Current experiences with the Office of Homeless Services Prevention, Diversion, and Intake

JANUARY 2018 - JUNE 2018

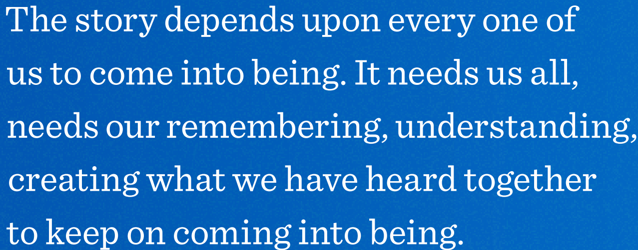
PHL
Participatory
Design Lab

Findings Report

PHL Participatory Design Lab in partnership with the Office of Homeless Services

Published March 2019

PHL Participatory Design Lab



The story depends upon every one of us to come into being. It needs us all, needs our remembering, understanding, creating what we have heard together to keep on coming into being.

The story of us.

Trinh T. Minh-ha, Vietnamese filmmaker, writer, literary theorist, composer, and professor

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I want you to have an idea of the full spectrum of people who come here. Most of these women are normal women. They're just finding themselves at a stage in life where they can't make enough money on their own to pay their bills. All kinds of stories.

PARTICIPANT

It's a little depressing knowing that you have a home to go to and then a mom with kids is struggling at night to sleep or to eat. We understand their pain even though we might not have been through it.

STAFF

[I need] transparency. This is what it is and this is what it isn't.

PARTICIPANT

Even though I don't do case management, I'm the person who holds their hands when everything is falling down on them.

STAFF

We have to work together. If we don't work together, we're not gonna accomplish anything.

STAFF

0 / REPORT STRUCTURE

Purpose

The *Insights, Opportunities, and Action* report details work completed by the PHL Participatory Design Lab and the Office of Homeless Services Prevention, Diversion, and Intake from January through June of 2018. The document highlights insights gathered through deep qualitative field work with outreach, prevention, diversion, intake, after-hours, and emergency housing participants, staff, and leadership and outlines methods used, so those who are interested can replicate aspects of the work.

Navigation

Readers of this document should feel free to move between chapters, as it has been written and designed for quick scanning, deep dives, and asynchronous reading.

Who should read this report

OHS leadership, OHS staff, and service partners who contributed to the report can observe the outcomes of our collaboration. City program directors and policy-makers can examine how on-the-ground lived experiences can inform implementation efforts. Other City agencies can borrow approaches to problem solving. Curious service designers can learn how service design methods were applied within a trauma-informed public sector context.

Organization of content

Summaries of work and insights are included on the front page of most sections and sub-sections. Design considerations capstone each finding. Design considerations are not formal recommendations; they are a checklist of opportunities where future intervention is possible.

Next steps

The output from this document has informed project work discussed in the last chapter. The PHL Participatory Design Lab and the Office of Homeless Services will publish a recommendations report that summarizes the outcomes of the project work.

CHAPTER ONE: CONTEXT

Explains the partnership between the PHL Participatory Design Lab and the Office of Homeless Services.

PAGE 02

CHAPTER TWO: HOW WE WORKED

Discusses the Design Lab's project approach and a summary of stakeholder participation.

PAGE 22

CHAPTER THREE: WHAT WE HEARD

Presents findings from design research across four categories: people, process, information and channels, and infrastructure.

PAGE 48

CHAPTER FOUR: TAKING ACTION

Outlines how the PHL Participatory Design Lab and the Office of Homeless Services will act upon the findings outlined in Chapter Three.

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1 / CONTEXT

The **CONTEXT** chapter explains the partnership between the PHL Participatory Design Lab and the Office of Homeless Services.

- Knight Cities Challenge
- The goals of the PHL Participatory Design Lab
- About the Office of Homeless Services
- About the Prevention, Diversion, and Intake unit

Start a focus group. It has to be people who have no agenda. It would have to be consumers or people who thoroughly understand the process. Someone who is really honest. An average person.

PARTICIPANT

KNIGHT CITIES CHALLENGE

The John S. and James L. Knight Foundation's Knight Cities Challenge seeks new ideas that make the 26 communities where Knight invests, including Philadelphia, more vibrant places to live and work.

The Challenge focuses on three drivers of success:

- Keeping and attracting talent
- Expanding opportunity
- Creating a culture of civic engagement

The Knight Cities Challenge award to the City of Philadelphia funds the PHL Participatory Design Lab.

PHL PARTICIPATORY DESIGN LAB

How can policy and service decisions be driven by the lived experiences of residents and those who deliver services?

The PHL Participatory Design Lab comprises an in-house multidisciplinary and cross-agency team of service designers, policy-makers, and a social scientist. The Lab uses participatory design and evidence-based methods, like service design and social science, to improve City service delivery for and with residents, service partners, City staff, and leadership.

The PHL Participatory Design Lab team structured grant work around three main goals. They are:

1 I Capacity-building

We hope to demonstrate the value of using evidence to inform decision making at the City. We do this by performing our work in the open, so findings and resources can be shared across government and with the public. We build City agencies' understanding of participatory design and evidence-based practices through learning sessions, office hours, workshops, and hands-on project work.

2 I Evidence-based service improvement

Through our project work, we enhance interactions between government and the public—ensuring service tools, informational materials, processes, mechanisms of outreach, and general service experiences are accessible, representative of those served, and of the highest quality.

The two projects we are working on are:

- Enhancing aspects of the Office of Homeless Services prevention, diversion, and intake services with participants, staff, service partners, and leadership. This report focuses on the Office of Homeless Services project work.
- Determining the effectiveness of the Department of Revenue's outreach strategies for their Owner-Occupied Payment Agreement (OOPA) program, which assists homeowners who are behind on their real estate taxes.

3 I Outcomes-oriented engagement

We believe those closest to a service challenge are also closest to meaningful solutions. Therefore, our methods are purposefully participatory. We work with residents, service partners, City staff, and leadership to co-design service improvements.

Definition of terms

ENGAGEMENT is the ongoing conversation or set of design activities that are carried out for and with those who use, deliver, and advocate for a service, program, or policy.

EVIDENCE-BASED METHODS refer to the act of gathering evidence—garnered through quantitative and qualitative means—to inform decision making and the design of policies, programs, and service experiences.

HUMAN-CENTERED DESIGN (HCD) is an approach where the needs of the end user inform the creation and implementation of products, services, and strategies.

PARTICIPATORY DESIGN is a type of human-centered design where the end user is involved in the creation of a product, service, or strategy (as opposed to only considering their needs). The end user is a stakeholder because—through their involvement in the design process—they have a stake or a form of ownership in the outcome of the work.

SERVICE DESIGN is a form of participatory design where those who use, deliver, or advocate for a service are actively involved in designing or improving it—from concept to implementation. Service designers are trained in using design research and problem-solving frameworks to help organizations make evidence-based, actionable, and systems-oriented decisions. Service designers engage with those who use, deliver, and advocate for services to understand human need, as well as the successes and pain-points of a service from beginning to end. From there, they map opportunities for improvement, so holistic service enhancements can be prototyped, tested, and rolled out iteratively. Problem solving in this way increases the chance of adoption and implementation success.

SOCIAL SCIENCE is the use of scientific reasoning to answer questions about society or about the relationships between individuals within a society. These methods are useful when grappling with the challenges facing public servants, as the social sciences explore how individuals make choices in daily life, how public policies affect individuals' lives, and how these systems interact dynamically. Economics, psychology, sociology, anthropology, and political science are all examples of social sciences. Behavioral science draws insights from across these disciplines.

STAKEHOLDERS are people, organizations, and agencies that have a direct or indirect stake in a project, service, program, or policy because they can affect or be affected by its implementation. [1]

TRAUMA-INFORMED APPROACH is an approach organizations adopt to leave participants and staff are better off when interacting with a service system. Trauma-informed organizations acknowledge how people have experienced trauma in their lives, recognize how traumatic experiences inform interactions with the system, and respond accordingly, so people are not re-traumatized.

[1] *The Service Design Tools project*. 2009-2019.

A note on outcomes-oriented engagement

The PHL Participatory Design Lab's work is based on eight principles. They are:

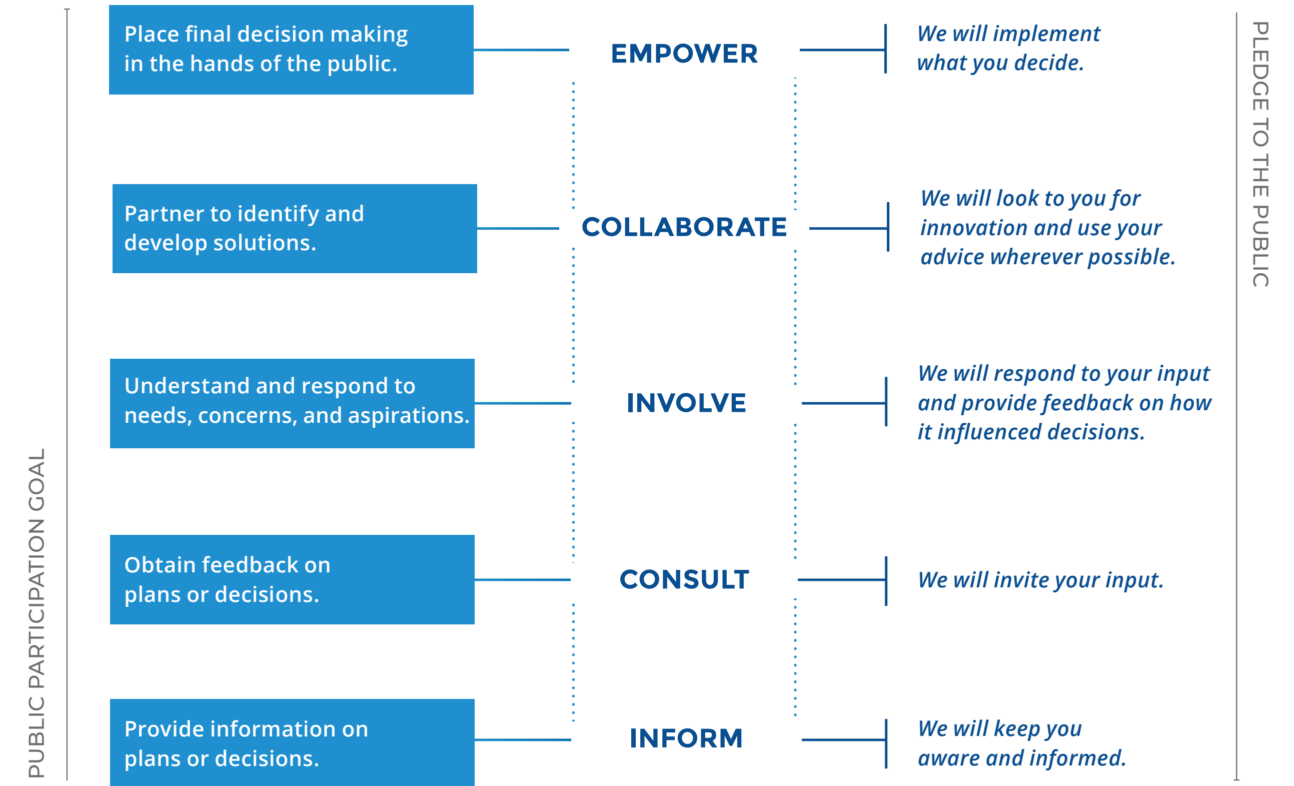
1. Focus on people.
2. Be humble, listen intently, and respond.
3. Act ethically and address inequity.
4. Base decisions on evidence.
5. Work in the open and with rigor.
6. Enable a culture of creativity and the use of non-traditional approaches.
7. Design unexpected and beautiful experiences.
8. Foster reciprocal relationships.

When it comes to outcomes-oriented engagement, we feel especially committed to *foster reciprocal relationships.*

There are five components to fostering reciprocal relationships:

1. Provide people with a clear entry point into our work.
2. Avoid harvesting information.
3. Follow up with people after engaging with them.
4. Bring people along throughout the process.
5. Take action on feedback.

In addition, we are using an engagement framework called the *Ladder of Stakeholder Participation.*



The *Ladder of Stakeholder Participation* outlines the different levels of engagement government can facilitate with its main stakeholder—the public. When we say *the public,* we mean residents, service partners, City staff, and advocates, or people who typically sit outside the policy-making process but who are greatly affected by its outcomes.

Each rung of the ladder maps both participation goals and a pledge or promise that government makes to the public. While we are working across all rungs of the ladder, the PHL Participatory Design Lab is primarily situated in *Involve and Collaborate.*

By using the *Ladder of Stakeholder Participation* we ask people typically not invited to the design table to participate in our work.

CO-LEADS

Office of Open Data and Digital Transformation

Mayor's Office of Policy, Legislation, and Intergovernmental Affairs

PROJECT PARTNERS

Office of Homeless Services

Department of Revenue

PROJECT PARTNERS

The Office of Open Data and Digital Transformation (ODDT) and the Mayor's Office of Policy, Legislation, and Intergovernmental Affairs believe in the power of co-creation processes, data, and evidence to inform service improvement at the City of Philadelphia. Both agencies are co-leading the PHL Participatory Design Lab.

Under Mayor Kenney's administration, ODDT was created by the Chief Administrative Officer to collaborate with departments, the public, and other stakeholders to make government services accessible. More broadly, the Mayor's Office is committed to leading with data-driven practices to ensure sustainable policy outcomes.

After a project selection process, the PHL Participatory Design Lab decided to partner with the Office of Homeless Services and the Department of Revenue to work on two service improvement projects throughout 2018.

The Office of Homeless Services (OHS) provides the leadership, coordination, planning, and mobilization of resources to make homelessness rare, brief, and non-recurring in Philadelphia. OHS works collaboratively with more than 60 mostly nonprofit homeless housing and service providers, as well as city, state, and federal government entities. Together they comprise Philadelphia's homeless service system, providing emergency housing and services to people who are at-risk of or are experiencing homelessness.

The mission of the Department of Revenue is the timely, courteous, and prompt collection of all revenue due to the City of Philadelphia and all tax revenue due to the School District of Philadelphia. This includes the billing and collection of water and sewer charges.

While the Department of Revenue and OHS vary in mission, service offerings, and populations served, both agencies address the needs of people who sit at different points on the housing crisis spectrum—from eviction prevention to emergency housing. When working with these two points of intervention, we hope to acquire cross-agency learnings that can inform current and future service improvement project work.

Please note: This report focuses on the Office of Homeless Services project work with the Prevention, Diversion, and Intake unit.

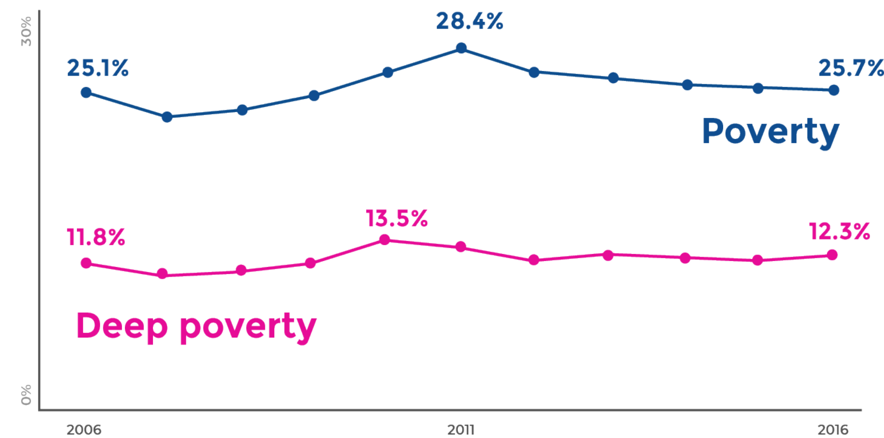
ABOUT THE OFFICE OF HOMELESS SERVICES

Philadelphia has the highest poverty rate of the nation's 10 largest cities. Of the city's total population, 26 percent live in poverty, and 40 percent of that number live in deep poverty.

The root causes of homelessness in Philadelphia are poverty, deep poverty, and a lack of affordable housing. With limited affordable housing options, the burden of high housing costs falls more heavily on low-income households, especially renters. Many individuals in deep poverty are experiencing homelessness. The opioid crisis has created a new population of people experiencing homelessness. Domestic violence, mental health conditions, and young people aging out of foster care all contribute to increases in the overall population of those experiencing homelessness.

According to the World Bank, people experiencing deep poverty live on $2.00 a day per person in a household.

Philadelphia poverty and deep poverty rates 2006 - 2016 [2]



3,429

CONTRACTED EMERGENCY HOUSING BEDS

Operated by 39 organizations

Of those beds

123

DEDICATED FOR YOUTH

Age 24 and younger

1,590 *participants served in Transitional Housing*

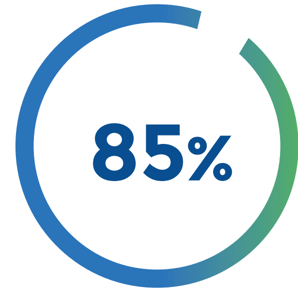
1,244

TOTAL BEDS

Operated by 28 organizations

[2] The Pew Charitable Trusts. *Philadelphia's Poor.* November 2017.

