assessment system for families with children who are homeless and at-risk of homelessness. Safe Harbors HMIS will operate as the platform for the tracking data in this new system to coordinate access, referrals and entry to family shelter programs.

A similar system does not exist for single adults. Screening and referral for adult shelters differ from one program to another. However, there is a high level of coordination within the system for women through the Women's Referral Center; and for victims of domestic violence shelters through the regional Day One Program. The Women's Referral Center works with a network of shelter providers with a goal of providing a safe placement for all women come through the Center. Staff has the skills and ability to successfully match individual client with appropriate, available shelter beds each night. The success of the Women's Referral Center is built on the staff's relationships and face-to-face contact with clients on a regular basis; and a strong understanding and knowledge of individual shelter programs.

There is no referral center for men. Operation Nightwatch acts as a dispatch center to fill any vacant beds in single adult programs. The program connects men and women to shelter for a single night when vacancies are reported.

The Safe Harbors HMIS system is not currently designed to provide information for an online reservation system for shelter occupancy, although there are functions within the system that could be developed to support a bed inventory and availability system. The costs/benefits and feasibility of developing a real-time, online reservation system will be explored with shelter providers during community meetings to shape HSD's future framework for investments.

### **XIII. Best Practices**

There are a number of promising and best practices influencing strategies in cities across the country. Communities are testing, evaluating and refining their approaches to meet their local needs. Seattle and King County are building on a base of national and local knowledge as the community considers implementation of best practices and models that include:

- A. Coordinated entry: Establishing an effective coordinated entry system incorporates the idea of a "no wrong door" where individuals can receive information and referrals to a central or coordinated point of entry for shelter and housing. Some programs operate

with “one-stop shop” design. Individuals are able to receive an assessment, and connect with resources at a central location. Utilization of a universal intake form is necessary, and a vast network of partnerships must be established, including service providers, eviction defense, government agencies, corrections agencies, mainstream child welfare agencies, and landlords. Flexible funding is necessary together with resource expertise.

Effective shelter diversion programs are an important strategy that can be tied to coordinated entry to help prevent homelessness. An emphasis on establishing discharge policies along with a system of coordinated entry prevents individuals exiting institutions from entering homelessness in the first place. The implementation of an early warning system is also a necessary part of an effective diversion program that targets families and individuals who are at risk of homelessness and increases resource availability to housing providers who can then provide these resources to them at the first sign of trouble. It cannot simply be thought of as coordinated entry, but as establishing a **coordinated system** individuals and families can access.

- B. Housing First and Rapid re-housing: Seattle supports an number of innovative Housing First and Rapid Re-Housing programs that are moving individuals and families directly from homelessness to permanent housing. Housing First programs emphasize placement into housing where supportive services are offered but not required. Rapid re-housing programs quickly move households to housing with services that may be time limited or tailored to specific needs.

These programs may be created in permanent supportive housing programs with services available on-site or in scattered sites. Some Rapid re-housing program are designed as transition-in-place programs in affordable or subsidized housing ; providers offer case management and assist people in negotiations with landlords to promote housing retention and link families and individuals with needed services within their community. Programs are linked to subsidized housing units or housing choice vouchers or time-limited, short-term rental assistance available to clients as they transition out of homelessness and build social and economic stability. Shallow or graduated subsidies are also used, where the amount of the subsidy slowly decreases as the client’s income increases, allowing them a smoother transition to private market rent.

- C. 24-hour shelter: There is much need and desire to establish 24-hour shelters in Seattle. Feedback from the Seattle Shelter Surveys cited many reasons, including needs for a place to rest during the day and storage so people could look for a job or go to work without having to carry around their belongings. 24-hour shelters with appropriate supportive services provide extra support and stability to individuals who are homeless, helping to facilitate better connections with services and opportunities to focus on housing.

#### **XIV. The Future for City Investments**

The Department will begin an innovative and intensive process to create a framework for future investments in emergency shelter, transitional housing, day center and hygiene centers. This endeavor to create Communities Supporting Safe and Stable Housing will bring the City’s funding partners, the Committee to End Homelessness, United Way of King County, shelter and

housing providers, community members and other stakeholders together for discussion and work group sessions from May through October 2011.

#### A. Defining the Investment Framework

HSD's planning process to define an investment framework for the RFI will asks our community partners to consider:

- **How are investments ending homelessness?**
- With a continued commitment to ending adult homelessness, **how can investments prevent the next generation of homelessness?**
- **Can we sustain the existing system given current economic pressures** (e.g. pressures from federal, state and local funding reductions/cuts; and new federal performance measures under the HEARTH Act)?

At the conclusion of the process, HSD will have a plan to:

1. Create intentional pathways out of shelter to housing, especially for those who have resided there for long periods of time and have most frequently used the shelter system.
2. Implement performance-based contracts that focus on measurements and goals to:
  - Increase the number of people moving into housing;
  - Decrease reoccurrences of homelessness (stop repeated episodes of homelessness);
  - Reduce the length of stay in shelter.
3. Integrate services to increase impact and efficiency:
  - Create places where people can go to connect with care and support to stay in housing or move quickly into housing;
  - Increase integrated service system responses for families and individuals who are victims of domestic violence;
  - Increase early intervention services to stabilize families and youth to end the cycles that can lead to adult homelessness;
  - Weigh costs/benefits and explore feasibility for: a system-wide, real-time direct data entry into the Safe Harbors HMIS system; and an on-line shelter bed reservation system.

#### B. Shaping the Future

HSD's Strategic Plan will guide the future framework for investments. The Department is integrating service funding and strategies with a goal to create a proactive, seamless service system where partnerships are strengthened and expanded, HSD actively engages community partners in solutions, and policy and program design and evaluation are data driven.

1. Strategic Plan Goal #1: Creating a Proactive, Seamless Service System  
City of Seattle investments will be aligned with the Committee to End Homelessness goals and strategies of the Ten-Year Plan to End Homelessness. Consistent with these goals, HSD investments will provide high quality services that create pathways to safe and stable housing.
  
