

Evaluation of Supportive Services for Homeless Women

by

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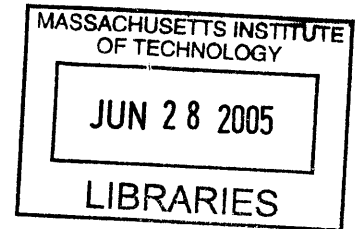
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ROTCH

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Leslie Marie Mullins

Submitted to the Department of Urban Studies and Planning  
On May 19, 2005 in Partial Fulfillment of the  
Requirements for the Degree of Masters in  
City Planning

## **Abstract**

Every evening over 20 women are bused to a basement of a schoolhouse, where they will spend the night and wake up at 5:00 a.m. to face the streets as a homeless woman. These women feel as if they are invisible and their life stories and experiences are not important. This thesis will provide an outlet for the women stories to be told and also examine the effectiveness of the services where the women are residing - Father Bill's Place in Quincy, Massachusetts.

I used focus groups and in depth personal life sharing interviews to investigate the homeless shelter's services. This method enabled me to relate to the clients and to make them feel comfortable enough to share their experiences at the shelter. I used interviews to examine the staff at Father Bill's Place.

The clients at Father Bill's Place are seriously affected by the quality of services that are being offered. Each day that the women feel confused about case management, disrespected by a direct care staff worker, dissatisfied with the lack of healthy food options, sicken by the poor ventilation of the shelter's public space, and feel less than a human there is a crisis situation. The women do not demand luxury items, they only want to have the accurate information to be able to make inform decisions about their personal service plans and to be treated like women, not homeless women.

Thesis Supervisor: Langley Keyes  
Title: Ford Professor of City and Regional Planning

## Acknowledgements

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I dedicate this thesis to my grandmothers Lucy Richardson and Betsy Marlowe. May you forever rest in peace and watch over the family. It is through you that I am able to relate to my womanly ancestors and learn the true mysteries of our African and Native American herstories. I miss you both!

I also dedicate this thesis to all of the women whose stories were never told, who feel invisible, who feel forgotten, who feel ugly, who feel unloved, and who feel pain... It is through you that I became inspired and able to continue my life's work of empowering women and minorities! May we all be heard! May we all feel wonderful! May we all feel loved! Forever!

I would like to thank Langley Keyes for leading by example. You are the reason that I chose to attend MIT's City Planning program. I really enjoyed your classes and listening to you talk about your family. Thank you for being so genuine and thank you for believing in change!

I would like to thank Cherie Abbanat for being an excellent thesis reader and friend! Thank you for listening to me, encouraging me, and supporting me throughout the entire process!

I would especially like to thank the women at Father Bill's Place for sharing their stories and lives with me. I learned so much from spending time with you all! I pray that all of you enjoy your new permanent housing at the Claremont House!

I would also like to thank the entire staff at Father Bill's Place for allowing me to work with you and for sharing your experiences with me! I would especially like to

thank Jill, Nicole, John, Jen, and Amy! You all are doing excellent work for excellent people!

I would like to thank my family: Rebecca Mullins, Victoria Thomas, Sherita Mullins, Breanna McCoy, and Frank Mullins for believing in me! Thank you all for sharing your stories with me so that I can better understand who you are and who I am!

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## Chapter 1: Introduction

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It is 6:45 p.m. on a cold and dark February evening when the van pulls into the parking lot of St. John's Place, a homeless shelter designated for women in Quincy, Massachusetts. I begin to grow weary. I don't know what I will find there. As I walk down into the basement, I see rows of beds lined against the walls. A pale pink color is painted on all of the walls. The ceiling looks as if it is incomplete. The smell is distinct, but unfamiliar to me. I am nauseas. The space is cramped and small. I walk around to the rear of the dormitory where I find a small lounge with a television and puzzles broken into pieces and scattered around the table. Dust fills the corners of the room. I feel constrained by the lack of space. I am thankful that I don't have to spend the night there, but I knew that 20 other women will.

St. John's Place is a homeless women shelter that is part of a larger coed shelter for single individuals - Father Bill's Place. Father Bill's Place is a 24 hour, full service community organization for the homeless. Each year Father's Bill's Place provides over 1000 homeless men and women with food, shelter, health services, counseling and support. This will focus primarily on the larger organization – Father Bill's Place - in order to review the set of services provided to the clients.

While researching housing options for Father Bill's Place, encountered countless women who were in need of help; they were not happy with the care they were receiving at the shelter. And, they were especially dissatisfied about the sleeping conditions of the "cellar" - St. John's Place. So, in January of 2005, I began to study Father Bill's Place to learn more about the women who were being served at the shelter, to explore their concerns, and to evaluate the services. After spending time at the shelter speaking with



the clients and staff I found that a gap exists between what the women at the shelter want from Father Bill's Place in terms of services and shelter, and what the staff at Father Bill's Place provides for them. The purpose of this thesis is to better understand these gaps in order to provide recommendations to Father Bill's Place about changes that could be made. This thesis does not attempt to criticize, but rather to assist the staff in understanding the needs of their women clients.

To research this perceived gap in service, I used focus groups and in depth personal life sharing interviews to relate to the clients and to make them feel comfortable enough to tell me about their experiences at the shelter. The in depth personal life sharing interview method is a way that gives an individual an opportunity to tell his/her life story in a safe, non judgmental environment. This method differs from standard interviewing because it allows the interviewee to shape the discussion and share as much of their history as they comfortable sharing. It also gives the interviewee a personal insight into the interviewer life that they may not otherwise be able to obtain. I also spent a lot of time "hanging out" in the shelter, observing the clients daily activities and building trust. My study approach with the staff who take care of the homeless was similar; I sat with them during their shifts and talked to them about both their personal and professional lives. This thesis tells the story of a homeless shelter service through the perspectives of both the clients and staff.

The thesis is divided into four primary chapters that describe and analyze the services that are available at Father Bill's Place. Chapter one is a detailed background about homeless, Father Bill's Place, and literature review about homeless women experiences at shelters. Chapter two focuses on direct care services at Father Bill's Place.

Chapter three is about case management at Father Bill's Place. Chapter four is about healthcare services at Father Bill's Place. This thesis will conclude with overall recommendations for Father Bill's Place to better serve their clients.

## **Chapter 2: Contextual Background on Homelessness**

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### **Definition of Homelessness**

Homelessness is not simply people sleeping in public alleys, in boxes, under bridges, or panhandling on the streets. Homelessness is defined as lacking permanent shelter.<sup>1</sup> Homelessness is not contained to individuals who are uneducated, unmotivated, drug abusers. Homeless individuals come from variety of different backgrounds including detox programs, the foster care system, military service, unemployment, working class, mental health institutions, universities and abusive relationships.

Increasingly, the number of homelessness continues to rise, and emergency shelter providers find themselves unable to keep up with the demand. The most recent comprehensive national study was conducted in 2001 and looked at 27 U.S. cities and found that 37% of people requesting emergency shelter could not be served due to a lack of resources. This was an increase of 13% from the previous year.<sup>2</sup> Since this study was conducted the trend has not changed.

The rise in homelessness can be attributed to: (1) increase housing costs and (2) cuts in state budgets, resulting in premature discharges from mental hospitals, substance abuse treatment and corrections programs. The current market rent for a two-bedroom apartment in the Boston Metropolitan area is approximately \$1500 per month. In order to afford the cost of rent, a household would have to earn an annual income of \$60,000. Increasingly, skilled workers such as construction laborers, maintenance staff and food preparation workers cannot afford these high market rents. The median income for these

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<sup>1</sup> [www.acadiacom.net/Recovery/homeless.html](http://www.acadiacom.net/Recovery/homeless.html)

<sup>2</sup> Lowe. Eugene T., "A Status Report on Hunger and Homelessness in America's Cities 2001: A 27-City Survey", U.S. Conference of Mayors (December 2001)

types of jobs is approximately \$24,000 a year.<sup>3</sup> In terms of budget cuts, in 2002, Massachusetts alone reduced funding to homeless programs by \$7 million. The cuts affected the services provided by the Bureau of Substance Abuse, Department of Mental Health, Department of Social Services, and Department of Corrections. The decrease in funding is causing a demand overload at emergency shelters due to an influx of people discharged from state funded programs.<sup>4</sup> The shift in funding and housing market trends have made emergency shelters an increasingly crucial resource for the homeless. Many homeless service providers are straining everyday to meet the demand for emergency shelters and the housing needs of the homeless.

### **Homeless Individuals**

Homeless people have a hard life; they must find employment or navigate through an intense government and supportive services system, find shelter, find food, and find clothing despite scant resources and an outlaw status. Many homeless people seek to live as possible for as long as they can. The inability to do so causes a great deal of depression, anxiety, and frustration.<sup>5</sup>

Many of the homeless are in deep danger of losing their sanity and their humanity, and they are struggling to hold on.<sup>6</sup> Many deal with the emotional struggle by getting support from friends or relative, drinking, faith, avoiding thinking about it, acceptance, helping others, keeping busy, realizing others are worse off than you. More

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<sup>3</sup> Department of Planning and Community Development, City of Quincy

<sup>4</sup> Father Bill's Place, "Review of Father Bill's Place Housing and Emergency Shelter Programs, Quincy Interfaith Sheltering Coalition (June 2003)

<sup>5</sup> Rosenthal, Rob (1994). *Homeless in Paradise: A map of the terrain*. Philadelphia, Pennsylvania: Temple University Press.

<sup>6</sup> Liebow, Elliot (1993). *Tell Them Who I Am: The Lives of Homeless Women*. New York, New York: The Free Press.

specific answers included: crying, humor thinking of the future, music, anger or revenge, will to survive, or fear of death, patience, thinking about their children, or family<sup>7</sup>.

Many homeless women have low self esteem because they act as if they have failed as wives and mothers. Shelters can improve upon the women self esteem by the use of residents name when addressing them. Names are a source of identity, not using a woman's name reduces her to a status of a thing or a non-person. Shelters can also use curtains and pictures to make the shelter seem less threatening and resemble more of a home environment. Shelters could also offer psychological group sessions and therapy to improve the self esteem of the women.<sup>8</sup>

Many homeless people do not want for a lot of materialistic things. Morris and Heffner research with the homeless found when asked what the homeless wish for a number of the homeless wished for the good of others, or the world at large, with personal needs. Two thirds of them had at least one wish for the world, at large, or other outside themselves. The largest group of wishes, 43% were for stable housing. About one third wished for an adequate income; 30% for a job; and 17% for good health.

The extent of altruism among people in such dire need is noble. The overwhelming yearning for a good place to live, seldom conveyed in fancy or luxurious terms, denies the myth that street people choose the street. The desire for steady employment and a good family life was significant.<sup>9</sup>

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<sup>7</sup> Morris, Ruth and Colleen Heffner (1998). *Street People Speak*. Ontario, Canada: Mosaic Press.

<sup>8</sup> Russel, Betty (1991). *Silent Sisters: A Study of Homeless Women*. Baltimore, Maryland: Hemisphere Publishing Corporation.

<sup>9</sup> Morris, Ruth and Colleen Heffner (1998). *Street People Speak*. Ontario, Canada: Mosaic Press.

The similarities among homeless men and women are slight. They are both very poor economically, rely on social agencies for food, shelter, clothing, and income and frequent the same sections of the city because of the concentrations of services in a specific area<sup>10</sup>.

Women are less likely to move around the city on their daily errands. Once located in a shelter, a woman tends not to venture far with the exception of accessing social services. Typically due to fear and timidity, unfamiliarity with other part of the city have caused women to remain, for the most part, within walking distance of their shelters.<sup>11</sup>

Homeless men and women also differ in the area of employment. Women are less likely to be employed before they are homeless and once they become homeless. And the types of jobs that women tend to have worked tend to be less skilled than men. Women are employed as sales clerk, waitress, or cashier<sup>12</sup>.

Overall the homeless are in need of shelter and supportive services. Many of them rely on homeless shelters to provide this service.

### **Different types of homeless shelters**

Emergency shelters can range in size and services. In the state of Massachusetts there are over 20 shelters that are recognized by the Massachusetts Shelter Alliance.

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<sup>10</sup> Russel, Betty (1991). *Silent Sisters: A Study of Homeless Women*. Baltimore, Maryland: Hemisphere Publishing Corporation.

<sup>11</sup> Russel, Betty (1991). *Silent Sisters: A Study of Homeless Women*. Baltimore, Maryland: Hemisphere Publishing Corporation.

<sup>12</sup> Russel, Betty (1991). *Silent Sisters: A Study of Homeless Women*. Baltimore, Maryland: Hemisphere Publishing Corporation.

Each shelter provides a variety of services for different homeless populations. The different homeless populations served by shelters can be based on gender, age, veteran status, sobriety, and cause of homelessness. The services at the shelters vary in approaches and comprehensiveness. The following is a review of a sample of the different types of shelters and the services provided in Massachusetts.

### *Pine Street Inn*<sup>13</sup>

Pine Street Inn is probably the most well known shelter in Massachusetts. The Pine Street Inn is a large extensive shelter located in Boston. Pine Street Inn serves approximately 1200 men and women daily and employs over 400 full and part time workers. Beds are assigned by lottery each night.

Pine Street Services Include:

- Daytime Outreach: advocacy, medical and psychiatric services to homeless individuals who rarely or never seek shelter.
- Nighttime Outreach: Staffed with counselors and nurses, the inn's outreach vans travel the streets of Boston from 9 p.m. to 5 a.m., providing food, clothing, blankets, medical assistance, and compassion.
- Emergency Shelter: 700 men and women Along with hot meals and a safe place to sleep, these shelters offer guests health care, counseling, job training and other services that help provide a route out of homelessness
- Housing: Pine Street currently has 336 tenants in more than 20 residences throughout greater Boston. This permanent housing is available for men and women capable of living independently, and specialized housing is open to tenants with a history of mental illness or who are living with HIV/AIDS.