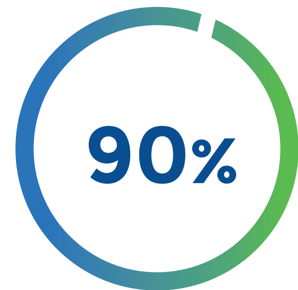
Source: City of Philadelphia Office of Homeless Services



SUCCESS RATE

in preventing a return to homelessness through a rapid rehousing project

(Fiscal year 2018)



SUCCESS RATE

in preventing a return to homelessness through a permanent housing project

(Fiscal year 2018)

447

HOUSEHOLDS PROVIDED RAPID REHOUSING

or households provided financial assistance to end homelessness

(Fiscal year 2018)

Source: City of Philadelphia Office of Homeless Services

To make homelessness rare, brief, and non-recurring in Philadelphia, OHS is in the vanguard of providing a wide range of services with mostly nonprofit service partners and other City agencies.

OHS services:

- Prevention, diversion, and intake
- Emergency housing
- Emergency food distribution program
- Transitional housing
- Permanent supportive housing
- Rapid re-housing
- Residential care for the elderly
- Coordinating and implementing a community-based response to homelessness through an inter-agency planning body
- Homeless Coordinated Entry and Assessment-Based Housing Referral System (CEA-BHRS)

OHS offers housing and case management services for people at-risk of or experiencing homelessness—from prevention to emergency and supportive housing.

PREVENTION, DIVERSION, AND INTAKE UNIT

OHS's Prevention, Diversion, and Intake is on the front lines of preventing people facing homelessness from becoming homeless. It diverts those currently experiencing homelessness away from emergency housing (sometimes called shelters), and assesses eligibility for placement at emergency housing when no safe alternatives are available.

Currently the unit houses two teams:

1 I Prevention team

The prevention team assists people who are experiencing a financial crisis and are in need of assistance with rent or a security deposit to prevent homelessness. Prevention services include financial assistance with rent, security deposits, or utility payments to resolve a housing crisis and prevent homelessness. They provide limited emergency financial assistance and emergency response for people displaced or made homeless and residents with court-ordered evictions. Assistance is available for residents displaced by disasters, natural and otherwise.

2 I Diversion and intake team

The diversion and intake team works to divert people from entering shelter. It does so by connecting them to supportive services, like financial assistance, or helping them identify alternative housing arrangements. If alternative housing arrangements are not available, social work staff assess the eligibility and service needs and refer people to emergency housing, boarding homes, or other housing. This team also makes referrals to mental health services, drug or alcohol treatment, health services, children and youth services, legal services, and Veteran services.

IN FISCAL YEAR 2018

8,884 people experiencing homelessness stayed in an *emergency shelter*

7,572 households visited an OHS access point

Of those people **4,058 (54%)** received emergency housing placement

837 Households were provided financial assistance to *prevent homelessness*

1,083 *Unsheltered* persons experiencing homelessness

(Counted on the night of January 24, 2018)

Source: City of Philadelphia Office of Homeless Services

PREVENTION, DIVERSION, AND INTAKE SERVICE

OHS manages and operates two prevention, diversion, and intake sites for the City of Philadelphia. Historically, Roosevelt Darby Center, located on North Broad Street, offers diversion and intake services for single men who are experiencing homelessness. The Apple Tree Family Center in Center City provides diversion and intake services for single women and families experiencing homelessness and prevention services to those at risk of becoming homeless.

Under new service changes recommended by the U.S. Department of Housing and Urban Development (HUD) to intake services, over the next several years OHS will transform Roosevelt Darby Center and Apple Tree Family Center into equal access points.

Equal access points are locations throughout Philadelphia where people at risk of or experiencing homelessness—regardless of their gender or family composition—can be diverted to other resources, assessed for emergency housing eligibility, or referred to related services. Beyond Roosevelt Darby Center and Apple Tree Family Center, access points are being added. For example, in 2018 OHS opened access points to serve the youth population, which is a growing need, especially for lesbian, gay, bi-sexual, transgender, and queer (LGBTQ) youth.

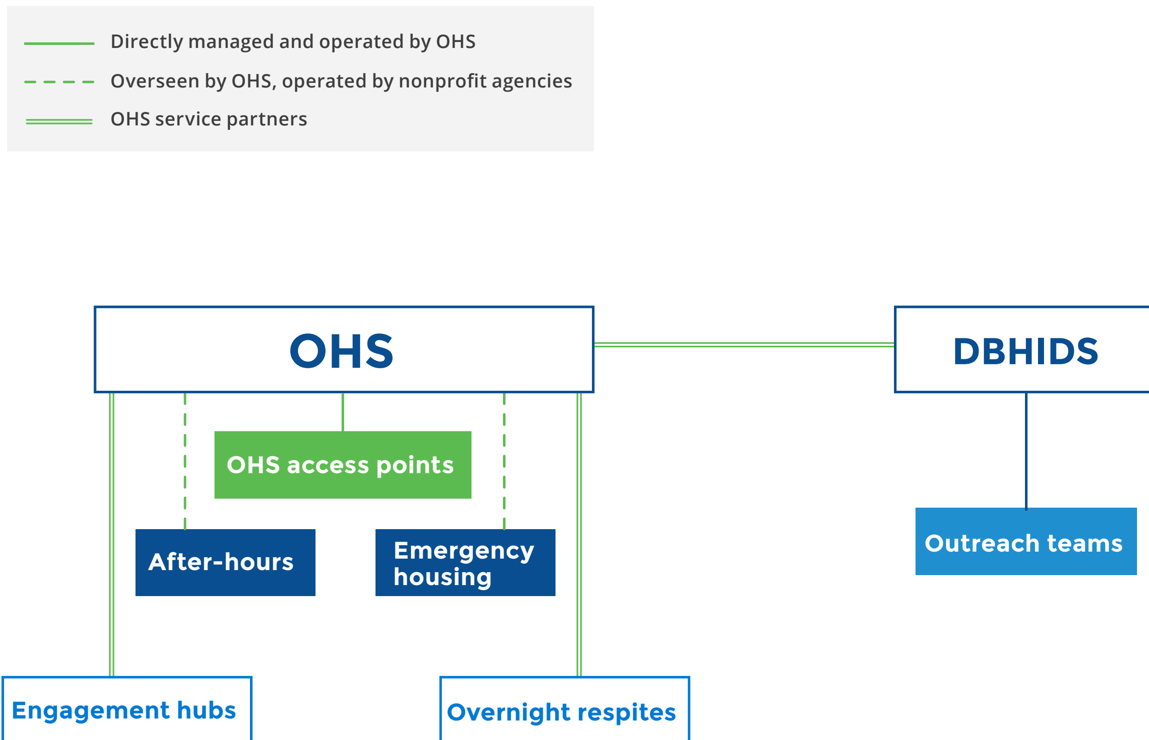
In general, those seeking services—participants—are asked to physically present themselves at Roosevelt Darby Center or Apple Tree Family Center. Both sites are open from 7 a.m. until 5 p.m., Monday through Friday. After-hours sites are managed by nonprofit service partners, and they assist people and families experiencing homelessness with temporary overnight arrangements. After-hours sites are open from 5 p.m. until 7 a.m., Monday through Friday. Participants access after-hours sites throughout the evening, on weekends, and during holidays when they are in need of immediate shelter.

If those experiencing homelessness cannot be diverted away from emergency housing and are eligible, they are placed at emergency housing sites based on bed availability.

There are about 39 emergency housing sites in Philadelphia, and they are operated mostly by nonprofits. While in emergency housing, case managers work creatively with participants to understand their housing preferences and connect participants to housing-related resources and to more permanent housing.

The Department of Behavioral Health and Intellectual Disabilities (DBHIDS) is a service partner of OHS. They coordinate the City's outreach teams, who work 24 hours, seven days a week and connect people experiencing homelessness to services, including diversion and intake.

PREVENTION, DIVERSION, AND INTAKE PARTNER ECOSYSTEM



PROJECT DESCRIPTION

What does person-centered and trauma-informed service delivery look like in practice for participants and staff who interact with OHS's homeless prevention, diversion, and intake service?

OHS is partnering with the PHL Participatory Design Lab to better understand participant and staff's current experiences accessing and delivering the City's homeless prevention, diversion, and intake services. With that information, participants, social work staff, leaders, and the Lab are collaboratively imagining what a more person-centered service experience might look like in practice.

OHS is currently implementing HUD-recommended service changes where those at-risk of or experiencing homelessness interact with a more standardized, coordinated entry and assessment system. These service enhancements are a change in how OHS thinks about service delivery.

Foundational to these service changes are several guiding principles. Our project work sits squarely in number four.

1. **Housing first:** Households at risk of or experiencing homelessness are housed quickly without preconditions or service participation requirements.
2. **Housing focused:** Assistance provided to households at risk of or experiencing homelessness is focused on moving to and maintaining permanent housing.
3. **Prioritization:** Assistance is prioritized based on vulnerability and severity of service needs to ensure households needing help the most receive it in a timely manner.
4. **Person-centered:** A trauma-informed approach that is dignified, safe, and incorporates both staff and participant choice.

Where OHS has been

Is this participant or household eligible for emergency housing?

Where OHS would like to go

What housing or service assistance is best for each participant or household, so we can end their housing crisis permanently?

2 / HOW WE WORKED

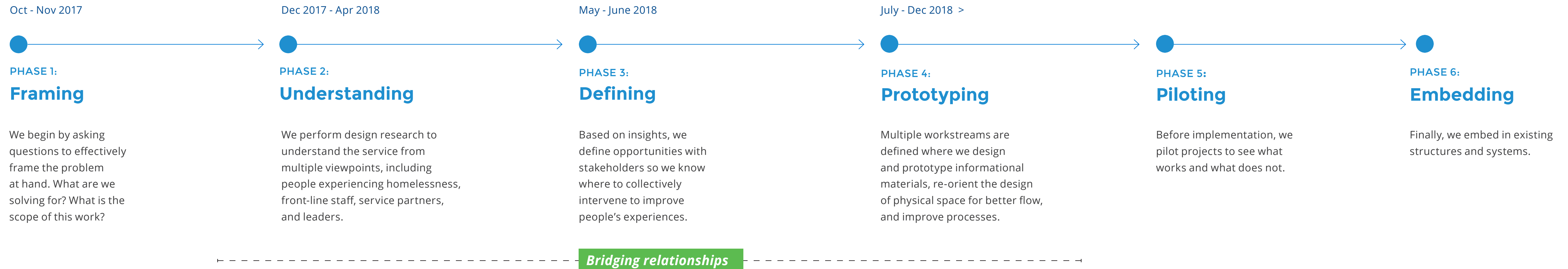
The **HOW WE WORKED** chapter outlines the team's approach to the project and a summary of stakeholder participation.

- Project approach and phasing
- Design research methods
- Summary of stakeholder participation

When I think about co-creation, I think about what it is like to design with people rather than for them, from the inception of understanding the problem to the process that you use to solve it. One of the first prerequisites for co-creation is having the people who experience the problem in the room.

Caroline Hill, Founder of the DC Equity Lab and Co-author of the equityXdesign framework

HOW WE WORKED OVERVIEW



The PHL Participatory Design Lab is employing a service design process to identify opportunities for how diversion and intake services, specifically, and prevention services, tangentially, could become more person-centered in practice. In this work we are considering the perspective of participants, front-line staff, social work staff, and leaders.

For the purposes of this document, we will briefly discuss phases one through three of the project work. As the PHL Participatory Design Lab continues to work with OHS, the team will create additional documents that detail the project for the remaining phases.

> **Service designers seek to understand the lived experience of people who access and use, advocate for, and deliver services. With that information, we strategize, prototype, and pilot actionable and people-centered service improvements with and for service participants and providers. Our processes are participatory and iterative. We hope to increase the chances of implementation success by including people in the design process.**

A note on bridging relationships

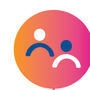
A participatory design or service design process is about driving organizational change across hierarchy, from the bottom up, from the top down, and horizontally. If stakeholders—participants, front-line staff, and service partners—are engaged throughout the design process, are listened to and heard, and see aspects of their ideas in implementation, then they are more likely to be the drivers of change within an organization. During the process of designing together, people feel heard, and previously strained relationships may start to mend as a result. In addition, front-line staff become equipped with additional methods, tools, and avenues through which to make continual change in their organization. This is the goal of our project approach.

What is service design?

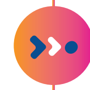
Service designers are trained in using design research and problem-solving frameworks to help organizations make evidence-based, actionable, and systems-oriented decisions. Service designers—in the context of a service experience—engage with those who access and use, deliver, and advocate for services in order to understand human need, the successes, and the pain-points of a service from beginning to end. From there, opportunities for improvement are mapped so holistic service enhancements can be prototyped, tested, and rolled out iteratively. By problem-solving this way, we have a greater chance of adoption and implementation success.

EVALUATION LENS

The PHL Participatory Design Lab examined the OHS prevention, diversion, and intake service experience through a service design lens.



People: Understand the needs of the people who access, use, advocate for, and deliver a service.



Process: Grapple with service-related contexts and histories, map digital and analog workflows, and deconstruct each step in a person's service journey into successes and pain-points.

Information and communication: Identify what information is required for success at each point in time—analyzing the quality of the content and looking for gaps.

Channels: Examine the avenues through which information is provided and received, like websites, phone, physical space, and person-to-person interactions.

Infrastructure: Understand the foundational components that a service is built on, like policies, funding sources, and physical/human/technology capabilities.

FOCUS ON STAFF EXPERIENCE

Service designers begin and end with people. We ensure service improvements map to the needs of those who not only access and use a service, but also those who deliver a service within an organization—from front-line staff to leadership.

We ask ourselves: How can staff be set up for success so they may deliver quality services? If staff are enabled to perform their jobs well, then participant experiences can be equally satisfying. As a result, we focus on participants' experiences with a service ***and*** staff's experiences in delivering those same services.

PHASE ONE / FRAMING

During the Framing phase, we asked questions of service-related leaders and domain experts. Based on what we heard, we defined the service challenges, focused the project based on that framing, and planned project details for several months out.

Throughout the Framing phase, we used the questions below as guides:

- What are we solving for?
- What assumptions and beliefs are wrapped up in the framing of the work?
- Is what we are solving for relevant to participants, staff, and the organization?
- Does our overarching project question leave room for new possibilities as we receive more information?

This phase comprised two parts:

- **Listening sessions:** To familiarize the team with OHS stakeholders, their work, and the prevention, diversion, and intake service ecosystem.
- **Project scoping:** To create a project charter so all project-related organizations were aligned on the work before starting the project.

A note on listening sessions

Before we scoped the project, the team facilitated listening sessions with OHS and the DBHIDS leadership and domain experts to understand service challenges for the prevention, diversion, and intake service.

Listening sessions are loosely structured conversations that begin with an open-ended prompt, allowing session participants to make their own connections between thoughts and ideas. It is the organic connections people make that highlight how someone views or perceives an issue at hand. By paying close attention to how people thread together their own relationship to prevention, diversion, and intake, we can observe what they value and gain insight into what they think we should focus on during design research.

After facilitating the listening sessions, we synthesized what we heard and uncovered themes. The themes became the focus of what we examined in greater detail during the Understanding phase.

PHASE TWO / UNDERSTANDING

The purpose of the Understanding phase is to **understand** participants, front-line staff, social work staff, and leaders' lived experiences when using, delivering, and supporting the prevention, diversion, and intake service. We call this **design research**. The insights gathered through design research efforts inform service improvements.

This phase was composed of three parts:

PART 1: Planning and research design
To project plan, design the research, and recruit participation.

PART 2: Facilitation
To perform and complete all design research activities.

PART 3: Synthesis
To articulate design research insights and to identify opportunities for intervention.

What is design research?

Design research is a form of qualitative research. Within the context of a service experience, we ask open-ended questions that get people talking. We collect people's stories—their human experiences, needs, wants, current-state behaviors, motivations, and personal histories. In-depth stories, which are called "thick data," are distilled into insights and are meant to holistically inform the design of policies, process improvement, and service artifacts, like pamphlets, way-finding, applications, and websites.

PART 1: PLANNING AND RESEARCH DESIGN

Mapping stakeholders

Before we started our design research work, we made a list of the people, organizations, and agencies who interact with and support the prevention, diversion, and intake service. We call this *stakeholder mapping.*

By creating a stakeholder map, we visualized who directly and indirectly accesses, uses, influences, and/or supports prevention, diversion, and intake. From there, we identified—with guidance from OHS—who we should engage during the Understanding phase.

Our stakeholder map categorized people and organizations across three levels:

- **Primary stakeholders** are people who directly engage with the service.
- **Secondary stakeholders** are those who indirectly engage or support the services through higher level oversight or service partnership.
- **Tertiary stakeholders** are those who have interest or influence over the service, but are far removed from the front-lines of delivery.