2. Strategic Plan Goal #2: Strengthening and Expanding Partnerships  
HSD will enhance collaborative investment relationships with the Committee to End Homelessness, King County Community Services Division, and United Way of King County to achieve the goals of the *Ten-Year Plan to End Homelessness*. Together with funders and community partners, the Department will set a policy vision through strategic investments that end homelessness.  
  
In addition, HSD will create a learning community that collectively utilizes political will to support persons moving from homelessness into safe and stable housing; collaborate and engage contract partners in developing system level strategies for the RFI process; and engage non-traditional partners in the strategic investment process (i.e. philanthropy and faith communities, businesses, other organizations)
  
3. Strategic Plan Goal #3: Engage and Partner with the Community  
HSD will involve community at all stages of the planning for the RFI process.
  
4. Strategic Plan Goal #4: Data-Driven Design and Evaluation  
HSD will use Safe Harbors data, HSD internal data resources, and data from community and funding partners along with national best practices to guide planning, policy and program design and evaluation.

## City of Seattle Investments in Shelter Programs

### APPENDIX A

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**Table A-1: Shelter Program Inventory  
Seattle Human Services Department 2011 Facility-Based & Scattered Site Programs**

Agency	Program		Year-Round Capacity		Winter Shelter (Beds)
			Individuals (Beds)	Family Units	
<b>Shelters for Women Only</b>					
YWCA of Seattle-King County-Snohomish County	Angeline's Shelter	Enhanced, overnight shelter	35		
Catholic Housing Services	Noel House	24-hour shelter	20		
	Noel House @ St. Mark's	Overnight shelter (auxiliary site)	30		
	Sacred Heart Shelter	Enhanced, 24-hour shelter	6		
Compass Housing Alliance	Hammond House	Enhanced, overnight shelter	40		
Downtown Emergency Service Center	Kerner Scott	Enhanced, overnight shelter	25		
SHARE (Seattle Housing and Resource Effort)	Lakeview	Overnight shelter	8		
	University Lutheran		8		
SHARE Winter	WHEEL - Frye	Winter weather, overnight shelter			25
The Salvation Army	Pike Street Shelter	Enhanced, overnight shelter	20		
<b>Beds at Female-only Shelters</b>			<b>192</b>		<b>25</b>
<b>Shelters for Men Only</b>					
Compass Housing Alliance	First Church Shelter	Overnight, enhanced shelter	60		
	Compass Adult Center Shelter	Overnight, enhanced shelter	80		
Catholic Community Services	St. Martin de Porres	Overnight, enhanced shelter	212		34
Downtown Emergency Service Center	DESC Auxiliary Shelter@ Sacred Heart	Overnight, enhanced	50		
The Salvation Army	Gethsemane Men's Shelter	Overnight, enhanced shelter	15		
SHARE (Seattle Housing and Resource Effort)	Bethel (University Friends Meeting Hall)	Overnight shelter	18		
	Calvary Lutheran		18		
	OFB/Downtowner		18		
	Woodland Park UMC		18		
<b>Beds at Male-only Shelters</b>			<b>489</b>		<b>34</b>
<b>Shelters for Men and Women</b>					
Compass Housing Alliance	Roy Street Shelter - Women	Overnight shelter	5		
	Roy Street Shelter - Men		35		
Downtown Emergency Service Center	DESC Shelter Program -Women	24-hour shelter	60		
	DESC Shelter Program -Men		126		
SHARE (Seattle Housing and Resource Effort)	All Saints	Overnight shelter	13		
	Community of Christ		18		
	Maple Leaf		18		
	Safe Haven		28		
	St. John's Lutheran Church		18		
	Vet's Judson Baptist		18		
CCS/CEC	28				
The Salvation Army	Severe Weather Shelter	Winter weather, overnight shelter			75
<b>Beds for Men &amp; Women</b>			<b>367</b>		<b>75</b>
<b>FAMILIES With CHILDREN</b>					
Catholic Community Services	Sacred Heart Shelter - Families	Enhanced, emergency housing		6 units	
Compass Housing Alliance	Family Support Program - Scattered Sites			5 units	
Solid Ground Washington	Family Shelter Program -Scattered Sites			15 units	
	Broadview Emergency Housing			10 units	
YWCA of Seattle-King County-Snohomish	YWCA Seattle Emergency Housing			43 units	
Solid Ground Washington	Family Shelter Voucher Program		Vouchers		
YWCA of Seattle-King County-Snohomish	Emergency Late Night Family Shelter				
<b>Units for Families with Children</b>				<b>79</b>	<b>0</b>
<b>YOUTH &amp; YOUNG ADULTS</b>					
Shalom Zone	Roots	Enhanced, overnight shelter (18 to 23 year olds)	27		
YouthCare	The Shelter	24-hour shelter	6		
		(13 to 17 year olds)			
<b>Youth &amp; Young Adult Beds</b>			<b>33</b>	<b>0</b>	<b>0</b>
<b>SURVIVORS of DOMESTIC VIOLENCE</b>					
Abused Deaf Women Advocacy Services	ADWAS Shelter	Confidential shelter		6 units	
New Beginnings	New Beginnings			6 units	
The Salvation Army	Catherine Booth House		5 beds (3 units)	9 units	
YWCA of Seattle-King County-Snohomish	Hotel/Motel Vouchers for DV Victims	Vouchers			
<b>Individuals/Families DV Survivors</b>			<b>5</b>	<b>9</b>	<b>0</b>