### *Project Hope*<sup>14</sup>

In contrast to the Pine Street Inn, Project Hope is a small shelter located in Dorchester that serves only eight families at any given time. Project Hope has a small staff of full time workers and volunteers.

Project Hope services include:

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<sup>13</sup> <http://www.pinestreetinn.org/learn/faq.html>

<sup>14</sup> [http://www.littlesisters.org/project\\_hope.html](http://www.littlesisters.org/project_hope.html)

- Employment and economic development training
- Adult education and youth programs for neighborhood residents
- Special initiatives that contribute toward building a stable and productive neighborhood.

### *Rosie's Place*<sup>15</sup>

Rosie's Place is an homeless facility that caters to the needs of women in distress.

Rosie's Place:

- Serves 180 meals daily
- Provides short term emergency shelter for women
- Advocates for women to find permanent housing and to avoid eviction
- Distributes free clothing and grocery donations
- Provides permanent supportive housing for up to 32 women
- Includes a free on-site ESL program
- Employs women at the Women's Craft Cooperative: a successful micro-enterprise, employs women for their hand-crafted work while teaching them about business and providing critical job readiness skills.
- Assists women with their finances
- Provides on-site workshops where women gain access to experts in the fields of legal services, healthcare and more.

### *Boston Rescue Mission*<sup>16</sup>

The Boston Rescue Mission is dedicated to provides shelter for 200 men and women each night.

Boston Rescue Mission services include:

- Overnight Emergency Shelter
- Meal Programs: Serves meals to shelter residents and the general public who may be hungry.
- Post-Detox Residential Program: serves homeless individuals coming directly from a three to five day drug detoxification program within a local hospital or a licensed detox center. The program offers intensive case

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<sup>15</sup> <http://www.rosies.org/cultures/en-us/>

<sup>16</sup> [http://www.brm.org/index.aspx?sec\\_id=13&sec\\_url=](http://www.brm.org/index.aspx?sec_id=13&sec_url=)



- management, individual counseling, self-help referral and relapse prevention services through on-going supervision for up to three months
- On The Job placement Program and also provides life skills training and vocational development programs.
  - Spiritual Development through a 12 step program that addresses both the physical and psychological issues in the clients lives.

Although there are a variety of shelters in the state of Massachusetts with complex histories that provide services to homeless people each day, I chose to focus this report on Father Bill's Place in Quincy, MA.

### **Personal Interest in Homelessness**

In 2004, I participated in the Boston's Affordable Housing and Development Competition. Local area graduate students were paired with Community Development Corporations to develop a comprehensive development proposal that consisted of the following components: finance, urban design, architectural design, community outreach, environmental sustainability, and implementation strategy. My team chose to work with Father Bill's Place, a homeless shelter in Quincy, MA. Our task was to assist Father Bill's Place with developing a plan to transition homeless individuals from the emergency shelter to permanent housing with an abundance of supportive services available to them. The supportive services included employment training, transportation, healthcare, mental health, and financial management. The development proposal won the first place award in the Affordable Housing and Development Competition.

While I was doing community outreach for the project, I had the opportunity to speak with many of the shelter's clients. One morning I scheduled a focus group in the women's shelter, St. John's Place. During the meeting, many of the women shared that they need more than just housing. Many of the women spoke about needing compassion,

some to listen to them, self esteem, love, and respect. After the focus group, many of the women crowded around me and began to tell me their stories of how they became homeless and how unhappy they were with living in the “cellar”.

My heart went out to the women and I felt like I had to try to do more to help them. I wanted to understand more about their experiences at the shelter and how they became homelessness. Many of the women looked tired and depressed most of the time. I wanted to understand their depression and to find out if there was anything in the short term that they could use to better their quality of life.

I chose to write my thesis in response to the women who shared their stories with me. My thesis will focus on the evaluation of supportive services that the women receive at the shelter, with the hope of bringing to light some of the issues that can make being homeless just a little bit easier. Also this thesis recommends changes in the way that some services are provided at Father Bill’s Place and St. John’s Place.

### **Father Bill’s Place History and Staff Structure**

Father Bill’s Place is located on Broad Street in Quincy, Massachusetts. It is a 24-hour, full service community organization for homeless single individuals. Father Bill’s mission is to move people beyond shelter dependency. Homeless individuals who come to Father Bill’s Place are from communities all over Massachusetts including the South Shore area and surrounding Boston localities.

The total shelter population served in 2003 was about 180 people daily of which, 84% white, 9% black and less than 1% Latino. Father Bill’s Place population is 18% women and 82% male, with only one person identified as transgender. The ages ranged

from 18 years and up with the majority (59.8%) of residents between 30-49 years of age. As with most homeless shelters, over the last five years the demand for Father Bill's Place has increased from providing shelter to 1,200 people in 1999 to providing shelter to 1,607 people in 2003 a 34% increase or 407 people. Father Bill's has the capacity to provide beds for 95 people per night; however the demand for shelter was above capacity every month in 2003 with a yearly average of 108 per night. When the shelter is above capacity, the remaining individuals must sleep on cots in the cafeteria. Unfortunately, Father Bill's Place only receives funding for 75 individuals per night from the State of Massachusetts. This results in a funding gap that must be filled by private funding. The lack of funding, however, does not prevent Father Bill's from providing a continuum of housing services for the homeless.

The staff at Father Bill's Place consists of 14 men and women full time workers. The staff includes: an Executive Director, Operations Director, Shelter Manager, 2 Case Managers, 8 Direct Care Staff, 1 Volunteer Coordinator. The following chart is an organizational chart of the staff at Father Bill's Place. As shown in this chart, the healthcare service provider is independent of Father Bill's Place.

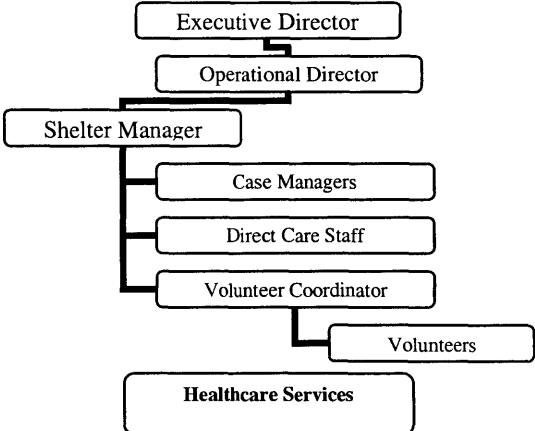


Figure 1: Organizational Structure of Father Bill's Place

## **The Services at Father Bill's Place**

Father Bill's Place offers a comprehensive care for the homeless. Father Bill's Place services include:

- *Direct Care:* Direct care is responsible for providing for the immediate needs of the homeless that enter into the shelter. This includes bed assignment, shelter orientation, check in/check out of shelter, storage of client's medication, answering hotlines/phone lines.
- *Case Management:* Assessment and identification of individual's articulated needs in order to fulfill both short term and long term goals. Case management also connects the clients to local resources to aid in their development.
- *Medical Clinic:* Boston Healthcare for the Homeless provides basic nursing services to the homeless with an on-site full time registered nurse. Weekly visits provided from a physician and monthly visits from a dentist are also available to the clients.
- *Mental Health Care:* Mental Health Care is provided by Tri-City Mental Health which provides a shelter based clinician assessment and evaluations.
- *Healthcare for the Homeless:* Assists the homeless clients to apply for Medicaid healthcare insurance.
- *Employment Assistance:* Employment Assistance with resume, voice mail service, and job identification is available through Impact Employment Services located in Quincy, MA.
- *Substance Abuse Services:* Provides support for homeless people struggling with substance abuse to treatment. Treatment is available at Bay State Community Services.

The thesis will only focus on the services that are offered on site at the shelter.

The services that are provided at Father Bill's Place and St. John's Place. The services that are offered on- site at the shelter include: direct care, case management, medical and health care.

## **St. John's Place**

After dinner around 6:45 p.m. the women are taken in a van from Father Bill's Place to the basement of St. John's Place where they will sleep for the night. The men sleep in the dormitories at Father Bill's Place. Primarily due to overcrowding the women are transported to the basement of St. John Place as two dormitories with 45 beds lining the walls, 30 of which are single twin size beds and ten of which are twin size bunk beds, the beds are steel framed and most of the mattress seemed soiled. The large bathroom has 6 toilet stalls and 5 shower stalls, one private toilet for staff that is kept locked while the women are there. And St. John's Place also has two lounge areas. One lounge is located in the rear of Track 1<sup>17</sup>.

The other lounge area is located between Track 1 and Track 2. The second lounge has a large screen television on a higher platform than the things in the room. There are also several large storage lockers for the women's blankets and the other is for storage of the client's personal belongings. There are also a lot of chairs lined up against the wall. When the women are ready to watch television they usually pull up one of these seats to watch television. Watching television usually can not be done because many of the women make a lot of noise as they get ready for bed.

Track 2 is usually designated for women who are going through an intense case management process and who have some form of employment. The Track 2 dormitory has fewer beds and provides more privacy. The Track 2 area also has an individual board on top of each bed so that the women can place pictures and other accessories to decorate their space to make it can feel more individualized. Track 2 homeless women keep the

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<sup>17</sup> Track 1 is designated for women who are employed at least part time and have signed a service plan with their case manager. Track 2 is designated for all other women.

same bed each day and are allowed to store their belongings at the St. John's Place, instead of having to carry them everyday. A rack 2 homeless person enjoys privileges and has a certain status among the women.

Track 1 is designated for women who are not working and who may or may not be meeting with their case managers on a regular basis. The beds in Track 1 are both single beds and bunk beds. There are approximately 3 times more beds in Track 1. The women in Track 1 are more likely to be louder and varied more in emotional and physical stability. During the winter months, the women are only on same bed status where they keep the same bed and get to store their belongings at St. John's Place. Same bed status lasts from November 1<sup>st</sup> thru May 1<sup>st</sup>. After these dates, women carry their belongings with them throughout the day.

Each woman is only permitted two bags and a handbag in order to ensure that each woman is able to easily carry all of her belongings with her at all times. Within these bags they are required to keep any soiled clothing inside of the bags.

Currently there are no women at Father Bill's Place who has a Track 2 status. But, if a woman talks to either case management or direct care staff they may be able to be placed in a Track 2 bed, but not a Track 2 status. Some women prefer the Track 2 room because it has fewer people.

### **The Women Clients at Father Bill's Place**

The women at Father Bill's Place are a transient group. For numerous various reasons some women do not reside at the shelter for a long period of time or a consistent amount of time. Therefore, establishing a working relationship with each of them was difficult. I

spent a lot of time at the shelter playing cards, eating lunches, and talking to the women about their families and interests before I began my research, in order to develop a friendly relationship and trust among the women. Eventually the women began to talk to each other about my presence at the shelter, so I was no longer a stranger, but I was always an outsider. Most of the women referred to me as a cool staff person from MIT.

In order to find out about how the women experienced the shelter I conducted multiple focus groups and spent individual time with the women to listen to their life stories. The focus groups took place during the night time at St. John's Place. I would ride over to the basement of the St. John's Place with the women after dinner at 6:30 p.m. I would then tape up large pieces of paper onto the walls of the main lobby and set up rows of chairs in front of the paper. I would then walk around the shelter and inform the women about the meeting. Once the women arrive I would ask for volunteers to write on the paper. The women who I interacted with previously are usually the ones that would volunteer. Then I would introduce myself to the group and explain to them my purpose. Then I would ask open questions about their preferences.

The focus groups would range in topics. The initial focus groups were primarily about sleeping conditions at St. John's Place. I wanted to start the women thinking about their preferences and how they felt about their homeless situation. As the women began to share with me their preferences they began to get enthusiastic about the ideal that something better was possible. I encouraged the women to dream. But most of them only asked for things that they felt were reasonable such as full size beds, blinds, and refrigerators. While others discouraged women that said they wanted swimming pools,

exercise equipment and chandeliers. I reassured the group that it was a wish list and that each woman had the freedom to say anything that she wanted. (See Appendix 3)

Eventually I did focus groups about self image, where I had the women sit around a large table in the bathroom and draw their self portraits. Afterwards I had the women share their images with the group. Some of the women had elaborate pictures with birds, trees, smiling people, and even poems. While others choose to draw nothing, noting that they saw themselves as being invisible. The following are select portrait that were drawn during the focus group.



In addition to focus groups, I spent a great deal of time talking to each of the women privately to find understand t their life stories. I would first ask a client while they were sitting in the cafeteria/lounge area at Father Bill's Place if they wanted to set up a time to meet with me. Usually the women would agree to meet with me that day or at that particular moment. I would then find a private space where the woman could share their story without the staff or the other clients overhearing them. Then I would begin the meeting with a brief introduction about myself and my project then I would ask



the woman to share with me her story. Many of the women seemed baffled by this requests. So I would then ask them a series of questions about their childhood. Questions like, “Where were you born?”, “How many siblings did you have?” Shortly after the women began to share with me their life stories, I would record what they told me using a notebook with a pen or pencil. The story telling method was extremely critical to my research because it allowed me to enter into the lives of these women. Sharing stories is a way into another person’s life and a way for me to get to the heart of the problems they have with Father Bill’s Place.

The life stories that were told to me range in complexity. Some of the women felt very comfortable telling me great details about their life, while others were more reserved and gave me only the basic facts. I also had the opportunity to look at pictures of the women’s families, read personal letters from loved ones, and read poetry that was written by the women. Many of the women wanted to share with me their lives. Some of the life story sessions were hours in length and lasted over a period of weeks. While other life story sessions were completed in less than one hour. The following is a poem that was shared with me by a woman who was expressing her frustration with the noise level at the shelter.