Prevention, Diversion & Intake

PRIMARY

Participants
- Singles
- Families

Front-line staff
- Security officers
- Service representatives
- Social work staff
- Specialists

Leaders
- Administrators, supervisors, and managers
- Office of Homeless Services (OHS) directors

SECONDARY

People
- At-risk of homelessness
- Experiencing homelessness (unsheltered)

Organizations and groups
- Outreach teams
- After-hours intake
- Emergency Housing
- Overnight cafes
- Engagement hubs
- Young Adult Leadership Committee (YALC)

Agencies
- Office of Homeless Services (OHS) leadership
- Department of Behavioral Health and Intellectual Disabilities (DBHIDS) leadership
- U.S. Department of Housing and Urban Development (HUD)

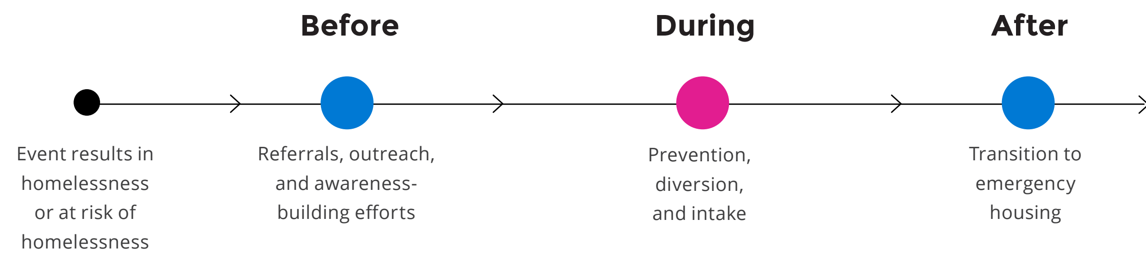
TERTIARY

People
- Academics and researchers
- Concerned residents
- Business community

Organizations and groups
- Community based organizations
- Hospitals

Agencies
- SEPTA
- Police
- Philadelphia Parks and Recreation (PPR)
- Licenses and Inspections (L&I)
- Amtrak
- City Council

Design research focus areas



What happens before or pre-service (e.g., referrals, outreach, and awareness building efforts) impacts a participant's experience of the service. What happens during service delivery (e.g., prevention, diversion, and intake) impacts what happens after or post service experience (e.g., transition to emergency housing).

To understand the service as participants and staff experience it, we examined the prevention, diversion, and intake service—not as components in isolation—but from beginning to end or before, during, and after.

Three broad questions guided our design research work.

We sought to understand:

- How might we develop a **shared understanding** of what works and what needs improvement about prevention, diversion, and intake—from beginning to end?
- What does **effective communication and organizational change** look like across the prevention, diversion, and intake service ecosystem?
- How might we **translate what person-centered or trauma-informed service delivery** looks like in practice with leadership, staff, advocates, and participants?

PART 2: FACILITATION

Design research methods

To answer the project's overarching questions, we used a variety of design research methods to gather stories from a range of stakeholders who access, use, deliver, and advocate for prevention, diversion, and intake.

One-on-one interviews

Interviews are structured conversations that build a deep, empathetic understanding of what works and what needs improvement when people access or deliver a service.

Contextual observations

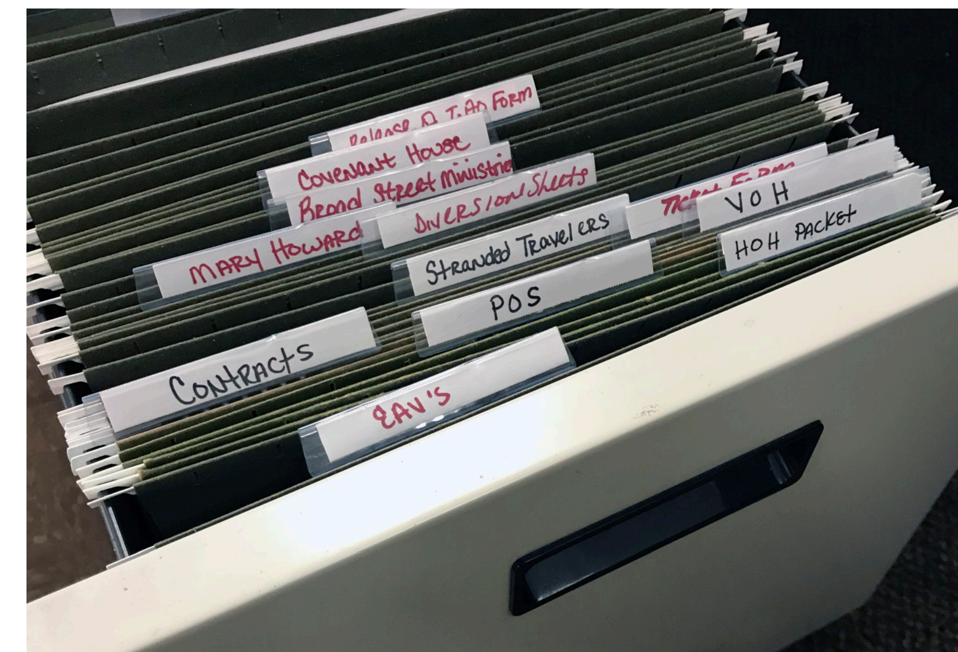
We observed prevention, diversion, and intake centers, after-hours sites, and emergency housing facilities to examine the service in context of how it is experienced by staff and participants.

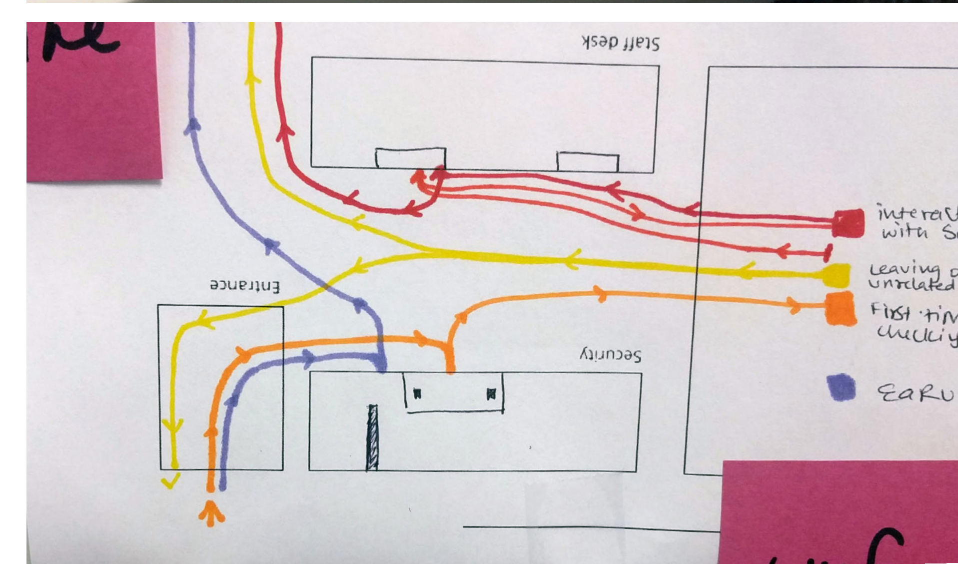
Shadowing

Shadowing is observing how the service is delivered in real time. For example, we sat with social work staff as they facilitated conversations with participants. We looked at the tools and resources they used to perform their work and the flow of their interactions.

Desk research

No one's work exists in a vacuum. As a result, we studied related and analogous published research to get a sense of the landscape and make note of best practices.


Covenant House
Diversion Sheets
Mary Howard
Stranded Travelers
VOH
HOH Packet
POS
Contracts
EAV'S


Staff desk
Entrance
Security

Information gathered through design research

Through our interviews with participants and people refusing shelter, we discussed:

- Day in the life
- Immediate needs
- Previous experiences with OHS and emergency housing
- Awareness of other social services
- Access to technology
- Social network and support system
- Moments of stress
- Ideas to improve the service experience

Through our interviews and on-the-job shadowing with staff across the service ecosystem, we discussed:

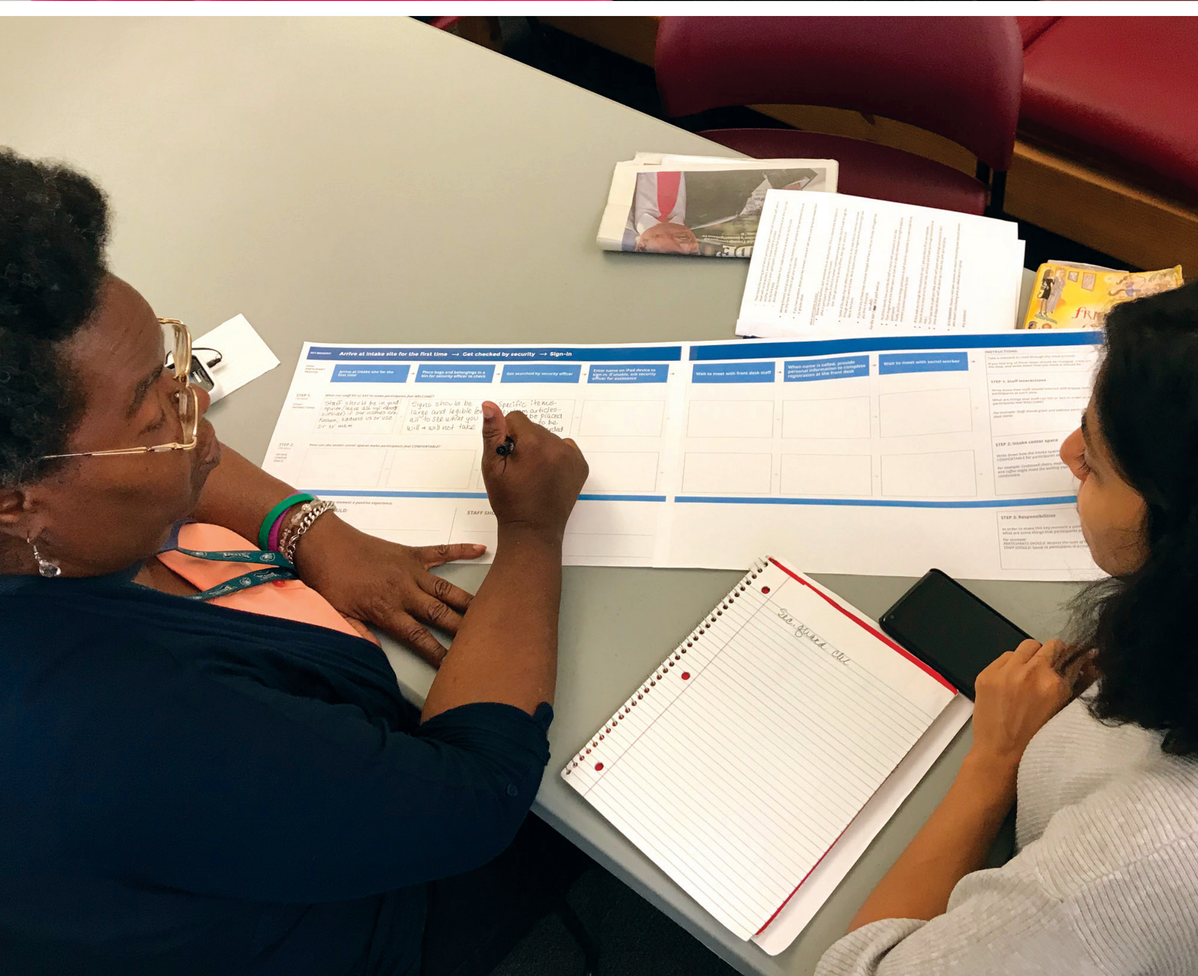
- Day in the life
- Motivations for working in the field
- Official and unofficial tools and resources used to facilitate work
- Interactions with participants, other staff, and leadership across the service ecosystem
- Moments of stress
- Impact of change on their roles
- Understanding ways people solve problems
- Professional development opportunities

Through our contextual observations, we examined:

- Available information
- The flow of people through space
- What people do while waiting
- Interactions
- Crowd management
- The noise levels of the space
- Check-in processes and other service-related steps

Through our desk research, we read about:

- OHS mission and service ecosystem
- Policy decisions that drive prevention, diversion, and intake
- Best practices in trauma-informed service delivery
- Related service design case studies
- Organizations, companies, or groups who impact the broader conversation around homelessness
- Root causes of homelessness in the U.S. and Philadelphia



PART 3: SYNTHESIS

After about two months of design research, we closed out the Understanding phase by facilitating a synthesis process. We transcribed audio recordings from interviews, organized our notes across methods, and made sense of what we heard. We distilled learnings into key themes and shared those themes with a range of stakeholders.

Typically, service designers process what they heard on their own and then present findings to decision makers or leadership, so teams can move forward with design and implementation. However, to be fully participatory and transparent, we used the synthesis process as an opportunity to re-engage the prevention, diversion, and intake staff. We returned people's stories back to them, so they could respond, add nuance, participate in constructive debate, and correct false impressions.

PHASE THREE / DEFINING

The purpose of the Defining phase is to pinpoint opportunity areas where the PHL Participatory Design Lab and OHS, in collaboration with participants, staff, and leaders, can effectively intervene in the prevention, diversion, and intake service to make improvements to the experience.

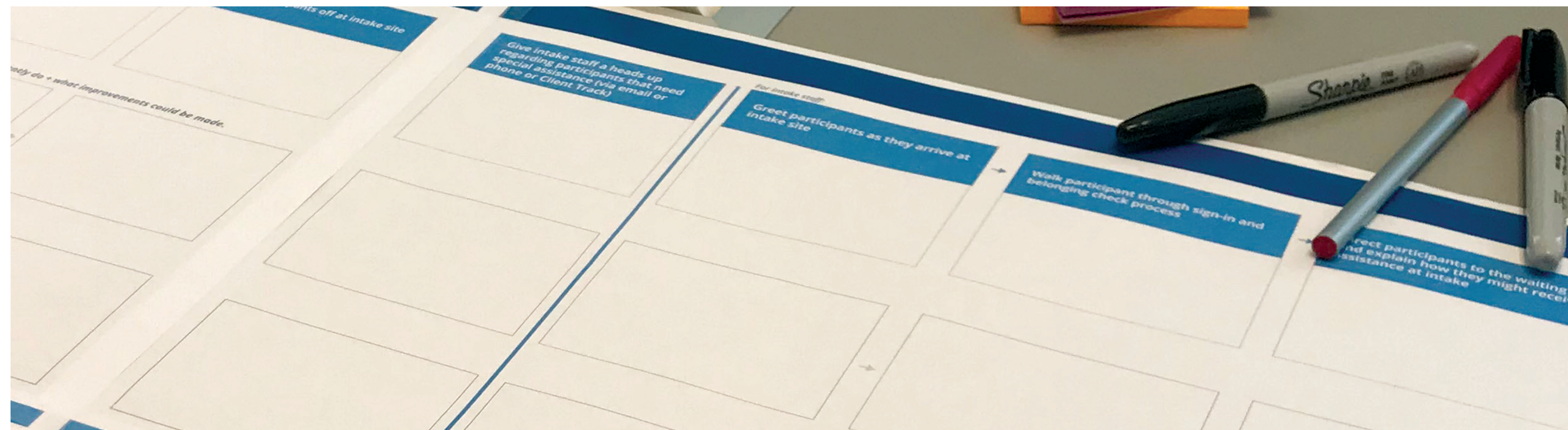
This phase was composed of three parts:

- **Defining opportunities:** Based on insights collected from design research, we transformed key service challenges into viable opportunities for design intervention.
- **Brainstorming solutions:** Framed by the opportunity areas, we facilitated conversations with key project stakeholders to generate draft design solutions which informed the scoping of work.
- **Scoping of work:** We worked with project leadership to choose collaborative pilot projects for the last quarter of 2018.

A note on the brainstorming sessions

After the synthesis sessions, we facilitated brainstorming sessions with front-line staff, social work staff, and leaders from prevention, diversion, and intake, after-hours, and emergency housing. Based on previously identified challenge areas, staff generated a range of service improvement ideas—from quick wins, to medium-sized projects, to systems change.

The final section in this report presents an ideas toolkit that documents the opportunity areas, all of the ideas generated from brainstorming sessions, and next step projects defined by the PHL Participatory Design Team and OHS.



SUMMARY OF STAKEHOLDER PARTICIPATION

In order to identify service-related needs and gather ideas for improvements, we engaged 172 stakeholders across the service ecosystem—in outreach, prevention, diversion, and intake, after-hours, and emergency housing—via in-depth interviews, on-the-job shadowing, field observations, and interactive brainstorming workshops.

29 PARTICIPANTS
21 PEOPLE REFUSING SERVICES
35 FRONT-LINE STAFF
34 SOCIAL WORK STAFF
32 LEADERS
21 SPECIALISTS

172 STAKEHOLDERS

LISTENING SESSIONS

14 stakeholders engaged via listening sessions

We facilitated listening sessions with project leadership and domain experts to frame and focus our upfront project work with OHS.