Total City-Funded 1086 beds 100 units 134 beds

**Table A-2: Operating Hours and Access Chart**

Agency and Program	Shelter Opens	Shelter Closes	Method of Access
<b>Catholic Community Services</b>			
<b>Sacred Heart Shelter</b>	24 Hour Enhanced Shelter		Call for phone screening/intake appointment. Referrals accepted from service providers, Crisis Clinic, collaborating agencies and the healthcare network
<b>St. Martin de Porres</b>	6:30 PM	7:30 AM	Screened Nightly, 6:30pm. Must arrive no later than 7pm
<b>Noel House Women's Shelter</b>	24 Hour Enhanced Shelter		Women's Referral Center
<b>Compass Housing Alliance</b>			
<b>Family Support Program</b>	24 Hour Enhanced Shelter		Referrals from service providers, Crisis Clinic, DSHS, SPD, other collaborating agencies
<b>First Church Shelter</b>	6:30 PM	7:15 AM	Client Services Office in Pioneer Square; Referrals from collaborators at St Martin Shelter, Operation Nightwatch, and Community Info Line. 20 beds reserved for outreach referrals only.
<b>Hammond House</b>	6:00 PM	7:30 AM	Women's Referral Center; also accept referrals from collaborating agencies, case managers, and social workers
<b>Enhanced Overnight Shelter Program</b>	9:30 PM	6:30 AM	Referred Nightly from Operation Nightwatch (Case Manager available nightly 9-11 pm)
<b>Roy Street Shelter</b>	7:00 PM	7:00 AM	REACH Outreach to Encampments
<b>Downtown Emergency Service Center</b>			
<b>Enhanced Shelter Program</b>	24 Hour Enhanced Shelter Day: 7:30 AM to 5:30 PM Night: 5:30 PM to 7:30 AM		Accepts referrals from Operation Nightwatch, Women's Referral Center, Connections, other services providers, Harborview Hospital, King County jail, and Seattle Police Department.
<b>Kerner Scott Women's Shelter</b>	7:00 PM	7:00 AM	Most referred by Women's Referral Center
<b>The Salvation Army</b>			
<b>Gethsemane Enhanced Men's Shelter</b>			Walk-in intake available, but encouraged to call ahead to see if there's space available
<b>Pike Street Women's Shelter</b>	Dusk	Dawn	Women's Referral Center, and Shelter Network
<b>Shalom Zone</b>			
<b>ROOTS</b>	9:00 PM	8:00 AM	Show up between 8:00 and 8:40pm or call phone number to name on list. Line up at church blue door- 1415 NE 43rd St. (down alley) to get name on list
<b>SHARE</b>			
<b>Shelter Program</b>	Hours vary depending on shelter		Sign up to be interviewed by a representative of the shelter they wish to enter
<b>Solid Ground Washington</b>			
<b>Family Shelter Program</b>	24 Hour Enhanced Shelter		Accepts referrals from agencies or programs serving homeless households or self-referrals
<b>Broadview Emergency Shelter</b>	24 Hour Enhanced Shelter		Accepts self-referrals and referrals from Crisis Clinic, Solid Ground's service programs, DV programs and other service providers
<b>YouthCare</b>			
<b>The Shelter</b>	24 Hour Enhanced Shelter		Open referral with screening.
<b>YWCA of Seattle King Snohomish Counties</b>			
<b>Enhanced Shelter for Women and Children</b>	24 Hour Enhanced Shelter		Intake/Assessment generally done at East Cherry site; Counseling and on-site programming, Support Service Referrals provided at both sites
<b>Angeline's Enhanced Night Shelter</b>	8:30 PM	7:00 AM	Call for date/time of next orientation (held once per week). Attend 20-min in-person orientation, and fill out initial app questionnaire

Source: Information is based on 2011 Provider Contracts and information provided on Community Resources Online, a resource database provided by the Community Information Line 2-1-1

**Table A-3: Emergency Shelter Capacity in Seattle and King County**

Population	Seattle		King County (excluding Seattle)		TOTAL King County
	Year- Round Capacity	Percentage of Total Units	Year-Round Capacity	Percentage of Total Units	
<b>Single Adults</b>	1,417 Beds	93%	99 Beds	7%	1,516 Beds
<b>Women (dedicated beds)</b>	304 Beds	94%	19 Beds	7%	258 Beds
<b>Men (dedicated beds)</b>	952 Beds	92%	80 Beds	9%	871 Beds
<b>Women or Men</b>	164 Beds	100%	0	0%	387 Beds
<b>Families with Children</b>	118 Units	67%	57 Units	33%	175 Units
<b>Youth &amp; Young Adult</b>	50 Beds	65%	27 Beds	35%	77 Beds
<b>Survivors of Domestic Violence</b>	37 Units	62%	23 Units	38%	60 Units

Source: Information is based on 2010 Housing Inventory Chart, Seattle/King County Continuum of Care, with revised/updated information added by the Seattle Human Services Department, April 2011

**Table A-4: Emergency Shelter Capacity in Seattle  
City Funded Shelter and Total Seattle Shelter Beds/Units**

Population	Beds/Units with City Funding		Total Beds/Units in Seattle
	Year-Round Capacity	Percentage of Total Beds/Units	Year-Round Capacity
<b>Single Adults</b>	<u>1,048 Beds</u>	<u>74%</u>	<u>1,420 Beds</u>
<b>Women (dedicated beds)</b>	257 Beds	80%	304 Beds
<b>Men (dedicated beds)</b>	650 Beds	62%	952 Beds
<b>Women or Men</b>	141 Beds	94%	164 Beds
<b>Families with Children</b>	79 Units (apx 376 beds)	67%	118 Units (apx 481 beds)
<b>Youth &amp; Young Adult</b>	33 Beds	66%	50 Beds
<b>Survivors of Domestic Violence*</b>	24 Units (65 beds)	65%	37 Units (90 beds)
<b>Total:</b>	<b>1,184 beds/units</b>	<b>73%</b>	<b>1,622 units/beds</b>

Source: Information is based on 2010 Housing Inventory Chart, Seattle/King County Continuum of Care, with revised/updated information added by the Seattle Human Services Department, April 2011

**Table A-5: Winter Response Shelter Capacity in Seattle**

Population	Winter Response Beds/Units with City Funding		Total Winter Response Beds/Units in Seattle
	Winter Response Units	Percentage of Total	Winter Response Units
<b>Single Adults</b>			
<b>Women</b>	25	38%	65
<b>Men</b>	34	22%	143
<b>Co-Ed</b>	75	82%	96
<b>Total:</b>	<b>134 Beds</b>	<b>44%</b>	<b>304 Beds</b>

Source: Information is based on 2010 Housing Inventory Chart, Seattle/King County Continuum of Care, with revised/updated information added by the Seattle Human Services Department, April 2011

There are no winter response beds for families with children, youth & young adults, and survivors of domestic violence.