**Rage**  
By Heather

Rage and Anger  
Madness and Malice  
Coursing through my veins  
Like Water overflowing my glasses  
Drowning my senses with my music  
Stuffing the frustration deep.  
Anxiety rearing its ugly head  
Only memories of this will I keep.  
Thoughts and ideas fly through my mind  
Searching for a release.  
Racing heartbeat begin to slow.  
Eventually will come the peace  
Annoying voices tempt the outburst.  
Clawing and digging at my ears  
The escape is close, but till far away

Self damaging thoughts and loneliness are my biggest fears

During the life story sessions, once the women started to talk about Father Bill's Place, I would then begin to ask them questions about the services that they received. By this time the conversations were really candid and expressive. Many of the women felt very comfortable thinking about their experiences and sharing their interactions with the staff and other clients. It was then that I was able to begin to understand how the women felt about their case managers or how they felt about the direct care staff.

Throughout the thesis I will share many of the stories that the women told me in order to illustrate how the women view the services that offered at Father Bill's Place.

**The Purpose of the Thesis**

The purpose of this thesis is two fold. First the thesis provides the staff at Father Bill's Place insight on how the women at the shelter view the services. Secondly, this

thesis evaluates the services at Father Bill's Place in relation to services that are offered in the general field of homeless service providers.

### **Chapter 3: Direct Care System for Homeless Shelters**

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Direct care is responsible for providing for the immediate needs of the homeless who enter into the shelter. Direct care staff responsibilities include but are not limited to the following:

- Keeping order in the shelter and making sure that all of the clients follow the rules that are laid out to them upon entering the shelter.
- Making the client feel as comfortable as possible in the shelter environment
- Performing the comprehensive intake process with each new client<sup>18</sup>.
- Assigning client to their living space (room and bed)
- Informing the clients about the services and the schedules at the shelter.
- Ensuring that the clients have access to all of the services at the shelter

The direct care staff is the frontline staff that takes care of the needs of the clients. Once a client enters into the shelter the direct care staff is responsible for making sure that she understands how to navigate the shelter's resources.

Depending on the services and resources available, the direct care is responsible for supplying the client with the necessary items to make their stay as comfortable as possible. Direct care staff may be responsible for handing out towels and personal hygiene items, locker number, and food items, and clothing donations. These items are critical to many homeless people who are entering into the shelter care system. The direct care staff operates as the client's first resource to meeting her needs.

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<sup>18</sup> Case managers are also responsible for performing the intake process with clients

The direct care staff also is responsible for ensuring the safety of the shelter. Each day when a client returns to the shelter, the direct care staff must access<sup>19</sup> the condition of the client. If a client may be at risk of harming another client the direct care staff must remove the client from the premises either by referring them to another service provider, calling the police, sending them to a hospital, wet shelter<sup>20</sup> or dismissing the client from use of the shelter.

Direct care staff is also responsible for managing the shelter's daily operations such as answering the phone line or hotlines. Common questions that are fielded include questions about donations, shelter hours, shelter eligibility, directions, and referrals. The direct care staff is also responsible for the cleanliness and maintenance of the shelter<sup>21</sup>.

As direct care staff position usually requires a minimum of a high school diploma, GED, or equivalent certification. Some experience in client assessment and service planning is also an asset. Direct care staff possesses basic computer skills, excellent verbal and written communication skills, and have a minimum of two years of experience delivering service to a challenged population. Finally, direct care staff must have the ability to multi-task, to respond quickly in emergency situations. Possess a great deal of patience.

## **Direct Care Service at Father Bill's Place**

### **Staff Perspective**

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<sup>19</sup> Drug screening tools are available at the shelter

<sup>20</sup> Wet shelters are homeless shelters that allow clients to be intoxicated while at the shelter.

<sup>21</sup> Full time maintenance workers are at the shelter. The direct care staff is responsible for informing them about the conditions of the shelter.

The direct care staff at Father Bill's Place is responsible for the 24 hour operations of the shelter and the nightly operations of St. John's Place<sup>22</sup>. The direct care staff includes a team of 12 men and women who work three different shifts<sup>23</sup>. During the first and third shifts there are two sets of direct care staff. One set of staff works at Father Bill's Place, while the other set of staff works at St. John's Place. During the second shift all of the direct care staff works at Father Bill's Place.

Each afternoon at approximately 4:30, there is a large gathering of men and women standing in front of Father Bill's Place, waiting to enter the shelter. The men and women are usually listening to music and talking to one another. When the doors of the shelter are open, the female clients enter one by one in order to get searched by a direct care staff member. During the search process the clients are: frisked from head to toe for sharp weapon; required to take off their jackets and shoes, and searched for any illegal products and other materials such as sharp object and cell phones that are not permitted at the shelter. Items that are not allowed include:

- Cigarettes and lighters
- Medicine
- Cellular phones
- Knives or switchblades
- Hair spray

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<sup>22</sup> St. John's Place is Father Bill's Place overnight women dormitory which is located in the basement of a schoolhouse.

<sup>23</sup> The first shift is from 12:00 am – 8:00 a.m., the second shift is from 8:00 a.m. – 4:00 p.m., the third shift is from 4:00 p.m. to 12:00 a.m.

These items are stored in a bag with the client's bed number on the front of the bag and returned to the client upon her request. The clients are then assigned their bed numbers and asked to either go to their beds or the cafeteria for snacks and dinner.

If a client needs any personal hygiene items such as towels or has any questions the direct care staff is available to answer these questions at anytime during the shift. The direct care staff is also responsible for handling any emergency situation that occurs at the shelter. The most common emergency issues are substance abuse, theft, and physical violence. When a situation occurs, the direct care staff acts quickly to neutralize the situation. The direct care staff has a strong relationship with the police department which is located less than a block away from the shelter and the local hospitals and emergency rooms. When a situation occurs, the clients' safety is the first priority. The individuals with the problems are usually escorted away from the other clients and dealt with swiftly. Oftentimes a violation of the rules of the shelter results in a client's suspension from the shelter.

Suspensions are handled by a team of direct care staff. The client is first informed of the reason for the suspension and given the terms of the suspension. Next, the client is escorted out of the shelter along with all belongings.

When a client has to perform any medical procedures that involve hazardous material such as needles, a direct care staff supervises. The most common medical procedure is insulin injection for diabetic guests or blood sugar checks. The clients wait until one of the direct care staff has the time to find a space or a room in which to go in order to supervise them. This responsibility included sitting in a room or a designated area to observe the clients who were performing the procedure. The direct care staff then

records each time a client takes medicine or performs a medical procedure. Record keeping is done to monitor the guests medicine intake and to serve as a record as to how many times the guest take medicine. The direct care staff initials each entry.

A log book is used to record:

- The times when guests take medicine
- Any incidents that occur during the shifts
- The condition that the guests enter the shelter.. sober or not

There is a color system to the log book. Each shift records its entries in a different color. A black pen is used to record the 8 am – 4pm shift. A green pen is used to record for 4pm to midnight shift. A red pen is used to record the 12 a.m. to 8am shift. This system allows the so the direct care staff can easily identify the shift in which an incident occurred.

The direct care staff is also responsible for passing out cigarettes during smoke breaks. The clients are allowed to have access to one cigarette in their storage bag during smoke breaks. Several times a day a smoke break is announced aloud and all of the guests that want to smoke line up in front of the area where their bags are stored. Then they each take turns to calling out their numbers. Then, the direct care staff retrieves their bags for them. Some direct care staff reach into the bag and pull out a cigarette for the client. Other direct care staff hand the bags back to each of the guests. After the guests are finished getting their cigarettes out of the bag, they hand the bag back to the direct care staff. And the direct care staff places the bag in the appropriate storage bin.

The direct care staff is responsible for collecting and storing all of the clothing and food donations that are given to the shelter. The majority of the donations are in the



form of food which is stored mainly in the kitchen area. Beverages, clothes, personal hygiene items are stored throughout the entire shelter in offices, bathrooms and corners. The direct care staff also instructs the donors about local organizations that are in need when there is an abundance of an item at the shelter.

The cleaning and laundry is done primarily by the clients at the shelter under the supervision of the direct care staff. Each morning clients are assigned specific chores to complete. Those clients that are responsible for laundry are given the privilege to stay inside of the shelter during the daytime instead of being forced to roam around the streets all day.

The direct care staff is responsible for the training and managing all of the volunteers that work at the shelter. The volunteers are mostly local college students who considering careers in social services.

At the beginning of each shift, the staff congregates to discuss the previous shift's incidents in order to pass on any concerns or discuss any difficulties that occurred. During these meetings the log book is read aloud and everyone is updated about the previous shifts. Next, assignments or duties are given during this time period. The meeting usually lasts from 5 minutes to 30 minutes depending on the number of incidents that occurred during the previous shifts.

### **Direct Care Staff at St. John's Place**

After dinner around 6:45 p.m. the direct care staff is responsible for transporting from Father Bill's Place to the basement of St. John's Place where they will sleep for the night. Only female direct care staff is allowed to work at St. John's Place. Throughout the night the direct care staff is responsible for ensuring the safety of all the women. In

order to ensure the safety, a regular schedule is set and followed. At 10pm all lights are turned out and the pay phone is turned off. The women however can stay up to watch television, go on smoke breaks whenever they ask for their cigarettes, go into the bathroom to read, or talk to the direct care staff or each other. However, the direct care staff encourages all of the women to get some rest to ensure that the women focus on resting.

Each hour the direct care staff makes rounds, which means they take a flashlight and walk down the aisles of each dormitory to make sure that everything is secured. During this time if the direct care staff sees anything unusual they record it in the log book and are responsible for handling the situation to ensure safety for all of the women clients.

Direct care staff workers report that the incidents they found include: two women sleeping together, or women trying to take drugs either in the dormitory or in the bathrooms, or women having seizures, or breathing irregularly. One direct care staff member noted that she once found a woman who had died during the night. Other common incidents include women walking, talking and even screaming in their sleep. Women go to the bathroom frequently during the night, women asking for cigarettes all night long, or women who are just restless all night and unable to sleep. At times, some of these behaviors are enough for the staff to question whether a woman is doing drugs or has mental issues.

If the women are suspected of being drunken or drugged, they are taken to the hospital to sit and sober up. They are not permitted to return unless a doctor signs off

that they are no longer intoxicated. It is up to the direct care staff to determine the state of the clients.

Each morning at St. Johns Place the women are woken up by direct care staff worker at 5:30 a.m. and instructed to get dressed, pull the covers and pillowcases off of their beds, and to do chores before leaving by 6:30a.m on the first van or at 7 a.m. on the second van to Father Bill's Place. The chores include sweeping and mopping both Track 1 and Track 2 dorms, cleaning the coffee area, sweeping and mopping bathroom floors, cleaning toilets, cleaning mirrors, putting dirty linen in a bag, and putting dirty towels in a bag. The women who are responsible for putting linen or towels in a bag are also responsible placing the large bags on the van, and once they arrive at Father Bill's Place, they are responsible for placing the bags in the laundry area.

The direct care staff ensures that the women have coffee and that they have access to their medicine and cigarettes. Smoke breaks are seen as a privilege and if the women do not show respect or something goes wrong then the privilege of smoke break is sometimes taken away from the women.

At St. John's Place the direct care staff is responsible for ensuring that the women feel cared for and can talk about their problems to the direct care staff. Oftentimes the women only approach the direct care staff worker that they feel more comfortable with. And, these conversations are almost always done in private corner of a room or in the hallways away from the other women. During these meetings clients feel free to talk about any and all of their concerns with services, their personal issues, or issues with staff or other guests. The direct care staff usually tries to help the women to think of a logical

approach to the problem or issues that they are dealing with. Some of the direct care staff have a better rapport with the women than others.

When there is a problem between two clients, the clients are asked to try to work out the issues among themselves. However, there are a few occasions when they ask the direct care worker to intervene or to mediate the situation. For instance, one of the clients did not take a shower for more than a week, this client overheard another woman talking about her lack of hygiene and the fact that even the staff thought she smelled. This woman was upset when she thought she was the victim of criticism by other women and the staff. In this instance, the direct care staff was able to explain that she had not thought ill of her and encouraged her to meet with her case manager in order to talk through the situation. The situation only lasted for a short while because of the immediacy with which the direct care staff dealt with the situation.

The direct care staffs at Father Bill's are required to have a minimum of a high school diploma. They also must have experience with working with homeless populations and the ability to respond swiftly in an emergency situation. Many of the direct care staff at Father Bill's Place began first as volunteers and moved on from there.

### **Client's Perspective of Services**

Many of the clients at Father Bill's Place complain about the services of the direct care staff. They feel as if the direct care staff lacks respect for clients primarily because of the way in which they treat clients on a daily basis. Most of the clients said that the direct care staff behaviors ranged from one staff member to another. The clients had their favorite direct care staff members who they felt were sensitive to their needs and

respectful of their feelings. The clients seemed to like the direct care staff members who did not restrict their privileges and who spoke to them with dignity.

Also clients spoke about negatively about the way in which chores are issued at Father Bill's Place in the morning. Many of the women complained about direct care staff workers mandating them to do chores which are voluntary.

### **Client's Stories**

Stacy is a forty five year old white woman who was originally from the South Shore area. She has been in and out of homeless shelters for over five years. She has mental disabilities, and she is a very sensitive woman. She receives approximately \$300 a month from SSI in which she spends \$220 of on storage fees for her belongings, her television and books. She also gives some of her money to various people. Stacy desperately wants an apartment or room to herself because she does not like staying at the shelter. Stacy has had problems with her health from having open blisters on her feet from walking around all day carrying her heavy bags full of her clothes.

Stacy says that she has limited with funds and can't afford to pay for laundry. Since she is receiving a check every month, she does not qualify for free laundry service at the shelter. As a result, Stacy wears her soiled clothes everyday. Stacy mentions that she is very disturbed by this so since she feels dirty all day. And; she refuses to take a shower at night.

She has informed the direct care staff about this dilemma. The staff does not have the authority to allow her to wash her clothes, so they try to counsel her about managing her money. They also recommend that she speak with her case manager about obtaining free laundry privileges.

