Trauma-informed service design with the Office of Homeless Services

Designing trauma-informed service experiences with people experiencing homelessness and the staff who support them.

JULY 2018 - SEPTEMBER 2019

PHL
Participatory
Design Lab

Recommendations Report

Project work completed in partnership with the Office of Homeless Services prevention, diversion, and intake services.

Published October 2019

PHL
Participatory
Design Lab

CONTENTS

Introduction	2
Part One / Context	4
Part Two / Approach	22
Project 1: Trauma-informed service strategy	**52**
Introduction	56
Trauma-informed service vision	59
Translating vision into practice	60
Implementing trauma-informed strategies	65
Conclusion	67
Project 2: Service interactions	**68**
Part One / People	70
Part Two / Process	88
Part Three / Implementation	178
Project 3: Information as a service	**190**
Part One / Content strategy	192
Part Two / Quick wins	220
Part Three / Implementation	252
Project 4: Trauma-informed space plan	**260**
Part One / Strategic plan	262
Part Two / Implementation plan	294
Project contributors	**308**

REPORT STRUCTURE

Purpose

This report documents work completed by the PHL Participatory Design Lab and the Office of Homeless Services (OHS) from July 2018 through September 2019. The report details multiple service improvement projects that the team led from strategy to implementation. OHS can use this document as a playbook for implementing recommendations in the future and as budget allows. This report also serves as a guide to other organizations seeking to collaboratively design and implement a trauma-informed approach across their service systems.

Who should read this report

OHS leadership, OHS staff, and service partners who actively participated in this work can observe the outcomes of our collaboration. City program directors and policy makers can examine how on-the-ground, lived experiences can inform implementation efforts. Other City agencies can borrow approaches to problem solving and trauma-informed service delivery. Service designers can learn how service design projects were structured and implemented within a public-sector context.

How to read this report

Each chapter is dedicated to a specific project and includes a description of the project. Sub-sections within each project chapter tackle various stages of a project—strategy, recommendations, and implementation. Readers who read from beginning to end will notice some deliberate repetition, as we designed each chapter to stand alone. The benefit is that readers can read chapters selectively.

Below is an overview of chapters in this report:

Introduction

Explains the partnership between the PHL Participatory Design Lab and OHS, and outlines the approach to the work.

Project 1: Trauma-informed service strategy

Presents a strategic framework for how prevention, diversion, and intake services can become more trauma informed in practice.

Project 2: Service interactions

Maps key moments in a future-state service experience where service participants and staff can engage in ways that are trauma informed.

Project 3: Information as a service

Presents the overarching strategy for trauma-informed information. It also details the improved flyers, signs, and other communications we created to better serve OHS staff and participants.

Project 4: Trauma-informed space plan

Demonstrates how the physical space can support participants and staff, and includes an implementation plan so OHS can take action on recommendations.

INTRODUCTION

- Part One / Context
- Part Two / Approach

INTRODUCTION

Part One / **Context**

In an ideal world, it'd be lovely to have more conversations between policy makers and direct service [providers]. Having conversations like there are all these regulations in place, but we [as service providers] would love to give people more choice. So what's realistic? And what can we do [to create a solution together] ?

— Staff

This chapter explains the partnership between the PHL Participatory Design Lab and the Office of Homeless Services (OHS).

- Knight Cities Challenge
- PHL Participatory Design Lab
- The Office of Homeless Services (OHS)
- Prevention, Diversion, and Intake
- Project description
- A summary of trauma-informed care

KNIGHT CITIES CHALLENGE

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

The Challenge focuses on three drivers of success:

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

The City of Philadelphia received the 2017 Knight Cities Challenge award to fund the PHL Participatory Design Lab.

PHL PARTICIPATORY DESIGN LAB

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

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

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

1 I Capacity-building

To demonstrate the value of using evidence to inform decision making at the City, we performed our work in the open so findings, resources, and methods could be shared across the government and with the public.

We did this via two official mechanisms in 2018:

- **Learning sessions:** We facilitated eight learning sessions on topics including service design methods, equity-centered design, and best practices to design meaningful stakeholder engagement. Through these sessions we built City agencies' understanding of participatory design and evidence-based practices, and provided them with tools, resources, and takeaways so they could begin applying learnings to their own work.
- **Office hours:** We held biweekly office hours where we consulted with 45 staff members from various City agencies on how they could apply service design or social science methods to existing projects.

Learning sessions facilitated with City employees through 2018.

2 I Evidence-based service improvement

Through hands-on projects, we aimed to enhance interactions between government and the public—ensuring service tools, informational materials, processes, mechanisms of outreach, and general service experiences were accessible, representative of those served, and of the highest quality.

The two projects we worked on were:

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

Please note: This report focuses on the Lab's work with OHS. A report titled *Using social science to help the Owner Occupied Payment Agreement program* by Nathaniel Olin, Social Science Fellow of the PHL Participatory Design Lab details the work completed in partnership with the Department of Revenue.

3 I Outcomes-oriented engagement

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

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

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

Our guiding principles were broad philosophies that guided the team, our project output, and how we engaged with our stakeholders.

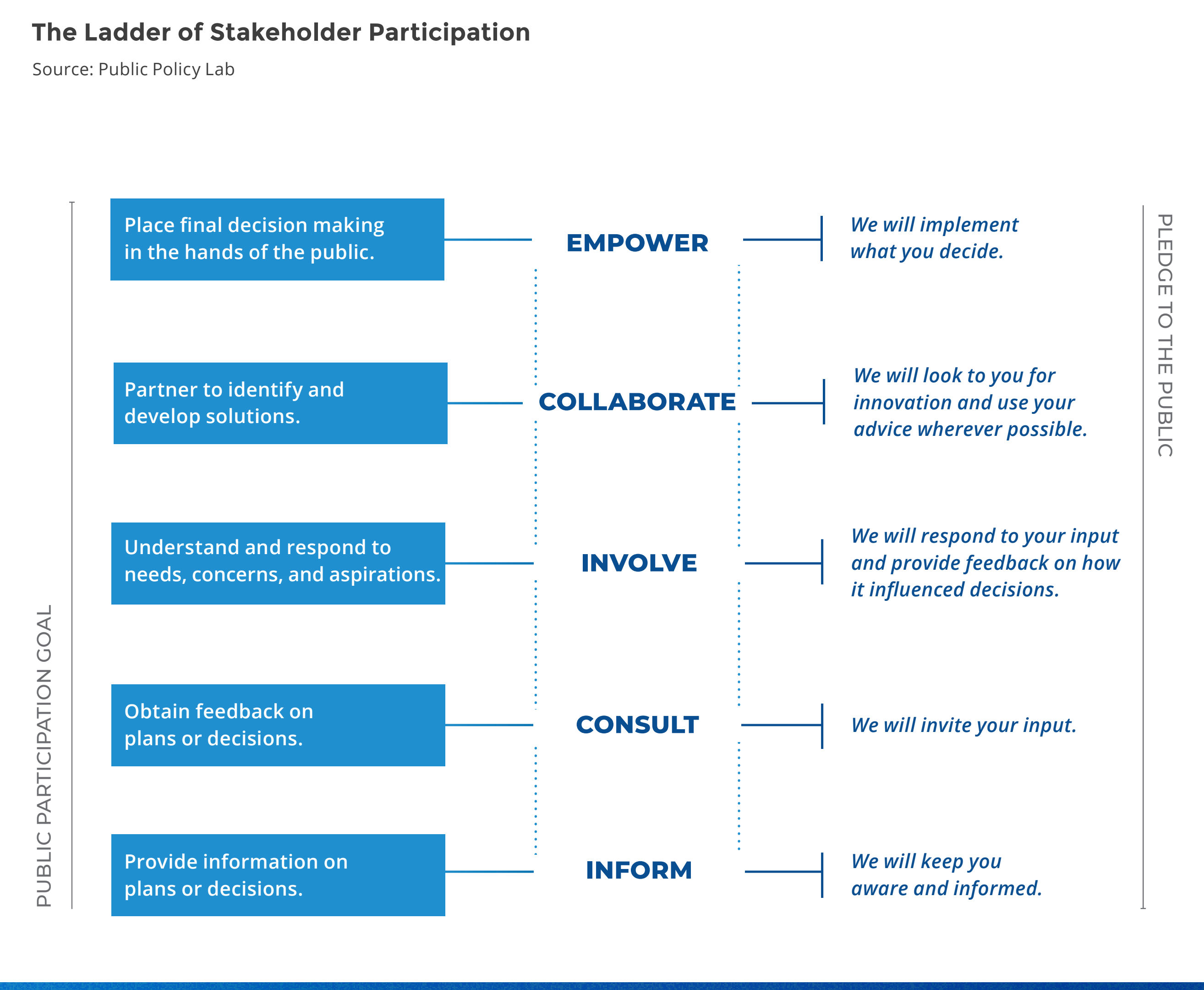
When it comes to outcomes-oriented engagement, we feel especially committed to *foster reciprocal relationships.*

Asking for someone's opinion or feedback and not responding can be more harmful than not asking for feedback in the first place. This is because some of our residents and staff feel overstudied, evaluated, and researched. Others feel that one-off interactions do not capture or address the complexities of their work or lived experience. And unfortunately, many report that when they give their opinion, they do not see results. These experiences have consequences. Residents can withdraw from participating in government, while staff can withdraw from service improvement efforts.

In order to foster reciprocal relationships, we committed to the following practices when engaging with stakeholders:

- Provide people with a clear entry point into our work
- Follow up with people after engaging with them
- Bring people along throughout the process
- Take action on feedback

To follow through on our commitment, we used an engagement framework called the *Ladder of Stakeholder Participation*.



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

Each rung of the ladder maps both participation goals and a pledge that government makes to the public. While our work spanned all rungs of the ladder, the PHL Participatory Design Lab was primarily situated in *Involve* and *Collaborate* rungs. By using the *Ladder of Stakeholder Participation* we asked people typically not invited to the design table to participate in our work.

THE OFFICE OF HOMELESS SERVICES (OHS)

OHS provides the leadership, coordination, planning, and mobilization of resources to make homelessness rare, brief, and non-recurring in Philadelphia. OHS works collaboratively with more than 60 mostly nonprofit homeless housing and service providers, as well as city, state, and federal government entities.

Together they comprise Philadelphia's homeless service system, providing emergency housing and services to people who are at risk of or who are experiencing homelessness.

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

OHS services include:

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

PREVENTION, DIVERSION, AND INTAKE

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

Currently the Prevention, Diversion, and Intake unit houses two teams:

1 | Prevention team

The Prevention team assists people who are at risk of experiencing homelessness and are in need of financial assistance to prevent homelessness or resolve a housing crisis. Prevention services include providing limited financial assistance with rent, security deposits, or utility payments to people who have been evicted or are facing eviction, people who are victims of domestic violence, or another type of housing emergency. They also provide emergency financial assistance for people who have been displaced or made homeless by disasters, natural and otherwise.

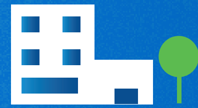
2 | Diversion and Intake team

The Diversion and Intake team works to divert people from entering the shelter system. They do so by connecting people to supportive services, like financial assistance, or helping them identify alternative housing arrangements. If alternative housing arrangements are not available, social work staff then go through an intake process where they assess the eligibility and service needs and refer people to emergency housing, boarding homes, or other housing. This team also makes referrals to mental health services, drug or alcohol treatment, health services, children and youth services, legal services, and Veteran services.

IN FISCAL YEAR 2018

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

7,572 households visited an OHS access point



Of those people

4,058 (54%) received emergency housing placement

837 Households were provided financial assistance to *prevent homelessness*

1,083 *Unsheltered* persons experiencing homelessness

(Counted on the night of January 24, 2018)

Source: City of Philadelphia Office of Homeless Services

Accessing the service

OHS manages and operates two prevention, diversion, and intake sites for the City of Philadelphia—Apple Tree Family Center and Roosevelt Darby Center.

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

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

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

In general, those seeking services—"participants"—are asked to physically present themselves at Roosevelt Darby Center or Apple Tree Family Center. Both sites are open from 7 a.m. until 5 p.m., Monday through Friday. After-hours sites are managed by nonprofit service partners, and they assist people and families experiencing homelessness with temporary overnight arrangements. After-hours sites are open from 5 p.m. until 7 a.m., Monday through Friday and 24 hours on weekends. Participants access after-hours sites throughout the evening, on weekends, and during holidays when they are in need of immediate shelter.

If participants cannot be diverted away from emergency housing and are eligible for emergency housing services, they are placed at emergency housing sites based on the availability of shelter beds. There are about 24 emergency housing sites in Philadelphia, and they are operated mostly by nonprofits. While in emergency housing, case managers work creatively with participants to understand their housing preferences and connect participants to housing-related resources and to more permanent housing.

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

Prevention, Diversion, and Intake partner ecosystem

PROJECT DESCRIPTION

OHS partnered with the PHL Participatory Design Lab service design team to better understand participants' and staff's current experiences accessing and delivering the City's homeless prevention, diversion, and intake services. With that information, participants, social work staff, leaders, and the Lab worked collaboratively to imagine, design, and implement a more *person-centered* service experience.

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

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

Our project work sits squarely in number four. In our work with OHS, we explored how prevention, diversion, and intake services could become person centered or *trauma informed* in practice.

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

A SUMMARY OF TRAUMA-INFORMED CARE

The terms *trauma* and *trauma-informed care* are frequently referenced throughout this report. Before exploring what it means to be trauma informed, it is important to understand what we mean by *trauma*.

> **"*Trauma* is an experience that causes a person to feel afraid, overwhelmed, out of control, and broken. Trauma affects how people view themselves, others, and the world around them."**
>
> — Dr. Meagan Corrado, licensed clinical social worker, full-time faculty at Bryn Mawr College, and founder of Storiez trauma narratives.

A traumatic event can alert the body's fight or flight response which causes people experiencing trauma to respond in different ways. Some might respond to trauma by withdrawing from support. Certain people might respond by displaying aggressive behavior. Others might become hyper-focused and work tirelessly towards achieving their goals.

Participants who access and use prevention, diversion, and intake services have experienced many different forms of trauma, ranging from community violence and natural disasters to abuse and neglect. Homelessness is also a form of trauma.

While different people have different responses to traumatic events, there are some common principles of trauma-informed care to follow when working with those who are currently experiencing a traumatic event or have experienced trauma in the past.

The principles are:

1. **Safety:** Participants have been through dangerous experiences that have undermined their basic sense of safety. For this reason, supporting them in regaining their sense of safety and identifying practical strategies they can implement can contribute toward maintaining a sense of safety.

2. **Power and control:** Experiencing trauma involves power or control being taken away from the person, leaving them feeling helpless. When supporting participants, it is important to provide them with opportunities to make their own choices and actively participate in decision-making processes. This allows them to experience a sense of empowerment. Preparing people by giving them direct, clear information can also help them regain a sense of power and control. Because traumas can occur suddenly, often without warning, participants are unable to prepare themselves for danger or distress. Ensuring they have access to information allows them to feel more prepared to tackle service challenges.

3. **Emotional management:** During a traumatic event the brain's fight or flight response is activated, preparing a person to fight the danger they face or run away from it. Even when the danger has passed, trauma can shape a participant's perception of danger in their environments. This means that some people might overreact or underreact to challenges they are facing. Sometimes this can result in displays of agitation and aggression. Working with people to manage their feelings and emotions, especially when their fight or flight response is triggered, can help people express their emotions in healthy ways.

In our work with OHS's Prevention, Diversion, and Intake, we applied the lens of trauma-informed care to service design and delivery in order to answer the project question: **What does trauma-informed service delivery look like for participants and staff who interact with OHS's homeless prevention, diversion, and intake service?**

We partnered with a clinician and trauma expert—Dr. Meagan Corrado, licensed clinical social worker, full-time faculty at Bryn Mawr College, and founder of Storiez trauma narratives. Dr. Corrado worked with us to ensure all project work aligned with and reflected the principles and best practices in trauma-informed care.

To answer our project question, we followed a service design process and used participatory methods to collaborate with people experiencing homelessness and the staff who support them. In Part Two of this chapter, we describe our service design approach and how we collaborated with participants, staff, and leaders across the prevention, diversion, and intake service system.

INTRODUCTION

Part Two / **Approach**

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

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

This chapter outlines the team's approach and summarizes outcomes from the initial phases of our work.

- Service design process
- Summary of stakeholder participation
- What we learned
- Service improvement projects
- Project team structure

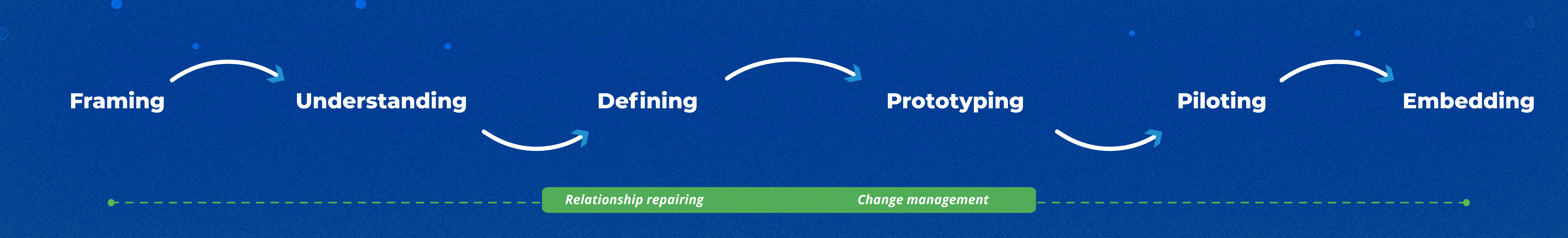
SERVICE DESIGN PROCESS

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

Service designers are trained in problem-solving frameworks that help organizations make evidence-based, actionable, and systems-oriented decisions.

Service designers—in the context of a service experience—engage with those who access and use, deliver, lead, and advocate for services in order to understand human needs from a holistic perspective.

From there, opportunities for improvement are mapped, so service enhancements can be prototyped, tested, and rolled out collaboratively with those most impacted by change. By working this way, organizations have a greater chance of adoption and implementation success.



Phase one: Framing

In the *Framing* phase, we asked questions of service-related leaders and domain experts via listening sessions. Based on what we heard, we defined known service challenges, scope of work, and planned project details for several months out. Throughout the framing phase, we used the following questions as guides:

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

Phase two: Understanding

In the *Understanding* phase, we aimed to understand the lived experience of participants, front-line staff, social work staff, and leaders when using, delivering, and supporting prevention, diversion, and intake services. We call this design research. Using design research methods like one-on-one interviews, contextual observation, and on-the-job shadowing, we gathered and synthesized findings into insights to inform service improvements.

Phase three: Defining

In the *Defining* phase, we identified opportunity areas where the PHL Participatory Design Lab and OHS, in collaboration with participants, staff, and leaders, could effectively intervene to make service improvements. We identified six opportunity areas in the prevention, diversion, and intake service experience, built a toolkit of ideas gathered from project stakeholders, and prioritized project areas we could take collective action on.

Phase four: Prototyping

In the *Prototyping* phase, we co-designed low-fidelity models for what a trauma-informed service experience could look like for Prevention, Diversion, and Intake. We considered the points of view of participants and staff across the service ecosystem, as well as input from trauma-informed experts and specialists. We developed multiple iterations for improved processes and interactions, informational materials, and the design of the physical space of access points. Each iteration was developed as a draft and then reviewed by staff and/or participants through meetings and workshops. With their feedback, we refined project output for piloting.

Phase five: Piloting

In the *Piloting* phase, we tested aspects of project work to check assumptions, see what worked, and what needed to be changed before official implementation. We tested the usability of a form with participants and staff, and piloted several "quick wins," or smaller projects, to serve as a test for larger, long-term improvement initiatives. In addition to project work, we also experimented with inclusive decision making for project-related work through an extended project partner team that brought front-line staff and leaders together at the design table.

Phase six: Embedding

In the *Embedding* phase we planned for the long term by setting up governance plans so project work could sustainably live on in existing structures. We also collaborated with experts who could train staff in the techniques, tools, and skills required to successfully sustain project work in the long term.

A note on repairing relationships and change management:

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

SUMMARY OF STAKEHOLDER PARTICIPATION

Over the six phases of our work, we engaged 221 stakeholders across the service ecosystem—in Outreach, Prevention, Diversion, and Intake, after-hours sites, and Emergency Housing. We also worked with domain specialists, like youth-focused experts, trauma-informed care specialists, and design and technology professionals.

57 participants

21 people refusing to access services

43 frontline staff
(includes security officers, service representatives, and outreach workers)

34 social work staff
(includes case managers at emergency housing sites)

33 specialists and domain experts

33 leaders
(includes directors, supervisors, administrators within OHS, and across the service provider network)

221
STAKEHOLDERS

We engaged stakeholders through various participatory design methods including in-depth interviews, on-the-job shadowing, field observations, co-design workshops, training sessions, and iterative reviews.

Listening sessions

14 stakeholders engaged

Listening sessions are loosely structured conversations that begin with an open-ended prompt, allowing session participants to make their own connections between thoughts and ideas. We facilitated listening sessions with project leadership and domain experts to frame our project question and scope of work with OHS.

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

Design research

121 stakeholders engaged

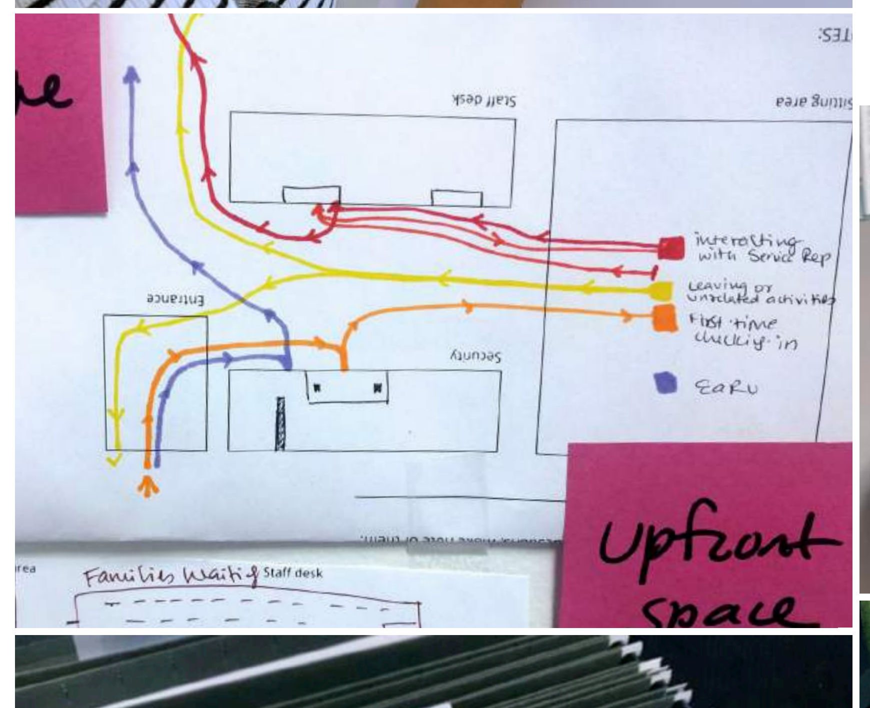
Design research refers to the practice of gathering qualitative data to understand the lived experience of people who use, support, and deliver a service, program, or product. The purpose of design research is to understand human experiences, needs, motivations, and personal histories within the context of a service experience or when using a program or product. We use design research methods like one-on-one interviews, contextual observation, and on-the-job shadowing to gather rich, qualitative data to inform the design of policies, process improvements, and service artifacts like forms, pamphlets, signs, digital applications, and websites.