**Table A-6: Demographic Summary - Seattle Emergency Shelters  
2010 Annual Homelessness Assessment Report (AHAR)**

Gender	Individuals		Families	
	N	%	N	%
Male	5875	71.7%	392	38.9%
Female	1940	23.7%	605	60.1%
Trans Gender or unknown	378	4.6%	10	1.0%

Race				
White, non-Hispanic/non-Latino	2986	35.7%	144	12.4%
White, Hispanic/Latino	244	2.9%	53	4.6%
Black/ African-American	2219	26.5%	639	55.0%
Multiple races	151	1.8%	44	3.8%
American Indian	307	3.7%	39	3.4%
Pac Islander	88	1.1%	36	3.1%
Asian	157	1.9%	34	2.9%
Unknown	2209	26.4%	172	14.8%

Latino/Hispanic				
Hispanic	705	8.4%	130	11.2%
Non-Hispanic	6068	72.6%	1003	86.4%
Unknown	1588	19.0%	28	2.4%

US Veteran				
Yes	1266	15.5%		
No	6500	79.3%	391	94.0%
Unknown	427	5.2%	25	6.0%

Disability				
Yes	4476	54.6%	31	7.5%
No	2748	33.5%	365	87.7%
Unknown	969	11.8%	20	4.8%

Age				
Under 1 year			22	2.2%
1 to 5			248	24.6%
6 to 12			216	21.4%
13 to 17	41	.5%	105	10.4%
18 to 25	1101	13.4%	118	11.7%
26 to 30	601	7.3%	92	9.1%
31 to 50	3437	41.7%	192	19.1%
51 to 61	2494	30.3%	12	1.2%
62 or older	560	6.8%		0.0%
Unknown			2	0.2%

Source: Safe Harbors HMIS, 2010 Annual Homelessness Assessment Report

**Table A-7: Human Services Department  
2011 Shelter and Encampment Survey**

Shelter Survey Demographics: HSD surveyed 320 individuals at six shelters and one encampment. A report on the survey will be released in late Spring 2011.

Gender:	61% male; 38% female; 1% trans-sexual.
Age:	Average age was 45 years old.
Race/Ethnicity:	48% were Caucasian; 52% were non-White. African Americans made up half of the non-white respondents.
Veteran Status:	17% had served in the U.S. Military

How long have you lived in Seattle?	N	%
Less than 1 year	85	27%
1 to 2 years	42	13%
3 to 5 years	26	8%
6 to 10 years	46	15%
11 to 20 years	37	12%
20+ years	73	23%
How long have you been homeless?	N	%
Less than 1 month	33	11%
1 to 12 months	97	31%
1 to 2 years	64	20%
More than 2 years	120	38%
How many times have you been homeless?	N	%
One/First time	137	44%
Two times	75	24%
Three or more	87	28%
"Multiple"	11	4%

**Table A-8: Shelter Survey: Services Used in the Last 12 Months**

"Have you used any of these services in the last 12 months?"	N	%
Shelters	269	84%
Hygiene Centers	198	62%
Food Banks	190	60%
Emergency Room	183	58%
Health Clinics	165	52%
Outdoor meals	138	43%
Day Centers / Drop-In	128	41%
2-1-1 Community Information Line	95	30%
Services to help get I.D.	78	25%
Legal Services	67	21%
Job Training	63	20%
Transitional Housing	34	11%
Detox	32	10%
Veteran Services	31	10%
Harm Reduction Services	13	4%

**Table A-9: Seattle Human Services Department Emergency Shelters  
2010 Outcomes: Placement into Transitional and Permanent Housing**

Contractor	Program	# moved to transitional housing	# moved to permanent housing	Total Moved to housing
<b>Women</b>				
Catholic Community Services	Noel House	8	34	42
Catholic Community Services	Sacred Heart Shelter	20	15	35
Compass Housing Alliance	Hammond House	15	21	36
Downtown Emergency Service Center	Kerner Scott	0	20	20
The Salvation Army	Pike Street Women's Shelter	12	41	53
YWCA of Seattle-King County-Snohomish	Angeline's	21	31	52
<b>Men</b>				
Catholic Community Services	St. Martin de Porres	7	18	25
Compass Housing Alliance	First Church Shelter	37	44	81
Compass Housing Alliance	Adult Center Shelter Program	9	15	24
Compass Housing Alliance	Family Support Program	2	10	12
The Salvation Army	Gethsemane Men's Shelter	7	13	20
<b>Co-Ed</b>				
Compass Housing Alliance	Roy Street <sup>a</sup>	6	28	34
Downtown Emergency Service Center	Enhanced Shelter Program	35	273	308
SHARE (Seattle Housing and Resource Effort)	Indoor Shelters	NA	NA	NA
<b>Families with Children</b>				
Solid Ground Washington	Family Shelter Program	19	19	38
Solid Ground Washington	Broadview Emergency Shelter	20	15	35
YWCA of Seattle-King County-Snohomish	YWCA Seattle Emergency Shelter	54	31	85
Solid Ground Washington	Family Voucher Program <sup>b</sup>	5 <sup>c</sup>	11	16
<b>Youth &amp; Young Adults</b>				
YouthCare	The Shelter	30		30
Shalom Zone	ROOTS	18		18
<b>Domestic Violence Survivors</b>				
Abused Deaf Women's Advocacy Services	ADWAS Shelter	2	5	7
New Beginnings	New Beginnings Shelter	13	30	43
The Salvation Army	Catherine Booth House	16	18	34
YWCA of Seattle-King County-Snohomish	DV Hotel/Motel Vouchers <sup>b</sup>	8	10	18
<b>TOTAL</b>		<b>364</b>	<b>702</b>	<b>1066</b>

(a) Healthcare for the Homeless (HCHN) provides outreach and engagement services to homeless individual in encampments under a separate contract with HSD. The encampment outreach program has goals to move people into shelter (e.g. dedicated beds at Roy Street Shelter). HCHN contracts with Evergreen Treatment REACH Outreach program. In 2010, REACH moved 83 homeless clients from encampments into shelter; 34 of Compass Housing Alliance Roy Street clients moved from shelter into transitional or permanent housing.