### ***Analysis of the Direct Care Staff Role***

The direct care staff has many varied tasks to perform on a daily basis. A direct care staff worker is called in to be an emergency care giver, rule enforcer, counselor, among others. The primary problem with the direct care staff seems to be their perceived negative attitudes towards the clients. Clients believe that the direct care staff treat them as a second class citizen. It is important for the direct care staff to be aware of these perceptions by the clients and to be respectful at all times when interacting with the clients. The direct care staff is the front line workers and, essentially, the face of the shelter.

The client's interactions with the direct care staff can effect their entire stay at the shelter and ultimately influence whether they can successfully navigate the service at the shelter. If the client feels uncomfortable or intimidated by the direct care staff, then they may not be willing to ask for the services they need and seek the help to reach their goals. Some of the clients may feel so uncomfortable with the direct care staff that they choose not to stay at the shelter and go seek shelter elsewhere.

When a situation occurs at the shelter among the clients, it is important that the direct care staff respond directly to the situation so that the client may feel like someone cares about them. Also a timely response decreases the chances of the situation becoming out of control. When a client has an issue follow-up is also important in order to make sure that the situation remains stabilized.

The training that the direct care staff receives at Father Bill's Place seems to be minimum. The direct care staff seemed to differ with the level of competency. This discrepancy is apparent to the clients. The direct care staff needs to be able to handle all

frontline issues with professionalism and confidence. When this does not occur the clients feel uneasy about the service and the competence of the staff. Feeling safe at the shelter is among the top priority.

### **Direct Care Service Recommendations**

The direct care staff needs to be able to connect to the clients on a personal basis in order for the client to feel comfortable and at ease with the staff member. This is done by maintaining eye contact with a client and using a responsive tone of voice when interacting with each client. Oftentimes, because of the fast pace of this position, the direct care staff may avoid connecting with each client. But, when you are working with clients who have self esteem and self respect issues it is important to take this time. If a client feels that she has the respect of the staff, she may be more responsive to services and treatments.

The duties of the direct care staff needs to made transparent to the clients upon entrance into the shelter. Many of the clients are not aware of the separation in duties of the direct care staff and case management staff. This issue can be eliminated if the duties and responsibilities of the primary staff are communicated to each client at the beginning of their stay. These introductions should be reiterated during informal or formal introduction throughout their stay at the shelter.

In addition, the direct care staff training should be more intensive to include anger management, emergency protocol, interpersonal skills, client sensitivity training, confidentiality training, and stress management.

## **Chapter 4: Case Management Systems for Homeless Shelters**

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Case management is a supportive service that homeless shelters provide to assist their clients to achieve both their short and long term life goals such as obtaining full time employment, sobriety, or permanent housing. The vast majority of homeless shelters case management's goal is to assist their clients in securing a stable and independent housing situation. Each client's set of intermediate goals may vary, and as such all of the shelter's resources must be readily available to all clients. The range of resources available varies by shelter, clients may have access to supportive counseling, services and referrals for mental health services, pre-employment services, skills training, legal assistance, health care services, among others.

The case manager's primary role is to work directly with the client to identify achievable long term and short term goals and to assist the client in accomplishing those goals, using the resources available. In addition to directing clients to resources, most case managers develop a working relationship with local organizations which allows the case manager to help the client navigate and access the supportive services in their community.

Clients are usually given the option to work with a case manager after they have been at a shelter long enough to become somewhat stable in their environment and ready to begin to work on their problems and identify short term plans. Normally case managers meet with their clients on a weekly basis to monitor their progress and to provide further support to them.

There are varieties of ways in which homeless shelters provide case management to their clients. And such, there is no standard case management model within the



homeless provider sector. Case management can range from a highly technical model that utilizes information systems and extensive community networks to paper-based models that requires very little contact with clients or community resource organizations. Each model has its strengths and weaknesses and is worth a detail analysis.

The following section discusses three distinct case management models that are used by homeless shelters. These models are, for the most part, ideals that may not reflect actual case management practice in all shelters because of the lack of resources. The three models are: The Homeless Management Information Systems, Strength Based Case Management, and Multi-Tiered Case Management. The later part of this chapter focuses on Father Bill's Place case management. Case management at Father Bill's Place is described, analyzed and compared to the three case management models.

### **The Homeless Management Information Systems Model**

Large technical savvy service agencies are recently opting to use a technical base case management system. The Homeless Management Information System (HMIS)<sup>24</sup> is a database tool to help case managers service their clients. HMIS is a comprehensive web-based database that allows a multitude of service providers to access one database. The idea is that if all of the local service providers and agencies are in one centralized database, a case manager can create a single record for each client and track each client's use of services and progress through the system. HMIS also allows the case manager access to an array of services that can be useful to the client on a regular basis, instead of having the client personally contacting each service provider or having the case manager access a resources by phone, fax and/or email.

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<sup>24</sup> <http://www.hud.gov/offices/cpd/homeless/hmis/implementation/index.cfm>

HMIS ensures that all client's information remains private and each client has the option not to release any of his/her information to the other agencies.

Local service providers are similarly able to share resources with each other through the database, tracking client's use of services. Furthermore, HMIS allows the case manager to bring services to the client instantly. For example, if a client wanted to enter a post – detox program, the case manager could check the availability of the program, then enter the client name into the database. The client will be able to instantly know when the service is available.

Case managers using this type of case management system are required to be sophisticated in terms of educational level and skill set. For example, case managers will have attained a minimum of a bachelors degree in Social Science or at least an Associate degree with 2 years of relevant work experience<sup>25</sup>. Organizational skills, knowledge and understanding of issues specific to homelessness, ability to multi-task, provide clients with information and referral services are among the minimum qualifications. Also a knowledge of how to navigate the service delivery system available to individuals is also primary skill set of a highly technical case manager<sup>26</sup>.

HMIS is available through various providers. The best known provider in Massachusetts is Softscape which is based in Wayland, MA. Softscape provides HMIS to multiple clients throughout the country from Wake County, North Carolina, the City of Chicago, City of New York, and city homeless agencies around the nation.<sup>27</sup> HMIS is now *mandated* by HUD because HUD believes that it best integrates each of the key

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<sup>25</sup> Although there will likely be an information systems support person at the organizations, each case manager needs to have rudimentary computer skills as a minimum requirement.

<sup>26</sup> <http://www.weingart.org/center/employment/>

<sup>27</sup> [http://www.softscape.com/us/pr2005/pr\\_05\\_03-07\\_homeless.htm](http://www.softscape.com/us/pr2005/pr_05_03-07_homeless.htm)

areas of agency management, case management, and service delivery to optimize their programs<sup>28</sup>.

### **Strengths-Based Case Management Model**

The strengths-based case management model is designed to “encircle” the client with a core support team that is made up of a case manager, community members, and local service providers<sup>29</sup>. Together, this circle helps support the aspirations and needs of each client.<sup>30</sup> The first member of the circle, the case manager, works intensively with a relatively small number of individuals (no more than 15 clients). The case manager provides access to the resources and support that a client needs over an extended period of time. The time length ranges depending on the needs of the client, from several months to a year. This enables each client to secure and sustain permanent housing and achieve both their short and long term goals. The case manager begins with a relatively empty paper template and partners with the client to determine exactly which services are needed in the short and long term. (See Appendix 4) The template used contains many of the general areas that homeless clients typically want to work on. For example, finding out the financial status of the client and developing a financial management plan that works with his/her budget. However it is up to client to provide his/her personal information in each category. This process reinforces the partnership between the client and the case manager and allows the client to control over the process and the issues used to set goals. The forms that the case manager used are located in Appendices 1a and 1b.

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<sup>28</sup> While, HMIS is mandated, many agencies have not yet implemented the system because of the lack of resources required to develop a complex technical database.

<sup>29</sup> The case manager is only one of the team members. The full team is the local police, religious institutions, local supportive service providers, medical institutions, and neighbors.

<sup>30</sup> <http://www.maaclink.org/hcm.htm>

The relationship between the case manager and the individual is one of advocacy and collaboration. The case manager empowers the client to identify personal goals and to choose to work closely with the case manager to achieve these short and long term goals. The day to day work of the case manager may include making calls with and/or for the client, meeting with clients to discuss their life plans, and filling out the necessary paperwork on each client. Some of the supportive services that are available to the clients include housing, counseling, education, employment, and life skills goals. Supportive services can also include a variety of public resources such as access to social security, TANF, food stamps, disability, vocational rehabilitation, and veteran's services/benefits.

The strengths-based case management model is supported by an intermediary organization that ensures that all of the case managers, service providers, and social networks within the client's core group are trained in networking, communication, data input and data management training and have a solid understanding of the best practices of a case manager to help alleviate homelessness.

Case managers in the strength-based model receive an initial 8 hour training course that covers the following areas<sup>31</sup>:

- Different Models of Case Management
- Why Use the Strengths Model of Case Management
- The Elements of the Strengths Based Case Management Process
- Strengths Based Case Management Assessment Tool and Personal Goal planning Tool

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<sup>31</sup> <http://www.maclink.org/hcm.htm>

- How to utilize strengths based questions during the engagement and assessment process.
- Working with a culturally diverse client population and what developing cultural competency means.
- Discussing the philosophy of assessing the Person in their Environment (PIE) and working as partners with our clients to become naturally interdependent within the context of the family and the community.
- Crisis Intervention (brief overview)
- Working Professionally, Responsibly, and Ethically.
- Finding balance between work and personal life and maintaining clear boundaries.

The organization that is designated to provide training to the case manager is responsible for evaluating the case managers and reporting to the larger strength-based team the progress of all of the clients within the system. These reports provide valuable statistical information for funders and the community. Reporting also helps the service communities identify gaps or barriers within their agencies and the community that prevent homeless clients from achieving their goals.

For a strengths-based model the case manager most likely have a minimum of a Bachelors Degree in the Social Sciences or another related program and also has a minimum of two years work experience with the homeless population, domestic violence, mentally ill, substance abuse, or other populations that are oftentimes associated with homelessness. The case manager in this model would also have to possess interpersonal

skills to be able to relay confidence and compassion to the client. So that the client will feel comfortable opening to them and sharing their problems and in the future working with their case. Organizational skills, knowledge and understanding of issues specific to domestic violence and homelessness, ability to multi-task, provide clients with information and referral services and knowing how to navigate the service delivery system available to families, to ensure receipt of entitlements, necessary. Also the case manager must be able to help the client manage their service plan to reach both their long term and short term goals.<sup>32</sup>

### **Multi-Tiered Case Management<sup>33</sup>**

The Multi-Tiered Case Management Model has two levels of case management and is based upon the ideal that the direct care staff and the case management staff work closely together to provide a set of comprehensive services to each client. At Level 1, services are delivered primarily by intake staff and outreach workers, at this level, case manager's focus on relationship building and satisfying short-term, immediate needs. Some of the immediate needs include laundry privileges, emergency healthcare referrals, addiction referrals, and other short term services that can help a client become stabilized.

Once a client has achieved a minimum level of stability, level 2 case managers become involved. Level 2 case managers sit with each client to develop a longer-term care plan that draws upon the client's skills, resources and goals to move them toward self-sufficiency and ultimately to end their own homelessness. Some of the services that the clients may be ready to consider at level 2 include: housing, employment, healthcare

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<sup>32</sup> <http://www.idealists.org/en/ip/idealists/SiteIndex/AssetViewer/view?asset=Org&asset-id=21918%3A108&SID=38b5e0d3d2a2535b780484ee27d09cc2>

<sup>33</sup> <http://www.imcpl.org/cgi-bin/irnfull.pl?MAIN1736AA>

and financial management. Level 2 case management will be offered by so called “case management staff” in Father Bill’s Place case management model.

The level 1 case manager is not required to obtain formal education in the form of a bachelors or associates degree. However, the direct care staff in this model must be able to prepare the client for the level 2 case management by identifying and fulfilling their most immediate needs upon arrival at the shelter. For a multi-tiered model, the level 2 case manger will have a minimum of a Bachelors Degree in the Social Sciences or another related program and also have a minimum of two years work experience with the homeless population, domestic violence, mentally ill, substance abuse, or other populations that are oftentimes associated with homelessness. For example, a level 2 case manager may have functioned previously as a level 1 case manager. Other skills that are necessary for case management to have include organizational skills, ability to multi-task, and to provide clients with information and referral services, an understanding of how to navigate the service delivery system available to individuals. The partnership between level 1 case manager and level 2 case managers in this model is critical to the success of the client. As such, strong written and oral communication skills are key for both the case managers.

## **Case Management at Father Bill’s Place**

### **Staff Perspective**

This section focuses specifically on the practice of case management at Father Bill’s Place and uses the models discussed above to show how Father Bill’s Place case management process relates to the three models.

Father Bill's Place currently has two case managers, Jen and Kevin, who are employed on a full time basis whose primary duty is to assist the shelter clients. Father Bill's Place also has four case managers who primarily work with clients outside of the shelter who reside in one of their housing programs. However, this thesis focuses only on the case managers who work with the shelter clients.

Father Bill's Place case management resembles a strengths-based case management model that draws on supportive services<sup>34</sup>, local service providers and intense case management.

At any given night there are approximately 150 clients at Father Bill's Place nightly. Some clients will be long term or chronic homeless client; others will be short term or situational homeless. At any given moment, each case manager can have up to 85 clients needing attention. But not all clients use case managers for a variety of reasons. According to the Jen, a client may not be ready to work on their problems and the client only may want access to immediate services such as food, clothing and shelter. For these clients there is no pressure to work with a case manager. And, once the client is ready to meet with a case manager, one is available. However, if a client does not meet with a case manager she will not have access to many of the shelter's short-term and long-term services and resources including laundry privileges, substance abuse treatment, and health care.