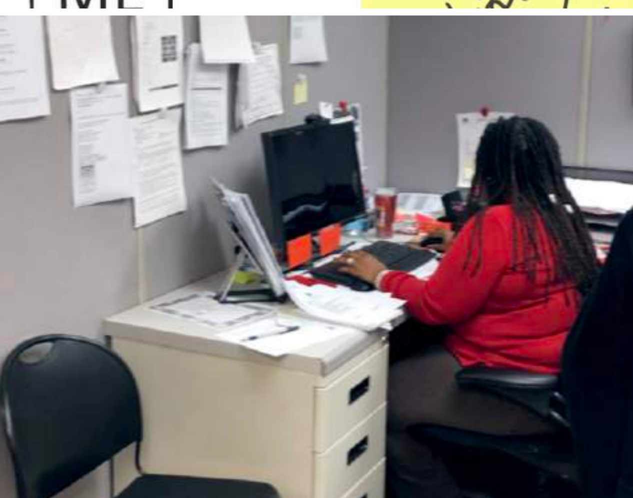
Interviews and on-the-job shadowing:

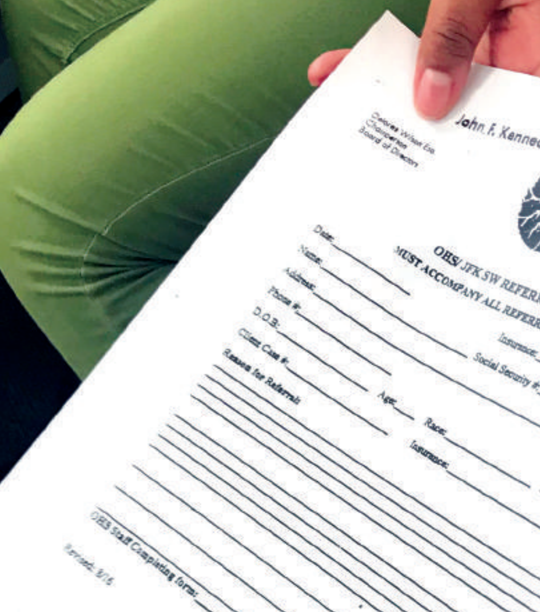
- 27 Prevention, Diversion, and Intake security officers, service representatives, social work staff, on-site specialists, and leaders
- 29 participants or people who accessed and used diversion and intake services
- 21 people who refused emergency housing services
- 11 outreach staff
- 9 after-hours staff and leadership.
- 20 emergency housing staff and leadership
- 4 cafes and engagement hub staff and leadership

Contextual observations:

- 8 days at OHS Roosevelt Darby Center
- 8 days at OHS Apple Tree Family Center
- 7 observation sessions with outreach workers:
  - 1 overnight shift
  - 1 during a Code Blue (a low temperature alert during which the City takes special measures to keep people who are homeless safe)
  - 5 morning to afternoon shifts
- 3 after-hours centers
- 5 emergency housing sites
- 1 overnight cafe
- 2 engagement hubs







Synthesis sessions

35 stakeholders engaged over 8 sessions

We closed out the design research phase by transcribing interview recordings, organizing our notes, and making sense of what we heard. We distilled design research findings into key themes and broad insights to drive future service improvements. We shared those themes and insights with a range of stakeholders, including front-line staff so they could respond to the insights, add nuance, and correct false impressions or assumptions. These themes were then used to identify opportunities for improvement.

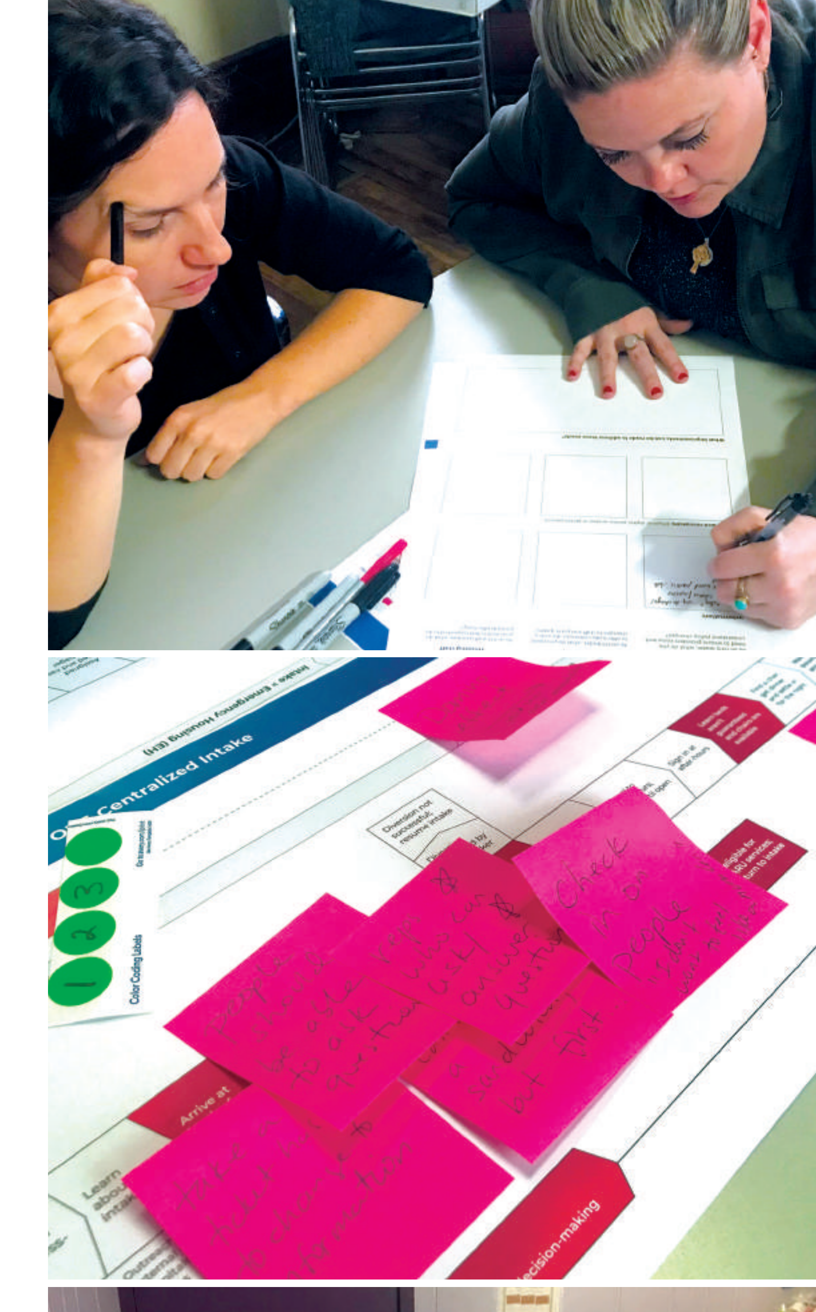
- 1 session with Roosevelt Darby Center staff and leadership
- 1 session with Apple Tree Family Center Diversion and Intake staff and leadership
- 1 session with Apple Tree Family Center Prevention staff
- 1 session with OHS leadership
- 1 session with OHS core team members
- 2 sessions with the City's Office of Open Data and Digital Transformation (ODDT) design, content, and technology professionals
- 1 session with the broader PHL Participatory Design Lab team

Brainstorming sessions

65 stakeholders engaged over 11 sessions

We facilitated brainstorming sessions with front-line staff, social work staff, and leaders from Prevention, Diversion, and Intake, after-hours sites, and emergency housing sites. Based on previously identified challenge areas, staff generated a range of service improvement ideas—from smaller projects like form redesigns to larger projects like digital systems upgrades.

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



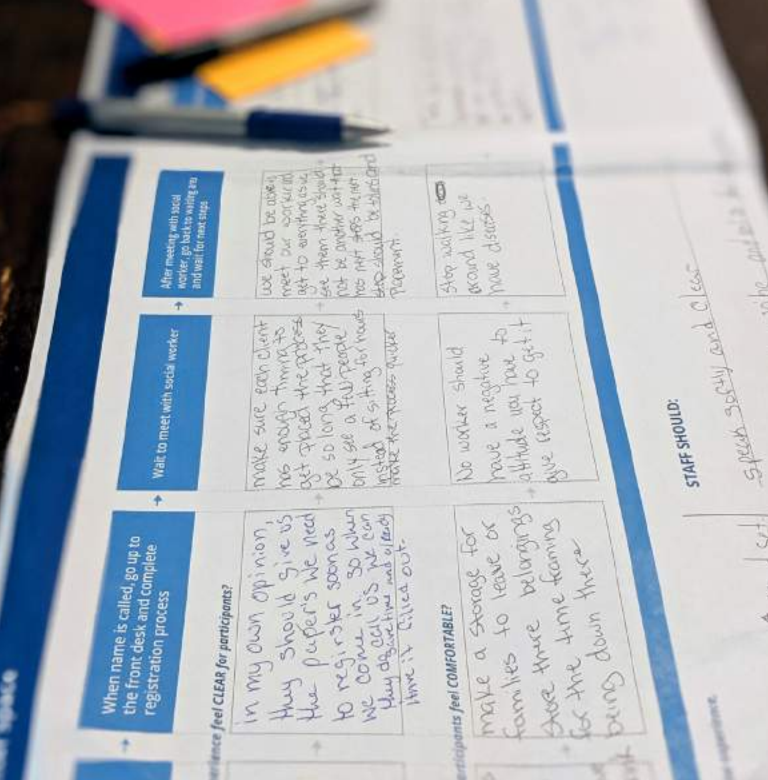
Co-design sessions

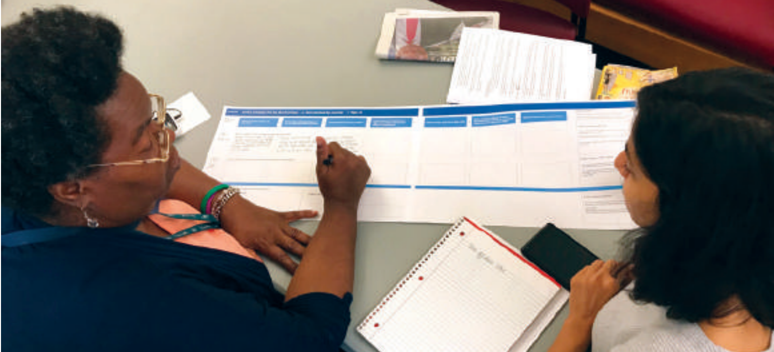
61 stakeholders engaged over 7 sessions

Co-design refers to the process of creating solutions with project stakeholders by inviting them to be active collaborators and drivers of a service-related change. The process of co-design brings people across roles, hierarchies, and traditional structures to actively participate in making solutions and service-related decisions. As facilitators of the design process, we used participatory methods, tools, and techniques to shift power dynamics. We invited input from those closest to a service challenge—like participants and front-line staff—who are often excluded from decision making.

We facilitated several interactive sessions with participants, staff, leaders, and specialists to co-design aspects of project work.

- 1 session with staff within Prevention, Diversion, and Intake unit
- 2 sessions with staff across Prevention, Diversion, and Intake, after-hours sites, and emergency housing sites
- 3 sessions with participants at the emergency housing sites
- 1 session with trauma-informed experts and specialists



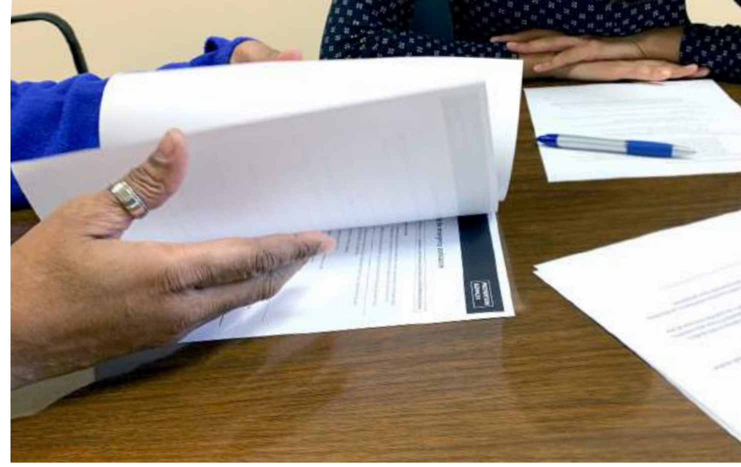


Usability testing

18 stakeholders engaged over 4 sessions

Usability testing is a way to evaluate the design of a product or tool to see if it works for its intended audience. We tested the information and design of the *Prevention documents checklist* form with participants and staff, and used their feedback to make improvements to the form before it was implemented. (More details on this form can be found in the chapter-*Project 3: Information as a service, Quick wins.*)

- 2 testing sessions with participants accessing prevention services at Apple Tree Family Center
- 2 feedback sessions with Prevention social work staff



Office of Homeless Services
CITY OF PHILADELPHIA

PREVENTION SERVICES

Required documents for emergency assistance

Your social work services manager will check the box for each document you need.
Depending on your situation, you'll need to provide different documents.

Your identification

- ☐ Photo ID for everyone who is 18 years or older in your household (This can be a state ID, driver's license, or passport. Your ID must show that you live in Philadelphia.)
- ☐ Your birth certificate
- ☐ Birth certificates for everyone else in your household
- ☐ Your Social Security card
- ☐ Social Security cards for everyone else in your household

Your income

(All of these documents must be dated within the last 30 days.)

- ☐ Paystubs **(These must be originals, not copies.)**
- ☐ Letter from the Department of Public Welfare showing how much you receive each month (DPA or TANF)
- ☐ Letter from the Social Security Administration showing how much you receive each month (SSA or SSI)
- ☐ Letter of employment or unemployment
- ☐ Proof of child support payment
- ☐ SNAP (food stamps) award letter
- ☐ Letter or referral showing the amount of help you receive from the Red Cross, the State, or any other source.
- ☐ Other ______

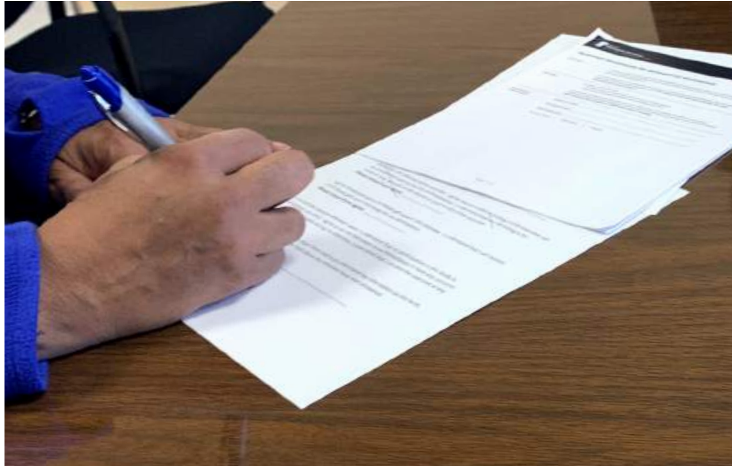
Your home

Eviction process

- ☐ Eviction papers issued by the court
- ☐ Notice to vacate
- ☐ Landlord tenant complaint (This is a letter from the court saying that your landlord is taking you to court for not paying your rent.)
- ☐ Writ of possession (This is a letter from the court saying that a sheriff is coming to evict you.)
- ☐ Alias writ of possession (This is a document saying your landlord can put you out and change the locks, or padlock your door.)

Unsafe / unsuitable

- ☐ Document from the Department of Public Health or the Department of Licenses and Inspections saying your home is unsafe, unfit, or must cease operations
- ☐ Medical documentation saying that you can't continue to live where you have been living



Review cycles

10 stakeholders engaged

We put together an extended project team that met biweekly throughout the prototyping phase of our work. This extended team collaborated and reviewed ongoing project work and provided feedback on implementation. The team comprised Prevention, Diversion, and Intake administrators, supervisors, and director, as well as program managers and directors from related departments within OHS.

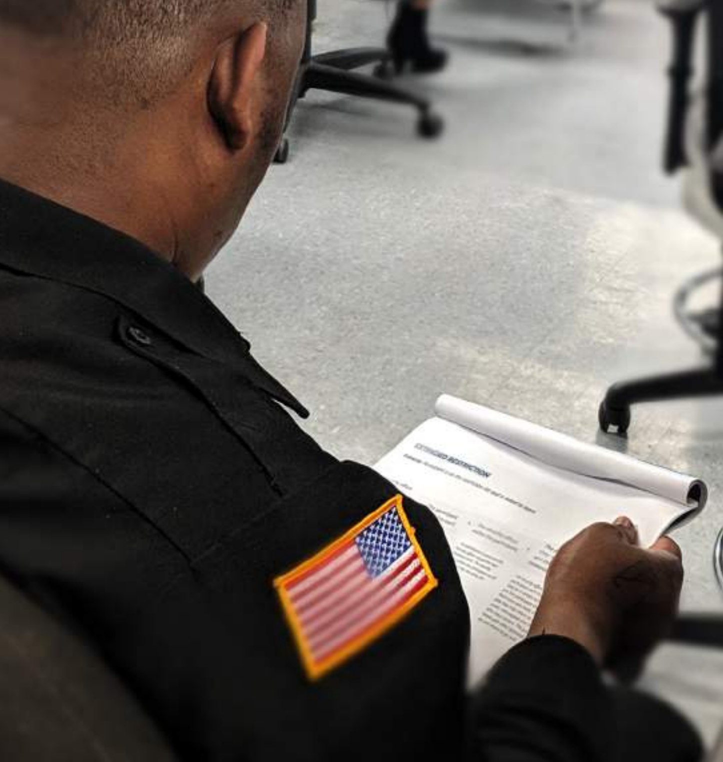
- Biweekly review meetings over ~6 months.

Staff training sessions

~75 stakeholders engaged over 4 sessions

We facilitated training sessions with Prevention, Diversion, and Intake staff so staff had the information and tools needed to implement certain project work. Dr. Meagan Corrado, our trauma-informed project advisor, designed and facilitated a training on the basics of trauma, de-escalation, and self-care techniques with staff. All trainings included staff across the hierarchy—security officers, service representatives, social work staff, administrators, and leaders.

- 1 session with Apple Tree Family Center staff on using informational materials
- 1 session with Roosevelt Darby Center staff on using informational materials
- 1 session facilitated by Dr. Meagan Corrado, with Apple Tree Family Center and Roosevelt Darby Center staff staff on trauma, de-escalation, and self-care
- 1 session facilitated by Dr. Meagan Corrado, with leadership from the service provider network on trauma and de-escalation



WHAT WE LEARNED

In the initial phases of our work, we engaged with stakeholders across the service ecosystem—in Outreach, Prevention, Diversion, and Intake, after-hours sites, and Emergency Housing—via in-depth interviews, on-the-job shadowing , field observations, and interactive brainstorming workshops. The goal of this engagement was to understand the current service experience, identify service-related needs, and gather initial ideas for improvements.

We documented outcomes from over 160 hours of stakeholder engagement and participation across the service ecosystem in the Framing, Understanding, and Defining phases into the *Insights, Opportunities & Action* report.

1 / Context

Knight Cities Challenge
PHL Participatory Design Lab
Project partners
About the Office of Homeless Services
Prevention, Diversion, and Intake unit
Prevention, diversion, and intake service
Partner ecosystem
Project description

2 / How we worked

Project approach overview
Phase one: Framing
Phase two: Understanding
Phase three: Defining
Summary of stakeholder participation

3 / What we heard

What we heard overview
Findings: People
Findings: Process
Findings: Information and channels
Findings: Infrastructure

4 / Taking action

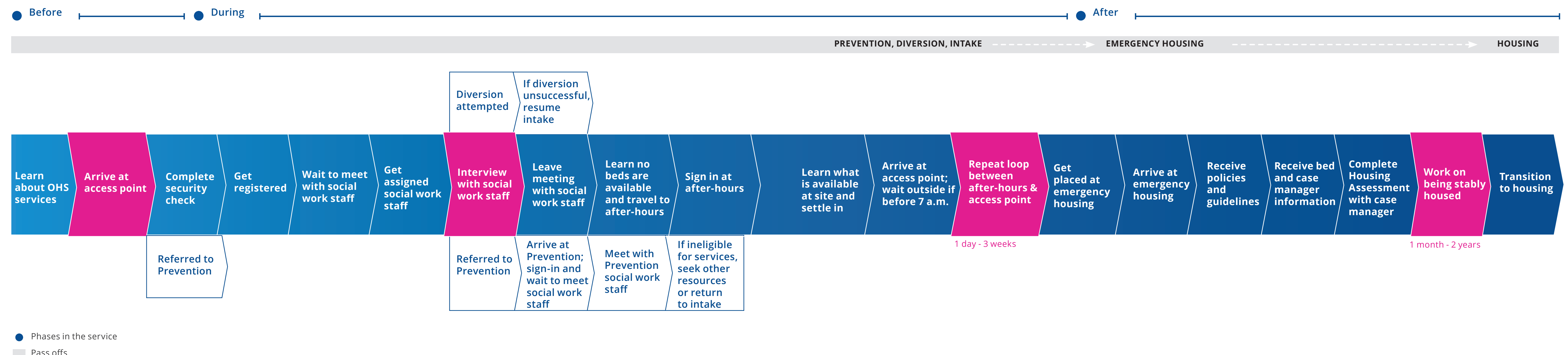
Taking action overview
Opportunity area one
Opportunity area two
Opportunity area three
Opportunity area four
Opportunity area five
Opportunity area six
Next steps

Content detailed in this report includes:

- A holistic understanding of the current service experience.
- Research insights and findings.
- Opportunity areas.
- An ideas toolkit.
- Service improvement project areas.

A holistic understanding of the service experience

What happens pre-service (e.g., referrals, outreach, and awareness-building efforts) impacts a participant's experience of the service. What happens during service delivery (e.g., prevention, diversion, and intake) impacts what happens after the service (e.g., transition to emergency housing). To understand the service as participants and staff experience it, we examined prevention, diversion, and intake—not as components in isolation—but from beginning to end or in the before, during, and after phases of the service experience.



Research insights and findings

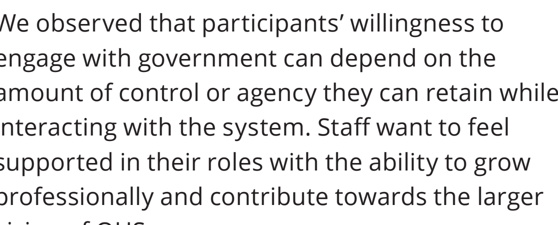
We synthesized what we learned about the current-state experience of the service into actionable insights so future design interventions and decisions could take into account the details of what we heard and observed.

We organized findings to focus on:

PEOPLE

The needs of people who access and deliver a service (e.g., participants, advocates, and staff across the provider networks)

We observed that participants' willingness to engage with government can depend on the amount of control or agency they can retain while interacting with the system. Staff want to feel supported in their roles with the ability to grow professionally and contribute towards the larger vision of OHS.



We identified several participant and staff mindsets that shape their experience and relationship to Prevention, Diversion, and Intake. Recognizing these mindsets help us and OHS understand what people need and design solutions that help each mindset accomplish their service-related goals.

PROCESS

The clear steps people take to access or deliver a service

We explored service-related contexts and histories and mapped processes and workflows in order to deconstruct each step in a person's service journey. A participant's service journey spans OHS Prevention, Diversion, and Intake to other partner organizations that provide supportive services like after-hours sites and emergency housing services. Fragmented communication and lack of alignment between partner sites can lead to inconsistent service experiences from one site to the next.

We identified key moments that impact participants' and staff's experience at Prevention, Diversion, and Intake and the transition to after-hours and/or emergency housing.

INFORMATION & CHANNELS

The information that each person needs to be successful and the avenues through which information is delivered and received (e.g., physical service environment, websites, phone, one-pagers, etc.)

Traumatic events can make absorbing and processing information difficult. When there are gaps in information, participants can fill in the gaps based on what they hope or fear. This can often lead to misperceptions that staff diligently work to dispel. The timing of receiving information is as important as the channel through which that information is communicated. Some informational materials and signage are not written in plain language or designed for visual clarity. As a result, participants might break rules when they do not fully understand what is being asked of them.

In addition to looking at information, we also observed existing challenges within the physical space of access points and how the space could be improved to support safe and private interactions between participants and staff.

SUPPORT SYSTEMS

Foundational components of a service that enable each person to be successful (e.g., enterprise technology, training, policy, etc.)

We focused secondarily on support systems to understand the infrastructure required to support Prevention, Diversion, and Intake activities.

The prevention, diversion, and intake network is composed of more than 39 entities that all work together to support participants. Because this network is extensive, it can be difficult to ensure that policy changes or a new service vision get effectively communicated to the front lines deep within partner organizations in a timely manner.

Opportunity areas

Based on research and insights, we identified opportunity areas where we could take action through project work. Opportunity areas describe areas for growth, change, or improvement within a service experience.

We identified six opportunity areas for service improvements across the prevention, diversion, and intake service experience:

1. **Ensuring key service moments are trauma-informed:** Key service moments are the small, concrete steps each person takes as part of the homeless prevention, diversion, and intake service experience. Each key moment can progressively de-escalate or heighten stress and anxiety.

   We identified several key moments that could be made more trauma-informed including:

   - Referrals from external agencies to Prevention, Diversion, and Intake.
   - First interactions with an access point.
   - Waiting to receive services at an access point.
   - Meeting with social work staff.
   - Transitioning to after-hours sites or emergency housing sites.