(b) Emergency Services not Facility Based

(c) Youth & Young Adult transitional and long-term housing

## **Appendix B: Minimum Standards for Shelter and Transitional Housing**

*Note: The minimum standards for shelter and transitional housing were included as part of the 2005 Request for Investment and incorporated by reference in HSD contracts for shelter programs for single adults and families with children.*

### **A. Introduction**

HSD partners with community agencies to provide shelter and transitional housing assistance to homeless individuals and families with the goal of ending homelessness. The City has a responsibility to the residents who are served in these programs; therefore the City is committed to investing in programs that help homeless people meet their immediate shelter needs, gain access to housing and support services, respect diversity, and provide choices for individuals being assisted in these programs.

The City is committed to ensuring that these programs meet acceptable standards that promote quality services for homeless people. In order to meet this commitment, the following standards have been developed to provide shelter and transitional housing programs with a minimum set of expectations and requirements for the provision of services.

All shelter and transitional housing programs funded as a result of this RFP are required to adhere to the following standards, unless otherwise specified. HSD and Public Health–Seattle & King County will provide technical assistance to funded agencies that are currently not implementing some of the standards.

### **B. Guiding Principles**

These principles represent overarching goals and expectations for minimum standards. The principles are followed by specific minimum program standards beginning with C. Access to Shelter and Transitional Housing Programs.

- B.1 Homeless people seeking assistance from shelters and transitional housing programs shall not be denied assistance due to race, color, creed, political or religious beliefs, age, familial status, ethno-cultural backgrounds, disability, or gender identification and/or sexual orientation.
- B.2 Programs will provide an atmosphere of dignity and respect for all residents, and provide services in a non-judgmental manner.
- B.3 Residents are capable of moving toward increasing levels of self-reliance and self-determination. Program staff will work with residents to assist them in achieving their goals and to end their homelessness.
- B.4 Length of stay standards should be based on proven therapeutic modalities and individual assessment of housing barriers.
- B.5 Programs should make every reasonable effort to recruit and retain a work force (paid and voluntary) and policy-setting and decision-making bodies that are reflective of the population served.

- B.6 Programs will be responsive to the ethno-specific and linguistic needs of residents. Staff will work to ensure residents have access to culturally appropriate interpreter services and/or written materials are available in other languages.
- B.7 Staff often have access to detailed and highly sensitive personal information about residents. Protecting the privacy and confidentiality of residents and their personal information is of the utmost importance.
- B.8 The health and safety of residents, volunteers and staff is of the utmost importance in each program. Policies, procedures, training, and regular maintenance are put into practice to encourage, improve and maintain the health and safety of all people associated with the program.
- B.9 In order to provide effective programs and services, residents should be involved in service provision, program planning, development and evaluation, or policy development.
- B.10 Programs that include children and youth must provide supports and activities and ensure that the school-related, recreation, and treatment needs of resident children are met on-site and/or through referral to community-based services.
- B.11 Shelters and transitional housing programs are part of a larger network of homeless services and agencies – the homelessness continuum of care. Collaboration within this network is strongly encouraged to ensure effective and co-coordinated efforts that bring about seamless services and end homelessness for residents.

### **C. Access to Shelter and Transitional Housing Programs**

- C.1 Programs must have clearly written criteria, policies and procedures for program rules, including admission and discharge policies, and resident rights, and must communicate this information with residents at admission or as soon as reasonably possible.
- C.2 Programs must identify admission procedures that include hours of operation and time(s) of admission. “After hours” admission policies and procedures may be established to provide for extenuating circumstances.
- C.3 Programs must keep a legible attendance log with name of any person who stayed in the program. Logs must be kept for a minimum of six years and are subject to review by HSD.
- C.4 Programs must have a policy regarding service restrictions (barring) and residents must be made aware of this policy upon admission or as soon as reasonably possible.
- C.5 It is expected that programs be accessible to transgendered (see Part 5 – Definitions) residents in their self-defined gender, and that programs will work toward improving access to these individuals. Programs will support the choices of these residents to gain access to services in the gender they identify and will best preserve their safety. For programs that are not yet able to accommodate transgendered residents, referrals to

programs and services that are able to meet their needs, in their identified gender, must be provided.

#### **D. Resident Rights and Responsibilities**

- D.1 Programs will have a written policy concerning the rights and responsibilities of residents, including a process for resolving complaints and documenting complaints. The policy must be posted in a common area of the program and/or be communicated to residents through various ways such as intake, admission and resident meetings.
- D.2 Homeless people seeking assistance from shelters and transitional housing programs shall not be denied assistance due to race, color, political or religious beliefs, age, familial status, ethno-cultural backgrounds, disability, or gender identification and/or sexual orientation.
- D.3 Staff will work with residents who have ethno-cultural and linguistic needs to ensure they have access to culturally appropriate interpreter services and/or written materials in other languages.
- D.4 Programs will seek input from current and/or former residents in areas of program planning, program development, policy development and program evaluation. This may include exit interviews, discharge surveys, interviews, surveys, focus groups, and/or resident meetings.