- 3 OHS leaders
- 4 Staff associated with outreach
- 7 OHS administrators and supervisors

160 HOURS
of stakeholder engagement

- Evidence for OHS's current and future decisions
- Key opportunity areas for service improvement
- Projects designed collaboratively with key stakeholders
- Staff members invested in the project and its outcomes

DESIGN RESEARCH

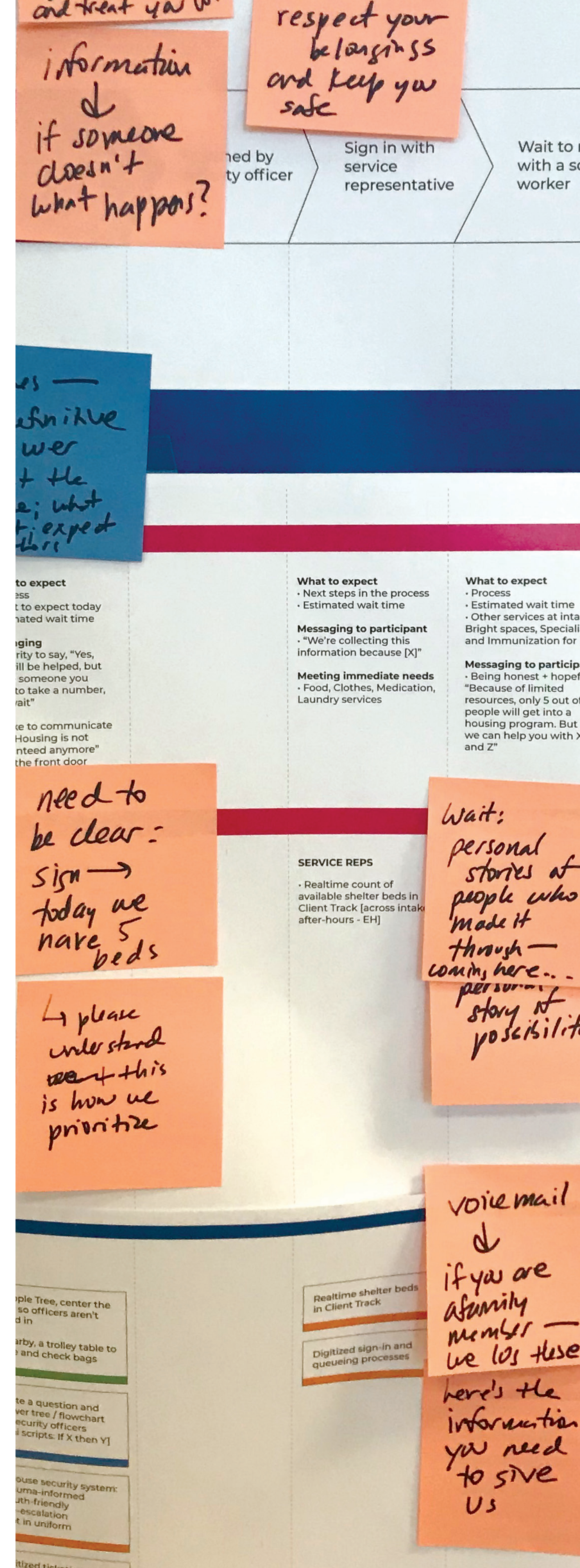
121 stakeholders engaged via design research

We interviewed and shadowed:

- 27 prevention, diversion, and intake security officers, service representatives, social work staff, on-site specialists, and leaders
- 29 participants or people who access and use diversion and intake services
- 21 people who refuse emergency housing services
- 11 outreach staff
- 9 after-hours staff and leadership
- 20 emergency housing staff and leadership
- 4 cafes and engagement hub staff and leadership

We observed:

- 8 days at OHS Roosevelt Darby Center
- 8 days at OHS Apple Tree Family Center
- 7 observational sessions with outreach workers
    - 1 overnight
    - 1 code blue
    - 5 morning to afternoon shifts
- 3 after-hours facilities
- 5 emergency housing sites
- 1 overnight cafe
- 2 engagement hubs



SYNTHESIS SESSIONS

35 stakeholders engaged via synthesis sessions

We facilitated synthesis sessions with staff, specialists, and project leadership.

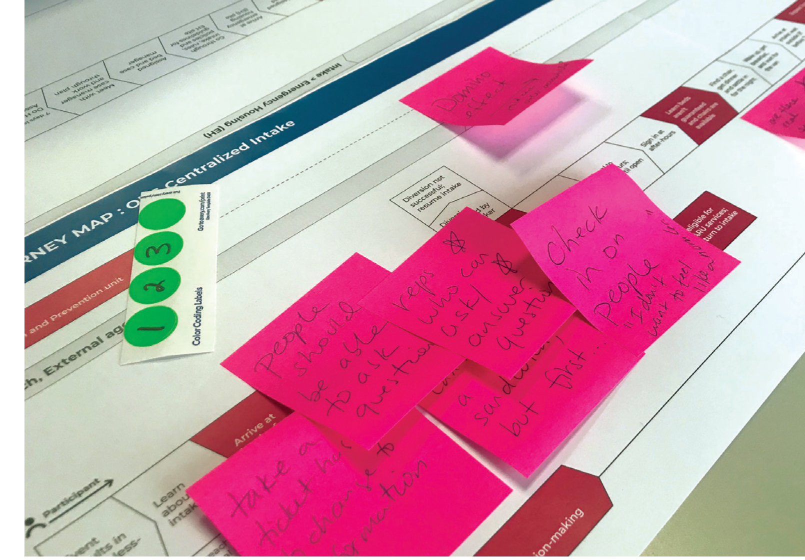
- 1 session with Roosevelt Darby Center staff and leadership
- 1 session with Apple Tree Family Center diversion and intake staff and leadership
- 1 session with Apple Tree Family Center prevention staff
- 1 session with OHS leadership
- 1 session with OHS core team members
- 2 sessions with ODDT design, content, and technology professionals
- 1 session with the broader PHL Participatory Design Lab team

BRAINSTORMING SESSIONS

65 stakeholders engaged via brainstorming sessions

We facilitated brainstorming sessions with staff, specialists, and project leadership.

- 1 session with Roosevelt Darby Center staff and leadership
- 2 sessions with Apple Tree Family Center diversion and intake staff and leadership
- 1 session with Apple Tree Family Center prevention staff
- 1 session with OHS core team members and leadership
- 1 session with ODDT design, content, and technology professionals
- 3 sessions with emergency housing staff and leadership
- 2 sessions with after-hours staff and leadership



3 / WHAT WE HEARD

The **WHAT WE HEARD** chapter presents findings from design research, organized across four categories, which are people, process, information and channels, and infrastructure.

- People findings
- Process findings
- Information and channel findings
- Infrastructure findings

I wanna see the process because it makes it more complete for me. When I'm talking to people, I like to be thorough in the information I give. I find myself saying, "I'm not sure, but I believe..." When you're [working] with this population, you can't say the wrong thing.

STAFF

WHAT WE HEARD OVERVIEW

We have categorized findings through a service design evaluation lens—mentioned in chapter two—in an attempt to holistically assess participants and staff's current experiences with prevention, diversion, and intake. These perspectives focus on:

- **People:** The needs of the people who access, use, advocate for, and deliver a service.
- **Process:** The digital and analog workflows that document how people do their jobs.
- **Information and channels:** The information required for success at each point in time, and the avenues through which information is provided and received.
- **Infrastructure:** The foundational components that a service is built on, like policies, cross-agency communication, training, funding sources, and physical/human/technology capabilities.

Many of the findings documented in this chapter confirm what OHS staff and leadership already know about their work. We have documented these findings so future design interventions can take into account the details of what we heard.

A note on findings

During design research, we observed **barriers to service delivery** and **moments of ingenuity** as participants and staff interacted with one another. Barriers to service delivery tend to drive findings because they are clear opportunity areas for change and action. We use moments of ingenuity—or what staff and participants are doing well to improve their circumstances—to inspire recommendations that address barriers to service delivery.

What is a barrier to service delivery?

A barrier is a service challenge that a participant or staff member experiences when trying to accomplish a goal or task. Barriers present opportunities for action and change.

When you peel back the layers, most service challenges point to systemic or structural issues that squeeze and strain service delivery. External pressures also influence the prevention, diversion, and intake service ecosystem. And no matter how dignified prevention, diversion, and intake services are or become, the systems challenges affect what is happening on the ground.

Some examples of system challenges are:

- Resource-constrained service partners collaboratively delivering services to disenfranchised people with a history of deep poverty and trauma.
- Rising housing costs coupled with limited funding sources and affordable housing.
- Racial inequality and housing discrimination.

The barriers we have mapped in this chapter do not address systems-based challenges. We have documented barriers that are actionable within the context of this project or sit within the purview of OHS.

What is a moment of ingenuity?

Moments of ingenuity are moments where service participants or staff creatively devise solutions to service challenges they are experiencing within their day-to-day work. We observed these moments across the service system.

Several examples are:

- Social work staff create resource binders to share with participants as needed.
- Social work staff redesign forms to call attention to eligibility requirements—improving readability.
- Access points and after-hours sites use a small slip of paper, so participants can write down personal information instead of speaking it aloud in front of a crowded room of people.
- Staff at access points write and design resources and signs when needed.
- Staff at access points, regardless of role, rally around each other when moments of stress emerge throughout the day.
- Staff create and post messages of hope and support to beautify private rooms and cubicles for participants.

These examples will guide and amplify future design projects.

The hardest part for the social worker and the client is that we know before you sit down in the chair, you're not going to get a bed today.

STAFF

I'm literally at the bottom of the totem pole. I'm having to start over.

PARTICIPANT

FINDINGS: PEOPLE

> **Understand the needs of the people who access, use, advocate for, and deliver a service.**

Below are two high-level insights that will be discussed in greater detail in the following pages.

Participants: Enabling personal agency and control

Participants' satisfaction or willingness to engage with diversion, intake, after-hours, and emergency housing depends on what level of personal agency or control they can retain while interacting with *government.* Personal agency looks different to each participant, depending on their background, emotional or physical state, history with the system, or present situation. We have mapped participants across a spectrum of engagement, so OHS can continue to meet people where they are.

Staff: Offering professional development opportunities

Similar to participants' personal agency and control, staff want to feel supported so they can deliver trauma-informed services, grow in their roles, and contribute to the broader vision and direction of OHS. Often times, vicarious trauma and the squeeze of a resource-constrained system impact staff's ability to deliver services in ways that feel meaningful. We have mapped staff across a spectrum of empowerment, so OHS can continue to design work environments that cultivate collective well-being among all staff and leaders.

PEOPLE INTRODUCTION

In this findings section, we have concentrated on insights related to participants who access or refuse prevention, diversion, and intake and staff who deliver those and related services. The findings are organized across three participant and three staff mindsets. We will continue to reference these mindsets as we move forward with the partnership between the PHL Participatory Design Lab and OHS.

Mindsets are a design tool

Our work with OHS was not focused on why people become homeless. Instead, we examined the needs of the people who access, use, and deliver prevention, diversion, and intake. Also, we looked at why and how people engage or choose not to engage with diversion and intake, and how staff perceive their roles when delivering those services.

To process and document people-related insights, we developed a synthesis tool called *mindsets,* based on what we heard from participants and staff.

Mindsets are:

- Built from stories or thick data gathered through design research efforts.
- Representative of clusters of participants or staff who demonstrate similar behavioral or attitudinal patterns.
- Used to ensure design solutions are person-centered. We asked ourselves: Who are we designing for and with? How would a particular mindset respond to a given solution?

Mindsets are not:

- Created from assumptions of what people need and think.
- Defined by demographic information, as they are behavior based.
- Modeled off of one person's experience, as they are pattern based.

Participants and staff can move in and out of a mindset, depending on where they are in their service journey or their relationship to prevention, diversion, and intake at any point in time.

Gaps in our work

At the time of our design research, the OHS prevention team had minimal funding because it was the end of the fiscal year and the funding had been used to help people who were at-risk of becoming homeless. As a result, people at risk of losing their homes and participants accessing services on a short-term basis were not present at Roosevelt Darby Center and Apple Tree Family Center; we were not able to gather their stories in this context. Additionally, we did not gather the youth perspective until after our deep field work.

The at-risk, short-term, and youth perspectives are important to the overarching prevention, diversion, and intake story. We suggest more in-depth design research work to fill in these mindset gaps.

MINDSETS: PARTICIPANTS

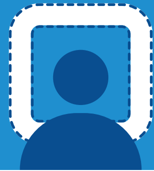
Participant mindsets represent people who access and use diversion and intake services and people who refuse to interact with the service system. We created three mindsets that span an engagement spectrum.

They are:

- The **no-engagement mindset**, which avoids government in general; if they decide to engage, the window of opportunity is small and immediate.
- The **limited-engagement mindset**, which prefers to engage government on their own terms, so they prefer low-barrier services.
- The **full-engagement mindset**, which interacts with the intake to emergency housing to housing program process as a journey to rebuild their lives.

We divided each mindset into four key domains:

- **Personal agency or control:** From speaking with participants, their willingness to engage with government depends on what level of personal agency or control they can retain while interacting with the system. OHS has and continues to offer participants, where possible, different choices when engaging with services to account for personal agency.
- **Trust:** From the perspective of participants, the avenues through which information is communicated and received are sometimes more important than the quality of information itself. By understanding who and what participants trust as their sources of information, OHS can better connect with participants to provide accurate information.
- **Perceptions of the service:** Perceptions drive a person's experience of a service, whether the perception is true or not. By understanding perceptions, we can design service experiences that meet people where they are and dispel myths that encumber a person's ability to effectively engage.
- **Design considerations:** By understanding the needs of participants, we can design more tailored service experiences.



No-engagement mindset

In general, a no-engagement mindset avoids government representatives and services. If a no-engagement mindset decides to engage, the window of service opportunity is small and immediate. Low barriers at the beginning of a service experience are crucial, as any barrier, like requiring identification, can turn this mindset away from accessing life-essential services. The Department of Behavioral Health and Intellectual Disability Services (DBHIDS) outreach teams are invaluable when trying to connect with a no-engagement mindset. Outreach teams are on the front lines of building relationships and trust, encouraging people who refuse services to access them.

> I choose to be out here.
>
> **PARTICIPANT**

> I'm not playing the government game.
>
> **PARTICIPANT**

> I want to be in my familiar element.
>
> **PARTICIPANT**

> I don't like people in my business.
>
> **PARTICIPANT**

Personal agency or control

Personal agency is paramount for the no-engagement mindset. Participants have already proven their ability to survive unsheltered and unsupported by official means. They avoid being *told what to do* and do not want their everyday survival patterns to be interfered with by government.

Perceptions of the service system

The no-engagement mindset might have engaged prevention, diversion, and intake in the past or knows someone who has, and had a poor experience. As a result, they feel government cannot do anything meaningful for them. Whether from personal experience or second hand, they avoid accessing emergency housing because they think the system will treat them like a child or a prisoner. Moreover, they feel facilities are overcrowded, dangerous, not clean, and staff are rude.

Trust

The no-engagement mindset is open to receiving information from peers or individuals who have or are experiencing homelessness. While they distrust government, they are more willing to engage outreach workers if they are treated with genuine respect and have a relationship with them.

Design considerations

- Minimize upfront barriers to accessing services.
- Communicate information via trusted peers and outreach workers.
- Provide choice and options, so participants can maintain an element of personal agency while engaging with the system.
- Develop facilities or space standards to ensure all service access points are trauma-informed.
- Ensure all staff across the service ecosystem regularly receive trauma-informed training and support.

Limited engagement mindset

The limited-engagement mindset prefers to engage with low barrier services like after-hours sites, cafes, and engagement hubs on their own terms. While bouncing from one facility to the next, they might miss opportunities to address wellness issues, falling through the cracks between service partners.

Note that during the time of this work, the system divided participants by singles and families with children. Those in relationships without children or those with deep social networks were broken up upon entry. As a result, the limited-engagement mindset avoided the intake to emergency housing service experience. Recently, OHS started accepting couples regardless of gender or marital status into emergency housing as a unit.

> I don't like people yelling at me–it ruffles my feathers. I'm the only one responsible for the way I react to anything, so you can give it to me, I just don't have to respond to it.
>
> **PARTICIPANT**

> It's like multiple circles. They're kinda on this outer circle where they're really not in the shelter system, so they're getting the bare minimum services.
>
> **STAFF**

Personal agency or control

Limited-engagement mindsets are savvy and have a deep understanding of available services, like where to sleep, where to shower, and where to get clothes and food. They will engage an organization to have their immediate needs met and then leave or move on. They have minimal patience for rules, but will follow them as needed. They draw circles around their space and the organization's space, meaning, what they do outside of the organization should not be of concern to the organization.

Trust

The limited-engagement mindset trusts people with whom they have relationships and who treat them with respect—both peers and representatives of government. Outreach workers and staff at low barrier sites have greater success engaging with the limited-engagement mindset because their interaction is less demanding and more transactional.

Perceptions of the service system

The limited-engagement mindset is interested in housing programs, but they will choose a route that works best for their lifestyle and everyday patterns. They are more willing to engage outreach workers for a year, then interact with more demanding entry points, like intake. They will disengage if they feel they are being talked down to or treated poorly.

Design considerations

- Continue to design programs and services that welcome non-traditional partnerships.
- Communicate information respectfully and via trusted peers, outreach workers, and social work staff.
- Track participants across service entry points, so they can be proactively offered relevant services.
- Create and implement service standards that unify all entry points into the service system, including after-hours and cafes.

Full engagement mindset

The full-engagement mindset interacts with intake and emergency housing in the hopes of gaining access to a housing program. Those with this mindset are the most disappointed when they become aware of limited housing options. They will interact with intake at the most vulnerable moments of their life, like having lost their children to the Department of Human Services or when fleeing a dangerous situation. Interacting with the intake and after-hours loop—while stressful and destabilizing—is seen as something they must endure to move forward with their life or housing goals.

> I'm interested in turning my life around and being more involved in my son's life, but in order to do that, I have to better myself.
>
> **PARTICIPANT**

> Some days I don't wanna get up, but I have to keep pushing. I can't give up right now. I came too far to give up. Some days I get tired. Some days I don't wanna come down here and have my bag searched amongst everyone. But I have to do it. So I can't give up.
>
> **PARTICIPANT**

Personal agency or control

The full-engagement mindset is the most determined and committed to engage with intake services because they desire housing. They feel vulnerable to the process and are using it to build their sense of worth. They see the intake to accessing housing programs process as an eligibility test in and of itself; meaning, if they consistently show up and demonstrate their strength, they will get housing.

Perceptions of the service system

The full-engagement mindset believes they need to engage with intake and emergency housing to be accepted into a housing program. They feel that if they prove their worth to government, they will get housing, get their kids back, and get a job—eventually transforming their lives for the better.

Trust

The full-engagement mindset trusts *the word on the street* about housing programs. As a result, they sometimes do not believe that staff are being honest with them about resources, opportunities, and information, as it might contrast with what they heard from family members or friends. They will follow rules to the extent that they move forward in their housing journey.