2. **Improving the physical space of access points:** The physical space of access points is the main avenue through which staff and participants experience the service. The quality and design of the space can either leave people better off or the opposite. To make spaces more trauma-informed, we identified several qualities to consider:

   - Structure: Does the physical space feel safe, accessible, and support well-being?
   - Environment: How do light, sound, color, smell, furniture, and visual storytelling enable positive interactions?
   - Pathways: How do people move within the space, and are their pathways open and clear?
   - Wayfinding systems: Do people know what is expected of them in the space, and can they navigate it effectively?

3. **Connecting people with the information they need:** Information is the lifeline of a service experience. The quality of information communicated can foster a sense of safety and well-being or it can make people feel excluded and pushed away. Information should be written in plain language and designed with clarity across key moments in prevention, diversion, and intake.

4. **Enhancing communication across the service ecosystem:** The service provider network is made up of more than 39 agencies. This can make communicating successes, learnings, and policy changes within a team and across the network complex. In addition, there are a variety of agencies who refer participants to prevention, diversion, and intake services. Opening up communication pathways across the service system can strengthen relationships and ensure smoother service experiences for participants across sites.

5. **Enabling a people-centered work culture:** Within a resource-constrained environment where staff experience secondary trauma on a daily basis, it is important to create a work environment that ensures staff know what is expected of them, understand what success looks like, and feel connected to a broader vision they value. The following areas can aid work cultures in becoming more trauma informed:

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

6. **Experimenting with inclusive policy-making:** Many leaders and social work staff who are directly or indirectly connected to Prevention, Diversion, and Intake have worked in the field for most of their careers. Some have studied social work in college or graduate school. Being a practitioner in the field provides operational insight or lived experience. Both leaders and staff recognized the need to be more inclusive in policy making, so policies make sense when implemented in the field.

Ideas toolkit

Based on the opportunity areas, we facilitated several brainstorming sessions with leaders, specialists, and staff members across Prevention, Diversion, Intake, after-hours, and emergency housing sites. We gathered initial project ideas and organized them into an ideas toolkit for future interventions.

Service improvement project areas

With our project partners and leaders at OHS, we identified overarching projects that would have an impact on the service immediately and in the long term. The project areas were:

- Developing a holistic strategy for a trauma-informed service experience
- Mapping future-state service journeys and interactions between participants and staff
- Creating informational interventions to clarify the prevention, diversion, and intake service experience
- Developing a plan for how access point spaces can support participants and staff

Please note: The *Insights, Opportunities & Action* report provides an overview of how we arrived at the service improvement projects. This report provides details of the various projects we took on in the later phases of work.

SERVICE IMPROVEMENT PROJECTS

Our previous *Insights, Opportunities & Action* report documented our work from research to arriving at service improvement project areas. This report focuses on how we took collective action based on what we learned. In the *Prototyping, Piloting,* and *Embedding* phases of our work, we took on four service improvement projects—from design to implementation—in collaboration with our project stakeholders.

Through 2018-2019, we led four service improvement projects with multiple work streams within each project:

- Project 1: Trauma-informed service strategy
- Project 2: Service interactions
- Project 3: Information as a service
- Project 4: Trauma-informed space plan

PROJECT 1: Trauma-informed service strategy

Project goal: Develop a holistic strategy that defines what trauma-informed service delivery can look like for prevention, diversion, and intake in practice.

Key deliverables:

- A strategic framework that translates the vision of a trauma-informed service experience into practice or on-the-ground service delivery
- A final recommendations report to capture all project work from strategy to implementation

PROJECT 2: Service interactions

Project goal: Co-create a future-state service experience where each key moment in prevention, diversion, and intake enables participants and staff to engage in ways that are trauma-informed.

Key deliverables:

- An outline or framework to clearly describe how staff roles can adopt a trauma-informed approach
- A future-state service journey map that outlines the key service moments in an ideal trauma-informed service experience
- In-practice scenarios for key service moments that demonstrate how the on-the-ground service experience can become trauma-informed
- Trauma training session for staff to learn the skills, techniques, and tools needed to deliver and support trauma-informed experiences

PROJECT 3: Information as a service

Project goal: Develop an overarching strategy and define opportunities for how information can support a trauma-informed service experience. Based on that strategy, create informational materials to clarify the process, and outline a plan to support OHS in maintaining information over time.

Key deliverables:

- An inventory and audit of existing content (e.g., websites, flyers, signage)
- A content strategy report with recommendations and an action plan identifying key informational interventions to implement
- Informational materials (e.g., one-pagers, forms) that are accessible in digital and print formats
- Training sessions and tools for staff to effectively use the informational materials
- Governance plan to update and maintain informational materials in the short term
- Training session for appropriate OHS staff on creating, updating, and maintaining materials in the long term

PROJECT 4: Trauma-informed space plan

Project goal: Demonstrate how access points can support people in moments of crisis and develop an implementation plan so OHS can take action on recommendations over time and as budget allows.

Key deliverables:

- A strategic plan that demonstrates actionable recommendations for how access points can foster trauma-informed interactions and support participants and staff in stressful moments
- An implementation plan that translates the strategic plan into design concepts, material finishes, furniture selection, and guidelines for renovations

PROJECT TEAM STRUCTURE

Multidisciplinary project teams bring together unique skills, knowledge, and expertise so project work and output is informed and effective. As outlined in the previous section, the four projects we took on required a variety of skill sets to be present at the design table. Expertise on our project teams spanned the domains of service design, content strategy, trauma-informed care, and deep subject-matter knowledge as it relates to prevention, diversion, and intake.

Core project team

The PHL Participatory Design Lab core team working on the OHS project comprised two service designers within the Office of Open Data and Digital Transformation (ODDT), and Bruce Johnson, Director of Prevention, Diversion, and Intake at OHS. It was important to include Bruce in the core team so he could have high visibility of all project work and guide the direction in which the project moved forward. Additionally, our goal was to build capacity within OHS by empowering staff and leaders use participatory methods to solve problems in their own work.

Since the scope of certain service improvement project work was beyond the capacity and expertise of the existing team, we were able to bring on additional team members. We brought on a service design fellow, a service design apprentice, three content strategists from within ODDT, and interior architects from Ballinger, a local architecture firm.

Extended project partner team

Oftentimes, those closest to a service-related problem or implementation are most removed from decision-making processes. It was important to us and to OHS to collaborate with front-line staff to ensure project deliverables made sense on the ground and aligned with broader systems of change within OHS. We put together an extended project team that comprised administrators and supervisors at OHS's two access points—Apple Tree Family Center and Roosevelt Darby Center—and program managers and directors from related departments within OHS. The extended team met biweekly throughout the prototyping phase of our work to collaborate on and review ongoing project work and provide feedback on implementation.

Project advisors

To ensure all project work aligned with trauma-informed best practices, we worked with Dr. Meagan Corrado, a licensed clinical social worker, full-time faculty at Bryn Mawr College, and founder of Storiez trauma narratives. Dr. Corrado provided guidance on how trauma can shape a person's experience of engaging with a service system. She offered advice on incorporating trauma-informed principles in all aspects of our project work and key deliverables. Dr. Corrado also designed and facilitated training on trauma, de-escalation, and self-care with OHS Prevention, Diversion, and Intake staff. We will discuss this in greater detail in the *Project 2: Service interactions* chapter.

In addition, the Public Policy Lab, a New York based nonprofit that works at the intersection of human-centered design and government, served as our project advisors. The team at the Public Policy Lab—Chelsea Mauldin and Shanti Mathew—offered best practices in service design, design research, and implementing service design projects in the public sector.

PROJECT 1

TRAUMA-INFORMED SERVICE STRATEGY

Project goal: Develop a holistic strategy that defines what trauma-informed service delivery can look like for prevention, diversion, and intake in practice.

Key deliverables:

- A strategic framework that translates the vision of a trauma-informed service experience into practice or on-the-ground service delivery
- A final recommendations report to capture all project work from strategy to implementation

Core project team:

- Bruce Johnson, Director of Prevention, Diversion, and Intake, Office of Homeless Services
- Liana Dragoman, Service Design Lead & Director, Office of Open Data & Digital Transformation
- Devika Menon, Service Design Fellow
- Aditi Joshi, Service Design Fellow

Project advisors:

- Dr. Meagan Corrado, licensed clinical social worker, full-time faculty at Bryn Mawr College, and founder of Storiez trauma narratives
- Chelsea Mauldin, Executive Director, Public Policy Lab
- Shanti Mathew, Deputy Director, Public Policy Lab

Homelessness is multidimensional. Homelessness is not just a matter of lack of shelter or lack of abode, a lack of a roof over one's head. It involves deprivation across a number of different dimensions:

Physiological / *the lack of bodily comfort or warmth*

Emotional / *the lack of love or joy*

Territorial / *lack of privacy*

Ontological / *the lack of rootedness in the world*

Spiritual / *the lack of hope, lack of purpose*

It is important to recognize this multidimensional character...because homelessness cannot be remedied simply through the provision of bricks and mortar—all the other dimensions must be addressed.

Peter Somerville, Understanding Homelessness: Housing, Theory, and Society

The *Project 1: Trauma-informed service strategy* chapter presents a strategic framework for how prevention, diversion, and intake services can become more trauma-informed in practice.

- Introduction
- Trauma-informed service vision
- Translating the vision into practice
- Implementing trauma-informed strategies
- Conclusion

INTRODUCTION

Adopting a trauma-informed approach

Many organizations, including the Office of Homeless Services (OHS), have made efforts toward becoming trauma informed. While this term is frequently used across service systems and programs, the road to becoming trauma informed *in practice* can be complex and multi-layered.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has summarized efforts that organizations and service systems can take when adopting a trauma-informed approach[1]:

- **Realize:** Trauma-informed organizations realize that participants have experienced trauma in their lives. These traumas can be life-altering and they can affect a participant's ability to express feelings, think about their experiences clearly, and interact with others in safe and healthy ways. With this realization, staff can engage with participants empathetically with the understanding that their behaviors and emotions might be the direct result of a traumatic event or experience.
- **Recognize:** Trauma-informed organizations recognize the signs and symptoms of trauma in the participants they interact with. Staff within these organizations not only understand that trauma has affected participants, they are also able to recognize potential signs of trauma in the moment. This requires that staff be attuned to the verbal and non-verbal indicators that a participant might display when feel threatened, unsafe, or agitated.
- **Respond:** When responding to participants who have experienced trauma, staff practice a sensitive, thoughtful approach. This involves thinking about the role of power and asymmetric dynamics in their interactions with the participant. Staff reflect on potential behaviors that can make participants feel unsafe and implement healthy communication strategies that take tone, volume, body posture, and the participant's trauma history into account.
- **Resist re-traumatization:** Re-traumatization occurs when a participant experiences the same feelings or memories they experienced during a traumatic event in the present moment. Re-traumatization can occur at an individual level when another person brings back traumatic feelings or memories in the participant. It can also happen on a systemic level where service systems can trigger traumatic feelings or memories. A trauma-informed organization takes precautionary measures to minimize the potential for re-traumatization of participants at all layers of a service system.

[1] SAMHSA's Trauma and Justice Strategic Initiative. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, July 2014.

Known collectively as the *four Rs*, these actions serve as a starting point for organizations that seek to implement trauma-informed care. Trauma-informed organizations should address the impact trauma has had on participants *and* staff.

Staff can repeatedly experience stress, second-hand trauma, or vicarious trauma. They hear difficult stories, and due to limited resources, sometimes feel powerless to help. These realities can lead to burnout and health issues.

To focus on staff, trauma-informed organizations should:

- Acknowledge the impact of trauma on staff and provide opportunities for staff members to engage in self-care practices. Self-care practices are essential to the prevention of burnout and the creation of a healthy work environment.
- Understand that many staff may also have experienced trauma—either in the course of their work or outside the workplace. Creating a trauma-informed work environment not only helps participants feel respected and safe, but it also helps staff members who have experienced trauma feel valued, respected, and safe.
- Tailor what it means to be trauma-informed based on their own organizational context. While there are some general guiding principles, trauma-informed organizations consider their defined mission/vision and the specific needs of their participants and staff when seeking to adopt a trauma-informed approach.
- Be mindful when adding trauma-informed standards to fragmented service systems. For example, redesigning the physical space is not enough to become trauma informed. Because trauma affects every layer of a service system—from the physical environment to individual interactions and organizational policies—a trauma-informed approach must also be applied to every layer of a service system and organization.

From trauma-centered thinking to collective well-being

Dr. Shawn Ginwright, author and associate professor of African American Studies at San Francisco State University, expands the scope of what trauma-informed care should look like in practice. In his article, *The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement*, he states that a person is more than the trauma they have experienced in their life. Therefore, service providers should focus on designing for the totality of who a person is, rather than focusing exclusively on their trauma. He calls this approach "healing-centered, as opposed to trauma informed." He continues: "A healing centered approach is holistic, involving culture, spirituality, civic action and collective healing. A healing-centered approach views trauma not simply as an individual, isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively."[2]

This moves from deficits-based to strengths-based thinking and forces us to grapple with the structural ways systems can re-inflict trauma, intentionally and unintentionally, on an individual and on a community or collective group of people.

When people access a service or interact with a system, they engage in order to seek support, empathy, and assistance. However, when engaging with a system they might find themselves re-experiencing the same discomfort, rejection, and trauma that prompted them to seek help in the first place. This is called *sanctuary trauma.*

Some participants can enter the context of prevention, diversion, and intake services having already experienced some form of trauma. Past experiences of sanctuary trauma can affect a participant's perspective when they seek services. They might engage with the service from a defensive stance, or they might mistrust staff members they interact with. Other participants might engage with the service after having experienced some form of systemic oppression where they felt their needs, feelings, and voices were dismissed by the systems they sought help from. These systems might have imposed interventions onto them instead of actively collaborating with them to co-create solutions that focus on their well-being.

The perspectives of SAMHSA, Dr. Ginwright, and Dr. Meagan Corrado, our project advisor and trauma expert, informed how we approached the design of trauma-informed service systems. Their viewpoints influenced the trauma-informed service vision we co-created with participants, staff, and leaders across OHS's prevention, diversion, and intake service system.

[2] Dr. Shawn Ginwright. *The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement,* May 2018.

TRAUMA-INFORMED SERVICE VISION

After many co-design workshops with participants, staff, and leadership, we arrived at a trauma-informed service vision that would guide all project work with OHS's Prevention, Diversion, and Intake.

By adopting a trauma-informed approach, each aspect of the prevention, diversion, and intake service system realizes and recognizes how people have experienced trauma and how trauma shapes their interactions with the service system, and responds by designing experiences that resist retraumatization for participants, staff, and leaders who interact with the service.

This trauma-informed approach leads to the collective well-being of participants, staff, and leaders leaving them better off after having engaged with the service system.

WHEN WE:

Realize

the impact trauma has had on the service system.

Recognize

the signs of trauma in service participants, staff, and leaders.

Respond

by designing trauma-informed policies, services, and service materials.

THEN WE CAN:

Resist

re-traumatization.

WHICH LEADS TO THE:

Collective well-being

of participants, staff, and leaders leaving them better off after engaging with Prevention, Diversion, and Intake.

TRANSLATING THE VISION INTO PRACTICE

It was important to articulate and define our service vision because it informed how we approached the re-design of processes, informational materials, and physical space of access points. However, simply articulating a vision is not enough. Being trauma-informed can often feel abstract or seem difficult to translate into practice.

To make the service vision tangible and actionable, we broke it down via three levels of granularity, which make the vision progressively more concrete.

The three levels are:

1. Strategic pillars
2. Elements of service delivery
3. Key service moments

Trauma-informed service
VISION

Supported by
STRATEGIC PILLARS

Embodied by the
ELEMENTS OF SERVICE DELIVERY

Experienced by staff and participants at
KEY SERVICE MOMENTS
in their prevention, diversion, and intake journey

CONCEPT

PRACTICE

1 | Strategic pillars

There are three strategic pillars that support and strengthen the vision of a trauma-informed service experience for Prevention, Diversion, and Intake. These pillars help make the vision more tangible and realistic as they begin to lay the groundwork for how to translate the vision into practice. They also directly align with the principles of trauma-informed care. To enable collective well-being, prevention, diversion, and intake service experiences should be:

Clear and consistent

Ensuring staff and participants have the information they need to make informed decisions.

Participants arrive at access points seeking support in the midst of their housing crises. Homelessness or imminent homelessness creates a significant amount of stress and anxiety. This stress becomes exponentially higher when it is combined with pre-existing stress and anxiety from previous traumatic experiences. When participants experience multi-layered stress, they can feel emotionally overwhelmed, or they might find it difficult to concentrate and stay focused. This makes clarity and consistency important to a trauma-informed service experience.

Goal-directed with choice

Identifying what staff and participants need and then using that information to enable personal agency.

People experiencing trauma have often faced dangerous, alarming situations over which they had no control. This can lead to feelings of hopelessness and defeat. Many participants enter access points with a sense of powerlessness because of the traumatic experiences they bring with them as they walk through the front door. Similarly, staff can feel powerless when they do not have enough resources to help participants who come seeking help. Building in opportunities to allow participants and staff to make choices can promote a sense of empowerment. In addition, when services are designed with an understanding of what participant and staff need to feel empowered, each aspect of the service can be designed with the goal of addressing those needs.

Safe and respectful

Fostering a sense of physical and emotional safety, so staff and participants in crisis feel protected.

People who have experienced trauma or who are currently in the midst of a traumatic experience have been through situations where their basic sense of safety was undermined physically, emotionally, sexually, relationally, or environmentally. Participants might have also faced disrespect when engaging with systems, communities, or individuals they sought help from. Safety and respect are integral to interactions between staff and participants and should be imbued in the design of processes, physical spaces, and the information that is communicated.

2 | Elements of service delivery

Designing a trauma-informed service experience involves intentionally applying trauma-informed principles to each layer of a service system from organizational policies to on-the-ground service delivery. Service delivery refers to how the service works on the ground and how it is organized on the backend. The elements that make up service delivery are:

- **People** who access, use, advocate for, and deliver a service.
- **Process**, or a series of steps and interactions that help people access or deliver a service.
- **Information** that each person needs to make informed decisions at each step in their journey.
- **Space** as the main channel or avenue through which people experience the service.

Being trauma-informed means thinking holistically about the prevention, diversion, and intake service experience and ensuring that each element of service delivery is designed to enable the collective well-being of participants, staff, and leaders. In order to do that, we applied the three strategic pillars to each element of service delivery.

	PEOPLE	PROCESS	INFORMATION	SPACE
Clear and consistent	Clearly define the role each stakeholder plays in a trauma-informed service experience.	Ensure participants and staff have clarity on the overarching steps in their prevention, diversion, and intake service journeys.	Communicate in plain language, ensuring honesty and transparency to build trust between stakeholders.	Purposefully communicate the intent and function through each detail, so people know what's expected of them within the service environment. That way, they can take appropriate action.
Goal-directed with choice	Give staff and participants the ability to offer feedback on their service experiences—driving meaningful change within OHS.	Provide opportunities for staff and participants to make their own choices and feel empowered in their actions and steps.	Ensure communication is actionable so people have what they need to make informed choices and move forward in their service experience.	Restore feelings of self-sufficiency and independence by giving people greater control over their environment.
Safe and respectful	Build opportunities for participants and staff to engage in self-care practices.	Streamline workflows to open up staff capacity for building relationships and human connection.	Minimize the number of times participants are asked to repeat themselves to avoid retraumatization.	Nurture emotional safety by offering opportunities for creative expression and self-reflection. Quiet, predictable spaces help people in crisis feel calm and protected.

These elements of service delivery refer to the coordination and organization required to deliver a service. When each element is designed to be clear and consistent, offer choice, and foster a sense of safety, they work together to deliver an experience that is trauma-informed.

However, participants and staff do not experience a service in the way it is organized on the backend. They experience prevention, diversion, and intake as one seamless experience made up of a series of steps to follow, questions to be answered, documents to read and sign, and spaces to navigate when accessing services. For this reason, it was important to look at how *people, process, information,* and *space* come together in a participant or staff member's experience. To do this, we focused on key service moments in the prevention, diversion, and intake service experience.

3 | Key service moments

Key service moments are the small, concrete steps that make up each person's journey in their prevention, diversion, and intake service experience. Each key service moment represents the coming together of four elements of service delivery—people, process, information, and space.

Trauma can often create a fragmented or chaotic state of mind that can make people feel overwhelmed. When a service experience mirrors that fragmentation, it creates additional confusion and stress for people who have experienced trauma. For example: The first few moments at an access point are crucial to shaping the participant experience. There are several steps a participant is asked to go through as they walk through the front door of an access point. Participants are met by security officers who perform a search, ask participants to sign in, provide them a ticket, and briefly explain the next steps in the process.

These distinct tasks and steps are currently regarded and designed as a single moment—the safety check process. But if we break it down, it consists of three separate key service moments with unique tasks—completing a safety check, getting signed in, and learning about next steps.

In a trauma-informed service experience, each key service moment has a unique goal or task to accomplish in order to minimize chaos and confusion for participants. When each key service moment is designed this way, participants are able to orient to the task at hand and take appropriate action towards the goal of that key service moment.

Key service moments are crucial in shaping the participant and staff experience, and they can have a ripple effect on the steps that follow. If a participant has a negative experience at the safety check step then that can impact their next interaction with customer service representative staff at the front desk. In a trauma-informed service experience, each key service moment should progressively lessen a participant's stress and anxiety, not escalate it.

In this way, focusing improvement efforts on key service moments can have a positive impact on the entire service experience. We developed trauma-informed recommendations for key service moments in prevention, diversion, and intake across all our projects.

IMPLEMENTING TRAUMA-INFORMED STRATEGIES

To be mindful that a service system does not mirror the sense of fragmentation or chaos that people experiencing trauma can feel, services should be intentionally designed and implemented to support an integrated, cohesive experience for participants and staff.

This section reflects on considerations for implementing trauma-informed service experiences that encompass staff and participant interactions, information, and the physical spaces of access points in an effort to make the participant experience smooth and cohesive. These considerations informed the trauma-informed recommendations outlined throughout this report.

We considered:

- **Feasibility:** Does the team have the capacity and ability to implement recommendations?
- **Viability:** Will recommendations have a positive impact on the service experience now and in the long term?

Feasibility

We took into account our team's existing skills and strengths and OHS's capacity to implement trauma-informed recommendations. Since the scope of certain projects extended beyond the existing capacity of our service design team and OHS, we collaborated with experts to implement recommendations or build concrete implementation plans.

Some experts we collaborated with on implementation included:

- The Office of Immigrant Affairs, to assist with Spanish translation services ensuring accessible informational materials.
- Dr. Meagan Corrado, our trauma-informed project advisor, to develop customized training on trauma, de-escalation, and self-care strategies.
- The Mayor's Fund for Philadelphia, who acted as the PHL Participatory Design Lab's fiscal agent and liaised between the team and the Knight Foundation. (The Mayor's Fund for Philadelphia is an independent nonprofit that seeks to improve the quality of life for all Philadelphians by leveraging partnerships within the public, private, and nonprofit sectors.)
- The Office of Innovation and Technology video team, to develop video material for the trauma training session.
- Ballinger, a local architecture firm, to develop a concrete implementation plan for trauma-informed spaces.
- The Department of Public Property, to provide guidance on practical implementation of space-related project work.

Viability

To ensure project work is implementable and impacts the service now and in the future, our trauma-informed recommendations seek to make different states of the service experience become more trauma-informed.

There are three states of the service experience:

1. **An ideal state** that describes the long-term vision for what participants, staff, and leaders want the future experience to look like in practice.
2. **An interim state** that reflects incremental improvements between the ideal state and the current state of the service experience.
3. **Improving the current state** that outlines how the existing experience can be improved upon in small, yet impactful ways.

Improving the current state service experience → Trauma-informed interim service experience → Trauma-informed ideal service experience

CONCLUSION

We co-created a trauma-informed service vision for prevention, diversion, and intake with participants, staff, and leaders across the service system:

By adopting a trauma-informed approach, each aspect of the prevention, diversion, and intake service system realizes and recognizes how people have experienced trauma and how trauma shapes their interactions with the service system, and responds by designing experiences that resist retraumatization for participants, staff, and leaders who interact with the service. This trauma-informed approach leads to the collective well-being of participants, staff, and leaders leaving them better off after having engaged with the service system.

This vision is supported by the three strategic pillars—clear and consistent, goal directed with choice, and safe and respectful—and is translated into practice at key moments in the service experience.

Our trauma-informed service strategy serves as the foundation for all projects detailed in the next several chapters of this report. Within each project, all recommendations reflect principles of trauma-informed care and focus on improving the collective well-being of those who interact with Prevention, Diversion, and Intake.