#### **E. Health**

- E.1 Programs must have written policies and procedures for preventing and controlling communicable diseases. Policies should include components on universal precautions/ blood borne pathogens, tuberculosis, and other infectious diseases. The policies must have been developed in consultation with and/or reviewed by Public Health—Seattle & King County. Tuberculosis policies should follow guidance made available in *Tuberculosis Prevention and Control Guidelines for Homeless Service Agencies in Seattle-King County, Washington*. General information and guidelines covering various health standards are available at [www.metrokc.gov/health/hchn](http://www.metrokc.gov/health/hchn).
- E.2 If no such policy currently exists, programs must document its plan for establishing such a policy within six months of being funded as a result of this RFP.
- E.3 Programs must have a process for internal reporting and reviewing of health and safety incidents. It is highly recommended that agencies have a safety committee or similar vehicle through which to process incident reports.

#### **Staff Health**

- E.4 Programs must inform staff prior to hiring them and volunteers of health risks they may encounter in working at the program, such as exposure to TB and other communicable diseases. Programs should have a practice of encouraging staff and volunteers to update their immunizations per the Centers for Disease Control's recommendations for adult immunizations. If appropriate based on results of agency self-assessment as

detailed in *Tuberculosis Prevention and Control Guidelines for Homeless Service Agencies in Seattle-King County, Washington*, staff and volunteers should have TB tests.

- E.5 Within 30 days of start of employment, staff and volunteers will be provided with information/orientation on the following:
- Prevention of transmission of communicable diseases, including TB
  - Procedure for dealing with occupational exposure to blood or bloody body fluids
  - Protocols for response to individual cases or outbreaks of infectious disease
  - Information on community health care resources.
- E.6 Educational updates for all staff will be provided as often as necessary to reinforce safe work practices, but at least annually.
- E.7 Programs are strongly encouraged to have at least one person certified in First Aid and CPR on duty at all times in the shelter.

#### **Client or Resident Health Assessment and Referral**

- E.8 Staff should encourage residents to seek medical treatment if it appears a resident is ill, and provide appropriate referrals. Intake forms should ask appropriate health screening questions to identify potential health problems. Procedures should be in place for staff to take action in response to suspicion of communicable disease or other major health problem per policy referenced in E.1.
- E.9 Programs must have policies regarding resident medication and its storage. Programs may determine that they do not provide assistance with medication and residents are fully responsible for taking their own medication. If this is the case, the program should have a policy stating this. If the program does provide assistance with medications, the program must have an appropriate policy detailing storage, documentation, and administration. If no such policy currently exists, programs must document its plan for establishing such a policy within 6 months of being funded as a result of this RFP.

#### **F. Food Safety and Nutrition**

- F.1 If food service is provided in programs, it must be prepared, handled, and stored in a sanitary manner to prevent the spread of food-borne illness, as per the Public Health—Seattle & King County guidelines. This includes foods prepared on-site, foods brought to the shelter from another location, and donated foods.
- F.2 Within 10 days of the start of employment, all food preparation staff and volunteers will be provided with information/orientation to the Public Health—Seattle & King County guidelines.
- F.3 All staff and volunteers working in the preparation and distribution of food shall be under the supervision of a person who will ensure the application of appropriate Public Health – Seattle & King County permits, hygienic techniques and practices for food handling preparation and service.

- F.4 Programs that provide meals for residents should make efforts to provide nutritious food and respond to needs of those on special diets for common medical conditions, such as diabetes and cardiovascular disease, and to residents with ethno-cultural and religious diets.
- F.5 Programs that are serving foods with potential allergens, such as peanuts, nuts and shellfish, must alert residents.
- F.6 Programs that do not provide meals must refer residents to hot meal programs and foodbanks.

## **G. Environment / Physical Facility**

- G.1 Programs must meet local zoning, building, housing, occupancy, fire, health, and safety codes. Voucher programs that use hotels, motels, and similar facilities must meet local and state regulations for transient accommodations.
- G.2 Programs must provide a mat, bed, or cot for each resident. A process must be in place to sanitize mats on a regular basis and always between use by different residents. There must be a process to ensure that linens are laundered regularly and that linens are always changed between use by different residents.
- G.3 Facility must be kept in a safe and sanitary condition, and be in good repair with proper ventilation, lighting and temperature control. A written maintenance plan must exist.
- G.4 Restroom facilities and washbasins, with appropriate hygienic supplies and/or equipment, must be provided in an appropriate number and configuration for the type of facility and its capacity in accordance with local codes. Programs must have hot and cold running water.
- G.5 Programs are strongly encouraged to have hand-cleaning stations, such as dispensers of alcohol-based hand sanitizer, near entry doors and/or reception desks.
- G.6 Garbage (biodegradable materials such as food waste) must be stored in impervious containers with tight-fitting lids that discourage insect or rodent infestation. Garbage must be removed often enough to prevent noxious odors or unsanitary conditions. Receptacles must be cleaned regularly.
- G.7 Programs must have a policy for handling sharps (injection equipment, hypodermic needles, and other instruments used to pierce the skin) and as appropriate provide sharps containers in the environment and ensure appropriate disposal.
- G.8 In facilities serving children, there is evidence of appropriate childproofing measures, including childproof electrical outlets; floors above ground have precautions in place to prevent children from falling out of windows (locked screens or other barriers); doors open from inside without a key; and precautions to protect children from burns and other injuries (such as stairwell gates). Programs are also expected to ensure the safety of playground equipment, toys, and diapering areas.

- G.9 Programs must abide by federal requirements for the Lead-Based Paint Poisoning Act and the Residential Lead-Based Hazard Reduction Act of 1992.  
<http://www.hud.gov/offices/lead/index.cfm>
- G.10 If a program permits smoking, an area must be designated for smoking to ensure that non-smoking residents and staff are not subject to second hand smoke.