Design considerations

- Make clear from the beginning that engaging with intake and emergency housing does not guarantee placement into a housing program.
- Create content that explains the service process from beginning to end—reducing anxiety and stress.
- Communicate information via official representatives.
- Offer wraparound services that enable participants to move forward with life goals.

MINDSETS: STAFF

OHS offers a wide range of support services for people who are at risk of or who are experiencing homelessness. In chapter one, we visualized metrics that demonstrate the strength, effectiveness, and resiliency of leadership and staff who support and deliver services, especially within prevention, diversion, and intake.

Throughout our two months of design research, we observed staff across the service ecosystem who, with limited resources, went beyond their role to ensure participants' safety or to offer help in ways big or small. The tension between limited resources and demand weighs heavily on staff and leadership. In addition to second-hand or vicarious trauma, staff can feel the realities of a squeezed service ecosystem on the ground. Many staff discussed strategies they use to recharge during or after a stressful day. Staff mindsets should be read through this lens.

We observed three role-related patterns when speaking with prevention, diversion, intake, after-hours, emergency housing, and outreach staff.

They are:

- **Empowered mindset:** When resources are limited and rules do not make sense, staff get creative in the field, helping participants achieve personal success in ways big or small.
- **Lived-experience mindset:** Staff who have shared experience with participants—because they too have survived an addiction or experienced homelessness—offer a unique perspective, well-received by many participants.
- **Disempowered mindset:** Staff—even though they entered into their role to help participants achieve personal success—might disengage or become frustrated with their work, the organization, and participants when resources are scant, when they feel they cannot perform their role effectively or when they are exhausted from second-hand trauma.

We looked at two key results of these mindsets:

- **Impact on service delivery:** Mindsets can shift and change depending on how resilient and supported a staff member feels at any moment—impacting the level of care they demonstrate to participants, themselves, and/or other colleagues.
- **Design considerations:** By understanding the needs of staff, we can continue to design work environments that acknowledge and address second-hand trauma, so staff and leaders are set up for personal and professional success.

Staff at any given point in a work day or week can sit somewhere on the empowerment spectrum for a host of reasons. These mindsets can impact their ability to effectively engage with participants and other colleagues. As we move forward with collaboratively designing service improvements, it will be important to design solutions that enable each mindset to succeed.

Empowered mindset

The empowered mindset finds their work fulfilling and rewarding and uses their sense of purpose to navigate daily stressors. They understand that limited resources constrain their work with participants. However, they look for any and all opportunities to positively affect a participant within those constraints; no one will leave an interaction not helped. They feel deep empathy for participants' circumstances due to a *one step away from homelessness* mental model. They tend to not take participant aggression personally, as they understand why it is happening.

> It could be me or it could be my daughter. My daughter works with the women and children at a shelter and I say: "This could be us. We could wake up. It can be your grandmother."
>
> **STAFF**

> There's a lot of these guys waiting outside for a bed and I'm rolling over in the comfort of my own home where I don't have any concerns. And for somebody that has nothing, and they'll be waiting outside the door when it's snowing, raining, freezing, and hot. It does make me wanna get here and see who I can help.
>
> **STAFF**

Impact on service delivery

They get creative in the field to help participants in whatever way they can and when service rules do not make sense in practice. They are de-escalators because they understand the trauma participants carry with them when interacting with the system. They build extensive resource toolkits to connect participants to opportunities and decompress with colleagues to build resiliency.

Design considerations

- Build in moments of de-stress throughout the day.
- Foster peer mentorship, where staff mentor and receive mentorship.
- Cultivate a sense of professional opportunity.
- Reinforce an understanding of and connection to an organization's vision or *the why* of their work.
- Continue to allow for creative problem-solving.
- Recognize and share good work.
- Ensure staff are regularly trained in trauma-informed service methodologies, and have staff lead breakout sessions based on their expertise and experiences.

Lived experience mindset

The lived-experience mindset has a greater connection to participants because they have shared experiences. They counsel participants even though they are *just an outreach worker* or *just a social worker.* They have a keen ability to offer both hope and *tough love* to participants, as they too have navigated services and programs related to addiction, mental health, and homelessness.

> Here you're a social worker. You're a priest. You're a nurse. You're a doctor. You're pope. You're the cleaning lady. You're everything underneath the sun all within eight hours.
>
> **STAFF**

> We understand the rules, but sometimes we have to put them aside. You have to fight politics versus morality.
>
> **STAFF**

Impact on service delivery

Those with the lived-experience mindset will choose *morality over politics,* which means, they will break rules that do not make sense for what is needed immediately and in practice. For example, they would rather physically help someone into an outreach van than leave them on the side of the road due to a *no hands* policy. They go beyond the call of duty for participants. They understand what participants need to hear and do not make empty promises, pointing to examples in their own life that resonate with participants who do not trust the system.

Design considerations

- Respect their personal connection to participants.
- Offer support, mentorship, and de-stressing opportunities in the field.
- Provide accurate information, so staff do not unintentionally misrepresent a service based on their past experience.
- Provide opportunities for staff to share their lived perspectives, experiences, and success stories with colleagues.
- Ensure staff are regularly trained in trauma-informed service methodologies, and have staff lead breakout sessions based on their experiences.

Disempowered mindset

The disempowered mindset seeks to help participants achieve success but does not have the resources or information to effectively help. Therefore, disappointment turns into disengagement. The more low barrier and automated the service becomes, the more this mindset feels their skills, knowledge, and training are not respected or needed. They struggle with a general feeling of lack of control. That feeling, coupled with how participants see them as having power, can be frustrating. They question whether they are doing their job correctly when some participants return to the service. Exhaustion from vicarious trauma and low wages can increase the disempowerment this mindset experiences on the job.

> I feel like I'm putting out a crisis every other day. And I'm not a therapist.
>
> **STAFF**

> Am I not doing my job right? Why do you keep coming back?
>
> **STAFF**

> I feel like I'm not needed.
>
> **STAFF**

> Our hands are tied because we don't have the resources and I wish we did, but what can I do?
>
> **STAFF**

Impact on service delivery

The disempowered mindset focuses their attention on participants they feel are *taking advantage of the system.* They tend to escalate instead of de-escalate because they lack patience for participants' circumstances. They will do only what is required to help participants and their peers as a result. Their impatience is mostly due to unaddressed exhaustion and burnout built up after years of working in a traumatized system.

Design considerations

- Offer tools that enable workflow, so the tools do not become *just another barrier.*
- Show evidence that they are being listened to.
- Offer an explanation of *the why* when there is a change.
- Provide professional development opportunities.
- Give strong guidance on how to implement a policy on the ground.
- Ensure staff are regularly trained in trauma-informed service methodologies.
- Assess their burnout and develop self-care techniques to empower the mindset to shift over time.

I think when you're new, the process is confusing.

STAFF

[Intake] is probably where you're meeting people at their most vulnerable. In the beginning, it's the most emotional or stressful. That's when you need the most support. And you're also the most displaced.

STAFF

I wish I could know what was involved with the process. I wish I would've known it was no guarantee that I would get a bed.

PARTICIPANT

FINDINGS: PROCESS

Grapple with service-related contexts and histories, map digital and analog workflows, and deconstruct each step in a person's service journey.

Below are three high-level insights that will be discussed in greater detail in the following pages.

Practicing trauma-informed service delivery

Many participants arrive in crisis. Staff perform their work as expected—explaining steps and following policy. When services are designed and delivered from a transaction-based point of view, participants' immediate physical and emotional needs are not fully met. As a result, the mismatch of expectations can create tension between staff and participants.

Shifting the burden of service delivery from participant to service provider

The service network is composed of many partners. Some organizations and staff draw boundaries around their roles and responsibilities. While this is necessary due to capacity issues, the burden of service delivery can fall on participants. Fragmented communication and lack of alignment between service partners contributes to the burden.

Accounting for the *what ifs*

Participants can experience inconsistency across service partners or within organizations when standards of practice do not include realistic *what if* scenarios. The positive service journey from outreach to intake, to emergency housing, to a housing program is clear in staff's minds. The alternative journeys are less clear, and with limited systems-wide resources, feel more prevalent.

PROCESS INTRODUCTION

Service experiences are made up of a series of steps, phone calls, in-person visits, documents to read, understand, and sign, and questions to be answered. Imagine you are fleeing a dangerous situation, like domestic violence, where receiving services is essential to your safety; or you have not had a good night's sleep in two weeks; or you lost your job, your friend said you cannot stay with them anymore, and you do not have the accumulated finances to get your own place. Imagine trying to manage the step-by-step of a service in a state of deep instability.

On the other side, imagine entering into a profession where, on a daily basis, you have to tell participants who have experienced trauma in their lives, "Mx. Smith, please come back tomorrow and we will place you and your family if beds are available."

Imagine being an organization, like OHS, and having an honorable mission to make homelessness rare, brief, and non-recurring. Imagine being resource-constrained while attempting to deliver on that mission with many partners, themselves equally squeezed.

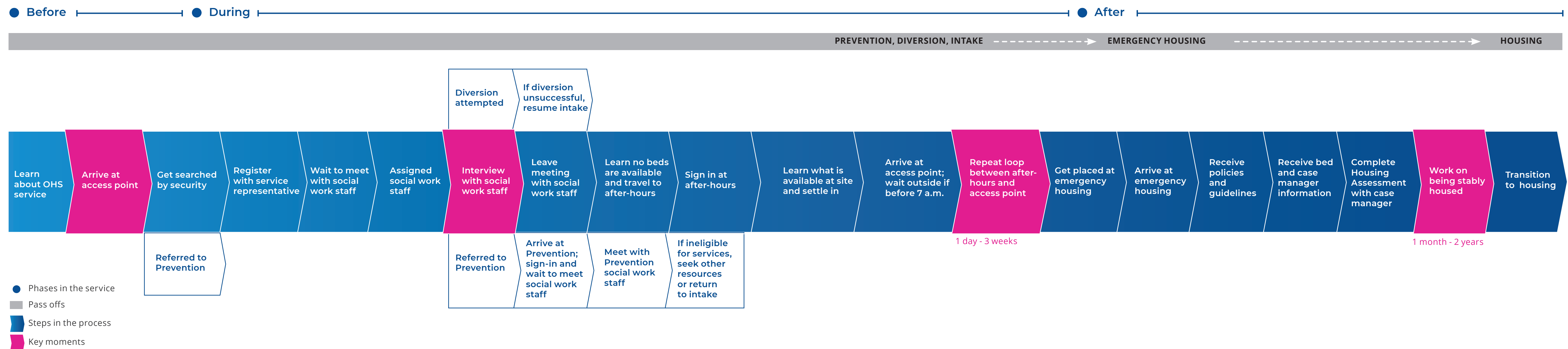
And yet, the prevention, diversion, and intake teams deliver services every day.

These are some of the lived realities participants, staff, and leaders face while navigating and delivering prevention, diversion, and intake.

In this findings section, we have concentrated on process, including the steps, tasks, and their coordination. We have highlighted key moments that affect participants and providers. The findings are organized across three phases, and within each phase we have documented those key moments.

The phases are:

- **Before:** Pre-service is what happens moments before a participant arrives at the front door of Apple Tree Family Center and Roosevelt Darby Center.
- **During:** The steps and interactions required to access and receive services at Roosevelt Darby Center and Apple Tree Family Center, as well as the after-hours loop. Again, we have focused on key moments.
- **After:** Once placed, a participant can transition to emergency housing. We have concentrated on the pass off or transition. What occurs at emergency housing sites sits outside the scope of this work.



Before

REFERRALS TO PREVENTION, DIVERSION, AND INTAKE

Even though accurate information about prevention, diversion, and intake services exists across many channels, some organizations disseminate misinformation about the services offered at Roosevelt Darby Center and Apple Tree Family Center. Others may *dump* participants at access points or after-hours sites.

Because some participants arrive with unrealistic expectations, staff might spend more time clarifying misinformation then facilitating in-depth work with participants. The relationship between participant and staff can become strained when staff do not meet participants' unrealistic expectations.

Examples

- Participants can interpret unofficial or official referral documents as emergency housing placement.
- Some hospitals drop off patients who require continued medical attention.
- Some advocacy groups, community groups, and council offices make promises to participants that prevention, diversion, and intake staff might not be able keep.
- Families, friends, and neighbors—who may have interacted with the service in the past—can unintentionally misinform participants based on service experiences that reflect outdated procedures.

> Combating the myth of what it used to be is so tough.
>
> STAFF

> Sometimes they'll call up to the frontdesk and do a referral, but sometimes hospitals sneak them. You got a lady in a wheelchair. She can't defend herself. This is not suitable for her. She shouldn't be here, but the hospital didn't call.
>
> STAFF

Design considerations

- Continue to cultivate contacts and relationships with referral organizations.
- Define what services are offered at access points with referring organizations.
- If there is referral documentation that participants receive from third parties, clarify its intent with participants to avoid misperceptions of placement.

Before

TRANSITION FROM OUTREACH TEAMS TO INTAKE AND AFTER-HOURS

Outreach workers are on the front-lines, building trust with and connecting people experiencing homelessness to a range of services. They work 24 hours, seven days a week, and during extreme weather. With limited overnight resources and real-time information about resource availability per location, outreach workers in the field get creative with participants.

Some outreach teams struggle to effectively connect participants to resources during after-hours and overnight shifts. There is tension between trying to balance the volume of people and lack of resources with the physical and emotional demands of having to address participants' immediate needs on the spot.

Examples

- It is difficult for outreach teams to have a real sense of resource availability per location during after-hours. When they are out in the field, they are dependent on people picking up the phone to determine resource availability.
- Due to miscommunication between service partners, sometimes participants know of service changes before outreach teams.
- Unintentional misinformation about services from an outreach worker to a participant can erode trust between all parties—making it difficult to re-engage a participant in the future.
- During extreme weather, there are not enough after-hours housing resources to meet the demand.

> There are nights when you get stuck with someone and there's nowhere to take them.
>
> — STAFF

> We try and build trusting relationships, but we can't promise anything because we don't know what the follow through looks like.
>
> — STAFF

Design considerations

- Look for opportunities to make field work more efficient for outreach workers.
- Communicate policy or service changes to those in the field, so they know how to effectively direct participants and answer questions accurately.

During

FIRST MOMENTS WITH PREVENTION, DIVERSION, AND INTAKE

Participants arrive after having fled domestic violence or an unstable housing situation. A participant might be exhausted due to lack of sleep or perhaps they are in withdrawal. There are a variety of circumstances that frame the state of a participant walking through the front door. Participants are met by security officers in uniform who perform a search, ask the participant to sign in, provide a ticket, and explain the process at a high level. While checking participants in, security officers are simultaneously observing and managing the waiting room. Alternatively, some participants' first moments with the service system take place at an after-hours site.

There is a mismatch between what participants need upon arrival and what staff can offer due to role constraints and capacity limitations. As a result, participants might leave or act out. Front-line staff might feel dissatisfied by their inability to address the immediate needs of participants.

Examples

- At access points, participants are greeted by uniformed security officers. Regardless of an officer's skill and compassion, this can be alarming to those who have a history of trauma with people in uniform or who are fleeing domestic violence.
- Most participants understand security checks and appreciate the sites' efforts. However, the process of emptying belongings in front of other participants and the confiscation of personal items that could be used as a weapon can leave participants feeling ashamed and disempowered.
- Participants may ask security officers social-work related questions about resource availability and timing. It is outside a security officer's job responsibilities to know this information and answer those types of questions, so questions may go unanswered.
- Some participants' first engagement with the prevention, diversion, and intake services is through after-hours sites. Their after-hours experience is inconsistent with their access point experiences, which can turn participants away from engaging with the service in full.

> Walking through the front door and being searched, that's triggering for a lot of people.
>
> STAFF

> If we have some way to give them something to eat when they come here in the morning, that would be really good. They're sitting outside. We don't know if they had any dinner last night, but we know they're in here trying to get a bed.
>
> STAFF

Design considerations

- Set the tone for the rest of the service experience within the first moments of prevention, diversion, and intake.
- Use the service improvements to prevention, diversion, and intake as best-in-class examples that can be applied to after-hours interactions.
- Extend services at after-hours sites to unify the experience and meet participants where they are.
- Adjust front-line staff's roles based on what happens in practice.

During

WAITING TO MEET WITH SOCIAL WORK STAFF

Depending on the weather or the time of the month, Apple Tree Family Center and Roosevelt Darby Center might overflow with participants with a wide range of needs. Participants sit close to one another. Many watch the television, some sleep, and others take smoke breaks outside the building, or come and go.

Depending on staff capacity and/or when a participant arrived, a participant might wait a good amount of time before meeting with social work staff. By the time a participant sits with social work staff, they may be exhausted or agitated from the waiting process.

Examples

- The queue process is first come, first served. However, there are a variety of factors that influence when someone is seen, making it difficult for OHS to provide participants with a clear status on their wait time.
- Physically waiting without a status can be stressful for participants, who are missing work or have other appointments during the day. Participants do not want to leave because they worry about losing their place in the queue.
- Because service representatives and security officers are in the waiting room, they can be overwhelmed with questions from participants during the waiting period. When staff cannot answer questions because they are outside their scope of responsibility, participants get agitated. They see front-line staff as representatives of the entire service.

> The roughest part of this is the waiting process.
>
> PARTICIPANT

> We're here to make sure they're safe. We aren't allowed to give out information. And that's hard. I feel like if I can just cut all the anger [by answering questions].
>
> STAFF

Design considerations

- Be purposeful about what happens during the waiting period to set up participants and staff for smoother interactions.
- Solve the *where am I in the process* question in a way that does not over-promise, but resolves some of the anxieties participants feel while waiting for long periods of time.