PROJECT 2

SERVICE INTERACTIONS

- Part One / People
- Part Two / Process
- Part Three / Implementation

Project goal: Co-create a future-state service experience where each key moment in prevention, diversion, and intake enables participants and staff to engage in ways that are trauma-informed.

Key deliverables:

- An outline or framework to clearly describe how staff can adopt a trauma-informed approach
- A future-state service journey map that outlines the key service moments in an ideal, trauma-informed service experience
- In-practice scenarios for key service moments that demonstrate how the on-the-ground service experience can become trauma informed
- Trauma training session for staff to learn the skills, techniques, and tools needed to deliver and support trauma-informed experiences

Core project team:

- Bruce Johnson, Director of Prevention, Diversion, and Intake, Office of Homeless Services
- Liana Dragoman, Service Design Lead & Director, Office of Open Data & Digital Transformation
- Devika Menon, Service Design Fellow
- Aditi Joshi, Service Design Fellow

Project advisors:

- Dr. Meagan Corrado, licensed clinical social worker, full-time faculty at Bryn Mawr College, and founder of Storiez trauma narratives
- Chelsea Mauldin, Executive Director, Public Policy Lab
- Shanti Mathew, Deputy Director, Public Policy Lab

PROJECT 2: SERVICE INTERACTIONS

Part One / **People**

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

— Staff

This chapter outlines how the people who support and deliver a trauma-informed service experience can become partners in enabling collective well-being—the goal of a trauma-informed service experience.

- Introduction
- Connectors
- Safety assessors
- Navigators
- Coordinators
- Social work staff
- Leaders
- Conclusion

INTRODUCTION

Service interactions bring together two elements of service delivery—people and process. The *people* are those who facilitate and support a trauma-informed service experience. The *process* comprises the steps that people take to achieve their service goals.

In this chapter, we focus on the *people* who deliver prevention, diversion, and intake services. We look at various staff roles and identify how each role can adopt a trauma-informed approach by outlining each role's qualities and actions. We also list several considerations for what each role needs to succeed and how OHS as an organization can support the well-being of staff members.

In the initial design research phase of our work, we shadowed several staff members on the job, from street outreach workers to social work staff at access points. We observed how staff went beyond their roles to help participants in ways big and small, despite limited resources. We observed that the realities of a resource-constrained system can add to the stress and secondary trauma that staff might experience when working with people experiencing homelessness. We heard that staff want to feel supported in delivering trauma-informed services, grow within their roles, and contribute to the broader vision and direction of OHS.

An organization that adopts a trauma-informed approach acknowledges that staff members bring their own lived experiences into the workplace and can experience daily stressors. When staff have the ability to voice their perspectives and contribute towards larger organizational goals, they can feel a sense of agency and empowerment in their roles and within the organization.

A trauma-informed approach to staff roles

OHS recently shifted from using the term *client* to using the term *participant* to refer to people who access, use, or engage with their homeless services system in some way. The term *participant* recognizes that people are more than their trauma. The term also fosters a sense of agency as it regards participants as actors in their own service experience. While some might see this shift as semantics, it represents the first step towards becoming trauma informed.

Language matters. What we call someone, or something, impacts our thoughts, feelings, and attitudes toward that person or thing. Language can create a sense of safety and inclusion. It can also create a sense of alienation and further exacerbate asymmetric power dynamics that can exist within hierarchical structures and systems.

Similar to how OHS shifted from *client* to *participant*, we explored how various staff roles can shift in approach to reflect an understanding of trauma-informed care. We highlighted the unique qualities of each staff role and the tasks they perform in order to contribute towards the three strategic pillars—clear and consistent, goal-directed with choice, and safe and respectful. We also identified what each staff role needs to be successful in their job and how OHS can support staff in delivering trauma-informed services.

Applying a trauma-informed approach to staff roles

Connectors

- Outreach teams
- Hospitals
- External agencies
- Community groups
- Concerned residents
- Families and peers

Safety assesors

- Security officers

Navigators

This is a new role.

Coordinators

- Customer service representatives

Social work staff

- Prevention, Diversion, and Intake social work services staff
- On-site specialists (e.g., mental health expert, domestic violence specialist, nurse)
- Case management staff

Leaders

- OHS leadership
- Service partner leadership
- Administrators
- Supervisors

In the next few sections of this chapter, we dig into each staff role and detail the following:

- **Staff qualities** which are unique traits necessary for the job which can help OHS better connect the right people to the right role.
- **Service delivery** which includes the various tasks each role performs in order to deliver trauma-informed services.
- **Staff needs** which outline what each role needs to be successful in a trauma-informed service environment.
- **Organizational support** which lists some official mechanisms that OHS can put in place across the organization to ensure each role is supported holistically.

Please note: We did not redefine job responsibilities for staff members. Also, we did not re-name staff positions. Instead, we have reframed staff roles to show how they can align with trauma-informed principles and the role staff play in enabling and supporting a trauma-informed service experience.

Connectors

Connectors are the people or organizations who refer participants to prevention, diversion, and intake services available at OHS access point sites—Apple Tree Family Center and Roosevelt Darby Center.

Connectors include:

- Outreach teams
- Hospitals
- External agencies
- Community groups
- Concerned residents
- Families and peers

A participant's service experience begins before they enter the front door of an access point, and that pre-service experience can be positively or negatively shaped by a connector. Some organizations or community groups might communicate misinformation about prevention, diversion, and intake services or might make promises about what participants can expect to receive. Because of this, participants can arrive with unrealistic expectations, and access point staff might spend more time clarifying misinformation than facilitating in-depth work with participants. When Prevention, Diversion, and Intake staff are unable to meet unrealistic expectations, relationships between participants and staff can become strained.

Staff qualities

Grassroots organizer: Connectors build a strong network of people and resources who are on call to assist participants when they are ready for help.

Persistent: Encouraging people who refuse services to seek help can be a daunting challenge. Connectors are persistent in their efforts. They repeatedly show up—pursuing connections with people who refuse services. Also, they pursue accurate knowledge of what is available, even when it is hard to find answers.

Empathetic: In order to build trust with people who refuse services, connectors approach interactions without judgement and with genuine care.

Service delivery

To deliver trauma-informed services, connectors should:

- Provide participants with accurate and understandable information about what to expect when engaging with access point services.
- Communicate effectively with access point staff and other service partner staff (e.g., staff at after-hours centers) ensuring transitions feel seamless for participants.
- Offer alternatives when participants have been asked to leave or have been restricted from different sites.
- Purposefully de-escalate participants when making referrals to the service, ensuring participants do not arrive at access points in a heightened emotional state.

Staff needs

To be successful in their roles, connectors need:

- An awareness of all the services offered at access points and the steps required to receive those services.
- Real-time alerts or updates on service changes that impact participants.
- Informational materials to prepare participants for their experiences at access points.
- Relationships with access point staff, so participant transitions are seamless.

Organizational support

To holistically support connectors, OHS should:

- Offer yearly training or presentations on services offered at access points to ensure connectors have up-to-date information.
- Establish official communication channels or mechanisms that give connectors the ability to receive new information in real time when unforeseen changes occur, like closing an access point for the afternoon.

Safety assessors

Safety assessors are security officers at access point sites—Apple Tree Family Center and Roosevelt Darby Center.

Safety assessors are the first people participants greet when entering an access point. They perform a belongings check to ensure no weapons or dangerous items are brought into the site and ensure participants and staff at access points feel physically safe.

The presence of a uniformed officer can be alarming to those who have experienced community violence, have a history with the police, and those who are fleeing domestic violence. The safety check process can be stressful for participants who might have lost most of their belongings. Some participants might live in environments where they have little or no privacy and many have had experiences that compromised their physical safety. While most participants understand the need for security checks, the process of emptying one's belongings in front of other participants and the confiscation of personal items that could be used as weapons can leave participants feeling ashamed or disempowered.

Safety assessors are responsible for ensuring everyone's safety while managing the emotional tone at an access point to ensure participants' emotions are not heightened.

Staff qualities

Grounded: Safety assessors are emotionally neutral when they respond to participants' heightened emotional states. Their grounding presence in the space sets the emotional tone for participants and staff.

Responsive: They are expert at observing people's verbal and nonverbal cues. This helps them get in front of potential danger. If something occurs, they immediately respond in non-violent ways to de-escalate a situation.

Fair: They treat all participants and staff with the same amount of care and respect, regardless of established relationships. A safety assessor showing preference for one person over another can quickly unravel trust.

Service delivery

To deliver trauma-informed services, safety assessors should:

- Greet participants with kindness, welcoming them to the access point and walking them through the safety check process.
- Explain the *why* behind safety policies and regulations.
- Respect the same rules for all participants.
- Ask for consent before touching and searching participants and their belongings.
- Direct participants to alternatives if they have been restricted from an access point.

Staff needs

To be successful in their roles, safety assessors need:

- Proper space, tools, and resources to perform their work effectively.
- Up-to-date and accurate information about the services offered at access points and the overarching steps to follow while accessing those services.
- A clear understanding of the boundaries of their role, including what they can do, what they cannot do, and what decision-making power they have.
- An awareness of alternatives, so if they cannot help a participant, they know who can.
- Messaging checklists to ensure communication to participants is accurate, consistent, and uses trauma-informed language.
- Moments to engage in self-care practices.

Organizational support

To holistically support safety assessors, OHS should:

- Offer training on the basics of trauma, de-escalation, emotional management, and non-violent restraint.
- Ensure safety assessors participate in staff meetings. That way, they have a comprehensive understanding of service delivery and are aware of service-related updates.
- Provide organization-wide support for staff to implement self-care strategies.

Navigators

The *navigator* is a recommendation for a new staff role. The need for this new role emerged through co-design sessions with staff and participants across the service ecosystem.

Sometimes, participants may ask security officers (safety assessors) questions about resource availability or timing. It is outside a security officer's job responsibilities to know this information and answer these types of questions, which are typically answered only by social work staff. This means that certain questions may go unanswered or might be answered only when a participant meets with a social work staff member.

By introducing a navigator, some of these questions can be answered while participants wait to meet with a social work staff member. Navigators help participants navigate the service by checking participants in, connecting them to the right service at an access point (Prevention or Diversion and Intake), and answering questions in a timely manner. They also are able to address a participant's immediate needs and connect them to supportive services beyond what is available at an access point.

Staff qualities

Patient communicator: Navigators patiently address the needs and concerns of participants who are managing different levels of stress and anxiety.

Multi-tasker: They have the ability to juggle many tasks at once with grace.

Knowledgeable: Navigators have social work training and/or background. This makes them well-versed in answering questions about prevention, diversion, and intake services, and other related services. Also, they set boundaries with participants around what support they can and cannot offer.

Creative problem-solver: Since navigators are on the front lines of addressing participants' immediate and short term needs, they make quick, effective decisions.

Service delivery

To deliver trauma-informed services, navigators should:

- Ease participants into the access point during their first moments at a site, and offer continued support throughout their experience.
- Explain the overarching steps in the process to let participants know what to expect at an access point.
- Remove pressure from safety assessors (security officers) by effectively answering participants' questions.
- Perform a quick needs assessment to direct participants to the right service— prevention or diversion and intake.
- Respond to participants' immediate needs based on their assessment.

Staff needs

To be successful in their roles, navigators need:

- An awareness of all the services offered at access points and related supportive services and resources.
- Alerts and updates regarding any service changes that impact participants in real-time.
- Informational materials that can help prepare participants for their experiences at access points.
- An awareness of current best practices in the social work field and the ability to connect with other social work colleagues.
- Moments to engage in self-care practices.

Organizational support

To holistically support navigators, OHS should:

- Offer training on the basics of trauma, de-escalation, diversity and inclusion, and customer service training.
- Ensure navigators participate in staff meetings, so they have a comprehensive understanding of service delivery and are aware of service-related updates.
- Provide organization-wide support for staff to implement self-care strategies.

Coordinators

Coordinators are customer service representatives.

Coordinators manage the day-to-day running of an access point. They coordinate with other sites, like after-hours centers or emergency housing sites, to smooth the transition for participants from one site and the next. They also answer participant phone calls ensuring people arrive at an access point with the right information.

By focusing on the back-end coordination of the service at access points, they ease the pressure on other staff members and support them in their roles.

Staff qualities

Flexible: The needs of an access point site can change quickly depending on the needs of participants and staff. Coordinators are able to adapt to shifting circumstances with relative ease.

Organized: They create order in the midst of chaos, and keep the channels of communication open among participants, access point staff, and those connected to the service.

Detail-oriented: Coordinators pay close attention to detail, ensuring participants and staff are set up for success, and important information is kept track of when situations become busy.

Service delivery

To deliver trauma-informed services, coordinators should:

- Effectively communicate and coordinate with service partners to make participant transitions to after-hours or emergency housing feel smooth.
- Manage and resolve chaotic situations, so staff and participants can focus on their tasks.

Staff needs

To be successful in their roles, coordinators need:

- Streamlined workflow processes with digital and non-digital tools to support their work.
- An awareness of all the services offered at access points and changes or updates as they occur.
- Strong relationships with staff across the service provider network.
- Moments to engage in self-care practices.

Organizational support

To holistically support coordinators, OHS should:

- Offer training on the basics of trauma, diversity and inclusion, and customer service training.
- Ensure coordinators participate in staff meetings to provide them with a comprehensive understanding of service delivery and service-related updates.
- Provide organization-wide support for staff to implement self-care strategies.

Social work staff

Social work staff also include on-site specialists at access points and case management staff who are present at emergency housing sites.

Social work staff assess participants' immediate needs and their current housing situation. Based on this information and available resources, they work with participants to determine the most appropriate next steps. They guide participants through the policies and processes of the service.

Social work staff are the nucleus of the City's prevention, diversion, intake, and emergency housing services. The conversations they have with participants carry great weight as they represent access to services or housing programs.

Staff qualities

Detail-oriented: Social work staff are good listeners who pay close attention to the details of a participant's story and ask them the right questions in order to connect them to the most appropriate resource or service.

Empathetic: Social work staff recognize that most participants have experienced a level of trauma in their life. Therefore, they do not take negative interactions personally when participants are upset. They see participants as more than their trauma, and, with deep compassion, determine the best action plan for/with a participant.

Critical thinker: Oftentimes, the situation surrounding a participant is not fully clear or straightforward. Also, resources are constrained. Within this environment, social work staff creatively and collaboratively pursue the right opportunity for and with a participant, ensuring they are left better off having engaged with the service.

Staff needs

To be successful in their roles, social work staff need:

- Digital and non-digital tools that support their workflow and standardize their documentation.
- A supportive and collaborative work environment.
- Ongoing coaching and mentorship opportunities.
- Up-to-date and accurate information about eligibility requirements, policies, and services offered at access points.
- Strengthened communication between service partners, like after-hours and emergency housing, and other teams within OHS.
- Moments to engage in self-care practices.

Service delivery

To deliver trauma-informed services, social work staff should:

- Present participants with available options and next steps honestly in plain language.
- Skillfully ask participants the right questions and collaborate with them to determine their next steps.
- Be consistent in practice from one participant to the next.
- Create a neutral, yet caring environment to ensure participants feel safe enough to share information that will help them move forward.
- Support other social work colleagues in their work when possible through mentorship or collaboration.

Organizational support

To holistically support social work staff, OHS should:

- Provide opportunities for professional development in the social work field to provide staff the ability to grow within their roles and have an awareness of current best practices in the field.
- Offer training on trauma, de-escalation, diversity and inclusion, and customer service training. Staff should receive ongoing training to keep interviewing skills up-to-date.
- Ensure social work staff participate in staff meetings. That way, they have a comprehensive understanding of service delivery and are aware of service-related updates.
- Provide organization-wide support for staff to implement self-care strategies.

Leaders

Leaders include:

- OHS leadership.
- Service partner leadership.
- Administrators.
- Supervisors/managers.

Leaders guide, manage, and support teams within OHS and organizations across the service provider network. They set the long-term strategy and vision for their purview and bridge silos. They are the public face of a site or organization and ensure staff have what they need to be successful. They amplify their staff and organization to the public and other stakeholders.

Leaders set the overarching tone and standard for a team, site, or organization. They ensure communication pathways are honest, clear, and open, in order to provide staff with the information they need to perform their role with confidence. They provide cover from external pressure and support staff in high intensity situations.

Staff qualities

Organized: Leaders know how to set a clear vision of the future, have an idea on how to get there, communicate that vision in plain language, and align staff and others with that vision. That way, the group can move forward together and in unison.

Creative: In a resource-constrained environment that responds to varying circumstances and needs, leaders generate creative solutions to complex service challenges to minimize disruption in the service experience for staff and participants.

Strategic: Leaders think holistically about how the pieces and details of a service connect with one another and with larger systems in order to create an integrated experience for participants and staff. They advocate for their team's work and collaborate with other leaders to improve outcomes.

Staff needs

To be successful in their roles, leaders need:

- Digital and non-digital tools that support their workflow.
- A supportive work environment that enables risk-taking.
- Opportunities to participate in peer-to-peer mentorship.
- Strengthened communication among leadership within OHS and across the service provider network.
- Moments to engage in self-care practices.

Service delivery

To deliver trauma-informed services, leaders should:

- Communicate policies and service updates across the hierarchy of an organization with clarity.
- Ensure service delivery, information, and communication is standardized and that staff meet those standards.
- Build relationships with service partners to ease collaboration between staff across the service system.
- Work with staff to clarify the boundaries of their roles. That way, staff members know where they have autonomy, choice, and control, and where they do not.
- Develop professional pathways and opportunities for staff to grow within their roles.
- Provide ongoing support to ensure access points have what they need to run effectively.
- Mentor and coach staff through stressful situations.

Organizational support

To holistically support leaders, OHS should:

- Offer training on communications, strategic visioning and planning, organizational change management, and diversity and inclusion training.
- Ensure staff have continued awareness of best practices within their field or purview.
- Provide organization-wide support for staff to implement self-care strategies.

CONCLUSION

Adopting a trauma-informed approach means focusing on the well-being of staff in addition to participants. In the first part of *Project 2: Service Interactions*, we detailed how staff roles can shift to reflect a trauma-informed approach. This shift does not redefine existing roles. It shows how existing staff roles can be reframed to align with trauma-informed principles. By outlining the specific qualities and tasks necessary for the job, OHS can better connect the right people to the right role when making future hiring decisions. In this section, we also identified ways OHS can better support each staff role in delivering trauma-informed services in trauma-filled environments.

The recommendations we outlined reflect the three strategic pillars that promote the collective well-being of participants and staff:

- **Clear and consistent:** Clearly defining the role each stakeholder plays in supporting collective well-being.
- **Goal-directed with choice:** Give staff and participants the ability to offer feedback on their service experiences—driving meaningful change within OHS.
- **Safe and respectful:** Build opportunities for participants and staff to engage in self-care practices.

When a trauma-informed approach is applied to the people element of service delivery, staff and participants are set up to engage and interact with each other in meaningful ways.

Because *service interactions* bring together two elements of service delivery—people and process—the next part will detail the *process*, or steps that people take to achieve their service goals, and how a trauma-informed approach can be applied to those steps.

PROJECT 2: SERVICE INTERACTIONS

Part Two / **Process**

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

— Participant

This chapter demonstrates how each key service moment in the process can enable trauma-informed service interactions in practice.

- Introduction
- 0: Get referred to the service
- 1: Arrive at an access point
- 2: Complete safety check process
- 3: Register to see social work staff
- 4: Wait for interview
- 5: Assigned social work staff
- 6: Navigate to the second floor
- 7: Arrive at the second floor
- 8: First moments with social work staff
- 9: Last moments with social work staff
- 10: Navigate back to first floor
- 11: Transition to next steps
- Conclusion

INTRODUCTION

Service interactions bring together two elements of service delivery—people and process. The *people* who facilitate and support a trauma-informed service experience. The *process* or steps they take toward their service goals.

In Part One, we discussed how the roles of *people* who deliver prevention, diversion, and intake services can adopt a trauma-informed approach in practice. In this part, we will focus on the *process* and demonstrate how key moments in the service can enable trauma-informed interactions between participants and staff.

When participants access prevention, diversion, and intake services they go through a process which is made up of a series of steps, tasks, and actions to take in order to access and use services. Many participants have to navigate the service while in crisis or having experienced a traumatic event, like losing their home in a fire or fleeing domestic violence. Staff also follow a process when delivering services by explaining the steps, following policy, and coordinating tasks—while feeling the pressures of a resource-constrained system. When services are designed and delivered from a transaction-based point of view, people's immediate needs, physical or emotional, are not fully met.

By applying a trauma-informed approach to processes, each step, task, or action is designed in alignment with the three strategic pillars that support the holistic well-being of participants and staff.

Trauma-informed processes should be:

- **Clear and consistent:** Ensure participants and staff have clarity on the overarching steps in their prevention, diversion, and intake service journeys.
- **Goal-directed with choice:** Provide opportunities for staff and participants to make their own choices and feel empowered in their actions and steps.
- **Safe and respectful:** Streamline workflows to open up staff capacity for building relationships and human connection.

Because a trauma-informed approach seeks to create a cohesive and holistic service experience, we focused not only on relationships between people, but also on relationships between a person and the service system they interface with in their journey to access or deliver services. While our service improvement recommendations span the different elements of a service system—people, process, information, and space—they also consider how these elements work together to deliver holistic, trauma-informed experiences.

Before diving into process improvements, we took a step back and outlined what an ideal trauma-informed service experience should look like in the future. Doing this helped ensure all improvements and recommendations were in sync with what participants, staff, and leaders want their future service experience to look like. We co-created an *ideal service experience* with participants, staff, leaders, and trauma experts across the service ecosystem through several co-design workshops.

Defining an ideal trauma-informed service experience

The ideal service experience sets the stage for what a trauma-informed service can look like in the future. To ensure the ideal experience is easy to translate into practice, we focused on *key service moments* in prevention, diversion, and intake.

As discussed in *Project 1: Trauma-informed service strategy*, key service moments are the small, concrete steps that make up each person's journey in their prevention, diversion, and intake service experience. These moments represent the coming together of the four elements of service delivery—people, process, information, and space. Focusing improvements on key service moments can have a positive impact on the entire service experience. When we apply a trauma-informed approach to key service moments, each moment progressively lessens a participant's and staff member's stress and anxiety—setting them up to interact in calm, meaningful ways.

Currently, prevention services and diversion and intake services are two separate services—offered by different teams—that participants can access at one access point - Apple Tree Family Center. Some participants could benefit from prevention services, but unknowingly seek diversion and intake services. They meet with diversion and intake staff, and are then referred to the prevention team, who are located on a different floor at Apple Tree Family Center. Some participants who are referred, are not eligible for prevention services, resulting in wasted time for both prevention staff and participants.

In the ideal service experience, prevention, diversion, and intake services are connected services offered by a single team. When a participant arrives at an access point, they meet with staff who assess their needs and connect with the most appropriate service—prevention, diversion, or intake. A trauma-informed approach focuses on the totality of a person and aims to support their well-being holistically. In the ideal service experience, participants are also connected to other services and resources beyond prevention, diversion, and intake so they can seek assistance to support them beyond their housing needs.

THE IDEAL SERVICE EXPERIENCE:

Prevention, diversion, and intake is a single, interconnected service offering that participants can access across all access points. Participants are also connected or referred to supportive services and resources beyond what is available at an access point.

In order to understand what the ideal service experience will look like in practice, the elements of service delivery need to align with this vision.

- **People:** All social work staff are effectively trained in providing prevention, diversion, and intake services. They have appropriate and up-to-date resources that support them in their role.
- **Process:** Check-in and registration is one digital process available on Client Track—the system OHS uses to manage participant information. As a result, existing workflows are streamlined, staff can focus on more in-depth service interactions, participants do not repeat themselves, and wait times are tracked and decreased.
- **Information:** All service stakeholders—based on who they are and what they need—have clear, accurate, and up-to-date information about prevention, diversion, and intake services. Additionally, up-to-date resources exist for related and supportive services, so staff can refer participants with confidence.
- **Space:** Participants' immediate needs are addressed upon entering the door. The security check space is set up with relevant equipment to support unintrusive body and baggage checks. All spaces are designed to ensure the physical safety of everyone at access points, including staff members.

The ideal service experience is not a blue sky concept. It is within reach. It serves as a north star for making service improvements now and in the future. However, certain aspects of the ideal service experience might not be feasible to implement immediately because of various infrastructural requirements (e.g., digitizing existing processes requires specific hardware and intuitively-designed interfaces).

To bridge the gap between the current and ideal service experience, we created a scaled-down *interim service experience*. The interim service experience presents incremental steps that OHS can take to build the foundation for the ideal service experience.