## **H. Safety Standards**

### H.1 Programs must:

- have a complete and accessible First Aid Kit that is stocked with sufficient supplies
- have appropriate emergency, evacuation, and fire safety plans and provide on-going training for staff on these plans
- have a phone available during hours of operation for reporting emergencies
- handle and store any hazardous materials, including cleaning supplies appropriately
- have a plan and process for reporting child and elder abuse
- have a security plan to deter theft and harm to residents and staff. A weapons policy designed to ensure the safety and security of all residents and staff must be included in this plan
- if a program allows smoking, the program must abide by appropriate state and local fire regulations and codes.
- cribs, highchairs, and playpens for infants must conform to local, state and federal safety requirements. Cribs must be provided for all children under two years of age.

### H.2 Programs must be familiar with and be in compliance with the Americans with Disabilities Act (ADA). These websites provide useful information:

<http://www.usdoj.gov/crt/ada/publicat.htm>  
<http://www.hud.gov/offices/fheo/progdesc/title8.cfm>

## First Quarter Occupancy Reports for Select HSD funded Programs

### APPENDIX C

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#### Shelter Occupancy Data Tables

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**Table C-1: Women's Shelter Occupancy - January 2011**

January 2011							
	YWCA Angeline's*	Compass Hammond House	DESC Kerner Scott	Pike Street Salvation Army*	CCS Noel House	Noel-St. Marks, Tabith, Temple, Holy Rosary, St. Johns	DESC Main Shelter- Women
	35	40	25	20	20	variable capacity***	60
Date	Women	Women	Women	Women	Women	Women	Women
1/1/2011	36	39	25	17	20	12	61
1/2/2011	36	39	25	16	20	11	50
1/3/2011	36	40	22	14	20	29	55
1/4/2011	36	37	24	18	20	28	60
1/5/2011	36	37	23	15	20	31	57
1/6/2011	36	37	21	14	20	33	54
1/7/2011	34	38	21	15	20	22	55
1/8/2011	34	39	23	15	20	21	50
1/9/2011	34	40	25	15	20	37	55
1/10/2011	34	40	19	16	20	31	60
1/11/2011	34	38	23	17	20	32	57
1/12/2011	34	39	22	16	20	26	54
1/13/2011	34	39	22	16	20	29	55
1/14/2011	34	40	25	16	20	28	59
1/15/2011	34	36	25	16	20	34	50
1/16/2011	34	40	24	18	20	25	56
1/17/2011	34	40	25	16	20	39	58
1/18/2011	34	39	25	16	20	43	58
1/19/2011	34	40	23	16	20	45	57
1/20/2011	37	40	25	17	20	48	58
1/21/2011	37	40	24	19	20	38	52
1/22/2011	37	40	24	20	20	26	64
1/23/2011	37	37	25	20	20	46	61
1/24/2011	37	39	25	18	20	30	63
1/25/2011	37	39	20	19	20	42	56
1/26/2011	37	38	21	18	20	36	55
1/27/2011	37	37	25	18	20	45	53
1/28/2011	36	36	23	19	20	43	56
1/29/2011	36	37	23	20	20	29	53
1/30/2011	36	39	25	20	20	43	59
1/31/2011	36	39	22	19	20	35	51

**Table C-2: Women's Shelter Occupancy - February 2011**

February 2011							
	YWCA Angeline's*	Hammond House	Kerner Scott	Pike Street Salvation Army*	Noel House Shelter	Noel-St. Marks, Tabith, Temple, Holy Rosary, St. Johns	DESC Main Shelter- Women
	35	40	25	20	20	variable capacity***	60
Date	Women	Women	Women	Women	Women	Women	Women
2/1/2011	36	40	19	18	20	37	45
2/2/2011	36	40	22	18	20	31	45
2/3/2011	38	40	19	18	20	34	39
2/4/2011	38	38	18	18	20	39	43
2/5/2011	38	38	17	18	20	34	49
2/6/2011	38	36	17	19	20	22	54
2/7/2011	38	39	21	20	20	28	53
2/8/2011	38	40	19	19	20	27	51
2/9/2011	38	38	21	19	20	39	57
2/10/2011	37	40	19	19	20	41	55
2/11/2011	38	35	21	19	20	41	55
2/12/2011	38	36	24	19	20	36	58
2/13/2011	38	35	25	18	20	36	57
2/14/2011	38	38	24	17	20	32	53
2/15/2011	38	40	23	17	20	35	59
2/16/2011	38	40	24	17	20	36	59
2/17/2011	34	35	23	17	20	36	55
2/18/2011	32	38	25	18	20	19	44
2/19/2011	32	40	24	17	20	21	55
2/20/2011	32	40	25	17	20	41	53
2/21/2011	32	40	25	18	20	39	52
2/22/2011	32	40	24	18	20	46	56
2/23/2011	32	40	25	20	20	22	59
2/24/2011	36	39	25	19	20	22	56
2/25/2011	35	40	25	19	20	22	58
2/26/2011	35	39	25	19	20	24	57
2/27/2011	35	40	25	18	20	19	58
2/28/2011	35	40	25	18	20	10	58

**Table C-3: Women's Shelter Occupancy - March 2011**

March 2011							
	YWCA Angeline's*	Hammond House	Kerner Scott	Pike Street Salvation Army	Noel House Shelter	Noel-St. Marks, Tabith, Temple, Holy Rosary, St. Johns	DESC Main Shelter- Women
	35	40	25	20	20	variable capacity***	60
Date	Women	Women	Women	Women	Women	Women	Women
3/1/2011	33	40	24	18	20	28	47
3/2/2011	33	39	23	18	20	31	48
3/3/2011	36	40	25	18	20	27	52
3/4/2011	33	40	22	18	20	10	50
3/5/2011	33	38	25	19	20	13	55
3/6/2011	33	39	25	19	20	13	52
3/7/2011	33	40	25	18	20	25	58
3/8/2011	33	40	25	18	20	26	56
3/9/2011	33	38	24	19	20	33	58
3/10/2011	36	39	25	19	20	26	56
3/11/2011	35	40	25	20	20	10	57
3/12/2011	35	40	25	20	20	27	54
3/13/2011	35	40	25	20	20	30	60
3/14/2011	35	40	24	20	20	29	60
3/15/2011	35	40	23	19	20	34	58
3/16/2011	35	39	24	19	20	36	58
3/17/2011	38	40	25	18	20	43	59
3/18/2011	37	40	25	18	20	40	53
3/19/2011	37	40	24	15	20	28	51
3/20/2011	37	39	25	17	20	41	56
3/21/2011	36	39	25	17	20	40	60
3/22/2011	36	40	25	17	20	40	59
3/23/2011	36	40	25	18	20	35	64
3/24/2011	38	40	25	17	20	37	59
3/25/2011	37	39	25	18	20	30	54
3/26/2011	37	39	25	17	20	36	59
3/27/2011	37	40	24	18	20	40	59
3/28/2011	37	39	25	19	20	40	55
3/29/2011	37	39	25	18	20	40	65
3/30/2011	37	39	25	19	20	40	61
3/31/2011	37	40	25	20	20	40	58