During

MEETING WITH DIVERSION AND INTAKE SOCIAL WORK STAFF

Staff meet with several participants in a day in an open office space, and for each participant, staff attempt to assess participants' safety and needs and respond accordingly. Due to limited resources, staff find alternative resources for participants, make referrals, or explain what to do while waiting for bed availability.

Many participants engage with diversion and intake in search of emergency housing and housing programs. Participants believe they are not being helped effectively by social work staff when beds are not available. In turn, staff who are trying to offer resources can feel disempowered when there is not much to offer.

Examples

- One of the toughest parts of the job for social work staff is telling a participant, especially those with children, that beds are not available.
- Participants feel like they have to *prove their situation* and wish their word was trusted.
- While social work staff are successful at diverting participants from the system and they understand the value of diversion, some diversion resources break down in practice.
- According to staff, Client Track, the application used to manage participant interactions, is a step in the right direction. However, some feel their conversations with participants are not in sync with the Client Track flow.
- Many of the workflows to track bed availability and to manage wait lists and queues are paper-based. While these workflows are effective, some staff wonder if there is an opportunity to digitize them to ensure their accuracy.

> I'm very, very quiet. And it takes me a little bit to warm up to people. If I first meet you, it'll take me a minute. Like I don't go into my history. If I'm going through something, I won't tell nobody. I'll keep it to myself until I get to know you better.
>
> PARTICIPANT

> The hardest thing is telling clients that we can't guarantee it's going to happen today, tomorrow, next week, or this month. Just be patient as there is a waiting process.
>
> STAFF

Design considerations

- Set clear expectations about what diversion and intake services can provide.
- Continue being transparent about limited housing resources at the front door of the service.
- Ensure tools used by staff in their day-to-day are in sync with their task flows and participant interactions.

During

COLLABORATION BETWEEN INTAKE AND PREVENTION SOCIAL WORK STAFF

Prevention staff, who address the needs of people who are at-risk of becoming homeless, recently moved to Apple Tree Family Center. There is more of a concerted effort to unite the prevention team with the diversion and intake team. Until now, their workflows have been separate and remain separate except for a few instances.

There are participants who present at access points who could benefit from prevention services, but unknowingly seek diversion and intake services. They will meet with diversion and intake staff and are referred to the prevention team. Some participants are referred, but are not eligible for prevention services. This can result in wasted time for both prevention staff and participants.

Examples

- The prevention team can become overwhelmed with out-of-scope referrals from diversion and intake, council offices, and community-based organizations.
- Related service partners in after-hours and emergency housing are not fully aware of the City's prevention services. Participants might show up with prevention-related documents at emergency housing sites and staff are not equipped to help.

> I think they [the diversion and intake team] refer clients to our Home Program. I just wanna see the process, see what steps are taken, and see what conversations are happening.
>
> STAFF

Design considerations

- Clarify eligibility requirements for prevention services with diversion and intake staff and others who refer into the service.
- Clarify the workflow between unit teams.
- Continue to solidify a vision for how and why prevention is grouped with diversion and intake to align staff across teams.

During

INTAKE AND THE AFTER-HOURS LOOP

Participants can first engage with after-hours sites and then are referred to access points, like Apple Tree Family Center and Roosevelt Darby Center. Other participants first engage with access points, and due to limited availability of emergency housing, go to after-hours sites once access points are closed. Participants can experience this back and forth loop from one day to three weeks.

After-hours staff do not have a full understanding of the services offered at access points, and some social work staff do not have a full understanding of what happens at after-hours. This disconnect can lead to the accidental spreading of misinformation to participants.

Examples

- Even though different organizations run intake and after-hours, for participants, it is one service experience.
- After-hours sites have requirements for what and how much participants can bring in. Outreach and intake social work staff might not be aware of these requirements, and so participants are asked to hide or throw away belongings upon arrival.
- Due to funding limitations, there are no shuttles from access points to after-hours sites. Lack of transportation can make the transition difficult for families, older adults, people with physical disabilities, or those financially strained.
- After-hours staff feel they should know more about the prevention, diversion, and intake process and vice versa, as they are unable to answer participant questions with confidence.
- Client Track, the application staff use to manage participant interactions, provides limited views of participants between intake and after-hours. After-hours staff wonder if diversion and intake staff could alert them to cases that need to be continued through the night or make note of participant behavior.
- Some participants enter the system with needs that exceed what access point and after-hours staff can safely manage.

> The back and forth. I'm walking the streets. You have to walk around dragging everything you have with you. I have an interview Friday. I can't take that bag to my interview.
>
> PARTICIPANT

> I gave away so much stuff yesterday because I couldn't come into [after-hours] with it.
>
> PARTICIPANT

Design considerations

- Strengthen communication between access point and after-hours staff to streamline the participant experience from one organization to the next.
- Increase understanding of the different points in the service process, so staff can better prepare participants for intake and after-hours.

After

FIRST MOMENTS WITH EMERGENCY HOUSING

After a participant has engaged with diversion and intake staff, and it has been determined that they are eligible for emergency housing, participants are placed at one of the many emergency housing sites operated mostly by nonprofits across the city. By the time participants arrive at emergency housing, they can be exhausted and anxious about next steps. This might be the first time they have had a stable place to rest in weeks.

Emergency housing staff see a mismatch between what participants need upon arrival and what they can offer through the on-boarding process. Staff fear participants are not being set up for success during their first moments at emergency housing.

Examples

- Emergency housing staff feel they overwhelm participants with important information upon arrival, and participants are not in a state to receive or process that information.
- Emergency housing staff do not have a full understanding of the services offered at access points, and some social work staff do not have a complete understanding of what happens at emergency housing. This disconnect can lead to the accidental spreading of misinformation.
- Client Track, the application staff use to manage participant information, provides limited views of information based on staff role. Emergency housing staff wonder if they could have a wider view of participant information so staff are prepared for participants' arrival and they can avoid asking previously answered questions.

> A lot of the guys that come in are tired. A lot of words are misinterpreted because they don't comprehend what is being said. A lot of the guys coming straight out of the prison system, so they're like: "Oh, I have to sign more documentation?" A lot of times they don't read the stuff that they're signing.
>
> STAFF

Design considerations

- Establish consistent communication channels between service providers to allow for smoother transitions.
- Streamline the first moments with emergency housing so staff can ensure participants are in the right state to understand important information.

After

ACCESS TO HOUSING PROGRAMS AT EMERGENCY HOUSING SITES

The homeless service ecosystem has been experiencing systems changes over the past several years. Historically, some participants believed that by accessing emergency housing they would be placed into a housing program. The number of housing programs has decreased over the years and different strategies are being used to stably house participants.

As the system changes, participants experience confusion around what they believe was promised to them and the current reality of the system. Case management staff manage the mismatch of expectations.

Examples

- Emergency housing staff try to manage expectations with participants, as many believe emergency housing is the quickest path to permanent housing.
- Vulnerability assessments that determine housing program prioritization have been recently implemented across the system. The use of the new tool and its impact on housing prioritization has placed some long-term participants in limbo.
- Case management staff do not have a full sense of all of the housing programs and their requirements. Due to the lack of information, they feel they cannot effectively prepare participants for the placement process.

> I'm always going to focus on self-sufficiency and housing, but how are we going to work with this group of individuals who aren't deemed vulnerable enough? I feel really bad.
>
> STAFF

Design considerations

- Communicate *we have limited housing programs* at the beginning of a participant's service experience.
- Reinforce this messaging across service providers, so participants are not disappointed when they arrive at emergency housing.
- Provide case management staff with information on the housing programs available to participants.
- Empower participants to understand their own resilience and resources in building their future.

After

OHS OFFICIAL PRESENCE AT EMERGENCY HOUSING SITES

As mentioned previously, the homeless service ecosystem has been experiencing system changes over the past several years. As change occurs, participants at emergency housing sites grapple with the impact of that change on their future or their eligibility for housing programs.

Emergency housing staff have observed that participants can mistrust communication about changes in rules, standards, or policy from site staff.

Examples

- At emergency housing community meetings, participants ask a host of questions that staff might not have the answers to. These unanswered questions can lead to mistrust between staff and participants.
- Participants take change-oriented conversations more seriously when representatives from OHS are present at community meetings.

Communication and presence. We'd like you to be present when we have to articulate change. [OHS's presence is] gonna affect something.

STAFF

Design considerations

Continue to provide on-the-ground support for emergency housing sites when they are communicating and implementing new policy changes with participants.

> I find that I'm getting a little information here, little information there and [I try and] put it all together to see what it looks like.
>
> PARTICIPANT

FINDINGS: INFORMATION AND CHANNELS

Identify what information is required for success at each point in time and the avenues through which information is provided and received.

Below are four high-level insights that will be discussed in greater detail in the following pages.

Filling informational gaps

Participants—for a wide range of reasons—can be confused by the prevention, diversion, and intake, after-hours, and emergency housing process. When information is incomplete, participants fill in gaps based on what they hope or fear. Social work staff work diligently to dispel misperceptions.

Implementing consistent messaging across the service ecosystem

Because staff across the ecosystem do not have an awareness of the what occurs at access points, after-hours, and emergency housing, they do not have full information to share with participants. This can create an environment of unintentional misinformation or mixed messaging.

Applying a trauma-informed lens to informational materials

Some informational materials and signage are not written in plain language or visually designed for clarity. Participants might break rules when they cannot comprehend what is being communicated or asked of them.

Designing person-centered access points

OHS is constrained by the spaces they currently have. *Not in my backyard* attitudes make moving or expanding difficult. Considering these constraints, staff mentioned the interiors of access points do not enable safe, private conversations between staff and participants.

INFORMATION AND CHANNELS INTRODUCTION

Information is the lifeline of any service. If information is absent, participants fill gaps based on what they hope or fear. If information is clear, then participants have what they need to make decisions. If the same information is reinforced across a service experience, participants are more likely to hear and process it.

The timing of information is as important as the channel of delivery. If a participant receives information when they are exhausted or in an agitated state, then they might not comprehend important policies or directions. If participants receive information through a source that is not trusted, then they may ignore the contents of the exchange.

Staff require clear information to perform their roles as well. If staff do not have the information they need to effectively communicate with participants, service breakdowns occur. If informational tools and resources enable staff in their work, they can be more effective.

OHS understands the importance of information. From the beginning of this project, they acknowledged the need to identify opportunities where the service experience could be clarified for both participants and staff.

In this findings section we have concentrated on moments in the service experience where making person-centered adjustments to information could have a positive impact.

CLARITY OF AVAILABLE INFORMATION

If staff see a need, they proactively create documents and signage that help clarify components of the prevention, diversion, intake, after-hours, and emergency housing service experience for participants. Other information, like rules, guidelines, and policies, is official and shared with participants and staff. Informational gaps exist.

Messaging, tone, quality, completeness, and readability of information across the service system can be inconsistent. As a result, participants and staff might receive mixed messages or do not understand what action is required of them.

Examples

- For participants, a key stressor is not understanding the intake to emergency housing process, where they are in the process, and the alternatives for when beds are not available.
- Lack of information leads participants to fear extreme consequences, like having to spend the night on the street or losing their children to the Department of Human Services.
- Some documents or signage posted or used by staff refer to OHS by previous names.
- There are important rule-related documents shared with participants and staff that are thoughtful but written in dense language.
- Some documents have been in use for many years, are overly copied, and their readability has been degraded over time.

Design considerations

- Plain language all informational materials to increase clarity.
- Fill in information gaps with new informational resources.
- Develop content governance to ensure information is audited regularly and is updated for accuracy.
- Make sure documentation used at equal access points is inclusive.

> The literacy is very low. A lot of guys try to scan their way through [the documents] or you know, they just sit there and listen. A lot of them break weekend policies and procedures because they didn't read it through. I guess it's a lot of pride.
>
> STAFF

NAVIGATING ACCESS POINTS THROUGH SIGNAGE

There are a variety of signs that communicate rules or direct participants around access point spaces. Some signs are placed in participants' line of sight. Other times, they are out of reach and go unnoticed. Consistency of signage can vary as well.

Important and useful site information that communicates rules, process-points, and directions can be missed by participants. If information is missed, then rules might be broken or front-line staff are interrupted with questions.

Examples

- The physical layout of Roosevelt Darby Center is straightforward for participants. Apple Tree Family Center can be harder to navigate because social work staff and service specialists sit on different floors in the building. There are gaps in signage that guide participants from floor to floor in Apple Tree Family Center.
- The placement of signage can be out of the line of sight for participants, especially those who have a physical disability.
- Some signage communicates using negative phrasing.
- Some external access point signage is out of date.

We're talking about people who have grabbed everything they have or own, several children, strollers, bags, physically abused, or hurting physically or medically. It's not ideal to have someone all over [the access point].

STAFF

The setup downstairs is follow the arrow. The majority of the clients are in crisis. So I'm going upstairs to see [someone] I don't remember the name. It's just too much.

STAFF

Design considerations

- Create consistent messaging and a visual identity for OHS across access point sites.
- Ensure the placement of signage is in the line of site of both able-bodied participants and those with disabilities.
- Continue to support staff who seek to beautify access points (e.g, the private rooms at Apple Tree Family Center).

STATUS UPDATES AT THE ACCESS POINTS

Due to capacity, number of people in the queue, and arrival time, participants can wait for long periods of time. Participants might come and go while they wait, leaving the space to get food, take an appointment, or stretch.

Social work staff, managers, and administrators make announcements at the beginning and end of day—explaining to participants what their experience will entail and bed availability. Participants who miss announcements do not have access to essential information about the process.

Examples

- If a participant has left the space, they miss status updates. Service representatives and security officers are then tasked with reinforcing the announcement, which can interfere with other responsibilities.
- If staff become overwhelmed by work, they might not make announcements. This can leave newer participants with outstanding questions.

> If you don't tell somebody at the end of the day something, they're thinking they have placement. If you don't tell them something, they are going to assume everything. Don't leave things up to assumption because then they're blindsided.
>
> STAFF

Design considerations

- Examine alternatives to staff announcements, so they can still occur when staff are beyond capacity.
- Determine how the announcements can be used to humanize the experience for participants.

PRIVACY AND SAFETY AT ACCESS POINTS

As the City transitions to equal access points, all sites will welcome participants regardless of gender. However, access point space is at a premium.

Front-line and social work staff assess need and ensure people are safe. If staff and participants feel physically uncomfortable due to space limitations, then interactions can be stunted.

Examples

- Social work staff feel boxed in at their desks when speaking with participants.
- Social work staff and participants can overhear others' conversations.
- Some participants worry about providing personal information if others can hear. Both Apple Tree Family Center and Roosevelt Darby Center have private spaces for conversations when needed, but they are limited.
- Security officers at Roosevelt Darby Center have minimal check-in space and oftentimes have to bend down or over to examine bags. This can be strenuous in the morning when there is a long line.
- Service representatives sit behind plexiglass, and at Apple Tree Family Center they are the focus of the entryway and waiting room. Because they are the focus, staff can be interrupted by other staff and participants.
- Security officers, while performing their check-in work, are confined behind a table at Apple Tree Family Center. The table could be a barrier for quick action.
- The walkway between security and service representatives at Apple Tree Family Center can get chaotic as participants check in, ask questions of staff, and come and go.
- If there is a large crowd for the day, waiting rooms and check-in spaces can be overwhelmed.
- Roosevelt Darby Center is limited in space with only one public bathroom, making it more difficult to transition to an equal access point.

> I have had a couple of people who have preferred to go in a quiet room, which is the little office next door. And they're generally younger clients [or those] who are new to the system [who aren't] a 100% comfortable.
>
> STAFF

> More space and something where we can have something for them [participants] while they wait.
>
> STAFF

Design considerations

- Reconstruct access point spaces to better support staff and participant interactions.
- Rethink the current Roosevelt Darby Center as a viable equal access point.

INFORMATION-SHARING AMONG SERVICE PROVIDERS

Outreach, prevention, diversion, and intake, after-hours, and emergency housing teams track information on participants, use data collected about participants to perform their work, and support participants' diversion from or entry into emergency housing.

Because the service ecosystem is comprised of many partners, information-sharing across partnerships can be complex. When communication breakdowns occur, participants' experiences can feel equally fragmented.

Examples

- Due to policy and capacity issues, many staff address the needs of a participant within the scope of their role. However, participants often ask questions about the whole coordinated experience. Staff from across the service system expressed interest in learning more about what happens from beginning to end to prepare participants for what comes next.
- When policy or delivery changes occur at one point in the service experience, staff in other areas appreciate the timely knowledge of that change so they can prepare themselves and participants.
- Some staff wonder how data collected through Client Track is used, why certain questions are repeated at each point in the process, and if insights can be shared across the service system so providers can also learn.
- Prevention, diversion, and intake social work staff create their own resource kits full of fliers, addresses, and maps for participants. These resource kits are paper based and can become out of date. A social work staff member might unknowingly send a participant to an outside resource that is no longer available or does not have funding.
- Staff across the provider network spoke of incomplete participant transitions among outreach, prevention, diversion, and intake, after-hours, and emergency housing due to incomplete information sharing.

> You have to disclose everything about yourself at the frontdesk in front of everybody. Then you have to do that with your social worker. And you come here and tell your life story to the RA. The next day you meet with your case manager and tell your story again. I always tell people, it is quite emotionally expensive to be in shelter.
>
> **STAFF**

> If we knew one another, just certain stuff wouldn't happen. It would personalize the situation. It puts us all on one page where it doesn't feel like we're the Eagles and you're the Giants. We have the same vision.
>
> **STAFF**

Design considerations

- Develop collaboration strategies among service provider staff, so transitions are smoother.
- Clarify what happens at each point in the service experience with staff.
- Share insights garnered through data collection with social work staff and the provider network.
- Communicate service and policy changes across the network in a timely manner.