Interim service experience

The interim service experience improves upon the current state but stops short of the ideal. In the interim, prevention and diversion and intake are two separate service offerings accessible at one access point location, Apple Tree Family Center.

Currently, some participants who might be eligible for prevention services are unaware that these services are offered by separate teams on different floors of the access point. This means that participants might wait for a long period of time for diversion and intake services only to find out they actually need and are eligible for prevention services.

To ensure participants are directed to the appropriate service based on their immediate needs, a navigator—a new staff role—triages participants and determines which service they should access. The navigator also helps participants navigate the services, eases them into the access point, and answers questions to help clarify the service experience. (We detailed the role of a navigator in *Part One / People* of this project chapter.)

THE INTERIM SERVICE EXPERIENCE:

Prevention, diversion, and intake services are official yet separate offerings participants can access at one access point. Participants are *triaged* and directed to prevention or diversion and intake services with the help of a navigator—a new staff role.

In order to understand what the interim service experience will look like in practice, the elements of service delivery shift to align with this vision.

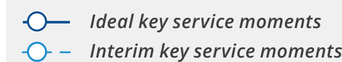
- **People:** Diversion and intake staff understand prevention services and prevention staff understand diversion and intake services. This can reduce participant mis-referrals between prevention services and diversion and intake services.
- **Process:** The check-in process is digitized using pre-existing software (e.g., Google spreadsheets) to streamline the first moments of arrival. This begins the digitization process of essential workflows.
- **Information:** All service stakeholders—based on who they are and what they need—have accurate and up-to-date information about prevention, diversion, intake, and related services. Additionally, with up-to-date resources for related or supportive services, staff can refer participants with confidence.
- **Space:** Participants' immediate needs are addressed upon entering the door. All spaces within an access point ensure the safety of participants and staff.

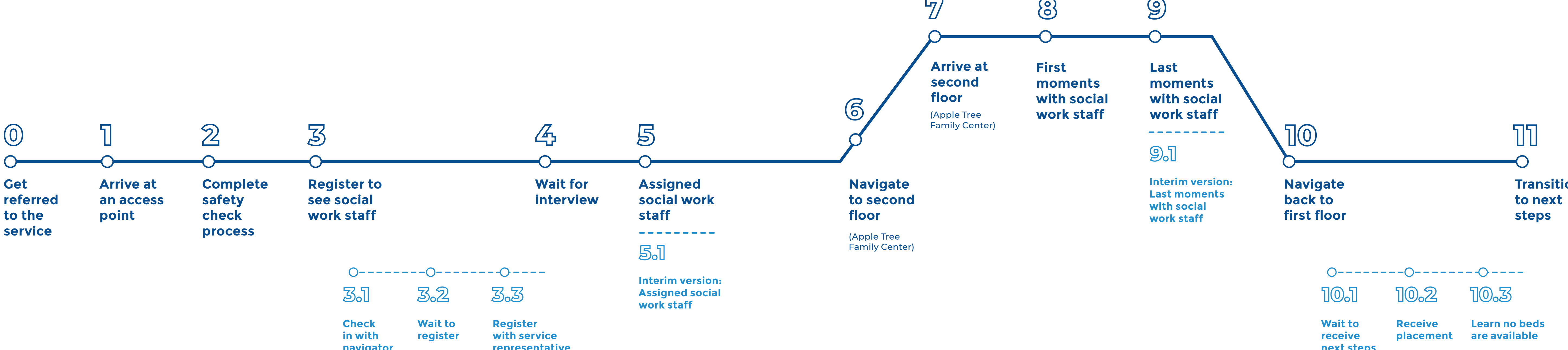
Future-state service journey map

Service designers use service journey maps to visualize what the service experience currently looks like or what it can look like in the future. Future-state service journey maps make a concept, strategy, or vision concrete, and help align stakeholders, decision-makers, and implementers around a shared vision.

Based on the ideal and interim service experiences, we developed a future-state service journey map to outline the key service moments in the end-to-end experience of prevention, diversion, and intake. Through this project, we sought to make each of these key service moments trauma informed.

Future-state service journey map for prevention, diversion, and intake services





Trauma-informed recommendations

Our recommendations were focused on the key service moments outlined in the future-state service journey map.

Each key service moment detailed:

- **Ideal scenarios** to illustrate how participants and staff interact with each other in the ideal service experience. When applicable, we present a trauma-informed scenario to reflect the interim service experience.
- **Implementation considerations** to lay out details to account for when implementing trauma-informed scenarios on the ground.

The next several sections present scenarios that reflect a trauma-informed approach to how staff and participants interact with each other, over time. All scenarios were developed in consultation with Dr. Meagan Corrado, our project advisor and trauma expert, to reflect best practices in trauma-informed care and align with its key pillars—clarity and consistency, personal agency, and safety and respect.

A note on scenarios

Scenarios are human and generalizable examples of how a service could be experienced in practice.

They do not represent every situation, but rather paint an overall picture. Each scenario presented in this chapter involves different characters and moments in time. We do this instead of mapping one person's journey from beginning to end to show the breadth of experience.

Many scenarios reflect existing prevention, diversion, and intake processes. We have demonstrated how a trauma-informed approach can be applied to those processes.

These scenarios also account for how information and space play a role in a trauma-informed service interaction. We delve deeper into the information and space-related recommendations in the following chapters of this report.

KEY MOMENT 0:

Get referred to the service

In this moment, participants hear about access points and decide to engage with the service. Participants may be directed to an access point through word of mouth, or by referral groups including outreach staff, hospitals, external agencies, or community-based organizations.

During this moment, participants receive information via referral groups (e.g., outreach teams), which frames their expectations of the services at access points. Even though accurate information about prevention, diversion, and intake services exists across many channels, some organizations can unintentionally disseminate misinformation about the services offered at access points.

This misinformation leads to some participants arriving with unrealistic expectations and heightened emotions. As a result, access point staff might spend more time clarifying misinformation than facilitating in-depth work with participants. The relationship between participants and staff can become strained when staff are unable to meet unrealistic expectations.

IDEAL SCENARIO

This scenario addresses both the ideal and interim service experience.

Goal: Clarify the unknown with participants, preparing them to engage with access point staff—before they arrive at an access point.

An outreach worker checks in with an adult participant who spent the night outdoors.

The participant has been engaging with outreach for a few months. Even though outreach workers effectively communicated service options and built a relationship with the participant, the participant continues to refuse emergency housing services because they have heard from their friends that shelters are dangerous. Last night was especially cold, so the participant decides it would be safer if they spent the next night indoors.

The participant agrees to seek emergency housing services.

The outreach worker invites the participant into an outreach van to transport them to Roosevelt Darby Center, the closest access point. The van is warm and the outreach workers are welcoming.

The outreach worker sets accurate expectations with the participant.

During the van ride, the outreach worker provides the participant with a laminated one-pager. It includes a picture of the building and its front door, a list of services, and a simple description of the site's processes. By providing information about where the participant is going and what services are offered, the participant can choose to engage or not.

Upon arrival, the participant feels prepared.

The outreach worker parks the van and walks the participant to the front door of Roosevelt Darby Center, waits with them as they move through the security process, and facilitates a warm pass off to the site's navigator*. The outreach worker informs the navigator of the participant's immediate needs, so they can be addressed.

* The navigator is a suggested new staff role. The navigator helps participants navigate the service by checking participants in, connecting them to the right service at an access point (Prevention or Diversion and Intake), and answering questions.

IMPLEMENTATION CONSIDERATIONS

To assist referral groups in implementing this scenario on the ground, OHS and staff should:

- Provide referral groups with accurate, timely information about what services are offered at an access point to communicate to potential participants. When participants have clear and accurate information, they have agency to choose whether to engage with the service or not.
- Standardize the *pass off* process from referral groups, like outreach or hospitals, to access points to ensure transitions between service providers and access points are seamless for participants.
- Ensure referral groups understand the breadth of service offerings at access points in order to effectively direct participants to the right source of help and offer alternatives.

KEY MOMENT 1:

Arrive at an access point

There are many ways people arrive at an access point. They could be dropped off by outreach workers or a hospital. They could be referred by a community-based group, family member, or friend. They could have found out about an access point when accessing the internet on their own device or at a library.

The arrival is the initial moments when a participant interacts with an access point: where they see the building, walk through the front door, and enter the space. First impressions are crucial. The arrival moment can set the tone for the rest of the service experience. In this moment, participants observe and take in information that informs their impression of the access point, the services offered, and OHS as an organization. This information includes the tone of messaging and the signs on the front door, which can make them feel welcome or pushed away as they walk in.

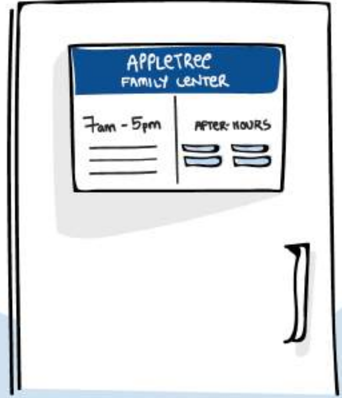
IDEAL SCENARIO

This scenario addresses both the ideal and interim service experience.

Goal: Immediately orient participants to the service and ease them into the process.

A participant with a 3-year-old child arrives at Apple Tree Family Center.

The access point was easy to locate as the front entrance resembles the image they saw online.

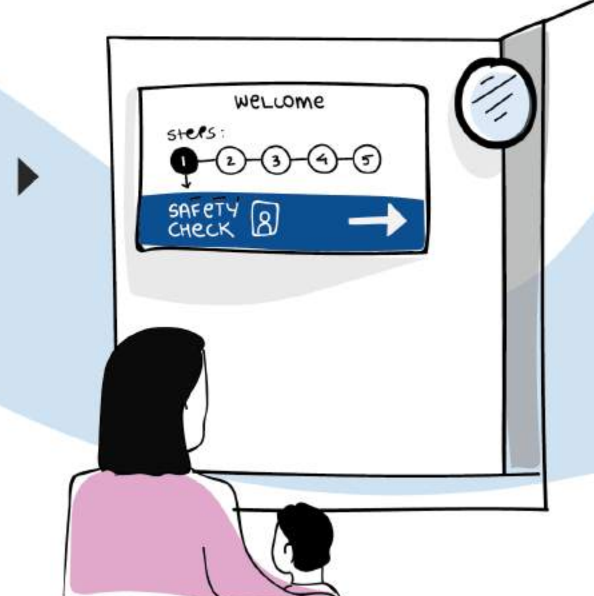


They know they are at the right spot.

All identifying information matches expectations. A sign on the front door names the site, lists hours of operation, and provides options for after hours. The site is clean and the signs are welcoming. They decide to enter.

Expectations are clarified as the participant walks through the door.

As the participant and their child walk through the door and passageway, they see a sign that explains their first moments at an access point. The sign is placed in the participant's line of sight. It is written in plain language and is highly visual, so participants with low literacy or those who speak English as a second language can understand.



The participant is prepared to engage with a security officer.

The sign informs the participant that their first moments with the access point will be a safety check. As they proceed, they spot a visibility mirror that allows them to see a person approaching the doorway, the safety check line, and the contents of the room. Within seconds, the participant has the information and confidence they need to enter into the space safely with their child.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Make participants feel welcome and safe through words, actions, and the general environment of access points.
- Prepare participants for what is to come as they enter the access point. Let them know they are going to encounter and interact with a uniformed security officer.
- Provide participants with a clear 'brand' that lets them know they have arrived at an OHS access point. Ensure this brand is carried throughout the space and experience—via signs, forms, and other visual markers—to ensure a consistent experience. Reinforcing consistency helps calm participants who are navigating a service, space, and process that can be new and confusing to them.
- Use the front door as an avenue to inform participants about service updates and provide alternatives where possible (e.g., When an access point is closed for a national holiday, a front door sign with after-hours services information lets participants know where they can go next).

KEY MOMENT 2:

Complete safety-check process

There are two scenarios to capture alternate versions of this key service moment:

- **Scenario A** describes a general experience of a participant going through the safety check process.
- **Scenario B** describes moments when a participant is unable to go through the safety check process. Sometimes a participant at an access point might display behavior that is disruptive or threatens the safety of other participants and staff. When this happens, security officers attempt to diffuse the situation through de-escalation. Some participants who continue to be disruptive despite a warning might be restricted from access points for an extended period of time.

When participants enter an access point, they engage in a safety-check process. Participants and their belongings are surveyed for contraband, and if found, those items are discarded. This ensures the safety and security of all participants and staff at the access point.

Many participants have not only lost (or are in danger of losing) their home, but have also experienced multiple layers of trauma throughout the course of their lives. The interaction with a uniformed security guard can be a reminder of past experiences for those who have a history with the police. The necessary process of the security check can be particularly stressful for participants who might have lost most of their belongings or who might live in environments where they have little to no privacy. Many have had experiences that compromised their physical safety. Others might arrive seeking shelter from physical assault, partner abuse, or community violence.

When something at access points makes participants feel threatened or reminds them of past trauma, the emotional center of the brain—the limbic system—is activated. The limbic system is responsible for protecting a person from danger and puts a person into fight or flight mode making it difficult to think or act rationally. As a result, participants may react negatively to the security officer and the safety-check process.

In addition, security staff may experience second-hand trauma from their day-to-day interactions with participants. Over time, this can interfere with their ability to effectively de-escalate.

IDEAL SCENARIO A: PARTICIPANT COMPLETES SAFETY CHECK

This scenario addresses both the ideal and interim service experience.

Goal: Welcome participants, provide an understanding of the security check-in process, ensure everyone's safety, and offer an explanation of next steps.

The security officer warmly greets the participant, introduces themselves, and asks the participant their name.

To the participant, this interaction feels seamless and welcoming. The security officer uses this opportunity to quickly scan the protocol list to ensure the participant can enter the site. The participant is not on the list, so they can enter.

The security officer explains the safety check before it begins.

The security officer walks the participant through the safety-check process—explaining what the process is, how they will facilitate it, and what they are looking for. The security officer explains that if they find something that is not allowed at the site, they will discard it for the safety of everyone. Before the safety check begins, they ask if the participant has questions.

The participant provides consent for their belongings to be searched.

The security officer asks the participant to place their belongings in a large tray. Before they gently search the participant's belongings, they put on gloves to protect themselves and the participant. Also, they ask for consent. Then, the security officer uses a wand to survey the participant's body. Before they begin, they ask for consent. Throughout this process, the security officer demonstrates respect for the participant and their belongings.

The participant asks a service-related question and is directed to staff who can answer it.

As the safety check wraps up, the participant asks a question about financial assistance for their apartment. The answer to this question is outside the boundaries of the security officer's role, so they let the participant know they can speak to the site's navigator and points to who that person is.

The security officer facilitates a warm hand off to the navigator.

Once the safety check is complete, the security officer explains next steps and directs the participant to the navigator, so the participant can check in and start the registration process. The participant collects their belongings from the tray and reorganizes their bags before moving forward.

IDEAL SCENARIO B:
PARTICIPANT IS POLITELY ASKED TO LEAVE

This scenario addresses both the ideal and interim service experience.

Goal: Welcome participants, provide an understanding of the security check-in process, ensure everyone's safety, and offer an explanation of next steps.

The security officer warmly greets the participant, introduces themselves, and asks the participant their name.

To the participant, this interaction feels seamless and welcoming. The security officer uses this opportunity to quickly scan the protocol list to ensure the participant can enter the site.

The participant learns they cannot enter the site.

The security officer sees the participant is on the protocol list and calmly explains they cannot enter due to a previous interaction. They explain "the why" to provide context for the refusal.

The security officer calms the participant.

The participant is upset, and the security officer recognizes their emotional state. The security officer guides the participant out of the line to a more private space and gives them a moment to breathe.

The participant has what they need to take action.

The security officer explains the appeal process—using an appeals one-pager—so the participant understands the policy and how to challenge it.

And they understand what resources are available.

The participant explains that they have exhausted their options and have nowhere to go. The security officer provides the participant with additional informational materials that point the participant to relevant resources, like after-hours services. The participant leaves with clear information on what to do and where to go next.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Explain the security check process and the *why* behind policies. When participants can understand what is expected of them and why, they can begin to de-escalate.
- Respect the same rules for all participants. Staff showing preference for one person over another can quickly unravel trust.
- Remain respectful of people's stories, belongings, and bodies by asking for consent before touching and searching participants and their belongings. A trauma-informed approach acknowledges the powerlessness participants may have experienced in the past. Asking for consent is a simple act that shows empathy and allows participants to feel a sense of agency and control.
- Direct participants to alternative resources if they have been restricted from entering an access point.
- Train safety assessors on delivering information regarding the restriction list in a way that reflects a trauma-informed approach. This includes effective de-escalation to prevent participants from entering the fight or flight mode. This can be accomplished by paying attention to participants' verbal and non-verbal cues, connecting them with relevant information, and providing them with opportunities to cope with stress and anxiety in healthy ways.

KEY MOMENT 3:

Register to see social work staff

After the security check, participants get registered and are added to a queue to meet with social work staff. Currently, this process includes signing in with security staff, receiving a ticket, and meeting with a customer service representative at the registration desk. The customer service representative gathers pertinent information from the participant and creates a profile for them in Client Track—the database OHS uses to store and manage participant information.

Participants receive the most information about what to expect from their day at an access point during the registration process. If they miss receiving information, then questions go unanswered—leading to frustration as the day progresses. Participants experience increased levels of stress and anxiety when they experience homelessness or face imminent homelessness. As they anxiously await information at access points, they might experience additional stress that can impact their ability to process information, communicate effectively, and express their emotions in healthy ways.

Registration staff meet with participants in busy, chaotic spaces and have to answer questions that might be outside the scope of their role and the information they are able to provide. These stressors can lead to vicarious trauma and burnout.

In the ideal service experience, the registration process is digitized and supported by the navigator, a new staff role. Due to the high volume of participants, two navigators should be present in the registration area during the morning rush. Once the rush subsides one of the navigators would continue to assist participants with registration while the other navigator would move to the waiting area to answer participants' questions and ensure they have access to the right resources. The focus of a customer service representative's role can then shift to that of a coordinator—answering phones, coordinating with other sites to support seamless participant transitions, and managing the day-to-day needs of staff so they can focus on their roles.

Environmental chaos, limited resources, and stressful interactions with participants can impact staff leading to burnout over time. Developing streamlined, organized work-flows, processes and procedures can reduce chaotic interactions and foster a healthier work environment for staff. This improves staff morale and productivity while allowing them to focus on building authentic connection and relationships with participants.

A note on technology supporting this moment:

In the ideal service experience, this key service moment involves a digital registration and queue process. Several tablets on a stand (or freestanding kiosks) are available in the registration area near the entrance of the access point. Participants use the tablets to register at the site for the day. Navigators assist participants who are unable to complete registration on their own. Once the participant completes their data entry, the system creates a profile for the participant in Client Track, and adds them to a waiting queue to meet with social work staff. All appropriate staff have access to that data.

Value:

- Reduce process points for staff and participants.
- Decrease transcribing errors.
- Increase visibility of participants, the queue, and bed availability across an access point.
- Provide staff with real time updates.
- Decrease number of wait times for participants.
- Gather queue-related data to make more informed decisions about participants' experiences.

Risks:

- Duplication of profiles in Client Track
- Maintenance of the tools
- Creating a digital experience that is not intuitive and straightforward
- The costs of updating software and hardware

IDEAL SCENARIO

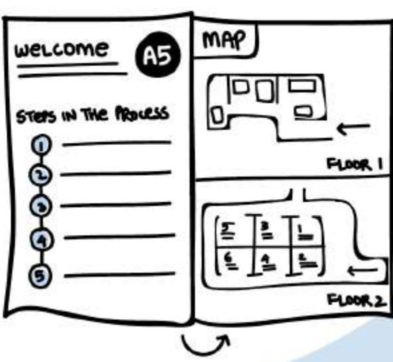
Goal: Streamline the registration process and address participants' immediate needs through interactions with a navigator.

The participant walks to the navigator and is greeted.

The navigator stands near several kiosks. They immediately acknowledge the participant and introduce themselves.

The navigator assesses the participant's immediate needs.

The navigator asks several questions to assess the participant's safety needs and immediate concerns. The navigator will connect the participant to appropriate resources based on the participant's responses.



The navigator explains the registration process.

The navigator provides an overview of the registration process, what will be asked of the participant, why, and how to use the kiosk. To help with this conversation, the navigator gives the participant a one-pager, which they reference. Information on the one-pager includes the participant's identifier number while they're at the access point, simple information about the service process, and a map of the access point that lists what is available on each floor.

The navigator assists with registration as needed.

After explaining the registration process, the navigator asks if the participant needs help using the kiosk. The participant feels confident, as they have interacted with kiosks at their doctor's office before.

The participant registers with ease.

While using the kiosk, the participant answers a series of simple questions. One question is posed per screen. They are asked to first type in their identifier code from the one-pager, name, date of birth, and other details. They can not remember their social security number, so they press SKIP, as they know they are not required to answer each question. The plain language, large type and buttons, and intuitively-designed interface make the registration process effortless.

The participant is prepared for what comes next.

The participant finishes their data entry. The final screen confirms that the participant has been successfully registered. The screen tells the participant to proceed to the waiting area until they are called to meet with social work staff.

The participant's profile is created in Client Track.

On the back end, the system automatically adds the participant to the queue and creates a profile for them in Client Track. All appropriate staff can access this information.

Interim service experience scenario

The digitization process requires several upgrades (e.g., technology infrastructure that includes building and maintaining hardware, software, interface design, etc.). This can be costly and take time to implement. Therefore, we created an interim scenario to bridge the gap. The interim service experience leverages existing technology like shared spreadsheets that are accessible to all staff members on their laptops or devices. Shared documents allow staff members to make and see updates and changes in real time.

In the interim, the *Register to see social work staff* moment is broken down into three separate key service moments—Check in with navigator, wait to register, and register with customer service representative staff.

- **INTERIM MOMENT 3.1 / Check in with navigator:** Participants give their name to a navigator and the navigator provides them with an identifying number that they will use throughout the day at the access point. Navigators enter participant information into a shared digital spreadsheet.
- **INTERIM MOMENT 3.2 / Wait to register:** Participants complete their check-in with the navigator and wait to be called by a customer service representative to begin the registration process.
- **INTERIM MOMENT 3.3 / Register with customer service representative staff:** Participants provide personal information to the customer service representative, so a profile can be created for them in Client Track. Representatives also add participants to a queue to meet with social work staff on the shared digital spreadsheet.

A note on technology supporting the interim service moment:

A shared spreadsheet that is accessible to all relevant staff on their desktops. Any changes or updates made to this shared document can be viewed by staff in real time.

The spreadsheet includes multiple sheets within it:

- A waiting queue where staff can view participants' status at an access point
- A daily bed count that updates the total number of emergency housing beds available each day
- An emergency housing placement list with the participant's name, identifier number, and the bed that they've been assigned.

Value:

- Reduce process points for staff and participants.
- Decrease transcribing errors.
- Increase visibility of participants, the queue, and bed availability across an access point.
- Provide staff with real time updates.
- Decrease number of wait times for participants.
- Gather queue-related data to make more informed decisions about participants' experiences.

Risks:

- Duplication of profiles in Client Track
- Maintenance of the tools
- Creating a digital experience that is not intuitive and straightforward
- The costs of updating software and hardware

INTERIM SCENARIO 3.1: CHECK IN WITH NAVIGATOR

The participant walks to the navigator station and is immediately greeted.

The navigator stands next to a table with a stack of one-pagers and their laptop. They immediately acknowledge the participant, introduce themselves, and explain the check-in process.

The navigator assesses immediate needs.

The navigator asks the participant several initial questions to assess their safety needs, immediate concerns, and what services they seek. The navigator determines the participant is in need of diversion and intake.

AFC SPREADSHEET

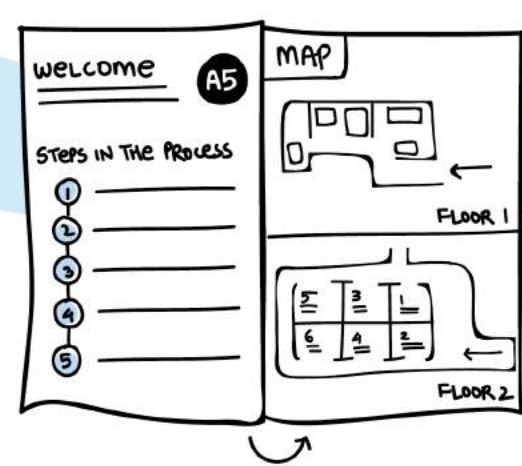
PARTICIPANT CODE	PARTICIPANT NAME	CHECKED IN	REGISTERED	STAFF ASSIGNED	INTERVIEW COMPLETE
A8		✓			

The navigator checks in the participant.