### **The Intake Process**

An intake questionnaire is filled out by the case manager on the client's first day at the shelter. (see Appendix ) The intake questionnaire is filled out by either the direct

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<sup>34</sup> Supportive services include mental health counseling, medical healthcare, direct care service, employment assistance, and housing assistance.



care staff or a case manager. The staff person who fills out the intake questionnaire depends on who is on duty. If there is a shortage of direct care on staff then a case manager will fill out a intake questionnaire with the client. The intake process usually takes approximately 30 minutes to complete. During the intake process the client is asked a series of questions designed to assess their current situation. The initial assessment begins with basic questions; name, last address, and how long you have been homeless. These basic questions allow the client to have time to relax and get used to the staff person and to begin to feel secure enough to answer more personal questions. If the client does not provide an answer to one of the questions the staff person writes in “won’t answer” in the blank space. During this intake process the client is given a handbook detailing all of Father Bill’s Place services. Also they are informed about case management service.

The case manager also has a separate sheet of paper where she/he can take additional notes or comment on the client’s situation. Sometimes if the case manager learns something private about the client for example a specific mental illness or STD this information is kept out of the public file. This separate sheet of paper is used only by the case manager and it is not placed in the client’s public folder, but rather placed in a private file in the case manager’s office. The reason for this is to protect the client personal information from being disseminated around the shelter and staff.

The next questions focus on possible health concerns both physical and mental. The client is asked if they any health concerns and/or currently taking medication. They also ask them about the last time that they have seen a physician. The case manager then records the information in a section following each question. If the client has not seen a

physician for a lengthy amount of time then the client is asked if they would like to see the nurse on staff, Hope. And if the client needs medical attention they are referred to Hope directly through their case manager. If someone is referred directly by their case manager they will be given priority over the clients who sign up using the sheet in front of the direct care central office. There are oftentimes an abundance of people waiting to see Hope on any given day.

During the intake process the client is asked about their last TB test and if given within a reasonable time they will be asked to produce a documentation regarding their results. If the client has not taken a TB test, then they will be referred to Hope for an on site TB test and follow up reading. Although clients are asked about TB testing during the intake process they will be allowed to stay at the shelter regardless how they choose to answer this question.

Clients are then asked about their mental health status. If the client needs mental health assistance they are then referred to the in-house mental health professional, Tony. Appointments to meet with Tony are scheduled immediately following the intake process.

Next the clients are asked about their history with addiction. Clients are asked if they had an addiction to any substances and gambling. If they admit to any addictions they are then asked about their treatment history (detox programs, 28 day programs or a halfway house). They are also asked about how long they have been in sobriety and if they would like to use any of the substance abuse and additions resources. The client is then given a list of local resources including information about the nightly meetings held at Father Bill's Place.

Clients are then asked if they are a veteran. If they are a veteran they are then questioned about whether they are receiving benefits. If they are not receiving veteran related benefits such as access to Veterans hospital, then they will be referred to someone who could help them to obtain these benefits.

The next questions pertain to employment history and sources of income. If a client is currently working she will be given special privileges in order to assure that she will be able to maintain employment. If the client is unemployed or underemployed and wants help with employment services she will then be referred to Emily who works for Impact, a local employment service agency who has a special contract with Father Bill's Place to help to employ clients.

Clients are also asked about their income and monthly expenses. If a client does not have any sources of income they are given special privileges such as access to laundry and detergent, free phones, and public transportation subsidies.

If during the meeting, a client requests something outside of the intake questionnaire, such as a request for a new bed assignment, these requests are noted in the black space on the last page of the document. Afterwards, the case manager will send a note to the appropriate staff in order to fulfill each reasonable request.

After the intake process is over, the case manager writes up a one page report detailing client current situation and a listing of all of the services that the client has requested and the. Afterwards the case manager schedules the in-house appointments for the client or gives the client permission to sign up for the services. This step depends on the service that is requested.

Throughout the intake process, both case managers report that the clients are usually cooperative in terms of providing personal information. However, if a client seems hesitant or uncomfortable about answering a particular question then the case manager continues with the next question. Case managers know that in time the client may “loosen up” and begin to feel more comfortable with the case manager.

This detailed intake process is only done once and for some client this is the end of case management. All follow up meetings with case managers are scheduled by the client. And, clients are made aware that resources, other than a place to sleep each night, are only available to clients who work with a case manager.

The clients are assigned by the case management team to one of the two case managers during the intake process. The clients schedule appointments based on the case manager’s availability. In most cases the client will see their case manager within a first few days of their stay at Father Bill’s Place. Each night at approximately 6:30 p.m. a staff person announces to all of the clients sitting inside of the cafeteria that case management sign up sheet is available. At this point, clients who want to sign up for case management, rush over to the paper and choose a time slot. The clients who are unable to sign the sheet, the vast majority, will not be able to talk to their case manager until the next day.

### **Follow Up Case Management**

Since the case managers have over 80 clients each and the clients are transient, they are unable to develop a system where they have routine check-ins with each client. So it is up to the client to become motivated enough to seek out these services.

The follow up case management meetings are held in the case manager's cubicle. The case manager pulls out the client file and then asks her about how she is doing and works with the client to identify the problems with which she would like assistance. Then the case manager works with each client to help them understand the short term steps that are necessary to work on the problem. The case manager usually does not have the time to help work with the client on each step. Instead, the case manager provides overall support for the client by helping her identify the problem, possible solutions, and pointing her in the direction of the appropriate services.

It is then the responsibility of the client to follow up on her tasks and if she needs any additional help, the case management meets with her as needed.

At Father Bill's Place, case managers seem to be overloaded with client needs and filling out paperwork. So it is difficult for the case management staff to follow up with clients. In addition, the case managers understand the transient nature of the homeless population and know that follow up case management in some cases, be next to impossible. Some of the clients will only stay for one or two nights while others are long-term clients and most likely deemed to be chronic. But at times, some case managers will leave notes out for clients encouraging them to schedule a case management follow-up appointment.

### **Approaches to Case Management**

While Father Bill's Place uses a strengths-based model overall, this model is open to interpretation for each case manager. The case managers at Father Bill's Place have very different approaches to case management. For example, Jen has a coaching approach where she treats all of her clients with care and respect. She tries not to favor

anyone over others and tries to help each client work only on the goals that each sets for herself. Kevin has a more parental approach. After speaking with the client for a set amount of time he tells the client what her problem is and tells her exactly how to solve it. Jen's approach is more open minded, Kevin's more result oriented.

Jen is a 38 year old white woman who has been employed at Father Bill's Place for about 6 years. She began working at Father Bill's Place as a direct care staff, but was eventually promoted to case management. Jen has an associate degree in psychology from a local Community College. Jen's approach to case management is consistency. By consistency, Jen means "she treats all clients the same, no matter what their background and behavior is like". Jen works over 60 hours each week, sees approximately 50 clients a week, and has a total of about 80 clients. The meeting times for each client varies from 5 minutes to one hour and the average meeting time is about 20 minutes.

Jen reports that she tired most of the time, but she also feels like she is making a difference in the lives of the people she helps and this realization gives her the strength to continue to work hard. When she is not working at the shelter, Jen spends a lot of time caring for her two daughters age 3 and 8.

Kevin is a 36 year old white male who has been employed at Father Bill's Place for approximately 6 months. He does not have any formal academic training but he has approximately 6 years of direct care service and counseling with the homeless population prior to working at Father Bill's Place. Kevin has another job, fixing motorcycles at a motorcycle shop on the weekends to supplement his salary at Father Bill's Place. Kevin has a very stern look and he is a known as a "no bullshit" person among the clients.

Kevin's approach to case management is strict, he does not tolerate any nonsense from the clients.

Overall both case managers are overworked and perhaps underpaid. But they are both committed to helping their clients to achieve their goals and to eventually become independent and to live in stable housing with supportive services.

### **Client View on Case Management**

Since case management is a service is designed to help each client work through their problems and achieve all of their goals and aspirations. It is necessary to understand how the clients view the effectiveness of case management. Each client has a different experience with a case manager due to their personality, particular problems and circumstances. But, the majority of clients agreed that they were not satisfied with the case management that they have received.

### **Intake Process Misunderstandings**

Many of the clients thought that the shelter had a multi-tiered approach to case management primarily because they did not understand that case management was associated with the intake questionnaire. Some clients felt that the intake questionnaire was just some form that had to fill out in order to receive services or a bed. They did not understand that the intake questionnaire was the first part of case management. They were not aware that all of the items on the questionnaire were also the services that were available to help the client to succeed in each area. Some admitted to never have been to

a case management session. But they all have gone through the intake questionnaire process.

Because of the overwhelming confusion about what case management is or is not, there seems to be a gap between what Father Bill's Place believes is case management and what the clients believe is case management. This disconnect is critical because the intake questionnaire is the client's first exposure to case management and all of the services that are available at the shelter. If the client does not understand that the purpose of the intake questionnaire, is to teach her about her options she may never seek the help she needs.

Many of the clients admitted to not using the case management service. According to the clients, many do not visit with their case managers because they believe that their case managers are unable to assist them with their problems or that their case managers are not friendly and approachable. Furthermore, some of the clients lose hope if they are not able to sign up for case management during their first few attempts. Some become frustrated about case management and the overall shelter procedures if they are unsuccessful at getting their names on the sign in sheet or if they are denied something from their case manager.

While I was doing in-depth life story interviews, the dislike for case management was so strong that I decided to add a focus group to better understand issues of case management among the larger women shelter population. I also wanted to conduct a focus group to obtain a general consensus on how the women felt about case management.



I prepared for the focus group by taping three large sheets of paper onto the wall in the main lounge area. Then I went around the shelter announcing the focus group will be held in five minutes. Because of many of the women were fairly new at the shelter they did not know who I was nor have they ever participated in a focus group. I explained to them that we were going to talk about case management. I automatically received a negative reaction from some of the women. They yelled aloud that “Case Management Sucked” and that they did not have more things to say about the topic.

After encouraging the women who were either neutral or positive about meeting with me, we started the group. At the beginning of the focus group there were only a few women who wanted to participate in the focus group, but after a direct care staff strongly encouraged the women to participate in the focus group almost 12 women participated. Some of the women only stayed for a few minutes while others stayed for the entire meeting.

At the beginning of the meeting I explained to the women what my particular responsibilities were and what my goals were. Then I asked for two volunteers to write on the paper for me. I felt a little apprehension in the room. But I continued the meeting anyhow.

I asked three questions... What is Case Management? What is good about case management... what do you like about case management? What do you want to change about case management or what is negative about case management?

I began with the question, “What is case management?” The women responded with a range of responses focused on getting resources. The women agreed that case management was a service that helped you to get what you needed through guidance and

referrals. Some of the services that the women received were assistance with food stamps, GED Training, conflict resolution, laundry privileges, overnight and late privileges, and housing applications.

The discussion quickly shifted to talking about the negative aspects of case management. During the first ten minutes of the meeting some women began to get upset with the positive responses of the group. One woman in particular, stood up and addressed the entire group by saying that she felt case management was not useful to her at all. She was in her late fifties and did not have a previous history of substance abuse or mental health. She felt that case management did not help her at all because they only provided services for people who had substance abuse or mental health issues. She seemed very dissatisfied and she wanted support from her peers.

Most of the women agreed with her that case management was not very effective at helping them with their particular issues and none of them were sure what case management was supposed to provide for them individually. Also another major complaint that surfaced was that the case managers are so overworked that they do not care about the clients. Many clients felt that their case manager did not listen to them and that their case manager lied to them, made them feel overwhelmed, lacked compassion, and often times they feel as if their case manager didn't want to be bothered with them.

When asked what can be done to improve case management, many of the women agreed that there should be a list of services that the case manager can provide. That way each client could access the list and ask for what she needs. Many of the women also asked for more case managers and better trained case managers. The clients felt that the

case managers needed training in how to work with different personality types, in particular shy people and with people who do not feel comfortable asking for things.

Although there were a lot of negative comments some women felt that case management was actually helpful. One woman said that within 24 hours of talking with her case manager she was referred to employment services and she was employed the next day. Also she says that her case manager also met with her boyfriend and helped him out as well. Other women thought that case management was an excellent resource for women who were extroverted and assertive. “If you know what you need and say it aloud, you will get help!”

### ***Client Personal Reflections***

In addition to talking about case management with a focus group, I also interviewed many women about their experiences. The following is an illustrative example of what many of these women find difficult or challenging about case management.

Joanna, a 45 year old client, who has been at the shelter for over seven months and claims that case management does very little to assist her with obtaining her primary goals of housing, health care insurance, and food stamps. Joanna has a history of substance abuse and domestic violence. At the age of two she was abandoned by her parents and left to be raised by her grandparents. She was physically abused by her grandfather and later by her uncle. At the age of twelve she began to experiment with alcohol and shortly after, by the age of sixteen, she began experimenting with sleeping pills and later heroine. She had the first of her five children by the age of sixteen. After

the child was born, she was then forced to leave her grandparents house and provide for herself. She received government support in the form of public housing, Medicaid, food stamps, WIC, and welfare for over twenty years as she raised her children.

She became homeless when Claremont house, her home, was rehabilitated by Father Bill's Place. She feels that she was unfairly evicted from her home by Father Bill's staff.

When Joanna finds case management overwhelming because she does not know what services case management offers. She also feels she was betrayed by the staff of Father Bill's Place because of the eviction, and has a hard time trusting the case managers. She has met with her case manager several times for small items such as laundry passes and referrals to mental health, Mass Health Insurance, food stamp assistance, and SSI assistance. She says that the only help that she received from her case manager was referrals. She says she would like to have a more interaction with her case manager. She also would like her case manager to help her make calls to these referrals. Oftentimes when she calls herself she is put on hold and it takes months to get scheduled for appointments.