As a social worker, I need to know my limits of what I can and cannot do. In terms of professional ethics, I should not be counseling someone on personal trauma. However, it comes to my door, so I need to have some sort of basic training. That to me is trauma-informed care. How do we create an environment where someone can feel safe enough to discuss something with me and I can refer them to the next appropriate person?

STAFF

We're not close with other agencies. Maybe higher up they are. I wish we had a type of relationship.

STAFF

FINDINGS: INFRASTRUCTURE

Understand the foundational components on which a service is built.

Below are three high-level insights that will be discussed in greater detail in the following pages.

The challenges of moving from vision to practice

Because the service provider network is large, some staff want the overarching vision of their work and related policies to be more specific—aiding with interpretation and on-the-ground implementation. Others appreciate the freedom to implement vision and policy on their own terms within the context of their organization or space.

The need for inclusive policy-making

Many leaders and social work staff within or connected to prevention, diversion, and intake have worked in the field for most of their careers or they have studied social work in college or graduate school. Being a practitioner in the field provides operational insight or lived experience. Both leaders and staff recognized the need to be more inclusive in policy-making, so policies make sense when implemented in the field.

The difficulties of communicating change into the depths of provider organizations

With so many partners across the service ecosystem, it can be difficult for OHS to ensure changes in policy or service delivery get communicated to the front lines deep inside partner organizations in a timely manner.

INFRASTRUCTURE INTRODUCTION

The infrastructure of a service includes what is required operationally to ensure the service is delivered effectively across layers within an organization and throughout a provider network.

Oftentimes, infrastructure includes:

- Policy-making that drives on-the-ground implementation.
- The mission and vision of an organization.
- The ability to ensure all staff have what they need to be effective in their roles, like mentorship, training, and standards of practice.
- Success metrics and evaluation that drive continuous improvement.
- The technological infrastructure, like enterprise software, that staff use to perform their roles.
- Budgets and financial constraints.
- The politics that push and pull a service system.

OHS's overarching statement is: *Many partners, one goal, end homelessness.* The prevention, diversion, and intake network is composed of more than 39 entities that all work together to support participants in their journeys. Planning and coordinating across the many partners can be complicated work.

During our design research, we focused secondarily on infrastructure to understand the main supports of the prevention, diversion, and intake service experience. Because infrastructure can surface as a root cause of a service barrier, several important findings emerged within the infrastructure category that are discussed in detail on the following pages.

VISION IN PRACTICE

The entire coordinated entry service system is and has been experiencing system-change. Driving that change is a new vision for prevention, diversion, and intake as well as emergency housing.

Moving from vision or high-level strategies, guidelines, and policies to practice across teams and provider organizations is a feat. Implementing policies on the ground while continual change occurs can be destabilizing for leaders, staff, and participants.

Examples

- Staff, who are experts at what they do, want to feel heard by those making decisions that impact their day-to-day work.
- Those implementing policies would like policy-makers to provide more guidance on policy interpretation and implementation, so organizations and staff know what they are being held accountable for.
- Staff would like context-based trainings that help them understand what the policy looks like in practice and within the demands of their role.
- Some policy documentation is dense with what and how information, but not always the why. Staff are interested in being connected to the overarching vision or purpose of their work.

Design considerations

- Continue to create avenues for on-the-ground staff to inform policy-making that impacts their work.
- Explain *the why* behind a change and connect those changes to a concrete vision for the future.
- Develop context-specific trainings that meet the demands and realities of staff roles.

> In an ideal world, it'd be lovely to have more conversations between policy-makers and direct service. Sorry I'm going back to food, but that's the number one thing clients talk about. Having conversations with bigger structures, like: "[There are] regulations in place, but we would love to give people more choice. What's realistic? What can we do together?"
>
> STAFF

PEER-TO-PEER COLLABORATION

Within prevention, diversion, and intake teams and access point sites, social work and access point site staff support and mentor one another. When moments of tension or stress occur, social work staff debrief and coach each other. If something challenging occurs at a site, the team rallies together.

Peer-to-peer mentorship and support occurs on a day-to-day basis within teams. Staff across teams and organizations are interested in learning from others, but they do not have many opportunities to connect. As a result, social and case work staff can remain siloed within their teams and/or organizations.

Examples

- Many in the provider network do not have additional funding to train staff on new techniques and technologies that are required by policy change.
- Prevention, diversion, and intake social work staff expressed interest in continuing to hone their interviewing and de-escalation skills.
- As teams and organizations interpret new policies and pilot them in their organizations, they understand what works and does not work. Many expressed an interest in sharing lessons learned across teams and the provider network.
- Social and case work staff coach and mentor one another. Some wondered what that might look like within an official capacity across the network.

> I think my coworkers, they definitely make it worth coming here.
>
> STAFF

> I want to know every step of the intake process. If I can understand your job and your role and what you go through a lot more, that could stop some of the frustration we encounter on our end.
>
> STAFF

> I do lean heavily on my colleagues about resources.
>
> STAFF

Design considerations

- Continue to amplify good work across the network.
- Provide official opportunities for peer exchange and learning.

COMMUNICATING CHANGE

Communicating change across the provider network is complex. OHS documents policy and shares those policies through email and newsletters, as well as at provider meetings. They offer trainings that outline changes to policies and provide an IT help desk. Network providers appreciate the increasingly collaborative direction OHS is moving in.

With so many partners across the service ecosystem, it can be difficult for OHS to ensure changes in service delivery get communicated to the front lines deep inside partner organizations in a timely manner. Moreover, continual change can amplify any misalignments that already exist.

Examples

- Many appreciate provider meetings because they allow for peer-to-peer connection.
- Some staff feel like too much effort is placed in training the supervisory level and not enough time is given for on-the-ground staff.
- Staff at emergency housing sites feel supported when OHS staff show presence in the field.
- Staff might hear change is coming, but they are unclear on when they will be affected by that change.
- Continual policy updates can be destabilizing for staff and participants in the field. Some feel that they work through a phase of implementation only to have it change a few months later.
- Some documentation explains the what and how of a policy, but not why a change has been made and why it is important.

> Just communication because at the end of the day we're all one. And if we don't stick together in order to overcome, homelessness isn't ever gonna stop. But we gotta come together as one.
>
> **STAFF**

> You get bits and pieces from what you hear down the lane.
>
> **STAFF**

Design considerations

- Create dissemination strategies that reach front-line staff.
- Consider the timing of change-related communication, so staff are prepared for it at the right moment in time.
- Consider the communication styles and needs of staff when communicating change across the service provider network.

AUTOMATION AND PARTICIPANT INFORMATION

Staff across the service ecosystem appreciate the efforts OHS has taken to implement the Client Track system. This new digital system allows OHS to have a more holistic view of participants' experiences and to make decisions based on the insights gained from this wider perspective. However, based on their assigned role, staff have a limited view into the Client Track system, and many workflows are still paper-based. Therefore, there are still inefficiencies in processes, such as asking participants the same questions at different phases of the intake process.

Despite the implementation of a client tracking system, staff still have a limited view of a participant, which makes it more difficult for them to effectively prepare for interactions. With a limited view of the participant, staff sometimes repeat questions that the participant has already answered in another interview. This causes frustration for both parties and erodes trust.

Examples

- Staff feel they do not have enough information on a participant to support their interactions.
- Some workflows are automated, others are not, like availability of emergency housing beds, sign and check-in processes, queues, and tracking bed availability within a day.
- Many appreciate the vulnerability assessment process that determines someone's housing program eligibility. When there are questions with someone's *vulnerability score,* the protocol and timing for addressing those questions can be unclear.
- Some of the questions for the vulnerability assessment are difficult for participants to understand. Staff unofficially coach participants if staff know they are not answering accurately because they are confused.

> I just think it's slightly more work for the front desk when it comes to writing names on the list and coming back to make copies of the list for us. It should be on the computer. It would be a lot easier for all of us.
>
> **STAFF**

> Demographics be damned, sometimes you really know the person.
>
> **STAFF**

> I would like to have more information: any violence, drug and alcohol, currently experiencing opiate addiction or PCP addiction. Just for safety. Especially the violence.
>
> **STAFF**

Design considerations

- Consider the role-based views, so leaders or staff can have more complete information on participants who are new at a site.
- Automate paper-based systems that could benefit from automation but do not automate for the sake of automating.
- Clarify questions asked of participants, so they do not have to repeat themselves and they understand what is being asked of them.

4: Taking action

The **TAKING ACTION** chapter outlines how the PHL Participatory Design Lab and OHS will act upon the design research findings discussed in chapter three.

- Opportunity areas
- Idea toolkit
- Projects and next steps

The other key component, is taking loving action by collectively responding to...practices that can exacerbate trauma. By taking action, it builds a sense of power and control over lives. Research has demonstrated that building this sense of power and control among traumatized groups is perhaps one of the most significant features in restoring holistic well-being.

Shawn Ginwright Ph.D., Associate Professor of Education and African American Studies at San Francisco State University

TAKING ACTION OVERVIEW

In this chapter, we outline how *what we heard* is informing how we are collectively taking action. Action refers to strategy, design, and implementation projects; projects the Lab will pilot with prevention, diversion, and intake staff and participants.

There are three content areas in this chapter that map how insights were transformed into project work on which OHS can take action.

They are:

- **Opportunity areas:** We are using the *opportunity area* format to identify actionable project work based on where there is need and based on OHS's priorities and strategic planning initiatives.
- **Ideas toolkits:** Unfiltered ideas gathered from staff across the service ecosystem and categorized across each opportunity area.
- **Projects and next steps:** High level project approaches to address several of the opportunity areas through implementation efforts.

How do we move from insights to action?

Opportunity areas

We identified six opportunity areas throughout the prevention, diversion, and intake service experience that participants and staff had marked for improvement.

Idea toolkit

Based on the opportunity areas, we facilitated brainstorming sessions with prevention, diversion, intake, after-hours, and emergency housing staff to gather up-front project ideas.

Projects

We worked with OHS to choose and identify projects that would have impact on the service. Those projects were informed by the opportunity areas and ideas gathered during brainstorming sessions.

OPPORTUNITY AREAS

As mentioned in chapter two, there are four principles that guide OHS's service delivery.

They are:

- **Housing first:** Households at-risk of or experiencing homelessness are housed quickly without preconditions or service participation requirements.
- **Housing focused:** Assistance provided to households at risk of or experiencing homelessness is focused on moving to and maintaining permanent housing.
- **Prioritization:** Assistance is prioritized based on vulnerability and severity of service needs to ensure households needing help the most receive it in a timely manner.
- **Person-centered:** Service takes a trauma-informed approach that is dignified and safe for both staff and participants and incorporates choice.

We have used the person-centered or trauma-informed framework as the basis for all opportunity areas and future project work.

What is an opportunity area?

Opportunity areas are framed by a *How might we...?* question. The *How might we...?* format is used to turn service challenges into opportunities for design, as they imply that a solution is possible. The *How might we...?* question can be answered through a variety of project approaches and work streams, which is why these questions help focus work after deep field research.

Six opportunity areas

> **What does person-centered or trauma-informed service delivery look like in practice for participants and staff who interact with OHS's homeless prevention, diversion, and intake service?**

We dissected the overarching question into six focused opportunity areas around the following topics.

1. Improvement of key moments in the prevention, diversion, and intake service experience
2. Information needs of staff and participants
3. Environment of the access points
4. Communication across the service ecosystem
5. Organizational work culture
6. Inclusive decision-making processes

In the following pages, we will deconstruct the components of each opportunity area—showing how they were transformed into project work.

OPPORTUNITY AREA ONE

Improvement of key moments in the prevention, diversion, and intake service experience

Key service moments are the small, concrete steps each person takes as part of the homeless prevention, diversion, and intake service experience. Each key moment can progressively de-escalate emotion or heighten emotion. We have identified several key moments where a person-centered or trauma-informed lens could be applied.

Some of the key moments are:

- Referral to prevention, diversion, and intake.
- First interactions with an access point.
- Waiting to receive services at an access point.
- Meeting with social work staff.
- Loop between intake and after-hours.
- Transition to emergency housing site.
- First interactions with an emergency housing site.

How might we collaborate with leadership, staff, and participants to ensure every key prevention, diversion, and intake moment is trauma-informed?

Idea toolkit: Key moments

[Ideas gathered from staff across the service system.]

Learn about OHS service

About OHS services guidebook for external teams and agencies

Clear and consistent messaging about OHS services

Mobile prevention, diversion, and intake service experiences

Arrive at access point

Digitized ticketing process via a *queue-less* kiosk

Steps could look like:

- Enter your name or cell phone.
- Receive estimated wait time.
- Leave if cannot wait.
- Receive text when ready.

Get searched by security

At Apple Tree Family Center, adjust security tables so officers are not boxed in.

At Roosevelt Darby Center, use a table with wheels that can be stored or pulled out when checking bags.

Security procedures should be:

- Trauma informed.
- Youth friendly.
- Neutral.

Register with service representative

Shelter bed real time tracking in Client Track

Digitized sign-in and queuing processes

Idea toolkit: Key moments

[Ideas gathered from staff across the service system.]

Continued

Wait to meet with social work staff

Video announcement in the waiting room at regular intervals throughout the day

Could cover:

- Our process
- Services available at intake
- Shelter bed not guaranteed
- Housing not guaranteed
- Other resources

Free items to address immediate needs, like:

- Coffee, juice boxes, oranges

DMV-style queue and waiting system displayed on information screen

Assigned social work staff

Business card style handout with social work staff name

For Apple Tree Family Center, a map to get to social work staff's desk

Peer navigator to work with participants on a one-on-one basis

Interview with social work staff

Adjusted diversion questions

Placement in emergency housing based on a needs assessment

Leave meeting with social work staff

***What To Expect* guidebook for each emergency housing site**

Information accessible on tablets

Virtual tour of the emergency housing site

Sign in at after-hours

Share participant information in Client Track so participant transitions are smooth.

1 day - 3 weeks

Repeat loop between after-hours and access point

Continue intake at after-hours sites

Have social work staff at after-hours

Get placed at emergency housing

Youth Access Points should have:

- Access to real time bed availability.
- The ability to place youth participants at emergency housing.

OPPORTUNITY AREA TWO

Information staff and participants need

Information is the life blood of a service experience. Services can be successful or fall short depending on the quality of content communicated at key moments. Process improvements are intertwined with informational improvements. Information should be written in plain language and designed with clarity across key prevention, diversion, and intake service moments.

How might participants and staff have accurate, understandable, and actionable information at the right point in time and through the right channel?

Idea toolkit: Information

[Ideas gathered from staff across the service system.]

PARTICIPANTS NEED:

Learn about OHS service	Arrive at access point	Get searched by security	Register with service representative
What to expect • Eligibility for services • Services available at sites • Process information • Staff information • Images of the sites	**What to expect** • Eligibility for services • Services available at site • Process information • Staff information	**What to expect** • Step-by-step security process with appropriate consent	**What to expect** • Next steps in the process • Estimated wait time
Messaging • OHS to clarify first come, first served policy • Outreach to tell participants, "There's no guarantee the facility may be able to find you a bed for the night."	**Messaging** • Clear indicators at the access points so participants know they have arrived at the proper place	**Messaging** • Participant welcome • Explanation of security process • Site policies • Information about next steps	**Messaging** • To clarify data collection, service representatives could say: "We're collecting this information because [XYZ]."

STAFF NEED:

Learn about OHS service	Arrive at access point	Get searched by security	Register with service representative
Referral staff • High level understanding of prevention, diversion, and intake services • Awareness of upfront access point processes • Hours and timing of access points • Contact person • Images of an access point on a one-pager that explains the site's services	**Security officer** • Clear understanding of what questions security officers can and cannot answer	**Security officer** • Signage that communicates the security and check-in process • One-pagers that clarify services offered at access points	**Service representative** • Real time count of available emergency housing beds in Client Track

Idea toolkit: Information

[Ideas gathered from staff across the service system.]

Continued

What to expect

- Information about how the social work staff member will help a participant
- Information about the diversion and intake process

What to expect

- Directions to where social work staff sit at Apple Tree Family Center
- Social work staff name
- Information about how they will help the participant

What to expect

- Information about how social work staff will help the participant
- Intake process

Messaging

- Being honest while providing hope: "I may not be able to guarantee a bed, but I will help you with X, Y, and Z."
- Information about related resources and services

What to expect

- Next steps
- Directions to emergency housing or after-hours sites
- Site rules and policies
- Information about what the site looks like
- Hours and timing
- Main staff contact information
- Services available at site
- Documents required
- Alternative options and consequences of going through non-OHS resources

What to expect

- Information of what to do and where to go if not placed at emergency housing site
- Transportation to after-hours

For youth

- A contact person at the site they are traveling to
- Permission to share personal information with staff at next site

What to expect

- Site rules and policies
- Services available
- Information explaining that placement at emergency housing occurs at access points
- Information about prevention, diversion, and intake process if participant intends on going to an access point

Peer navigator [new role]

- The navigator is the first staff member a participant interacts with who can address social-work related questions. They check participants in, connect them to the right service at an access point and beyond, answer questions in a timely manner, and help participants navigate their service experience.