The navigator begins the check-in process for diversion and intake by asking the participant their name. They enter that information into a shared digital spreadsheet on their laptop. Then the navigator pulls a one-pager from the stack on their desk and enters an identifier code (that is available on the one-pager) into the same digital spreadsheet.

The navigator prepares the participant for what is next.

The navigator hands the participant the one-pager. Information on the one-pager includes: The participant's identifier code, steps in the process, and a map of the access point. The participant and staff will reference this identifying code throughout the day. Finally, the navigator hands the participant a pocket-sized guidebook that explains the services offered at the access point.



INTERIM SCENARIO 3.2: WAIT TO REGISTER

The navigator orients the participant to what is available in the waiting area.

The navigator directs the participant to the waiting area and explains that a customer service representative staff member will call them shortly to register. The navigator explains the different sections of the room and what is available in each. Their words are supported by the one-pager, wayfinding, and other visual markers in the space.

The navigator ensures the participant accesses relevant resources.

The navigator knows the participant is in need of food and a shower from their initial assessment. They point the participant to information about the Hub of Hope (an engagement center). The participant walks over to the resource wall, finds the Hub of Hope one-pager, and sits in a comfortable chair.

The participant prepares for the day while they wait.

While they wait to be called by a customer service representative, they read through the Hub of Hope information and their guidebook. They write down questions they want to ask social work staff based on what they read. They are preparing themselves for their meeting as they know they will not have regular access to social work staff after their meeting.

They are called to the registration desk.

Even though a television is on and the room is noisy, they hear their number called through a loudspeaker. They walk over to the registration desk, as it is clearly marked and meet with a customer service representative staff member.

INTERIM SCENARIO 3.3: REGISTER WITH SERVICE REPRESENTATIVE

The customer service representative warmly greets the participant, introduces themselves, and explains the registration process.

The customer service representative explains the registration process and why OHS collects personal data—before asking for information. They confirm the participant's name, ask for their date of birth, social security number, and other details. However, the participant does not have their social security number. The customer service representative reassures them they will be seen regardless. The privacy partitions between the customer service representatives at the registration desk makes the participant feel more comfortable when disclosing their information.

The participant asks a service-related question and is directed to staff who can answer it.

As registration wraps up, the participant asks a question about emergency housing. The answer to this question is outside the boundaries of the customer service representative's role, so they let the participant know they can speak to the navigator, and they remind the participant of who that person is.

The participant is prepared for what's next.

Once complete, the customer service representative lets the participant know they have successfully registered and they will be called back to the registration desk once social work staff are available. On a shared digital spreadsheet, the customer service representative marks the participant "registered" and adds them to the queue.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Clarify and explain what participants can expect at an access point to minimize confusion and anxiety.
- Navigators should perform a quick needs assessment so participants are directed to the right service and have their immediate needs taken care of.
- Give participants the space and privacy to provide personal information.
- Remove pressure from security officers and customer service representatives by having a navigator answer service-related questions.

KEY MOMENT 4:

Wait for interview

After getting registered, participants wait to meet with social work staff to initiate the service process for prevention, diversion, or intake. The process to meet with social work staff is first come, first served. However, there are a variety of factors that influence when someone is seen, making it difficult for OHS to provide participants with a clear status of their wait time. Making sure that participants are set up for success for their social work meeting is important. Therefore, the waiting process should not escalate already heightened emotions.

In general, people experiencing trauma have trouble managing emotions. During the waiting period, participants may experience mounting anxiety. Not only are they managing feelings about their housing crisis, they are also navigating environmental stressors at the access points that can resurface past traumas. Waiting without a clear status can be stressful for participants.

Because service representatives and security officers are present in the waiting room, they can be overwhelmed with questions from participants during the waiting period. When staff cannot answer questions about matters beyond the scope of their responsibility, participants get agitated. They see front-line staff as representatives of the entire service.

IDEAL SCENARIO

This scenario addresses both the ideal and interim service experience.

Goal: Allow the experience of waiting to feel more productive.

The participant and their children are oriented to what is available in the waiting area.

The navigator directs the participant and their children to the appropriate waiting area and explains that when it is time to meet with social work staff, their identifying number will be called over a loudspeaker and displayed on the monitor. The navigator explains the different sections of the room and what is available in each, like the resource corner, kids play area, and a self-care zone. They also mention where participants can keep their belongings. Their words are supported by the one-pager, wayfinding, and other visual markers in the space.

The navigator ensures the participant accesses relevant resources.

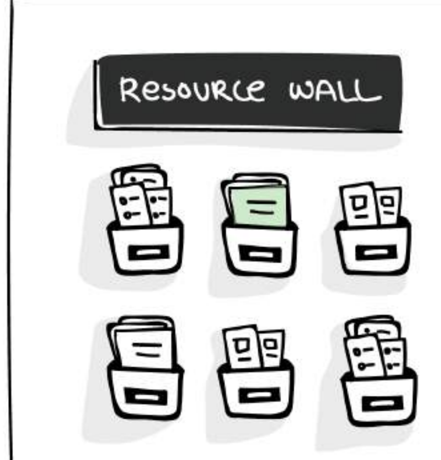
From their initial assessment, the navigator knows the participant and their children are in need of food and water. The navigator points the participant to information on the resource wall about the Hub of Hope, an engagement center, and offers granola bars and cold water.

The participant and their children's immediate needs are addressed.

The participant and children sit in comfortable and appropriately-sized chairs, eat their granola bars, and drink their water—watching the video announcement on a television monitor as they ease into the room.

The participant eases into the waiting room.

The participant walks over to the resource wall and finds the Hub of Hope one-pager and pocket-side guidebook to all access point services. The participant directs their children to play in the kids area and finds a spot at one of the tables to read through the Hub of Hope one-pager.



The participant finds opportunities to decompress.

Then the participant starts looking through their guidebook. As they read, the participants next to them talk loudly, so they move their chair to a corner quiet area where they can concentrate, but still observe their children. They read through the guidebook and use its content and worksheet to prepare for their social work meeting. Once complete, they go over to the self-care area in the waiting room to work on meditative exercises to calm their nerves. After a while, they grow impatient, so they decide to take their children to the bathroom. They gather their children, leave their bags in a designated area, and follow clearly marked signs to the bathroom.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Provide participants with clear information that orients them to the reality of wait times, what is expected of them while they wait, and what they can do as they wait.
- Provide participants with clear information about where they are in the process and current availability of resources to minimize confusion and reduce anxiety during the waiting process.
- Give participants information and resources about other supportive services that extend beyond their housing needs so participants are taken care of holistically.
- Provide space for de-stressing during wait times, and resources to address immediate needs and manage anxiety. This can happen when staff realize and recognize the signs of elevated anxiety and respond in sensitive and respectful ways.

KEY MOMENT 5:

Assigned social work staff

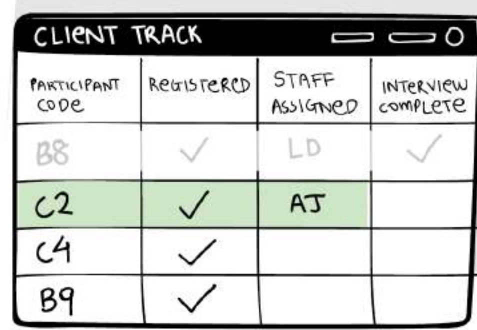
Depending on the day, some participants might have been waiting for a long time— from a few hours to an entire day—to meet with social work staff. To participants, social work staff represent the person who will *give* them access to the services they are in dire need of. As a result, there can be a lot of emotions wrapped up in preparing to meet with social work staff.

Homelessness involves multiple sources of loss that are both concrete losses and emotional/psychological losses. During the interview with participants, social work staff ask personal, in-depth questions about participants' traumas, relationships, and resources. These conversations can be emotionally draining for participants and staff. Being prepared for the interview can minimize the stress experienced during the interview for both participants and staff.

Once a social work staff member is free to meet with a participant, participants are called to the front desk. At Roosevelt Darby Center, this process is straightforward because staff are located on the same floor and are able to escort a participant from the waiting area to the interview area. At Apple Tree Family Center, this process can be more complicated because participants have to meet with service representative staff who direct them to a different floor to meet with their assigned social work staff member.

IDEAL SCENARIO

Goal: Inform participants of their assigned social work staff and how to get to their interview.



A social work staff member is ready to meet with a participant.

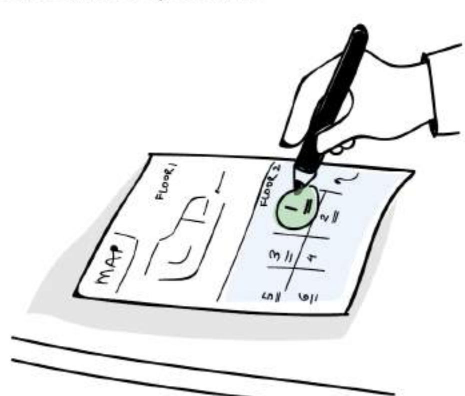
After social work staff complete a participant interview, they refer to the queue in Client Track and assign themselves to the next participant. This action alerts the navigator, who is stationed in the waiting area and is monitoring their tablet.

The participant is notified to speak with a navigator.

Through a loudspeaker, the navigator calls out a participant's identifying number and asks them to approach the navigator's station. Also, if the participant is observing the queue monitor in the waiting room, they are visually notified. The participant walks to the navigator who lets them know a social work staff member is ready to see them.

The navigator prepares the participant for their meeting.

The navigator lets the participant know the name of the social work staff member who is ready to see them. On the back of the participant's one-pager, they circle the assigned staff member's name and cubicle on the map. Also, they let the participant know a safety assessor is present on the floor to answer questions.



The participant feels confident about their next steps.

The navigator provides brief directions to the location of social work staff.

INTERIM SCENARIO 5.1: ASSIGNED SOCIAL WORK STAFF

In the interim, the registration system will not be integrated into Client Track. The service representative will continue to advise participants of their assigned social work staff member. They keep track of the waiting queue on the shared digital spreadsheet. Once a social work staff member is free, they update their availability on the spreadsheet, which in turn pings or alerts the service representative on their desktop screen.

A social work staff member is ready to meet with a participant.

Once a social work staff member completes a participant interview, they mark "interview complete" in the shared digital spreadsheet. Then, they assign themselves to the next participant in the waiting queue. This update alerts the customer service representative on their computer.

AFC SPREADSHEET

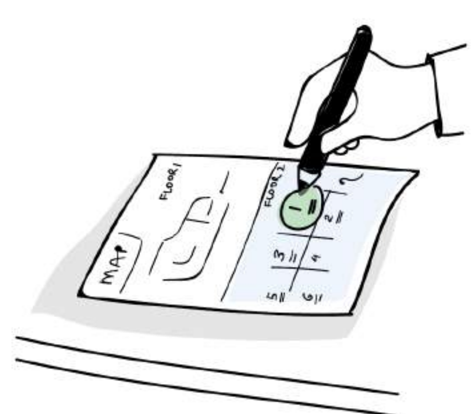
PARTICIPANT CODE	PARTICIPANT NAME	CHECKED IN	REGISTERED	STAFF ASSIGNED	INTERVIEW COMPLETE
A8		✓	✓	LO	✓
B2		✓	✓	LO	

The participant is notified to meet the customer service representative.

The customer service representative calls the participant's identifying number through the loudspeaker and asks them to approach the registration desk. Also, if the participant is observing the queue monitor in the waiting room, they are visually notified. They gather their belongings and walk towards the registration desk that is clearly labeled. The customer service representative informs the participant that a social work staff member is ready to see them.

The customer service representative prepares the participant for their meeting.

The customer service representative lets the participant know the name of the social work staff member who is ready to see them. On the back of the participant's one-pager, they circle the assigned staff member's name and cubicle on the map. Also, they let the participant know a security officer is present on the floor to answer questions.



The participant feels confident about their next steps.

The customer service representative provides brief directions to where the social work staff member is located.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Provide participants with accurate and understandable information that includes:
  - The name of the social work staff they are meeting.
  - The goal of the meeting or how they can expect to receive help.
  - Where they need to go for their meeting.
  - Directions to navigate and arrive at the right location.
- Staff should reinforce this information by writing down the name and workstation number for the social work staff they are going to meet next.

KEY MOMENT 6:

Navigate to the second floor

(Apple Tree Family Center)

After being informed of their assigned social work staff, participants have to make their way to that social work staff's workstation. At Roosevelt Darby Center, this is relatively straightforward, as all staff are on one floor. Apple Tree Family Center can be much harder to navigate because social work staff and service specialists sit on different floors in the building. This moment is when a participant makes their way from the waiting area on the first floor to their social work staff meeting on the second or third floor.

Navigating new spaces in the midst of stress, crisis, and trauma can be particularly difficult. Many participants arrive at access points with their children and belongings. Although staff give them directions, it can be difficult to process and recall information in new or stressful situations. For those in the middle of a traumatic event or crisis, navigating unfamiliar spaces can increase feelings of disorientation. Providing multiple visual reminders helps restore safety and a sense of control to participants who may otherwise feel disoriented, unsafe, and anxious.

IDEAL SCENARIO

This scenario addresses both the ideal and interim service experience.

Goal: Provide participants with information and accessible passageways to confidently navigate the access point.

The participant and their child start to navigate to the second floor.

They leave the navigator station, enter the main hallway, and immediately see a clear, visually bold sign that lists what they can access from the main hallway. The list includes: Bathrooms and changing stations, a nurse's office, private meeting rooms, and the elevator. The sign is also written in Braille. The navigator told the participant to follow signs to the elevator, so they follow those signs. The navigator also explains that there are cameras monitoring the hallway to ensure safety.

They stop at the bathroom.

As the participant and their child travel down the hallway to the elevators, they notice a strategically placed, clear sign for gender-neutral bathrooms. The sign is simple and visual. It is also written in Braille. The participant decides to quickly freshen up and change their child's diaper before their interview with social work staff. The bathrooms are accessible, clean, in working order, and well-lit. There is a nook for stashing their belongings and stroller. Another nook includes a nursing chair. There is a clean changing station, and the stalls include full-length doors and walls for privacy. The participant freshens up with hand soap and lotion from a hygiene pack the navigator gave to them previously.

The participant navigates the hallway with ease.

After exiting the bathroom, the participant and their child follow clear signs to the elevator. The hallway is well lit and wide enough for the participant who is carrying their belongings, a stroller, and their child. Only official wayfinding signage is hanging on walls and cords are appropriately placed, so people do not trip. Visibility mirrors are positioned at each corner point, so all are aware of movement. All doors that are not accessible to participants are shut and locked.

As they navigate the hallway, the participant sees the private meeting rooms and the nurse's station because they are clearly marked. Outside the nurse's station, there is a list of the services offered and directions on how to engage with the nurse. The participant takes note, so they can access those services when they return from their social work interview.

They find the elevator and take it to the second floor.

The participant and child arrive with ease at the elevator. As they wait for the elevator to arrive, the participant gets nervous that they have forgotten where to go, so they read the signage next to the elevator that lists the different spaces and services offered on each floor. They also reference the map on the back of their one-pager. They find what they are looking for. The elevator doors open and they enter. It is clean and well-lit. The buttons are clearly labeled, so they press the number "2."

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Communicate and reinforce key information in multiple formats and throughout the space about where participants need to go for their interview and how to get there. Reassuring participants that they are on the right path ensures they remain relatively calm.
- Tailor navigational communication to different needs, like signage in Braille or in other languages.
- Display clear signage of what participants can access on the first floor (bathrooms, nurse's office, etc.), so they can choose what to engage with on their own terms.
- Ensure equal access to facilities in the space through gender-neutral bathrooms and accessible pathways. Keep spaces clean and well-lit to ensure participants and staff can move with ease.
- Ensure a clear view of hallways through visibility mirrors and security cameras to reduce blind spots and unexpected confrontation.

KEY MOMENT 7:

Arrive at second floor

(Apple Tree Family Center)

This is the first moment on the second or third floor after a participant exits the elevator. In this moment, participants receive visual confirmation that they have arrived on the correct floor and begin to make their way to their assigned social work staff member's interview space.

Providing clear instructions about where to go ensures participants find their way to the right workstation. Additionally, exiting the elevator and seeing a uniformed safety assessor may be alarming. Therefore, participants should be prepared for what to expect across their service experience.

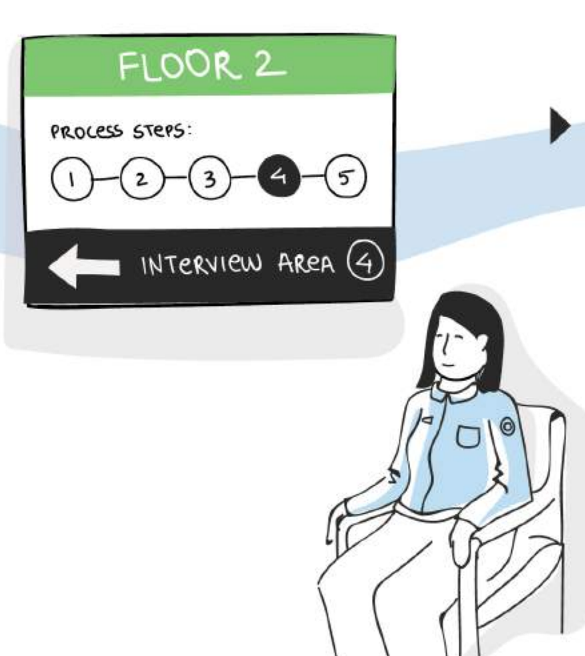
IDEAL SCENARIO

This scenario addresses both the ideal and interim service experience.

Goal: Immediately orient participants to the second floor and ease them into the room.

Upon entering the floor, the participant immediately knows where to go.

The elevator doors open and the participant steps out onto the second floor of Apple Tree Family Center. They see a graphic that confirms they are on the second floor and it directs them to the interview area. The sign is written in plain language and is highly visual, so participants with low literacy or those who speak English as a second language can understand. Also, they are warmly greeted by a security officer who is positioned across from the elevator.



They locate who they are meeting with and where.

The participant shows the security officer on their one-pager who they are supposed to meet. The security officer points the participant in the right direction, and through straightforward signage, it is clear to the participant where to go. Each interview area is labeled and that labeling corresponds to what is circled on the participant's one-pager.

The participant is in social work staff's line of sight.

The participant walks toward the social work staff member who is sitting in their interview area. The staff member can see them approaching.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Confirm and reassure, through multiple formats, that participants are in the right spot. Match information presented in multiple channels to ensure participants receive consistent information.
- Ensure navigational communication is inclusive of different needs, including highly visual signs. That way, those with differing literacy levels can read them.
- Ensure security officers help participants navigate access points where possible.
- Allow social work staff to see who is entering their work space, so they aren't startled and feel safe. This can be accomplished either through the seating arrangement where staff do not have their back towards participants entering their workstation space, or by placing visibility mirrors that let both staff and participants know what to expect and ensure their safety.

KEY MOMENT 8:

First moments with social work staff

After arriving at their assigned social work staff member's workstation, participants and social work staff prepare for the interview process. This moment occurs before the actual interview begins, when social work staff clarify expectations and orient participants to the interview process and the interview space.

Participants are preparing to give their personal information to social work staff. It is important to set clear expectations and to be transparent about the services that social work staff can offer. Additionally, staff meet with several participants in a day in an open office space which can make it difficult to keep conversations private. It is important to find opportunities to make participants feel safe sharing their personal information even though the space is not fully private.

IDEAL SCENARIO

This scenario addresses both the ideal and interim service experience.

Goal: Clarify the interview process and services offered at access points before the interview begins, so participants know what to expect.

Social work staff prepare for their interview.

The social work staff member pulls up the participant's profile in Client Track, reviews their basic information, and notices that the participant has two children with them.

Social work staff warmly greet the participant by name.

As the participant and their children approach the interview area, the social work staff member stands up, greets them by name, and introduces themselves. Because the participant has children with them, the social work staff member asks if the participant would prefer if their children waited in the kids area during the interview. The kids area is in line of sight of the interview areas. They have appropriately-sized seats, a table, and interactive toys. Also, there is a white noise machine in the area to drown out conversations occurring in the space. The participant says they would prefer their children be seated with them during the interview. With the social work staff member, the participant and their children enter into the interview area.

The participant and staff have enough room to safely engage.

The interview area is clean and staff belongings are stored away. In a corner, there are appropriately-sized seats, a table, and interactive toys for the children to engage with. The staff member and participant sit diagonally from each other in chairs that are durable, yet comfortable. The social work staff member uses a laptop, so the technology is not in their way as they try to engage in conversation. No one is blocked in the space, and they are facing each other. Also, there is a white noise machine in the interview area to drown out conversations occurring in the space.

Social work staff set expectations for the interview process.

After the participant is seated, the social work staff member provides an overview of what to expect during the interview from beginning to end. To facilitate this conversation, the social work staff member asks the participant for their one-pager. They point to where they are in the overall process. In addition, the social work staff member informs the participant that they will be asked to provide personal information. They explain why that information is collected and what is done with it.

Social work staff clarify services offered at the access point.

Using the one-pager as a visual conversation tool, the social work staff member explains the three primary services offered at the access point, which are prevention, diversion, and intake. They also mention they can make referrals to other supportive services. The social work staff asks if the participant has any questions.

Social work staff explain resources are limited from the beginning.

Because prevention, diversion, and intake resources as well as access to housing programs are limited, the social work staff member explains that the participant might not receive services immediately. However, they let the participant know they will leave the access point with clear action items, and if they are placed in emergency housing, case managers will continue to collaborate with them on becoming stably housed.

The interview starts.

On their laptop, the social work staff member pulls up the interview screen in Client Track and starts their initial assessment. The screen flow of Client Track supports the natural flow of the interview. During the interview, social work staff facilitate a needs assessment and an interview to collaborate with the participant on what next steps they should take.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Set clear expectations about what services participants can expect to receive at the access point and at emergency housing if relevant.
- Prepare participants with the knowledge that resources are limited to ensure they have realistic expectations.
- Explain the interview process to participants and say why they are asked to share personal information. Give participants the opportunity to ask questions about the interview process to make sure they know what will happen.
- Provide social work staff with up-to-date information about participants in Client Track that helps them prepare for the interview.
- Ensure the screen flow in Client Track maps to the natural flow of an interview.
- Provide a safe and private interview space that makes participants feel comfortable to share personal information. Consider the use of white noise machines in the interview area.
- Use technology to streamline processes to open up staff time, allowing them to focus on building a human connection with participants.

KEY MOMENT 9:

Last moments with social work staff

After a participant has completed their interview with social work staff, they receive information about their next steps. Depending on the service offered and resource availability, some participants might be directed to emergency housing, while others might be directed to alternative services like after-hours centers. Others might have to return with a list of documentation to apply for prevention services like rental assistance.

As participants prepare to leave the access point after their interview, it is important they understand their options and next steps. Traumatic events can occur unexpectedly and without warning, leaving participants feeling alarmed. Because these experiences occur suddenly, participants are unable to adequately prepare for what they are about to experience. Surprises are often met with resistance and agitation. Setting expectations for available services can ensure a smooth transition from access point to beyond. This makes it important to prepare participants with clear information so they feel confident and in control as they transition from access points.

In the course of supporting and assisting participants, staff often absorb the details of participants' stories. The experiences that participants relay may prompt negative emotions within the staff member. In addition, staff can experience a sense of powerlessness due to the limited resources and overwhelming need, and this can lead to feelings of hopelessness and disempowerment. Therefore, providing ways to decompress helps decrease stress and can reduce burnout for staff.

IDEAL SCENARIO

Goal: Prepare participants for a smooth transition to their next steps.

The social work staff member communicates disappointing news.

During the interview, social work staff facilitate a needs assessment and an interview to collaborate with the participant on what next steps they should take. As the participant was meeting with social work staff, all beds were filled. The social work staff member can see that full placement occurred through a real-time placement list in Client Track. When they are done with their interview, they inform the participant that beds are not available.

The social work staff member de-escalates the participant.

With this information, the participant becomes visibly upset. They open up about fleeing an abusive situation. The social work staff member acknowledges the participant's situation and creates an immediate action plan for and with them. They carefully explain after-hours options, so the participant knows they will have a secure place to go and won't be on the streets for the night. The social work staff member also explains that a domestic violence specialist is on site to help. They ask the participant if they would like to meet with a specialist and describe what that entails. With clear and accurate information, the participant says yes.

The participant knows what action to take.