Sharon is a 32 year old white woman who recently quit her job as a store clerk. Christine is a veteran, she spent four years in the army and identifies as a very independent and strong woman. She became homeless after she was evicted from her apartment. was afraid of her case manager. She said that her case manager was unfriendly and she could not approach him. She was refusing to meet with him for laundry privileges, employment counseling referrals, and housing. She did not feel that she could relate to her case manager because of the hostile way in which she felt that she

was often times treated. She has tried to request another case manager but she was told that she would have to write a formal letter of request and go through a public process in order to be considered for a change. So Sharon decided that she was too afraid to tell her case manager how she felt about him. So she continued to avoid him and asked few questions.

Case management is not seen by most clients as ineffective, but there is a lot of room for improvement in the service. Especially since the women still seem to desire the service just a better version of the service.

### **Analysis of Case Management**

The case management system at Father Bill's Place has three major flaws:

- Two different models types of case management. The staff believes the model is a strength based model that wraps services and a core group of supporters around each client.
- There is a gap between how the case managers at Father Bill's Place provide case management and how the clients at Father Bill's Place would like to receive the services. The gaps are with the following things:
  - Communication
  - Usefulness of case management services
  - Treatment during sessions
  - Ability to work with clients with mental and emotional problems
  - Consistency of services provided

- There are difficult situations within the operational structure of Father Bill's Place that causes issues for both the case managers and clients.
  - Difficult for a client to change case manager once they are assigned one.
  - The case managers are severely overworked.
  - The case management system is client base driven which makes it difficult for clients who do not have an aggressive behavior to get case management.

### **Two Different Case Management Models**

Father Bill's Place case managers and Father Bill's Place clients have different views of what case management is at the shelter. The staff believes the model is a strength based model that wraps services and a core group of supporters around each client. The clients seem to think the case management is more of a multi-tiered model that has at least two levels of service: immediate needs case management and intensive case management. The clients believe that direct care provides help them with their immediate needs, but could provide more services. But many of them do not know how to access the higher levels of services such as financial management, housing assistance, and employment assistance. The structure of Father Bill's Place case management service plan lies between the two models.

Unlike the strength-based model, the clients at Father Bill's Place does not get full support of a team of professionals to assist them in achieving their short and long term goals. Unless the client specifically ask the case manager to help her make calls on her behalf the case manager will not contact local resources for the client. In a strength-

based model the case managers dedicates a lot of time and energy to ensure that each client's needs are being met and the case manager has full access with the network of local supportive service providers. When a client comes to the case manager with a problem he or she takes the time to discuss with them their options. Then the case manager follows up with the client and the supportive service provider to make sure the client is being connected to services. At Father Bill's Place the client is responsible for accomplishing each individual task in her service plan. Many times when the client tries to contact supportive services with cold calls or referrals they are not able to connect with the services in a timely manner. It is difficult for the supportive services to call the client back because of a lack of voice mail or personal phones to obtain messages.

The shelter has two phones located in the front lobby. One of the phones is a pay phone that is available from 9am until 10pm. Everyone is permitted to use the payphone and receive calls from the payphone. When someone receives a call from the payphone, one of the clients answers the phone and then calls out their name. If the person is not available, then a message is supposed to be written on a board next to the phone. Oftentimes throughout the day, these messages are erased or may not even be recorded properly or at all. The other phone that is located in the lobby is a land line phone that is available to clients only a few hours a day so that the clients can make calls out for personal use or for professional and medical use. Recently this phone was reserved for professional and medical purposes. And all phone calls, no matter what the issues, are limited to 10 minutes.

Given the hold times, the phone limitation makes it difficult for the client to effectively contact their resources. Often times the client becomes frustrated or

overwhelmed with the process of contacting a single source. Many of the clients that I spoke with felt that it was nearly impossible to make a real connection with most of the resources because of the lack of access to phones and voice mail service. Many of the clients wanted case management to make the initial contact for them with the hope that the case manager's resources and connections would ease the process for them. But, due to the extremely high volume of clients, the case manager does not have time to assist the client in this fashion.

Because each the case manager is unable to fully assist the client, Father Bill's case management model is not a strengths-based model. The strength-based model requires the case manager to spend a lot more time with each client and assist each client with each step in the process.

### **Communication Gap Analysis**

The case managers are not transparent with the services that they are able to assist the clients with. The clients were not able to access all of the services at shelter because they were not aware of the services. The clients would greatly benefit from the service if they actually knew what the services were. Also when a client is not given full information about available resources they feel as if the case manager is purposefully withholding information from them. This causes the client to resent the case manager and to not trust him/her.

Many of the clients complained about not understanding the purpose of case management. They did not know that full services that their case management could offer them. When and if they meet their case manager, they feel as if the case manager should know how to assist them because that is their job. So, when they do not receive



the services that they want or their condition is not improved then they usually blame the case manager for being inadequate.

The clients do not think that case managers tell them all of the services that they offer because they do not want to really help them. For example, when a client goes to meet with her case manager she does not know what to ask for since she does not know all of the case management services are. So instead she only asks for the necessities like laundry privileges instead of employment assistance. However, case managers feel as if they are available and willing to work on any of the issues that the clients may have. All the clients has to do is to inform the case manager about their problems after making the appointment and the case manager will try to help them walk through the problem and try to help them to come up with a service plan that fits their needs.

### **Usefulness of Case Management Services Gap Analysis**

When asked what is a case manager during a nighttime focus group at St. John's Place many of the clients admitted that they do not go to case management because they don't really think that this service useful. A lot of the women went as far as to say that case management was not helpful at all. They did not think that case management helps them because their case managers are so busy and that they have too many clients to focus on them personally.

### **Treatment During Sessions Gap Analysis**

Some of the clients had a lot of problems with how they were treated during the case management session. They said that the case managers seemed aloof when speaking with them. The clients also talked about one case manager in particular was intimidating to them particularly because of the way one of the case managers approached them.

A lot of the clients have previous issues with men in their lives, mostly because of an abusive spouse or an absentee father. So it is difficult for them to interact with a man on a deeper more respectful level. So when a male case manager is strict with a client, she feels like it is harsh and intimidating. Once a client does not feel comfortable with her case manager it becomes difficult for her to request basic things from the case manager. So the client becomes stagnant and refuses case management in the future. The client is then unable to ask her case manager for basic service such as laundry privileges.

The case manager attitude is also perceived as negative when a client is denied a service. Each case manager spends approximately 15 to 20 minutes with each client. This time is used for the client to update the case manager about their problems and progress and also the case management session is used the client to help the client to come up with new solutions and walk through the next course of the service plan. Sometimes the clients will use case management as an opportunity to request a service within the shelter such as laundry privileges or permission to sit inside the shelter during the daytime. The case manager then has to make the decision whether or not to render the service. This process is difficult mainly because the trust levels are decreased if the case manger says no. But boundaries are blurred if the case manager always says yes.

#### **Ability to Work With Clients With Mental and Emotional Problems Gap Analysis**

Some clients complained that they felt the case manger was not knowledgeable about how to work with mental conditions of the women. By not having the appropriate counseling and knowledge of working with different mental conditions it causes case managers to lose credibility with the clients. The client is unable to trust the case manager with her feelings and anxieties. Many homeless women have feelings of

depression, stress, fatigue, mood swings, and anxiety. The case manager needs to be able to be patient enough to work with the women when they are experiencing these emotions.

### **Consistency of Services Provided Gap Analysis**

The clients did not feel that the level of service was consistent among both case managers. Many of the clients preferred the female case manager because she listened more to their issues and responded to them in a quick and sensitive fashion. Many of the clients felt a level of intimidation and fear when they were addressing the male case manager.

### **Operational Structure: Difficult for a Client to Change Case Managers**

It is very difficult for a client to change case managers. After a client realizes that they do not like their case manager it is a tedious open process that involves the client telling her case manager and shelter director that do not like their case manager. Then there is a meeting scheduled, during this meeting the client has the opportunity to discuss their issues with their case management. Confronting the case manager is usually more hassle than the client is willing to tolerate, resulting in the case manager not being changed.

### **Operational Structure: Case managers are overworked**

The case managers at Father Bill's Place are severely overworked. This causes the case manager to feel a sense of pressure and burn out. It is extremely difficult for a case manager to manage over eighty clients. Both case managers expressed the desire to want to do more for their clients but they usually did not have the time nor energy to pursue most endeavors.

### **Operational Structure: Client Driven Process**

The case management system is client driven who ever is most aggressive, gets the most time with her case manager, which makes it difficult for clients who do not have an aggressive behavior to get case management. This makes it really difficult for all of the clients to get the same level of service. Those clients who are extroverts and demand what they need, get a higher quality of service. The clients who are introverted or are not used to asking for services and things directly, usually do not do well with Father Bill's case management model.

### **Recommendations to Improve Case Management**

Father Bill's Place will greatly benefit from an improvement in their strength based case management. The following is how case management can be improved at Father Bill's Place:

#### **Different types of responsibilities of case management**

The case manager responsibilities should reflect strength based service model and only include working with the client to achieve their short and long term goals through developing a comprehensive service plan with each client and helping them to achieve their goals. The case manager should not be responsible for providing the immediate needs of the client such as laundry tokens and resident verification.

#### **Transparency**

Transparency means that all of the clients know exactly what services case management can offer. Ideally, each client would be told by her case manager in the first intake meeting what services are available. This could either be done before, during, or after the intake process. Case management needs to be very clear about what services

they provide to the clients. The case manager should also tell the client how she can receive services; this can be done in either a written format or verbally.

It is very important in this process. Because the clients are not aware in the current system about the service are they are available for them to access. This unawareness makes them unable to fully utilize the services.

If the clients are made aware of all of the available services, there may be in an influx of clients who want to take advantage of case management. This influx could further burden case management. This may be one of the reasons why case managers don't tell their clients about the services.

If there is an increase of clients trying to attain services, then it will be useful to change the service model from a strength-base model to a multi-tiered model. Then case managers are able to focus their attention on clients that are ready for case management and the direct care staff can provide the clients with their immediate needs. The current case management model at Father Bill's Place is similar to the multi-tiered model. The clients are divided into Track 1 and Track 2 status. If a client is not able to commit to full service plan, then case management will not be given to them. But they will have access to all of the direct care staff and resources and all of the immediate needs that case management is currently responsible for such as laundry tokens and verification that the client is staying at a homeless shelter. For the clients who are able to commit to a long range service plan, they would be allowed to access case management.

However, the ideal case management would be that the case managers will be able to meet with any client that is willing to do any portion of the service plan, whether it is short term or long term, transitional, or immediate planning and support. That they

will be able to receive all of the help that they need. It shouldn't matter whether they are ready to commit to a whole process. This would be the ideal version of what case management would look like.

### **Consistency Among Service To Clients**

The case managers need to have the time to understand each client. To do this, case managers need to get to know all of their issues and problems and to be able to connect to all of the clients. Also, case managers need to be able to address their personal concerns no matter what those concerns are.

They also need to be able to track all of the clients to make sure they are following through with their work plans. So the client will know that no matter which case manager they have they will have the same level of services.

### **Training interpersonal and outwardly**

Some of the clients had issues with the case managers because the case manager did not understand how to deal with clients who have severe mental issues such as anxiety and depression. Some of them felt that the case managers were unable to see them as human. They were not able to respect them, to listen to them, and did not make them feel comfortable.

Training exercises to teach case managers to deal with people who have a range of issues whether it is mental, physical or emotional. It is very important for case management to be able to connect with their clients in order to help them. Case managers also need training to learn how to deal with mental problems. This can be done through workshops.

### **Improve networks with other service providers**

It is important for case management to maintain and build a strong level of support with the community resources and contacts in order to better serve their clients. When a client needs to access a service, the case managers should be able to assist them to make sure the connection is made. The most efficient way to do this is to use HMIS that is specifically designed to track the clients throughout the local service providers. If case managers had access to this service, then they could track their clients without phone calls or meeting with the client directly. The case managers would also be able to assist the client with their progress by giving them up to date status reports. This would allow for a more transparent service as well.

### **Interactive service plan**

The case managers in the current model do not have a system in place that allows the client to participate in developing a set of goals for themselves. As discussed above, the client doesn't understand what services are available and doesn't understand the point of the intake process. A strength based paperwork plan is needed. The paperwork will allow the client to participate in the intake process and case management process by personally filling in the sheet.

### **More workers/Fewer clients**

Most changes call for more intense work with the clients. Yet, more time with clients mean spending less time with other clients. If Father Bill's Place continues to have two case managers, the clients will continue to feel disconnected and the case

managers will feel overwhelmed. An increase in case management staff is critical. Ideally, there should be one case manager for every 20 clients with each case manager working no more than 40 hours a week. The resources at the shelter are limited so the hiring of new staff and the training schedule will be difficult to accommodate any growth.

The AmeriCorps Vista program may be one way to get highly educated and motivated staff for a fraction of the cost. The Vista program connects college graduates with non profit organizations to work on designated projects for approximately one to two years. The host organization contributes \$9,500 for each Vista worker. The AmeriCorps program contributes all of the benefits and educational allowances to the Vista worker. It is a cost sharing model that would drastically reduce the case manager load.

Also the case managers could get more time off and have a less workload so that they can be able to focus on their clients and tend their needs without felling overworked and underappreciated.



## **Chapter 5: Healthcare Service for Homeless Shelters**

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Healthcare for the homeless is a critical service that allows individuals to have access to healthcare. Homelessness severely impacts health and well-being. The rates of acute health problems are extremely high among individuals who are homeless.<sup>35</sup> Conditions which require regular, uninterrupted treatment, such as tuberculosis, HIV/AIDS, diabetes, hypertension, addictive disorders, and mental disorders, are extremely difficult to treat or control among those without adequate housing. Many times due to financial constraints the homeless population has limited access to healthcare services and insurance. Many individuals are struggling to survive and take care of their basic needs so they are unable to put aside any funds to take care of their physical or mental concerns.

*Over 41 million Americans have no health care insurance. Nearly a third of persons living in poverty have no health insurance of any kind. The coverage held by many others will not carry them through a catastrophic illness. The number of uninsured persons seeking treatment is increasing: overall, Health Care for the Homeless programs report a 35% increase in the numbers of their patients who are uninsured.*<sup>36</sup>

Homeless individuals living in a shelter environment are oftentimes ill because of the close proximity to sick people, lack of clean air circulating throughout the building, and also a lack of resources to treat their illnesses. It is extremely important that their needs be cared for.