**Table C-4: Men's Shelter Occupancy - January 2011**

January 2011					
	<b>DESC Main Shelter Men</b>	<b>DESC Auxiliary</b>	<b>CCS St. Martin de Porres</b>	<b>CCS St Martin de Porres</b>	<b>Compass First Church</b>
	Max Capacity	Max Capacity	Max Capacity	Turn Aways	Max Capacity
	123	50	246		60
1/1/2011	118	37	239	2	50
1/2/2011	124	39	244	9	54
1/3/2011	123	44	246	4	60
1/4/2011	126	41	243	10	60
1/5/2011	130	39	246	9	56
1/6/2011	129	45	245	10	58
1/7/2011	127	41	245	13	58
1/8/2011	126	35	244	17	57
1/9/2011	130	42	247	24	60
1/10/2011	127	41	246	18	60
1/11/2011	138	39	248	22	59
1/12/2011	128	39	243	20	59
1/13/2011	128	48	243	17	54
1/14/2011	128	39	244	17	54
1/15/2011	127	36	243	16	60
1/16/2011	130	42	246	19	56
1/17/2011	128	45	249	6	59
1/18/2011	130	43	249	14	59
1/19/2011	130	45	247	14	58
1/20/2011	133	47	245	11	60
1/21/2011	131	42	247	17	59
1/22/2011	128	41	246	18	56
1/23/2011	131	46	244	27	58
1/24/2011	128	50	244	24	59
1/25/2011	131	50	244	12	59
1/26/2011	129	42	244	12	58
1/27/2011	126	46	247	9	60
1/28/2011	127	44	241	15	58
1/29/2011	128	43	246	13	59
1/30/2011	132	49	246	20	59
1/31/2011	129	50	245	16	59

**Table C-5: Men's Shelter Occupancy - February 2011**

February 2011					
	<b>DESC Main Shelter Men</b>	<b>DESC Auxiliary</b>	<b>CCS St. Martin de Porres</b>	<b>St. Martin de Porres</b>	<b>Compass First Church</b>
	Max Capacity	Max Capacity	Max Capacity	Turn Aways	Max Capacity
	123	50	246		60
2/1/2011	113	40	233	8	54
2/2/2011	121	43	237	5	58
2/3/2011	125	44	234	7	54
2/4/2011	113	40	231	5	56
2/5/2011	125	43	240	12	50
2/6/2011	129	44	245	8	53
2/7/2011	122	41	246	5	58
2/8/2011	129	40	246	10	58
2/9/2011	130	46	246	10	55
2/10/2011	127	48	244	13	57
2/11/2011	126	44	246	7	57
2/12/2011	128	41	245	25	58
2/13/2011	128	38	246	20	55
2/14/2011	128	39	246	15	58
2/15/2011	133	42	245	24	58
2/16/2011	129	43	244	31	58
2/17/2011	132	49	243	18	55
2/18/2011	131	49	242	20	57
2/19/2011	131	46	245	18	58
2/20/2011	134	49	247	27	57
2/21/2011	144	50	245	37	58
2/22/2011	147	45	246	30	60
2/23/2011	143	45	243	45	60
2/24/2011	139	43	248	25	58
2/25/2011	141	48	245	34	56
2/26/2011	137	44	245	28	58
2/27/2011	134	49	247	45	59
2/28/2011	143	48	246	36	60

**Table C-6: Men's Shelter Occupancy - March 2011**

March 2011					
	DESC Main Shelter Men	DESC Auxiliary	CCS St. Martin de Porres	St. Martin de Porres	Compass First Church
	Max Capacity	Max Capacity	Max Capacity	Turn Aways	Max Capacity
	123	50	246		60
3/1/2011	130	38	242	21	53
3/2/2011	128	41	245	33	53
3/3/2011	127	43	244	20	56
3/4/2011	129	38	244	25	56
3/5/2011	130	40	244	26	52
3/6/2011	127	39	246	27	59
3/7/2011	130	44	245	21	59
3/8/2011	129	41	245	25	58
3/9/2011	131	43	246	32	58
3/10/2011	131	47	246	34	59
3/11/2011	126	47	245	22	58
3/12/2011	132	44	245	32	59
3/13/2011	133	49	248	30	55
3/14/2011	133	50	245	27	60
3/15/2011	132	47	247	26	59
3/16/2011	126	48	246	27	59
3/17/2011	131	47	245	33	58
3/18/2011	127	50	247	32	56
3/19/2011	126	48	245	25	56
3/20/2011	129	49	246	36	57
3/21/2011	129	50	246	48	55
3/22/2011	129	50	246	33	60
3/23/2011	130	49	246	31	58
3/24/2011	142	50	245	27	58
3/25/2011	132	48	246	24	58
3/26/2011	126	49	237	33	59
3/27/2011	135	49	246	36	58
3/28/2011	134	50	246	32	57
3/29/2011	139	49	246	26	60
3/30/2011	131	49	246	38	59
3/31/2011	133	50	246	29	60