The social work staff member gives the participant an after-hours one-pager in case they choose to access an after-hours site that evening. They walk the participant through the one-pager. It includes an image of the after-hours site, services offered, food and baggage policies, hours of operation, and the site's location with directions. In addition, the social work staff member explains that the domestic violence specialist will call the participant's identifier number when they are ready to meet. Before ending the conversation, the social work staff member ensures the participant understands next steps.

The social work staff submits a referral to the on-site domestic violence specialist.

Once the participant leaves the interview area, the social work staff member makes a referral to the on-site domestic violence specialist. They note the assistance the participant needs. Once the referral form is filled out, the social work staff drops it off in the referrals dropbox. Once the service specialist is free, they access the referrals from the referrals dropbox and view comments in preparation for their conversation with the participant.

The social work staff member engages in self-care practices.

After the interview, the social work staff member feels drained from the conversation. This was the fourth difficult conversation of the day. The staff member references their safety plan and decides to take a break. Since they have not used their break, they go to the staff common area, pour a glass of cold water, and decompress through de-stressing activities available in their space. At the end of their break, they return to their interview area.

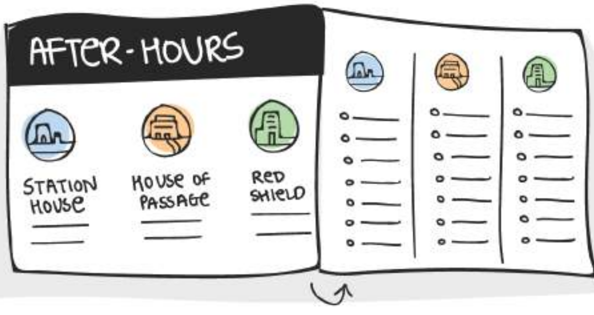
INTERIM SCENARIO 9.1: LAST MOMENTS SOCIAL WORK STAFF

Goal: Provide participants with resources they can access while they wait to be informed of their placement status.

In the interim service experience, Client Track does not support real-time bed availability and placement. As a result, participants might have to wait for an extended period of time to learn about placement and next steps. Before participants leave an interview with a social work staff member, they should have a clear sense of what comes next—even if that means waiting to learn of placement. After participants leave their social work staff meeting, they may be concerned about what happens next. Providing participants with information about next steps can reduce these concerns. Participants can prepare for where they might go after they leave the access point by reading through information given to them by social work staff.

The social work staff member concludes the interview.

The social work staff member informs the participant that they will be notified of their next steps by a navigator in the waiting area on the first floor around 3:00 in the afternoon. The social work staff member explains why they must wait to learn of their status. Also, they describe the after-hours process using an after-hours one-pager to prepare the participant in case they do not receive placement. They give the participant the one-pager when finished.



The participant is reminded of additional resources in the waiting area.

Before the social work staff member concludes the conversation, they remind the participant of what is available in the waiting area. During the interview, the participant mentioned they need help with legal services, so they tell the participant to access information about those services in the waiting area. Finally, they encourage the participant to speak with a navigator if they have further questions.

The social work staff member updates the participant's case in Client Track.

The social work staff member ensures the participant's information is accurately added in Client Track. Because they were using a standardized note-taking template, their notes are in order and consistent with others. Once their notes are complete and added, they use the shared digital spreadsheet to mark the completion of their interview and assign themselves a new participant. The navigator is alerted.

AFC SPREADSHEET

PARTICIPANT CODE	PARTICIPANT NAME	CHECKED IN	REGISTERED	STAFF ASSIGNED	INTERVIEW COMPLETE
A8		✓	✓	LO	✓
B2		✓	✓	LO	✓

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Provide one-page flyers that clearly explain what to expect next at relevant sites. That way, participants are not surprised when they arrive at their next destination.
- Explain next steps through multiple formats, including human reassurance where possible, to reinforce the information.
- Digitize bed placement to allow staff to make service-related suggestions in real time. In the interim, allow social work staff to assign themselves to their next participant digitally, decreasing phone conversations between staff, which can free up time.
- Offer and explain access point supportive services, so participants can choose to engage or not. Remind participants of what they have access to in the waiting area.
- Implement self-care strategies that include periodic breaks, self-reflection, relaxation strategies, and peer support to assist staff members in processing workplace stressors in healthy ways.

KEY MOMENT 10:

Navigate back to first floor

(Apple Tree Family Center)

At Apple Tree Family Center, participants have to navigate back to the first floor after their social work staff meeting to exit the access point.

As participants navigate back to the waiting area after their social work staff interview, they encounter a locked door. They have to press a button which alerts the security officer to open the door. If an officer is not close by, it might take a few moments before the door opens, which can be stressful for a participant who may believe they are stuck in the hallway.

IDEAL SCENARIO

This scenario addresses both the ideal and interim service experience.

Goal: Provide participants with the information to confidently navigate the access point.

Social work staff provide directions back to the first floor.

As the participant and their child prepare to leave the interview space, the social work staff member informs them that they will encounter a secure door in the first floor hallway on their way to the waiting area. They reassure the participant that it is a safety measure and they should ring the buzzer when they get to the door, so it can be unlocked for them. The social work staff member reminds them that the hallways are monitored by security cameras. They point the participant and their child to the elevator. All say goodbye.

Security officers notify each other of participants navigating the space.

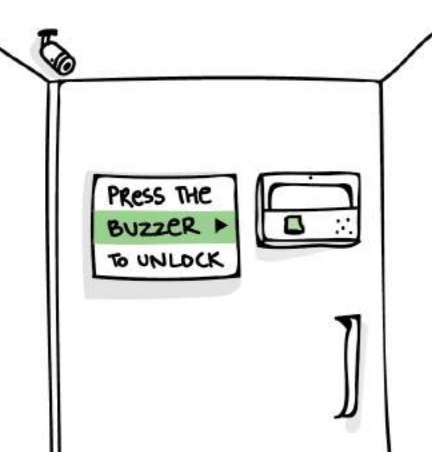
When the participant enters into the elevator, the second floor security officer alerts the security officer at the safety check station.

The participant takes the elevator to the first floor.

The participant and their child enter into the elevator. They press the button for floor one, which is properly labeled. They descend to the first floor. As soon as the elevator doors open, they see a sign on the wall that communicates what floor they are on and what direction to take. They exit the elevator and know where to go.

They know what to do when they arrive at the secure door.

When the participant arrives at the secure door, they see a clearly marked buzzer and a sign next to it written in plain language and in Braille, with highly visual instructions. They press the buzzer. On the back end, a security officer is notified at the safety check station that someone is at the secure door. They can see the participant and their child through their monitor; they were expecting them. They unlock the door remotely. A noise is made and a light flashes, which alerts the participant that the door is unlocked. The participant enters through the doorway.



The participant interacts with the nurse.

On the way back to the waiting area, the participant remembers that they wanted to check in with the nurse to make sure their children's vaccinations are up-to-date. The nurse's area is clearly labeled, so they enter into the space and receive services.

The participant proceeds to the waiting area with ease.

The participant and their child follow signs to the waiting area.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Prepare participants for the locked door to minimize potential stress they might experience when they are unable to immediately exit the hallway.
- Provide clear, highly visual wayfinding signage for participants to successfully navigate to the first floor. Also ensure signs near the locked door inform participants of what to expect.
- Create internal channels of communication between security officers that lets them know when to expect participants at the locked door.
- Ensure the safety of the access point by allowing safety assessors to check who is entering through a camera and intercom system.

INTERIM KEY SERVICE MOMENT 10.1:

Wait to receive next steps

In the interim service experience, there are several steps or key service moments that participants have to go through after they navigate back to the first floor and before they transition to next steps.

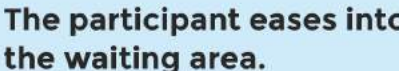
These interim key service moments include:

- 10.1: Wait to receive next steps
- 10.2: Receive placement information from the navigator
- 10.3: Learn beds are not available

After they complete the interview and navigate back to the waiting area on the first floor, participants must wait to hear if they have been placed in emergency housing or not. This can be a stressful time for participants, because they are waiting to hear whether they will have a bed to sleep in for the night. Providing participants with additional supportive resources (e.g., information about free legal services) may reduce their concerns and prepare them for what may come.

INTERIM SCENARIO

Goal: Allow the experience of waiting to feel more productive.



The participant eases into the waiting area.

In the waiting area, the participant walks over to the resource corner and finds the legal services information sheet mentioned by the social work staff member. They sit in a comfortable chair and read through the document. They have a question about the information, so they walk over to a navigator, who is seated at their station.

The participant and navigator collaborate to find additional resources.

The navigator immediately acknowledges the participant as they see them approaching. The participant asks their question. The navigator provides an answer, but realizes that additional information might be helpful. With the participant, the navigator proceeds to the resource corner and pulls additional resources for the participant—explaining what they are. They ask if the participant wants to look through them. The participant agrees and takes the documents. The navigator lets the participant know they can engage again if needed. Both return to their seats.

The participant temporarily leaves the access point.

The participant is tired of waiting and wants fresh air. However, they are worried they might miss announcements. They inform the navigator they are leaving, but will return in 15 minutes. They navigator makes note of the participant's number and status on the shared digital spreadsheet—marking that they left the access point and will return. The navigator lets the participant know they will update the participant on anything that was missed. The participant leaves.

AFC SPREADSHEET

PARTICIPANT CODE	PARTICIPANT NAME	CHECKED IN	REGISTERED	STAFF ASSIGNED	INTERVIEW COMPLETE	STATUS
A8	═	✓	✓	LO	✓	
B2	═	✓	✓	LO	✓	CURRENTLY NOT AT SITE

The navigator updates the participant when they return.

Once the participant returns to the access point and they complete the safety check, the navigator explains what they missed. The navigator updates the shared digital spreadsheet with accurate information about the participant.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Provide participants with information about supportive services to make waiting time productive and ensure their needs are addressed holistically.
- Continue to allow participants to leave the access point for fresh air during long wait times to decrease stress.
- Ensure participants have a person to talk to about their concerns to build human connection (e.g., the navigator).
- Create spaces in the waiting area that allow participants to engage in self-care practices (e.g., a toolkit with meditative exercises) so they can remain calm during the waiting time.

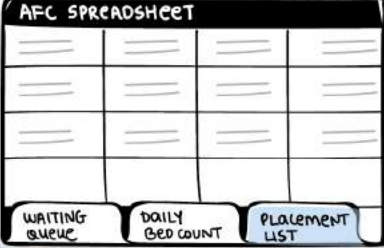
INTERIM KEY SERVICE MOMENT 10.2:

Receive placement information from navigator

This is when a participant is told that they have been placed at an emergency housing site. Setting participants up to successfully transition to emergency housing helps reduce concerns they might have. Participants should know where they are going and what to expect to ensure expectations match reality.

INTERIM SCENARIO

Goal: Inform participants of their placement status and facilitate a seamless transition to emergency housing sites.



A social work staff member creates the emergency housing placement list.

A dedicated social work staff member accesses the shared digital spreadsheet and marks who is being placed and where. In case those participants choose to turn down emergency housing placement, the social work staff marks alternate participants that can be offered placement in the document as well.

The navigator is notified when the placement list is available.

Once the social work staff member completes the list, the navigator is pinged on their laptop. They review the list and make sure they do not have questions before engaging participants.

A participant is notified to meet with the navigator.

Through a loudspeaker, the participant hears their identifying number called—asking them to approach the navigator station. Also, if the participant is observing the queue monitor in the waiting room, they are visually alerted. The participant gathers their belongings and walks to the navigator station.

The navigator informs the participant they have been placed.

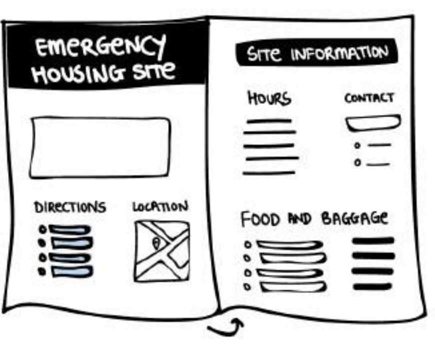
The navigator sees the participant approaching and warmly greets them. Once the participant gets situated with their belongings, they explain they have been placed at an emergency housing site.

The participant knows what to expect from emergency housing.

The navigator provides an overview of the site. To help with this conversation, they have visual information on their laptop screen about the site, including images of the building, rooms, and a listing of services.

The participant is clear on what action they should take.

Because the participant is somewhat confused, the navigator gives them a one-pager about the site. The one-pager has an image of the building, hours of operation, a contact number, food and baggage policies, an address, and directions. The navigator uses the one-sheet to facilitate the conversation. They write down that they must arrive by a specific day and time at the site, so they do not lose their placement. Because the participant requires transportation assistance, the navigator makes those arrangements for the participant.



IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Provide information about what to expect at emergency housing via a one-pager to minimize participants' confusion or surprise when they arrive.
- Inform participants of rules, so they are prepared before arriving at the site.
- Communicate information through multiple formats, including through the navigator for human connection.

INTERIM KEY SERVICE MOMENT 10.3:

Learn beds are not available

If all beds have been assigned for the day, staff make an announcement, informing participants, so they can prepare for the evening. It can be stressful for participants to learn that they are not receiving a bed. As a result, staff should support participants with clear next steps to reduce their concerns.

INTERIM SCENARIO

Goal: Inform participants of their placement status and de-escalate by offering alternatives.

The navigator announces beds are not available.

Once all participants have been placed, the navigator makes an announcement through the loudspeaker to the participants in the waiting area that beds are no longer available. Before delivering the announcement, the navigator refers to their checklist to ensure the announcement accurately covers the right information.

Participants are directed to after hours services.

During the announcement, the navigator provides information about after-hours services and explains that staff are available to provide more information and answer questions. The tone of the announcement feels intentional and warm. Customer service representatives and navigators pass out an after-hours one-pager and answer questions.

A participant is upset by the news.

A participant is upset that they have not been placed. The navigator asks if the participant would prefer to talk in a private space. The participant agrees. They walk to a quiet room on the first floor.

The participant has the information they need to take action.

The quiet room is designed to be calming. The participant and navigator sit in comfortable chairs—at equal height. The navigator listens to the participant as they share their story. They realize the participant has had negative experiences at an after-hours site. The navigator explains their options, which include non-City contracted sites and City-contracted overnight cafes. They provide the participant with OHS's "customer service feedback" phone number, so they can report their experiences at the after-hours site. The participant has what they need to choose what action suits them best.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Provide information about after-hours centers and what to expect via a single-sheet flyer allowing participants to choose whether to engage or not.
- Ensure that the *no beds* announcement is delivered in the same way every day to maintain consistency and ensure information is accurately communicated each time.
- Provide access to human support to answer questions and concerns.

KEY MOMENT 11:

Transition to next steps

After participants leave the access point, if they have completed the intake process, they transition to either after-hours or emergency housing. Knowing the policies and hours of these services allows participants to have realistic expectations. Also, it will make their transition smoother.

Due to limited availability of emergency housing beds, some participants might go to after-hours sites once access points are closed. After-hours sites assist participants with temporary overnight arrangements. After-hours sites are open from 5 p.m. until 7 a.m., Monday through Friday and 24 hours on weekends. Participants can experience this back and forth loop between access points and after-hour sites from one day to three weeks. By the time a participant arrives at emergency housing, they can be exhausted from the back and forth.

To ensure participants are prepared to transition to after-hours and emergency housing, it is important for access point staff to clearly communicate next steps. Better communication across sites will make the transition smoother for both staff and participants.

There are two possible alternatives for participants transitioning to next steps:

- **Scenario A** for participants who transition to after-hours sites.
- **Scenario B** for participants who transition to emergency housing sites.

IDEAL SCENARIO A: TRANSITION TO AFTER-HOURS SITE

This scenario addresses both the ideal and interim service experience.

Goal: Inform participants of their next steps and facilitate seamless transitions from one site to the next.

An access point customer service representative facilitates a warm handoff to after-hours for participants.

At the end of the day, one of the access point customer service representatives posts to Client Track a list of participants who might arrive at an after-hours site. The information included is their name, special needs, like accessibility or behavioral health challenges, and/or other issues that should be addressed into the evening. Appropriate after-hours staff are notified of the list and are ready for participants who might arrive from an access point.

The participant feels confident about their next steps.

Because access point staff prepared them and they have an after-hours one-pager, the participant knows what to expect from after-hours, including general policies, what the building looks like, how many bags they can bring, food policy, where to go, when the doors open, and how to get there. They leave the access point and travel to the after-hours site.

Upon arrival, the participant knows they are at the right place.

When they approach the after-hours building, they recognize it from the one-pager picture. A sign outside the front door clearly displays the name of the site, lists hours of operation, and resembles signage at the access point. From the outside, the site appears clean and the signs are welcoming. They decide to enter.

Safety check and check-in processes resemble access point experiences.

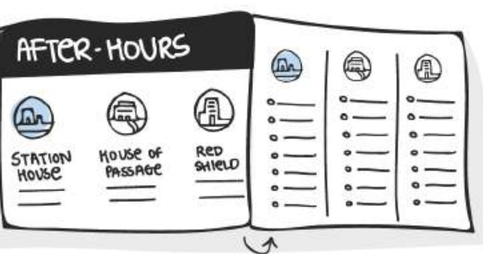
The participant is immediately acknowledged and is warmly welcomed to the site by an after-hours staff member. The staff member facilitates the safety check process, which is similar to what occurs at access points.

Returning participants and those arriving from access points are not asked repeat questions.

Because the after-hours site has appropriate information about returning participants and participants arriving from access points in Client Track, they do not ask participants to repeat personal questions. They simply confirm their name.

The participant knows what to expect.

During check-in, the after-hours staff provides an overview of what to expect at the site while referencing the participant's after-hours one-pager. They explain site policies, dinner time, facilities, and other pertinent information to set the participant up for success throughout the evening.



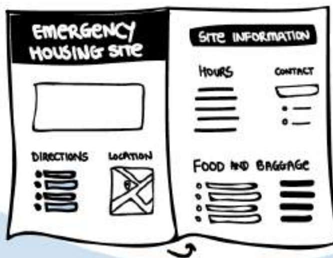
IDEAL SCENARIO B:
TRANSITION TO EMERGENCY HOUSING SITE

This scenario addresses both the ideal and interim service experience.

Goal: Inform participants of their next steps and facilitate seamless transitions from one site to the next.

An access point customer service representative facilitates a warm handoff to an emergency housing site for a participant.

After participants have been placed at emergency housing sites, the access point customer service representative checks Client Track to view placements. The placement list includes participants' names, where they are going, special needs, and relevant documentation. Through Client Track, the customer service representative notifies relevant emergency housing sites of participants placed at their site. For those with special needs, they call points of contact at the sites to draw their attention to participants who might need help upon arrival. Emergency housing staff are prepared for participants.



The participant feels confident about their next steps.

Because access point staff prepared them and they have an emergency housing one-pager, the participant knows what to expect from the site, including general policies, what the building looks like, how many bags they can bring, food policy, where to go, when the doors open, and how to get there. They leave the access point and travel to the emergency housing site.

Upon arrival, the participant knows they are at the right place.

When they approach the building, they recognize it from the one-pager picture. A sign outside the front door clearly displays the name of the site, lists hours of operation, and resembles signage at the access point. From the outside, the site appears clean and the signs are welcoming. They decide to enter.

Safety and check-in processes resemble access point processes.

The participant is immediately acknowledged and is warmly welcomed to the site by a staff member. The staff member explains and facilitates the safety check process, which is similar to what occurs at access points.

Immediate food needs are addressed.

Before explaining site policies and preparing the participant for the night, the staff member provides the participant with some food. Since dinner has passed, the staff member accesses the site's kitchen pantry and provides the participant with some simple snacks.

The participant is provided enough information to make it through the night.

After the meal, a staff member—referencing a "first moments at emergency housing" one-pager—walks the participant through basic rules, so they know what to expect for the evening and the next day. In addition, they give the participant a complimentary hygiene kit, so they can take a shower before bed. The staff member shows them the bathrooms with showers and the location of their bed.

The participant engages in full onboarding after a night's rest.

After food, shower, and sleep, emergency housing staff fully onboard a new participant to their site.

IMPLEMENTATION CONSIDERATIONS

When implementing this scenario on the ground, OHS and staff should:

- Set clear expectations with participants when they transition to after-hours and emergency housing to minimize confusion.
- Create channels of communication between service providers ensuring transitions are seamless.
- Prepare staff at after-hours and emergency housing for the arrival of participants.
- Address participants' immediate needs as they enter emergency housing and after-hours sites.
- Create welcoming exteriors and signage to make participants feel calm and safe.
- Develop trauma-informed service delivery standards to make experiences feel consistent across sites that are operated and managed by the provider network.

CONCLUSION

When people interacting with a service system find themselves re-experiencing the discomfort, rejection, and trauma that prompted them to seek help in the first place, they experience *sanctuary trauma*. Implementing clear, smooth, and organized processes helps participants experience a sense of acceptance, comfort, and safety. This counteracts the impact of past sanctuary trauma and allows participants and staff to build authentic connections.

Trauma-informed organizations not only realize and recognize the impact of trauma, but they also respond effectively and seek to resist retraumatization. The scenarios presented in Part Two of this chapter were designed to support Prevention, Diversion, and Intake staff as they seek to respond appropriately to participant needs throughout the key moments in their service journey. The responses proposed in the scenarios reflect a trauma-informed approach and support staff as they seek to resist re-traumatization in their interactions with participants.

While staff may not be able to lead participants through each scenario perfectly in practice, it is important to use these scenarios as goals to work toward.

In Part Three, we discuss how staff were supported and empowered to implement a trauma-informed approach in their work with participants (as outlined in the scenarios) as well as practice trauma-informed care strategies to support their own well-being.

PROJECT 2: SERVICE INTERACTIONS

Part Three / **Implementation**

As a social worker, I need to know my limits of what I can and cannot do. In terms of professional ethics, I should not be counseling someone on personal trauma. However, it comes to my door, so I need to have some sort of basic training. That to me is trauma-informed care.

How do we create an environment where someone can feel safe enough to discuss something with me and I can refer them to the next appropriate person?

— Staff

This chapter details how we implemented training for Office of Homeless Services (OHS) Prevention, Diversion, and Intake staff so they have the basic knowledge and skills to apply trauma-informed practices to their work.

- Introduction
- Phase 1 / Development
- Phase 2 / Implementation
- Phase 3 / Sustainability

INTRODUCTION

We know that staff who are supported and empowered can, in turn, empower others. Conversely, staff who are disempowered may feel numb or powerless, which can result in ineffective service delivery. To implement trauma-informed practices, staff should have the knowledge, tools, and techniques to effectively support participants, while also taking care of themselves. We collaborated with Dr. Meagan Corrado, our project advisor and trauma expert, in partnership with OHS to implement trauma training specifically for Prevention, Diversion, and Intake staff.

The goal of the training was to provide Prevention, Diversion, and Intake staff with training to support them in understanding trauma and its connection to homelessness. The training also helped with building de-escalation skills, reflecting on the impact of their work on their well-being, and developing personalized self-care plans.

Key deliverables included:

- Training content and materials written and designed for Prevention, Diversion, and Intake.
- A full-day training session facilitated with OHS Prevention, Diversion, and Intake staff
- A trainer guide for OHS training staff including supplemental reading and resources for the training staff.

The training was created in three overarching phases:

- **Phase 1 / Development:** Dr. Corrado worked with OHS staff and leaders to identify key topic areas the training should address. These topic areas included basic information about trauma, de-escalation strategies, the impact of the work on staff, and self-care practices. In preparation to develop this customized training, Dr. Corrado reviewed over 80 books, articles, and other theoretical materials related to the training topics. She then organized the training content into four modules. Each module included video interviews with Prevention, Diversion, and Intake staff, introductions by Dr. Corrado, informational graphics, activities, group discussion topics, and opportunities for personal reflection. We worked with Dr. Corrado to design and develop training materials so they were visually engaging, easy to use, and easy to understand.

- **Phase 2 / Implementation:** To ensure all staff members could participate in the training, Dr. Corrado facilitated a full-day training with all Prevention, Diversion, and Intake staff including security officers, service representatives, social work staff, administrators, supervisors, and leaders. Dr. Corrado led staff through each of the four modules, guiding them from theory to application of the training concepts.

- **Phase 3 / Sustainability:** Dr. Corrado developed a trainer guide for OHS training staff to continue and maintain the training in the long term. The guide provides contextual information for future trainers and explains the training structure with goals and summaries for each module. In addition, the guide includes a list of readings along with an explanation of the rationale and thinking behind activities and exercises. To allow future trainers flexibility in implementing the training, Dr. Corrado tailored the training content to include a series of four two-hour trainings, a three-hour training, and a one-hour training.

The next few sections describe each phase in greater detail.