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<sup>35</sup> <http://www.nationalhomeless.org/facts/health.html>

<sup>36</sup> <http://www.nationalhomeless.org/facts/health.html>

A key function of a homeless shelter is to provide access to healthcare services. There are two primary models that homeless shelters use to provide services to the homeless:

- 1) Multi-disciplinary Approach
- 2) Clinic based Approach

Each model is discussed in turn below.

### **Multi-Disciplinary Approach<sup>37</sup>**

The multi-disciplinary approach reaches out to the homeless wherever they may be located and also attempts to provide a comprehensive set of services. Multi-disciplinary approach combines street outreach, primary health care, mental health, substance abuse and client advocacy to care for each client. This approach also relies on local community health care providers to provide for all emergency or critical services that may not be available at the shelter.

Depending on the amount of resources that are available to the shelter, the multi-disciplinary approach may vary. Some shelters are able to provide a mix of the following services:

- Emergency health care 24 hours a day to their clients.
- Outreach services to inform homeless individuals of the availability of services

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<sup>37</sup> <http://bphc.hrsa.gov/homeless/Default.htm>

- Aid homeless individuals in establishing eligibility for healthcare insurance
- Dentistry
- Vision Assistance
- Health Education
- STD and pregnancy testing
- TB Testing

In the multi-disciplinary approach referrals to local hospitals and mental institutions are a key element of the program because many shelters are not equipped with the space, equipment or expertise to provide these specialty services on site. In this model special emphasis is placed on coordinating efforts with other community health and social service providers, which help ensure the efficiency of the services provided to the clients.

### **Clinic Based Approach<sup>38</sup>**

Clinic based approach indicates that medical clinics are located directly at the site of the homeless shelter or at a satellite location offers free medical assistance to the homeless. The medical clinics are staffed with healthcare professional volunteers and paid administration personnel that are responsible for day to day operations of the clinic. Many of the nurses and doctors in this model are retired or medical students. In addition, some shelters have access to Visiting Nursing and Visiting Doctors programs that provide low cost or free healthcare services to their clients.

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<sup>38</sup> [http://www.samaritanhouse.com/new/programs/medical\\_clinic.shtml](http://www.samaritanhouse.com/new/programs/medical_clinic.shtml)

Specialty services offered in this model are most physical medicine and may include:

- Dentistry
- Gynecology
- Breast Cancer Screenings
- Dermatology
- Diabetic Care
- Nutritional Counseling

If clients require specialty care outside of the scope of the clinic they are usually referred to a local hospitable for treatment.

The use either of these models at a homeless shelter not only improves the quality of life of each client but also decreases the chances of emergency room visits which are more costly in comparison to the shelter healthcare service model.

### **Healthcare System at Father Bill's Place**

Father Bill's Place has a comprehensive multi-disciplinary approach health care program where the medical staff provides the following services:

- . The services at shelter include but are limited by the following:
  - Fully equipped medical facilities on site with full time nurse and a part time nurse on Mondays thru Friday at 10:00 a.m. – 5:00 p.m.
  - Visiting Doctor for one day a week on Wednesday at 10:00 a.m. – 6:00 p.m.

- Eye exams and eye glasses from a doctor and medical students two times a month
- Mental health pre screening and referrals available upon request
- Medicaid through Healthcare for the Homeless service providers

The full time nurse, Hope Wilson, is responsible for all of the healthcare facilities at the shelter. She has been critical to the development of the healthcare services at Father Bill's Place. Hope Wilson is truly an inspirational woman. Hope has worked for Father Bill's Place almost 10 years. Hope is a nurse and a clinic manager. She graduated in 1979 as a LPN (licensee practical nurse) and in 1998 she received her RN (registered nurse) degree. Hope worked for Brockton Hospital for 10 years while she was there she participated in the Brockton Visiting Nurses program. Before that she was an elementary school nurse for 6 years.

Before Hope began working at Father Bill's Place she had no previous experience with the homeless. She was working at Quincy Hospital as the support staff nurse. Her primary responsibility was answering healthcare over the phone to clients, assigning nurses to all of the clients. She did not particularly like working in positions where she did not have direct access to patients. When she was asked by the nursing staff to cover the Quincy Visiting Nurses at Father Bill's Place while one of the nurses was on vacation, she jumped at the opportunity to work with patients.

When she first started working at Father Bill's Place she was nervous because she didn't know what to expect. Everything that she heard about the homeless was through Pine Street Inn commercials. She was very surprised once she began to listen to the

client's stories. She began to realize how humane and wonderful each one of her clients was. The nurse that Hope was filling in for eventually left. They had trouble filling the position and Hope offered to do it full time.

When she arrived at Father Bill's Place she began to realize that the homeless needed a lot of nursing care and they were not getting it. Patients feared the emergency room. They told her that they were not treated well in the emergency room. She sees both perspectives: the homeless perspective and the nurses. For example, if you have an intoxicated homeless person who is being treated for wound or infection, it is hard to place that person next to, for example, an elderly woman who has a heart attack or a child who is having an asthma attack. Even though the homeless person may have an acute illness, this type of behavior makes it hard for the nursing staff to provide quality care for everyone. Hope understands how it is difficult for a nurse to be kind and respectful to the homeless given those circumstances.

Hope was able to learn more about the homeless through listening to their stories. She would ask them, what she could do for them or what they needed the clinic for. Most of them didn't really even need the clinic they just needed someone to listen. They were not sick. Sometimes they would even make things up so they could come in and just talk. At that time, Father Bill's Place did not have any mental health professionals who could take on this type of work.

However, thanks to John Yazwinski, the executive director of Father Bill's Place, mental health services were integrated into Father Bill's Place's health care services. Since then Father Bill's Place has integrated mental health services into its healthcare service program, the number of people needing to tell their stories to Hope has

dramatically decreased. This allows Hope to spend much more time focusing on the medical problems of her patients.

Many of the clients do not have health insurance. Massachusetts Healthcare for the Homeless offers clerical support for clients to obtain health insurance. Each day the clients has an opportunity to meet individually with a staff from Healthcare for the Homeless and to be screened for eligibility of services, assisted with filling out applications, and to have their progress tracked. The process obtaining healthcare insurance is often time consuming and stressful for many of the clients. Within months and a lot of follow up paperwork and phone calls a lot of the clients are able to obtain healthcare insurance and benefits.

After a client obtains healthcare insurance, she can get a full medical check up and can begin intense rehabilitation and/or treatment for their illnesses. Many of the clients are willing to go to treatment several times a week, if they are covered by a health insurance plan.

Hope believes that the most important thing a medical person can do when coming to a patient is to listen to their stories. Listening helps the homeless person feel validated. When she first started she had a patient say to her they “they were the invisible people, they were forgotten”. Nobody cares about a nobody. Unfortunately a lot of time this is true. Just to be heard as a person... not as a homeless person, but as a person is a rare treat for many homeless. Hope tries everyday to connect to her clients in a way that makes them feel validated, honored and respected.

When she began working for Father Bill’s Place over 10 years ago, the only medical services available were four hours of nursing care 2 nights each week. In total,

the clients as a group only had access to 8 hours of care each week. By contrast, they now receive comprehensive healthcare services daily. Also, Father Bill's Place just hired a doctor who will be at the shelter for eight hours a week and an eye doctor that comes in for one to two times a month with students. The eye doctor group sees 12 to 15 people. And they also provide free eye glasses. Hope pushed for the eye doctor team.

Hope was able to expand the healthcare program through intensive research. In the beginning, she was not familiar with the homeless healthcare system or obtaining benefits for the homeless population. She picked up the same booklet that was often times given to the clients and began to research the services. She began calling up the services to track their programs. She eventually figured out what they covered and what they didn't. Although the programs changed a lot over the years she was able to identify some basic gaps in the system. For example, Medicaid previously covered dental, now they only cover extractions. Medicaid also used to cover eye glasses, but again those services were eliminated. Once Hope was able to discover gaps in the system, she figured out ways to fill these gaps. She goes above and beyond the call of duty.

Hope was able to help expand the healthcare service to include eye exams and eye glasses. Mass Health covers eye exams but they don't cover eye glasses. A lot of the clients at Father Bill's Place were unable to afford eye glasses even though the clients needed eye glasses for everyday tasks including reading, writing, and getting around the South Shore. Hope noticed that clients were also having trouble looking for jobs. They needed eye glasses when looking for jobs and keeping jobs. They had trouble filling out job applications and also performing basic tasks. They were forced to squint and many times they would lose their job because of their inability to see clearly.



Hope did not want her clients to miss out on opportunities because of the lack of funds for eye glasses so she was able to identify a service provider that was willing to do free eye exams and provide eye glasses at the shelter. So the school that comes in with the students also provides eyeglasses. The clients can pick out a modern frame. It makes the person who can know read, feel better about themselves. And feeling better about yourself changes a lot. How you present yourself to the world.

The staff at Father Bill's Place is supportive of Hope's efforts to expand the services. Case management oftentimes come up with ideals about how to improve the healthcare services and they also help Hope to better understand how to utilize the resources in the area. She eventually learned over the years what services were available in the area. The clients have also helped her by informing her about services that they have used in the past.

She is able to help out her clients in other important ways. For example, if something was wrong with a client's teeth and they don't want to have them pulled, she would refer them to St. Francis House which is located on Boylston Street. If the client was nervous or apprehensive about going to her appointment, Hope would encourage the client to ask someone that they befriended to go with them for support. She would write out the information for the client and tell them how to get there. If the client didn't have any money she would ask case management for tokens. At St. Francis House a client can receive a free screening and a referral to Self Ed Community Dental. There the clients can receive a cleaning, filling, dentures and other services free of charge.

Hope also follows up with the client after treatment; if the client fails to follow up, Hope finds her. Hope first looks for them at Father Bill's Place. She leaves notes for the client to get contact with her. Then she goes looks for them out on the street.

Hope is also involved in an extensive outreach service. The outreach service began with Dr. Joel Wicksen who was an outreach worker through Tri City Mental Health. He would come and talk to Hope about different people that he treated on during his outreach program. Later he saw some of those same clients out on the streets and in abandoned buildings or in the woods, mostly in Quincy and surrounded areas. One day when it was not busy in the clinic she decided to go with them. He agreed, and they eventually decided that working together would be a weekly event. Every Tuesday, Hope would go with him to do outreach; meet the patients on the street or in their tents; go to the soup kitchen to inform them about the free health care at President's Church; then go to Presidents church to care for the homeless. There Hope met people she wasn't connected with at Father Bill's Place.

At the soup kitchen she would see people who were bouncing from friend to friend. They were still homeless. She would connect with them at the soup kitchen and try to get them to come to the shelter. It was much easier for people to come to her about a medical issue – a cut or a headache. While she taking care of the cut, she might learn that the patient heard voices or that they were seeing strange things. And, she would gently encourage them to see Joel, so that he could work with them on their mental issues. Together they would try to get patients to come to the shelter.

So they used medicine as a way to try to get patients in to shelters for more extensive treatment. People will talk about physical pain more quickly than they will

talk about homelessness and other different issues. It can take a long time, in some cases, to build a trusting relationship between the client and the healthcare provider. It was particularly difficult to convince patients to come back to Father Bill's Place in order to get services such as mental therapy.

When Joel left, Terry Vaseki a Visiting Doctor replaced him and she continues to do community outreach with Hope every Tuesday morning.

The success stories when someone finds the help they need are the ones that keep Hope out in the field. And, for Hope, the patients that don't come to the shelter are the ones that keep Hope motivated. She believes that she must keep trying. Because, it may be the 200th time that you meet with a patient that she decides to come to the shelter.

Hope says she is frustrated when she sees the same person everyday with the same issues. Despite best efforts a client may continue to physically and mentally deteriorate. It is up to the client to make a decision to change their lives and get help. But, it is frustrating to Hope when she continues to be supportive and encouraging only to eventually go to that person's funeral. She feels the death of a person is the saddest thing about working with the homeless. She has never been to so many funerals until she started working for Father Bill's Place.

Although Father Bill's Place has a very comprehensive healthcare service program, Hope's ideal program would be the Housing First Model. The Housing First Model is permanent housing with supportive services for homeless individuals. She believes that over time this model would prove to be the best because it would decrease a lot of ancillary (emergency room, crisis team, and police) services, health care and

emergency room visits. If the clients were living in a stable environment, they wouldn't have to worry about survival skills and they could place health care issues as a priority.

Hope is currently the central actor in the healthcare service system but she believes that the shelter will be able to replace her when she leaves and still keep the high integrity of the program. She feels that her replacement should have compassion, respect, and be a great listener. She feels the secret is not treating the client as drunken, homeless bum. She has seen that when she takes clients into the hospitable, sometimes she is not recognized as a nurse, they think that she was a friend or a transporter. Through these experiences she sees that the clients are really treated poorly. Hope believes that overall the staff at Father Bill's Place is very supportive and that management is great. She believes that they will be able to continue to provide quality health care service.

### ***Client Perspectives of HealthCare Service at Father Bill's Place***

The clients were overall extremely satisfied with the healthcare that they received at Father Bill's Place. Every time they need any medical or mental health attention the resources seem to be available. Many of the clients raved about Hope and how she treats them with dignity and respect.

Each time a client needs some medical attention they sign up to see Hope for medical attention or referred to John Simmons for mental health care by her case manager. Often times the demand for healthcare services is greater than the shelter can provide. Because of the high demand, some individuals wait for a few hours and sometimes days before they are able to see the nurse. This is especially frustrating for clients who need access to simple things such as Tylenol or aspirin for a headache but has

to wait for her name to be called. The waiting time can be long as 2-4 hours. Many of the clients do not have enough money to go to the store to buy their own medicine, so they wait to meet with Hope.