Social work staff

- If diversion and intake social work staff, eligibility requirements for prevention
- If prevention social work staff, understanding of diversion and intake services
- Up-to-date resources for participants
- After-hours and emergency housing policies

Liaison [new role]

- The access point liaison ensures after-hours and emergency housing staff are aware of participants who will access their services, participants who still need to be placed, participants with special needs, and other pertinent histories.

After-hours staff

- High level understanding of prevention, diversion, and intake

Shared on Client Track

- Name, DOB, SSN, and DOH tracker
- Up-to-date case notes
- History of violence and past incidents
- Participants with special needs or circumstances

Idea toolkit: Information

[Ideas gathered from staff across the service system.]

Continued

1 day - 3 weeks

1 month - 2 years

What to expect

- Understanding where they are in the process
- Documents required at emergency housing or for a housing program so participants can start to work on their documentation while they wait

What to expect

- Next steps in the process
- Directions
- Site policies
- Images of the space
- Hours and schedule
- Contact information
- List of services available at site
- Documents required
- For youth, the name and information of a specific contact person

What to expect

- Mini-orientation to address immediate needs—ensuring the participant makes it through the night
- Full orientation to be facilitated the next day after the participant has slept and showered

Family call-in line staff

- Plain language information about what is required to be left on voice mail
- Clear action items and next steps
- Information on what happens with the left message, like "At X p.m. we will go through all the calls."
- Estimated wait times
- Next steps

Emergency housing residential aide

- Information on participants via Client Track
- Name, DOB, and SSN
- DOH tracker
- Up-to-date case notes
- History of violence and past incidents
- Emergency contact
- Special needs
- Approximate arrival time

Emergency housing case manager

- List of housing programs with requirements and eligibility details
- Estimated wait times or participant status

OPPORTUNITY AREA THREE

Environment of the access points

The physical environment at access points is foundational to positive participant and staff service experiences. It is the main avenue through which OHS connects with participants, and it is the space that staff occupy on a day-to-day basis. The quality of the space can either leave people better off or the opposite.

Person-centered, space-related qualities can comprise:

- **Structure:** Does the physical environment feel safe, accessible, and enable well-being?
- **Types of space:** Is the design of the space conducive to different types of interactions and conversations?
- **Light, sound, color, smell, furniture, and visual storytelling:** How do form and function enable positive interactions?
- **Flow of people:** Are people's pathways open and clear?
- **Wayfinding systems:** Do people know what is expected of them in the space, and can they navigate it effectively?

How might Apple Tree Family Center, Roosevelt Darby Center, and related spaces enable trauma-informed and dignified service experiences for participants and staff?

Idea toolkit: Environment

[Ideas gathered from staff across the service system.]

ACROSS SITES

Consistent signage:

- Plain language
- Visual cues or icons
- Multi-language
- Positive messaging

Humanize the space:

- Warm colors
- Murals on the walls
- Warm lighting
- Plants
- Calming sounds
- Pictures of staff and their roles
- Personal stories of peers
- Mobile charging stations
- Storage lockers

Re-orient the space:

- Ensure staff feel safe and are not boxed in.
- Design space according to interactions.
- Create better crowd flow.
- Rework the placement of speaking holes in the plexiglass at the front desk window.
- Provide space for staff to relax and de-stress.

SPECIFIC TO ACCESS POINTS

At Apple Tree Family Center:

- Develop a wayfinding system.
- Create semi-private triage space.
- Make private rooms conducive to intimate conversations.
- Invest in making all floors warm, safe, and comfortable for all.

At Roosevelt Darby Center:

- Offer specialist services.
- Structurally equip site to become an equal access point (e.g. inclusive bathrooms).

AFTER-HOUR SITES

- Allow participants to use cots or floor mats.
- Identify additional after-hours sites for single men, since current spaces are limited.
- Give participants access to showers at after-hours sites.

OPPORTUNITY AREA FOUR

Communication across the service ecosystem

Communicating successes, learnings, and policy changes within a team and across the provider network can be complex, especially when the service community is made up of more than 39 agencies. In addition, there are a variety of referral agencies who connect participants to prevention, diversion, and intake services. Opening up communication among all partners through a person-centered lens can strengthen partner relationships and ensure smoother service experiences for participants.

Person-centered communication pathways are reciprocal.

- OHS > < External referral organizations
- OHS > < Provider leadership > < Front-line staff
- OHS > < Access point leadership > < Front-line staff
- Outreach > < Access points> < After-hours > < Emergency housing

In an environment of continual change, how might we ensure staff across levels and organizations have a shared understanding of the what, why, and how of a new or improved policy?

Idea toolkit: Communication

[Ideas gathered from staff across the service system.]

OHS > < REFERRAL GROUPS

Strengthen relationships among hospitals, prisons, advocacy groups, other City agencies, and community organizations.

Clear messaging

- This is what OHS does and does not do.
- This is who is eligible for services.
- Housing is not guaranteed.

OHS > < PROVIDER NETWORK

Provider meeting structure to bring people together:

- OHS to share out information and updates.
- Gather feedback.
- Make space for providers to discuss trends, best practices, and problem-solve together.
- Make meeting notes and key discussion points accessible to those not present.

OHS > < PARTICIPANTS

Communicate in honest, yet hopeful ways, like: "Because of limited resources, only 5 out of 50 people will get a bed today, but we can help you with X, Y, Z."

Continue to be present at emergency housing sites when communicating big decisions or policy changes that impact participants.

OHS > < ACCESS POINTS

Hold monthly staff meetings within prevention, diversion, and intake to connect team members.

ADMINISTRATORS > < FRONT-LINE STAFF

Ensure everyone impacted by a service change knows the change and how it impacts their job, including service representatives and security officers.

STAFF ACROSS SERVICE NETWORK

Across the service ecosystem, disseminate consistent messaging—written and spoken—so participants hear the same thing from one organization to the next.

OPPORTUNITY AREA FIVE

Organizational work culture

If staff are enabled and supported in their success, then they have a far greater chance of succeeding in their roles. Within a resource-constrained environment where staff experience secondary trauma on a daily basis, it is essential to create work cultures where staff know what is expected of them, understand what success looks like, are connected to a broader vision they see value in, feel listened to and celebrated, and can decompress after stressful moments.

The following areas can aid work cultures in becoming more person-centered:

- **Realistic service standards:** What does success look like on the ground?
- **Recognition and appreciation:** Are staff being listened to and are they authentically acknowledged for a job well done?
- **Skills-sharing and building:** How can staff continue to build their skills through training, mentorship, and peer-to-peer sharing?

What infrastructure is required to ensure staff feel supported in implementing the prevention, diversion, and intake service on the ground?

Idea toolkit: Work culture

[Ideas gathered from staff across the service system.]

SETTING STANDARDS

Documentation on policy, standards, and implementation procedures that are consistent, up-to-date, and centrally located for all staff to access.

RECOGNIZING GOOD WORK

- Recognize individuals (e.g., Z social worker helped X participant with Y).
- Celebrate teams and organizations after major accomplishments.
- Amplify organizations that are creative in their implementation efforts (e.g., This organization implemented X in Y way and they are seeing great success.)
- Provide opportunities for participants to honor social work staff and organizations and vice versa.

EVALUATING SERVICE EXPERIENCES

- Collect and use feedback to drive improvements.
- Gather qualitative feedback from participants and staff in addition to the complaint line.
- Incentivize participants to take surveys.
- Collect real-time feedback (e.g., IKEA smiley meter).

TRAINING OPPORTUNITIES

Training format

- Free for staff
- Online training
- Convenient times and locations
- Context-specific and solutions-focused training
- Staff trained on each others' roles and processes across provider network

Content needs

- Trauma-informed
- De-escalation
- Youth-friendly
- HUD regulations
- Updated interviewing skills
- Role within a Housing First model

OPPORTUNITY AREA SIX

Inclusive decision-making processes

Many leaders and social work staff within or connected to prevention, diversion, and intake have worked in the field for most of their careers or have studied social work in college or graduate school. Being a practitioner in the field provides operational insight or lived experience. Both leaders and staff recognized the need to be more inclusive in policy-making so policies make sense when implemented in the field.

Levels of inclusion could span:

- OHS administrators
- Social work staff
- Front-line staff
- Provider leadership
- Provider staff
- Participants

Inclusive processes could span:

- Gathering insight from staff across organizational hierarchy to inform the design of a policy that impacts them.
- Reporting back out to staff on decisions where they contributed input.
- Working with staff to evaluate impact.
- Improving a policy once piloted and experienced in the field.

How might policies and standards of practice that impact on-the-ground service experiences be informed by those who are on the ground? What does person-centered decision making look like in practice?

Idea toolkit: Decision-making

[Ideas gathered from staff across the service system.]

INVITE AND INCLUDE

- Engage access point administrators and others in the decision-making process before important decisions are made.
- Work with the Youth Advisory Committee for big decisions that may impact youth participants.

PLAYBOOK

A playbook for inclusive decision-making could include guidelines on:

- Techniques for gathering feedback
- Strategies for reporting out across provider network
- Explanation of how feedback will be used

ADVISORY GROUP

Create an advisory group composed of participants and elected representatives:

- Outreach workers, access point staff, after-hours staff, and emergency housing staff
- Staff across all levels: front-line staff, social work staff, case management staff, and administrators

NEXT STEPS

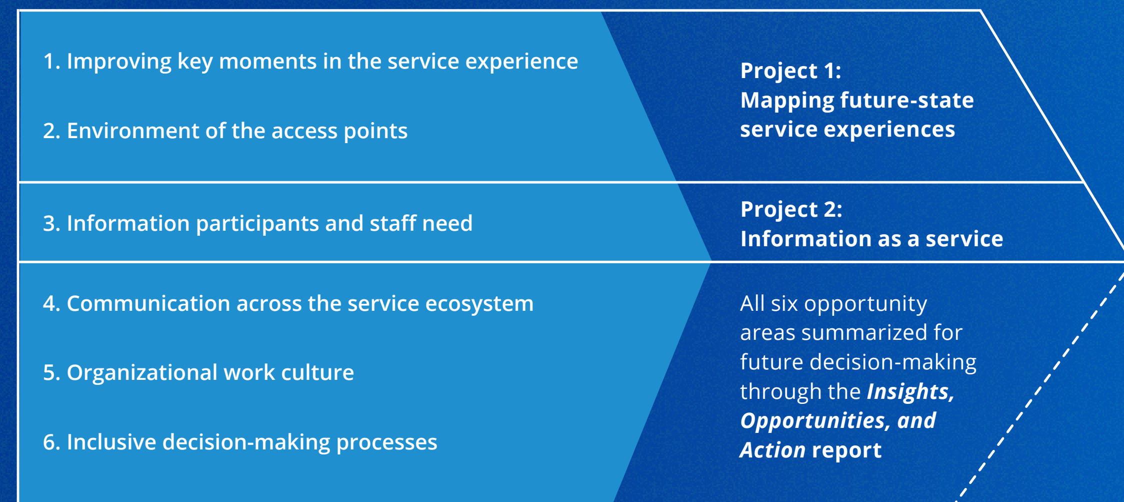
After we focused on the six opportunity areas and facilitated brainstorming sessions with staff across the provider network, the Lab and OHS worked together to choose projects.

Criteria:

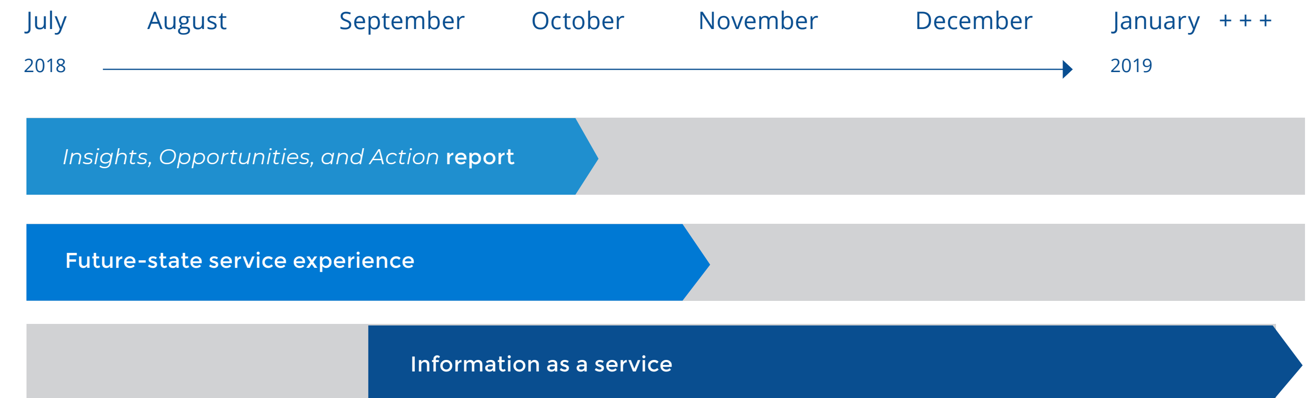
- Impact the prevention, diversion, and intake service immediately and in the long-term.
- Aligned with staff capacity.
- Mapped to the needs and priorities of OHS and prevention, diversion, and intake staff.
- Have implementation support.

The following pages document the projects the Lab and OHS are pursuing together, their approach, deliverables, and overarching timelines.

An additional report will be written that details the outcomes of project work.



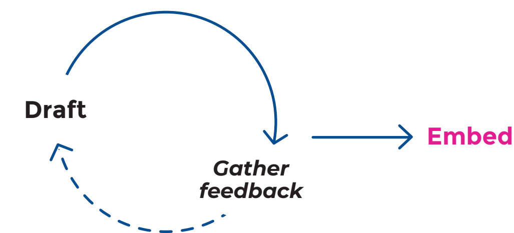
High-level timeline



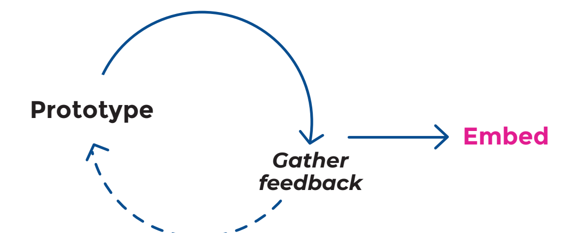
General project approach

Project work will be inclusive and iterative—ensuring a greater chance of success upon implementation.

Iterating on strategy interventions:



Iterating on design interventions:



PROJECT OVERVIEW

PROJECT 1: FUTURE STATE SERVICE EXPERIENCE

Project purpose: To co-design how prevention, diversion, and intake service experiences and environments can be person centered and trauma informed.

Phases of work:

1. **PLAN PROJECT**: Develop a project plan that details process, team, and timeline.
2. **CO-DESIGN:** Co-design what person-centered service delivery and spaces looks like in practice.
3. **FINALIZE:** Finalize the future state service experience and trauma-informed space plan.
4. **EMBED:** Collaborate with OHS to embed the strategy into existing work.

Deliverables:

- Detailed project plan
- Co-design sessions and reviews with staff across the service system
- Final report:
    - Service journey maps that demonstrate trauma-informed service experiences in practice
    - Trauma-informed space plan
    - Trauma-informed service strategy
- Implementation strategy and support

PROJECT 2: INFORMATION AS A SERVICE

Project purpose: To create informational interventions that clarify prevention, diversion, and intake and enable OHS to maintain materials over time.

Phases of work:

1. **PLAN PROJECT**: Develop a project plan that details process, team, and timeline.
2. **DEVELOP CONTENT STRATEGY:** Develop a content strategy to establish real content needs.
3. **MULTIPLE WORK STREAMS:** Design and implement resources for/with participants and staff.
4. **EMBED:** Collaborate with OHS to embed the strategy into existing work.

Deliverables:

- Detailed project plan
- Final content strategy report
- Potential deliverables:
    - Video
    - Virtual check-in
    - Service pamphlets
    - Redesigned forms
    - Staff checklists
- Content training, standards, and templates

PROJECT 3: INSIGHTS, OPPORTUNITIES, AND ACTION REPORT

Project purpose: To document all of the insights and ideas generated from design research, so OHS can use learnings to make future decisions.

Phases of work:

1. **REPORT OUTLINE:** Develop a report structure and review with OHS.
2. **WRITE REPORT:** Iterate on the content of the report with OHS core team.
3. **FINALIZE REPORT:** Translate the text-based draft into a final visual document.
4. **DISSEMINATE:** Disseminate the report to all stakeholders.

Deliverables:

- Detailed project plan
- Several reviews of the report —from outline to visual design
- Final public report
- Communication strategy

Project contributors

Project sponsors:

- Liz Hersh, Director, Office of Homeless Services
- Stephanie Tipton, Interim Chief Administrative Officer, Office of the Chief Administrative Officer
- Christine Derenick-Lopez, Former Chief Administrative Officer, Office of the Chief Administrative Officer
- Tim Wisniewski, Former Director, Office of Open Data and Digital Transformation

Fiscal sponsor: Mayor's Fund for Philadelphia

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- Liana Dragoman, Service Design Practice Lead and Director, Office of Open Data and Digital Transformation; Co-lead, PHL Participatory Design Lab
- Devika Menon, Service Design Fellow, PHL Participatory Design Lab

Project advisors:

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[Cont.] Insight and support from OHS & DBHIDS:

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- Bridgette Tobler, Coordinator for Homeless Services, Department of Behavioral Health and Intellectual Disability Services

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- Bethesda Project
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- Eliza Shirley House
- House of Passage
- Jane Addams Place
- Navigation Center Cafe
- Our Brother's Place
- Project Home
- Randolf Court
- Red Shield Family Residence
- Station House

Note: We are not listing the names of the individuals at provider organizations because many participated in interviews and their identities are protected.

Insights and support from the PHL Participatory Design Lab's lead offices:

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