Many of the clients are also open to the ideal of mental health treatment and they are able to admit that they need help. So when given the opportunity to go to individual therapy or group therapy they are willing to go on a weekly basis. Some clients attend mental health counseling on a daily basis for a continual level of support. Especially during the winter months clients are willing to go to health related programs to avoid being in the cold or sitting in the cafeteria all day long. These programs give the client the opportunity to not only receive the healthcare they need but also breaks up the monotony in there days.

Father Bill's Place offers many healthcare options to clients and clients are extremely satisfied. At the same time, some clients complain of health issues that are caused by the environment of the shelter. Many of the clients reported that they get sick very often due to being in room with sick people all day who are coughing and spreading germs. Although these clients were able to see Hope for some cold relief, the clients feel like their illnesses would not go away unless they were in a better living environment with more privacy and better ventilation.

Many of the clients complain about the lack of healthy food options. Many women feel as if they have gained weight since they entered the shelter because of the unhealthy food choices. Pasta and breads are served almost daily at the shelter and there is usually cakes and candy available throughout the day for dessert or snacks. Many of

the clients want to be healthier but do not have the resources or the knowledge to begin to diet.

### ***Client Personal Reflections***

Kathy is a 55 year old woman who has been living at Father Bill's Place since October of 2004. She has suffered from mental illness and she is also mentally challenged. Kathy is a kind-hearted woman who enjoys volunteering every day at the local soup kitchen. Kathy became homeless because she was unable to find and maintain an apartment in the South Shore area due to a lack of funds and an inability to get public housing. Kathy's only source of income is a Supplemental Security Income (SSI) check which is less than \$200 a month. Kathy is oftentimes taken advantage of by women at the shelter for her limited finances because of her mental capabilities.

Kathy's primary healthcare concern is her blistering feet. She leaves the shelter at about 9 am each morning and walks around the city of Quincy all day. By the time she returns to the shelter at 4:30 she complains about having joint problems with her knees and her feet are constantly blistering. Her blisters are sometimes inflamed and open because of the constant weight of her body pressing down on them. Sometimes Kathy can barely walk.

Kathy sees the nurse regularly for help with her blisters. She has been treated with ointment, bandages and new socks to help out her blisters. She says she enjoys seeing Hope because Hope makes her feel special and Hope also makes her feel like she has an advocate at the shelter to look after her.

## **Analysis of Healthcare Services at Father Bill's Place**

Father Bill's Place provides a comprehensive multi-disciplinary set of service to its clients. Father Bill's Place's clients have access to medical care, mental health care and assistance with obtaining health care insurance.

The clients are very satisfied with the healthcare services that they are receiving at the shelter. The clients are able to get treated for the ailments free of charge and they are able to feel like respectful human beings because of the level of consciousness the healthcare staff uses when working with the clients.

The healthcare system at Father Bill's Place is a model program; it surpasses the standards of healthcare services for the homeless in the field. At this point, the only weak points of the program are that the healthcare service at Father Bill's Place seem to be addressing the nutritional needs of the clients and fixing the problems of poor ventilation of the shelter space.

## **Recommendations of the Healthcare Services at Father Bill's Place**

A dietician is needed in the shelter to ensure that the clients are able to have healthier options at mealtimes. Although a significant portion of the food is donation, a donation list could be prepared to insure that the donations are a variety of food options for the shelter.

Ventilation of the shelter space is also necessary to reduce the spread of air born illnesses.

## **Chapter 6: Conclusion**

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This thesis provided some background on the gap that lies between the Father Bill's Place staff and Father Bill's Place women clients. The supportive services that were researched were direct care services, case management, and healthcare. In addition this thesis discussed the additional strategies that Father Bill's Place can implement to better serve their clients.

The differentiation of direct care and case management staff roles at Father Bill's Place caused a lot of confusion and anxiety for the clients at the shelter. The direct care staff and case management services oftentimes overlapped with the case management taking care of the immediate needs of clients by giving laundry privileges and shelter status certification and direct care staff doing the initial case management intake process. Furthermore, the clients were not informed about the services in which they can obtain from direct care and case management staff which led them to not fully utilize the services.

However, the healthcare program ran by Hope Wilson proved to be exceptional because of the clarity of healthcare services and superior communication skills of Hope which led to the expansion of the healthcare program to become more comprehensive and beneficial to the clients needs.

The clients at Father Bill's Place are seriously affected by the quality of services that are being offered. Each day that the women feel confused about case management, disrespected by a direct care staff worker, dissatisfied with the lack of healthy food options, sicken by the poor ventilation of the shelter's public space, and feel less than a human there is a crisis situation. The women do not demand luxury items, they only



want to have the information to be able to make inform decisions about their personal service plans and to be treated like women, not homeless women.

It is extremely important for a homeless shelter provider to be clear about the roles of their staff in order to provide an emotional safe place for the clients. The direct care staff and case management staff services should not overlap. The roles of the staff can be defined based on skill level, educational attainment, work experience and exposure to clients. The quality of the experience a client has when she enters a shelter is pertinent to the staff's ability to define their roles and to fulfill their duties. When the staff becomes unclear about their duties it is quickly revealed to the client in time of distress.

In order to define roles, there needs to be a clear definition as to what the objective of the position is, what functions are appropriate for the position, what level of training and expertise is required to fulfill the functions. Once the position has been defined, the position needs to be communicated to the staff, reinforced regularly, and evaluated regularly to ensure accountability to clients and other staff members.

A possible definition for the position could be to attend to the client's immediate needs and refers the clients to case management and healthcare if a client is in need of those services. The functions of the direct care staff would be to greet the clients as they enter into the shelter; screen the clients for weapons, sobriety, and other possible harmful vices; retrieve basic personal information from new clients<sup>39</sup>; pass out handbook; assign bed numbers; collect personal belongings and medications for storage; ensure safety of

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<sup>39</sup> Basic information includes: Name, gender, age, last address, work status, medical condition, and allergies.

each client; assign laundry privileges; assign chores; coordinate smoke breaks; coordinate phone privilege; answer hotline; and collect and store donations.

A possible definition for case management staff could be to assist the client with short and long term goals that will eventually lead to self sufficiency. The functions of the case management staff would be to perform a detailed intake process with the client to determine their current status, past behaviors, and future goals; assist the client with creating tasks to fulfill each goal; referring the client to local service providers to assist them with their tasks and goals; follow up with each client to make sure they are accomplishing their tasks; inform direct care staff about possible behaviors of the clients to be aware of; and maintain and expand contacts with local service providers.

The clarification of role will allow the direct care staff and case management staff to become more efficient and provide a higher quality of life for the staff and clients.

The next step of research is to continue to provide an outlet for homeless women to share their shelter experiences. There is a limited amount of research available that critically looks at the way in which homeless women view the services in which they receive. In order to reduce the rapid growth of homelessness and extended amount of time of a woman experiences homelessness a more efficient system needs to be created that meets the needs of the homeless.

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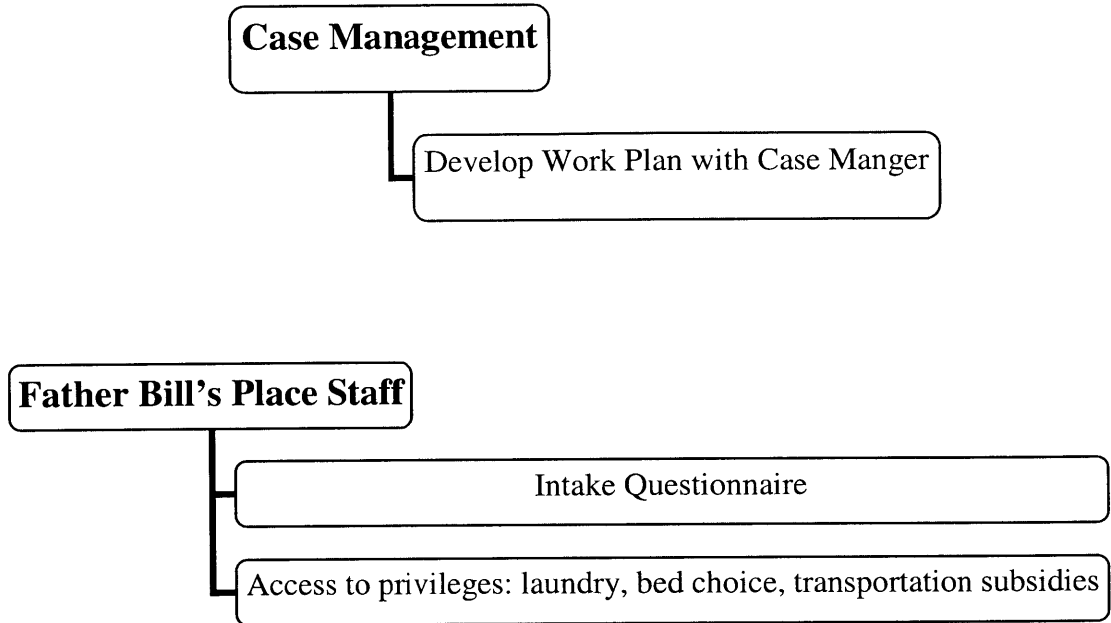
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**Appendix 1: Diagram of How Father Bill's Place Clients View the Case Management Structure**

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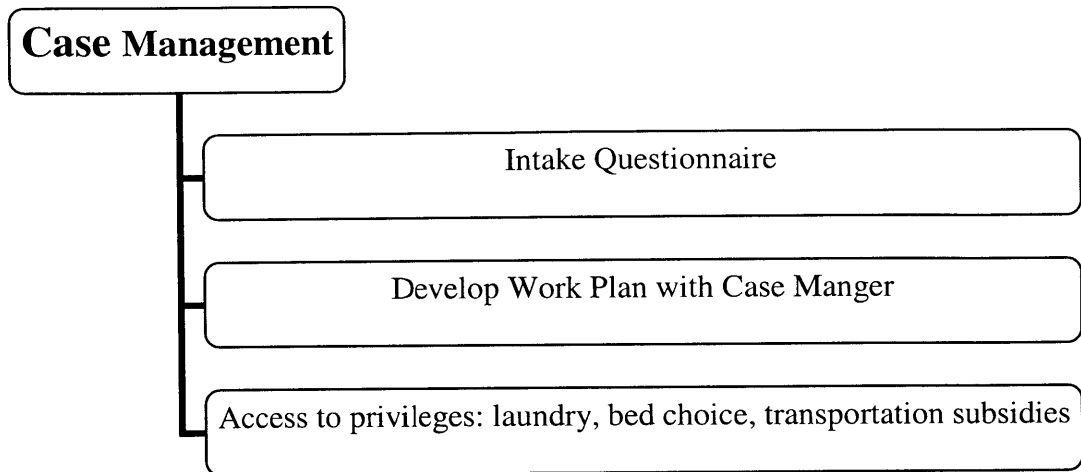
**Diagram of How Father Bill's Place Clients View the Case Management Structure:**



**Appendix 2: Diagram of How Father Bill's Place View the Case Management Structure**

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**Diagram of How Father Bill's Place Staff View the Case Management Structure:**



### **Appendix 3: Focus Group Housing Wish list**

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Wish List for St. John's Place Based On Preferences of Homeless Women

#### **High Priority**

Spiritual Foundation

Free Phone – incoming and outgoing calls

Floor- wood tiles, parkay, rugs

Stationery – notebooks and supplies

Plastic Storage Bins under Beds

More Washers and Dryers

Bible Donations

Small Lamps

New Bed Linen – twin sheets, pillowcases, blankets, comforters, duvets

#### **Low Priority**

Storage Facilities

Extend Walls for Track II

Lower Ceiling (cover pipes)

Paint Walls – white or robins egg blue

New Wall Clock – digital

Large Table to Eat At

Large Table with Light for reading at night

More Donations – Clothes, boots

VCR/DVD Compatible with T.V.

Lightning not to be Fluorescent

Track II – Night Stands

Recliner

Shelves for Linens

Sofas

Big Screen T.V.

Exercise Equipment

Swimming Pool

**Appendix 4: Strength-Based Case Management Strengths Assessment Form**

**Strengths Assessment**

Participant' Name \_\_\_\_\_

Case Manager's Name \_\_\_\_\_

Date Began: \_\_\_\_\_

Dates Updated: \_\_\_\_\_

<b>CURRENT STATUS:</b> What's going on today? What's available now?	<b>PARTICIPANT'S ASPIRATIONS AND DESIRES:</b> What do I want?	<b>PERSONAL AND SOCIAL RESOURCES:</b> What have I used in the past?
	Housing/Transportation	
	Vocational/Educational	
	Financial/Insurance	

**Strengths Assessment**  
Page 2

	<b>Family/Relationships</b>	
	<b>Health</b>	
	<b>Social Support/Leisure</b>	
	<b>Other:</b> _____	

**What are my priorities?**

- 1.
- 2.
- 3.

\_\_\_\_\_  
**Participant' Name                      Date**

\_\_\_\_\_  
**Case Manager's Name                      Date**

Strengths-Based Case Management Model  
MAACLink: Strengths Assessment Form



**Appendix 5: Strength-Based Case Management Personal Goal Plan Form**

**Personal Goal Plan**

For: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Life Domain Focused Upon:

- Housing/Transportation
- Vocational/Educational
- Financial/Insurance
- Family/Relationships
- Health
- Social Support/Leisure
- Other \_\_\_\_\_

<b>My Long-Term Goal:</b>				
<b>Measurable Short-Term Goals</b>	<b>Who is Responsible</b>	<b>Date to be Accomplished</b>	<b>Date Accomplished</b>	<b>Comments About Goals and Progress</b>

\_\_\_\_\_  
**Participant's Signature** **Date**

\_\_\_\_\_  
**Case Manager's Signature** **Date**

Strengths-Based Case Management Model  
 MAACLink: Personal Goal Plan Form