PHASE 1 / DEVELOPMENT

We heard from staff that trainings can often feel abstract, and the content might not directly connect with their work experiences. To develop training that better supports staff, Dr. Corrado worked with the OHS project team to identify four topic areas that address the needs and lived experiences of Prevention, Diversion, and Intake staff. These topics included basic information about trauma, de-escalation strategies, the impact of the work on staff, and self-care practices.

In the initial stages of the development phase, Dr. Corrado reviewed over 80 books, articles, and theoretical materials. The content in these books and articles was targeted toward clinicians or practitioners with advanced degrees. While several staff have clinical backgrounds and advanced degrees, Dr. Corrado ensured the content and information presented was inclusive of all staff members, regardless of their professional expertise, educational background, title, role, and rank. A trauma-informed approach recognizes all staff members contribute toward the development of a healthy, trauma-informed environment. Dr. Corrado reviewed the conceptual materials with a critical eye and identified key information that would be accessible and relevant to the lived experience of Prevention, Diversion, and Intake staff. She paid careful attention to how the information was presented, structured, and delivered. In addition to theoretical content, Dr. Corrado created opportunities for staff members to engage in dialogue with one another, practice implementing trauma-informed strategies, and reflect on applying key learnings to their interactions with participants.

It was important to include interactive learning elements and adopt participatory methods throughout the training. Oftentimes well-meaning, skilled trainers can view staff members as information receptacles instead of active participants in the learning process. This can impact levels of attendance at training sessions and can leave staff feeling disempowered after the session is over. This approach also undermines staff's lived experiences, expertise, and collective knowledge.

In addition, many trainings present theory without the opportunity to apply that theory to a staff member's own practice area. Some trauma trainings focus on teaching staff how to realize the impact of trauma on participants and recognize possible signs and symptoms of trauma, but fall short when it comes to teaching staff how to respond appropriately in ways that actively seek to resist retraumatization.

The participatory elements in the training—staff videos, small group discussions, interactive activities, and reflections—gave staff the opportunity to actively engage with concepts, bring their lived experiences into the room, and build connections between training content and their work environments.

The training is divided into four modules. Each module begins with a staff video clip responding to prompts related to the content of the module, followed by a clip of Dr. Corrado orienting trainees to the concepts explored within that module. Dr. Corrado and our team collaborated with the video team at the Office of Innovation and Technology to create this video content. Staff members from both access points were invited to participate in video interviews where they answered questions Dr. Corrado asked them on topics related to content from each training module. The intentional inclusion of staff perspectives reinforced trauma-informed principles by providing opportunities for choice and making space for diverse opinions and experiences. Each module ends with a *Review*, *Reflect*, and *Connect* section that allows staff to internalize the information presented and identify ways to apply that information to their work.

Module 1 / Trauma and homelessness

This module provides a foundational understanding of trauma. Different definitions and types of trauma are discussed and trauma prevalence rates are presented to demonstrate the pervasiveness of trauma. Staff explore what it means for an organization to be trauma-informed and reflect on the connection between trauma and homelessness.

Module 2 / Trauma-informed de-escalation

This module highlights the differences between stress, crisis, and trauma. It supports staff in understanding the impact of stress and trauma on emotional expression, agitation, and escalation. Finally, it presents principles staff can implement when helping people who have experienced trauma de-escalate in stressful moments.

Module 3 / Trauma work and self-care

This module considers the impact of helping on the helpers—Prevention, Diversion, and Intake staff. Working closely with participants who have experienced trauma can have a positive or negative impact on staff. Compassion fatigue, secondary trauma, vicarious trauma, and burnout are terms that describe the negative consequences experienced by staff. In an effort to combat the negative effects that staff experience, self-care strategies are introduced in this module. Staff complete self-care assessments and develop their own personalized self-care plan.

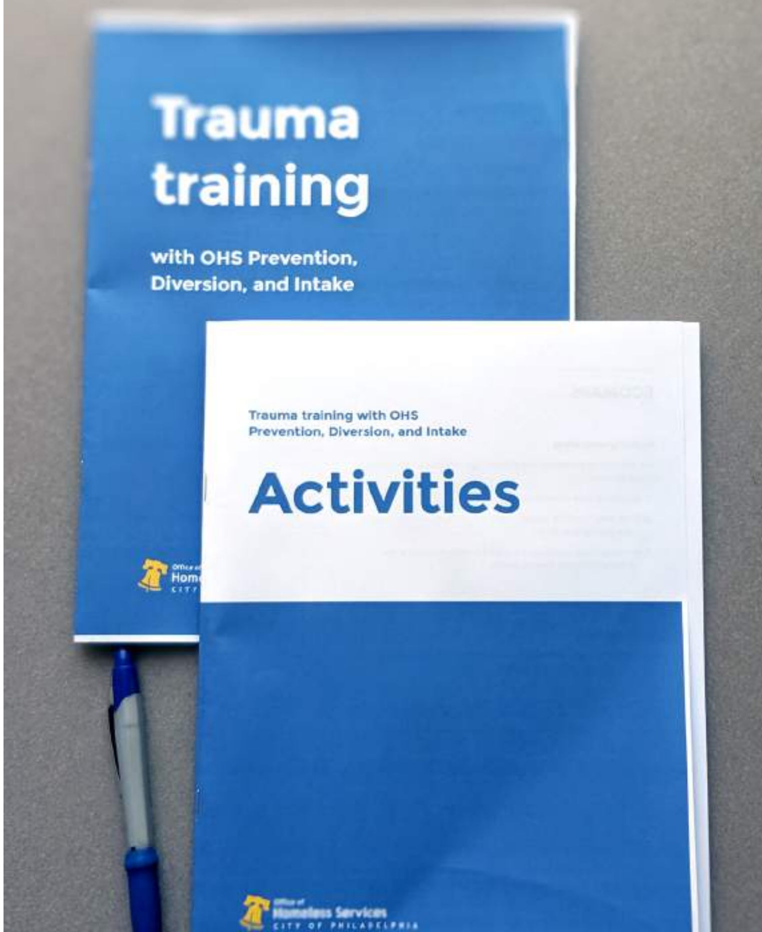
Module 4 / Trauma-informed practice in prevention, diversion, and intake

Repetition is helpful, especially when learning new concepts. This module begins with a review of concepts introduced throughout modules 1-3. Staff members then work through some scenarios we detailed in part two of this chapter. Using the scenarios, staff make direct connections between the training concepts and their interactions with participants.

We worked with Dr. Corrado to develop several training materials to support the training including:

- A presentation deck designed to communicate theoretical concepts, discussion prompts, and video content.
- An activity booklet with prompts and worksheets, so staff have all the information in one place.
- A takeaway booklet with key concepts and topics covered in each module so that staff can have an easily accessible document to reference after the training. This also included space for staff to take notes, write down reflections, and identify ways that they can connect training content to their own practice.
- A trainer guide booklet for future trainers, so they have information about the training structure, facilitation guidelines, rationale behind activities, and supplemental reading material provided by Dr. Corrado.
- A one-hour video training for the City's online learning system. This video was created in collaboration with the video team at the Office of Innovation technology and OHS training staff.

We ensured the training materials were visually designed in a way that was accessible to people with different learning styles. All materials were designed to be clear and easy to engage with.



Images from the development of training materials like activity and takeaway booklets as wells as the production of staff interview videos.

PHASE 2 / IMPLEMENTATION

Dr. Corrado facilitated an eight-hour training session with all OHS Prevention, Diversion, and Intake staff. During this full-day training, staff participated in lectures, reflective exercises, and small group activities. They learned the fundamentals of trauma and its connection to homelessness. They learned and practiced de-escalation techniques to use in their work with participants. Staff also had the opportunity to reflect on how their work impacted them, and each staff member developed their personal self-care plan. Finally, staff identified ways to incorporate the training concepts into their every-day work with participants.

The full-day training session was facilitated with staff across the hierarchy including security officers, service representatives, social work staff, administrators, supervisors, and leaders. This reflected a trauma-informed approach because the voices, experiences, and perspectives of all staff, regardless of their role, were regarded equally. For some staff, this training was the first opportunity they had to listen to and understand the experiences of their colleagues in different roles across the two access points—Apple Tree Family Center and Roosevelt Darby Center. This built a sense of empathy, understanding, and comradery amongst staff members.

Every module ended with a *Review, Reflect, and Connect* section that helped staff internalize the information presented and identify ways to apply theoretical information to their interactions with participants.

- During the *Review* section, Dr. Corrado summarized key concepts explored in the module.
- In the *Reflect* section, staff considered the following questions: "What information interested or excited you? What do you want to learn more about?" From a trauma-informed perspective, reflection is important because it encourages staff to be active, engaged learners, and it supports them in expanding their understanding of trauma-informed practices.
- In the *Connect* section, staff walked through scenarios to discuss how they could apply learnings to their interactions with participants. This allowed staff to move beyond simply realizing and recognizing the impact of trauma to identifying ways to appropriately respond to participants and resist retraumatization in all their interactions.

Full-day training session with Prevention, Diversion, and Intake

PHASE 3 / SUSTAINABILITY

To ensure OHS can continue to provide and maintain this training in the long term, Dr. Corrado developed a trainer guide for OHS training staff. The guide provides contextual information for OHS trainers who might facilitate Dr. Corrado's trauma training session in the future.

The trainer guide provides an overview of the training and identified prerequisite skills a trainer should have including a foundational understanding of trauma and group facilitation skills. The guide explains the training structure, including the goals of each module, activities, discussions, and reflective exercises to support future trainers in confidently leading trainees through each module.

The guide identifies goals for each module, summarizes concepts presented in each module, and provides the rationale behind activity. A list of supplemental readings is also provided for trainers to expand their own understanding of trauma and the training concepts.

To provide flexibility for future trainers and OHS, Dr. Corrado created two additional training sessions based on the full-day training she facilitated. These sessions included a three-hour and a one-hour training.

- In the **three-hour training**, staff learn about the impact of stress, crisis, and trauma on participants. They develop the ability to recognize the signs of agitation and escalation and explore practical ways to support participants in de-escalating.
- The **one-hour training** focuses on trauma, homelessness, and self-care. Staff learn about trauma and its connection to homelessness. They reflect on how their work with participants impacts their well-being, and develop their own self-care plan.

Trauma training

TRAINER GUIDE

Target audience

This training was created for staff members working in the Office of Homeless Services' (OHS) Prevention, Diversion, and Intake unit. "Staff" includes administrators, social work

Training preparation

Trainers should engage in preparatory tasks including reading articles and book chapters, reviewing slide content, and exploring concepts that may be new, complex, or unfamiliar. For

Foundational understanding of trauma

It is important for trainers to have a basic understanding of trauma and its impact on individuals experiencing homelessness. The preparatory readings present foundational

Group facilitation skills

Trainers should have basic skills in group facilitation. This is important as trainees bring diverse identities, professional perspectives, educational backgrounds, and lived

General structure

Each module is presented in a different color scheme:

MODULE ONE
Trauma and homelessness

MODULE TWO
Trauma-informed de-escalation

MODULE THREE
Trauma work and self-care

MODULE FOUR
Trauma-informed practice in Prevention, Diversion, and Intake

Each module is divided into subsections. Subsections include didactic content, graphics, activities, and small group discussions.

Graphics, activities, and discussions are just as important as didactic content as they engage diverse learning styles and allow staff to interact with the material in different ways.

Videos

Each module begins with two video clips. The first video clip features interviews with OHS staff. The goal of these video interviews is to hear the authentic responses of Prevention, Diversion, and Intake staff and to build a case for why the material covered in the module is applicable to the work the trainees are engaged in.

In the second video clip, Dr. Meagan Corrado provides an introduction to the material that will be covered in the module. The purpose of these introductory clips is to orient trainees to the material.

Supplemental materials

Each trainee will be provided with:

- **An activity booklet** that includes the exercises trainees will engage in throughout the course of the training.
- **A training outline booklet** that includes key concepts from each module and provides space for trainees to take notes.

Review, reflect, connect

Every module ends with an opportunity for trainees to review, reflect, and connect with content. The "review, reflect, connect" section is important because it helps staff internalize the information presented and identify ways to apply theoretical information to their interactions with clients.

- **Review:** The trainer will summarize the major points explored in the module.
- **Reflect:** Trainees will consider the following questions: "What information interested or excited you? What do you want to learn more about?"
- **Connect:** Trainees will consider how this information relates to their work experiences and how they can use this information in their interactions with clients.

PROJECT 3

INFORMATION AS A SERVICE

- Part One / Content strategy
- Part Two / Quick wins projects
- Part Three / Implementation

Project goal: Develop an overarching strategy and define opportunities for how information can support a trauma-informed service experience. Based on that strategy, create informational materials to clarify the process, and outline a plan to support OHS in maintaining information over time.

Key deliverables:

- An inventory and audit of existing content (e.g., websites, flyers, signage)
- A content strategy report with recommendations and an action plan identifying key informational interventions to implement
- Informational materials (e.g., one-pagers, forms) that are accessible in digital and print formats
- Training sessions and tools for staff to effectively use the informational materials
- Governance plan to update and maintain informational materials in the short term
- Training session for appropriate OHS staff on creating, updating, and maintaining materials in the long term

Core project team:

- Bruce Johnson, Director of Prevention, Diversion, and Intake, Office of Homeless Services
- Arin Black, Content Design Fellow, Office of Open Data & Digital Transformation
- Clare Cotugno, Content Design Fellow, Office of Open Data & Digital Transformation
- Liana Dragoman, Service Design Lead & Director, Office of Open Data & Digital Transformation
- Tamar Fox, Former Web Content Writer, Office of Open Data and Digital Transformation
- Devika Menon, Service Design Fellow

Project advisors and additional support:

- Dr. Meagan Corrado, licensed clinical social worker, full-time faculty at Bryn Mawr College, and founder of Storiez trauma narratives
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- Office of LGBT Affairs
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PROJECT 3: INFORMATION AS A SERVICE

Part One / **Content strategy**

There's only so much information you can take in, if you are fleeing for your life or if you're desperate like I have nowhere to go. Everything hinges on this day.

— Staff

This chapter presents the overarching strategy that defines trauma-informed information for prevention, diversion, and intake, along with a plan to take action.

- Introduction
- Trauma-informed content strategy
- Key service moments
- Holistic service experience of information
- Implementation plan

INTRODUCTION

Information is the lifeline of any service, and providing clear, accurate, and inclusive information is a service in and of itself. The information that an organization or service system communicates to its participants and staff can either promote a sense of safety or create mistrust. Information can help foster collaborative and healthy environments or it can create hostile environments. Information can be respectful and inclusive to diverse abilities, backgrounds, and experiences, or it can feel punishing and alienating.

When the messaging, tone, quality, completeness, and accessibility of information across the service system is inconsistent, participants and staff might receive mixed messages or might not understand what action they are required to take. When there are gaps in the information available, participants often fear extreme consequences or fill in the gaps with what they wish to hear. For participants in the midst of a traumatic event or crisis, absorbing and processing new information can be difficult.

Staff also require clear information including up-to-date resources and tools to perform well and support participants. When staff do not have the information they need to communicate to participants, they are unable to effectively support participants.

A trauma-informed approach acknowledges the impact of trauma at every layer of a service system from organizational policies, individual interactions, the physical environment, and the information that is communicated across the service system.

When adopting a trauma-informed approach, there are three strategic pillars that outline what trauma-informed information should look like:

- **Clear and consistent:** Communicate in plain language, ensuring honesty and transparency to build trust between stakeholders.
- **Goal-directed with choice:** Ensure communication is actionable so people have what they need to make informed choices and move forward in their service experience.
- **Safe and respectful:** Minimize the number of times participants are asked to repeat themselves to avoid retraumatization.

Trauma-informed information not only focuses on how and what needs to be communicated but also the attitude, tone, and language used in that communication. As articulated in the *Project 2: Service interactions* chapter, language is important because it has the ability to shape our thoughts, feelings, and attitudes towards a person, action, or object. It can set the tone for safe, meaningful interactions across service systems. It can also perpetuate unhealthy dynamics of power and control.

Trauma-informed practices seek to empower people who have experienced trauma by helping them regain a sense of control, so they can keep themselves grounded and calm while navigating stressful situations, complex services, and hierarchical systems. Providing people with the information they need to successfully accomplish their goals at the right time and in the right format helps maintain a sense of control resulting in reduced stress and anxiety.

Through the *Information as a service* project, we explore what trauma-informed information looks like for prevention, diversion, and intake services.

This project comprised three parts:

- **Part One / Content strategy** outlines how information can support a trauma-informed service experience.
- **Part Two / Quick wins** details the several informational materials that were developed to clarify the current service experience for participants and staff.
- **Part Three / Implementation** provides an overview of how we implemented aspects of the content strategy and quick wins project. We also developed a plan to maintain project work in the long term.

The next several sections dig into Part One / Content strategy.

TRAUMA-INFORMED CONTENT STRATEGY

***Content* refers to the many formats in which information is delivered, including flyers, brochures, instructions, forms, signs, images, videos, outgoing phone messages, web copy, and social media.**

A *content strategy* is simply a means of getting the right information to the right people at the right time and in the right format.

Too often within organizations, content is created reactively, and content creation can be siloed within projects. Creating content and disseminating information without a comprehensive strategy can undermine processes and contribute to service breakdowns.

Content strategists arrive at a content strategy by stepping back and understanding what the audience needs to hear, when they need to hear it, and how they need to hear it—spoken, in writing, on a sign, via a video, or in some other format.

A good content strategy also considers the people that create the content and what they need to successfully create and maintain it. Good governance, which is a part of content strategy, creates processes to make sure that content is owned, regularly checked, updated, and disseminated.

We followed these steps to arrive at the content strategy for OHS:

- Gathering insights from staff and participants
- Holding interviews with content creators
- Conducting an inventory of existing content and creating a rubric for assessment
- Understanding best practices around trauma-informed content and incorporating those practices into our recommendations

An overview of the content strategy process

Insights from staff and participants

Interviews with content creators

Content inventory

Best practices around trauma-informed content

Recommendations:

- Key service moments
- Holistic service experience of information

Implementation plan:

- Quick wins
- Larger initiatives

Insights from staff and participants

We referred to the research and findings documented in the *Insights, Opportunities & Action* report to ensure we addressed gaps in information and challenges faced with respect to existing information. For example, we knew some informational materials and signage were not written in plain language or designed for visual clarity. Without clear, actionable information, participants can unknowingly break rules.

Using what was learned in the design research phase of our work, we built out ideas for new informational materials, tools, and resources to support a trauma-informed experience.

Interviews with content creators

We interviewed people who write, create, and maintain content within Prevention, Diversion, and Intake and across related departments within OHS. The goal of these conversations was to understand:

- Various avenues or channels through which OHS communicated with participants.
- The process followed to create various types of content.
- Ways that existing content was updated or maintained.

Content inventory

We gathered **134 pieces of content** (forms, one-pagers, signs, phone message scripts,etc.) from access point sites, outreach teams, emergency housing sites, and related OHS departments. For each piece of content, we mapped the source, content type, and intended audience. We noted what step in the prevention, diversion, or intake process the content was used in, and documented the goal of each piece of content.

Then, we assessed each piece of content to see if it was:

- **Accessible:** Does it employ plain language and use effective visual presentation?
- **Actionable:** Does it clearly answer the question, "what happens next?"
- **Trauma-informed:** Does it acknowledge a participant's situation? Does it avoid an authoritarian tone? Does it avoid overwhelming participants with too many choices? Does it limit the amount of times a participant has to repeat personal information?

Each piece was then rated on a scale of one to five.

Excerpt from the Prevention, Diversion, and Intake content inventory

Artifact name / Title	Channel	Source	Audience	At what step?	Goal	Accessible	Actionable	Respectful and trauma-informed	Comments
Diapers notice	Signage	Intake centers	Participants	While waiting	To explain a rule about diapers	3	2	1	This sign would benefit from edits and rede
Housing assistance checklist	Form	Prevention	Participants	At prevention	To help participants get rental assistance	1	3	1	This form is overwhelming and confusing. O this seem less overwhelming would be bene goal of prevention is to allow participants to emergency housing/shelter.
Office of Homeless Services	Handout/flyer	OHS	General public	Pre-service	Describe what OHS does	1	3	1	This handout is written at a post-graduate le immediately obvious in some cases describ unit addresses are small and should/could s reference.
Landlord request for property inspection	Form	Prevention	Participants	At Prevention services	To get a landlord to inspect a property to make sure it is up to standards so it can qualify for rental assistance	2	3	1	This form is unclear in how a participant wo overwhelming. Some of this may be the com but finding a way to break down the inform to assisting participants to complete it accur
Housing assistance, rental suitability	Form	Prevention	Participants	At prevention	Part of a "packet" of forms that must be filled out for prevention assistance.	2	3	1	This packet would benefit from content and ensures more accessibility and consistency.
Discharge, termination and appeal processes	Form	OHS	Staff / Participants	[unclear]	To explain when a participant can be removed from services and the process for appeal, etc.	2	3	1	This form may be difficult to follow for staff understand as a participant, especially if on of being possibly barred from services.
Danger, single females only	Signage	Intake	Participants	While waiting	To express rules, processes, resources	3	3	1	This image reveals the conflicting messagin communication to participants. This image comprehensive signage strategy and policy trauma- informed space.
Cell phone not permitted	Signage	Intake	Participants	While waiting	To expreess a rule at access point	3	4	1	This sign would benefit from design and cor

An example of content assessment and rating

City of Philadelphia
Office of Homeless Services
Participant Request for Appeal

Program Name: ______________________

Participant Name: ______________________ Date of Appeal Request: ________

DOB: ______________ SS#: ______________

Case Manager Name: ______________________ Phone Number: ________

I have been discharged from emergency housing for the following reason:\

I wish to appeal the decision for the following reason:

Participant Signature (Requesting Appeal) Date

Contact Number: ______________________

____I do not wish to appeal the decision.

Participant Signature (Refusing Appeal) Date

____Participant Refused to Sign

Case Manager/Supervisor/Director Date

This document was assessed and rated as follows:

- **5 for accessibility** because it employs plain language and reads at a grade level lower than ninth.
- **1 for actionable** because it is unclear what will happen once the form is completed.
- **4 for trauma-informed** because it avoids an authoritarian tone or overwhelming the participant with too many questions or options.

Trauma-informed recommendations

Based on the inventory, interviews, and previously documented gaps in existing information, we developed structured recommendations for:

- **Key service moments** in the ideal service experience (as outlined in *Project 2: Service interactions, Process*).
- **The holistic service experience of information** that spans a participant and staff member's end-to-end experience.

All recommendations outlined reflect the three pillars of trauma-informed care—clear and consistent, goal-directed with choice, safe and respectful. In addition, a trauma-informed content strategy helps content creators make informed choices about when and how to create and disseminate new content—at key service moments and holistically. The next several sections focus on the recommendations for trauma-informed information.

KEY SERVICE MOMENTS

Key service moments are the small, concrete steps that make up each person's journey in their prevention, diversion, and intake service experience. These moments serve as important touch points in the service where people interact with each other, as well as with information. This section details trauma-informed informational recommendations that support participants and staff at key service moments.

We looked at each key service moment and strategically aligned various informational materials, tools, and resources to support participants and staff. By adopting a trauma-informed approach, information is repeated across the service in many different plain language formats—messaging checklists, rewritten forms, signage—to better serve those experiencing trauma, those who speak languages other than English, those with disabilities, and those with different learning styles and levels of literacy. When the same information is reinforced across a service experience, in multiple formats, participants are more likely to hear and process it.

Some plain language formats we recommended include:

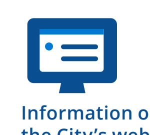
- **Wayfinding signage system** with signs that guide participants through the space letting them know where they are and what to expect, including important rules and policies.
- **Messaging checklists** that allow staff to reinforce trauma-informed and inclusive language choices as they explain what is happening, why it is happening, and what will follow. Checklists give staff the confidence that they have covered key information while also giving them the agency to choose how they wish to speak or deliver the message.
- **One-pagers** that are simple, single-page documents or handouts that describe processes and let participants know what to expect. They also act as a conversational tool for staff to deliver important information about resources and service-related information. Moreover, they can be a tool to engage participants or guide conversations in traumatic environments.
- **Forms** that are rewritten in plain-language and redesigned for visual clarity to help participants understand important policies and procedures that may impact their access to services. Some forms cannot be rewritten because of legal constraints. These forms can, however, be accompanied by a cover sheet to explain the legalese in plain language.
- **Pocket-sized guidebooks** to provide a more detailed look into the prevention, diversion, intake processes, services, and guidelines. They are designed as takeaways that can be distributed and shared. Similar guidebooks can be created for various emergency housing sites and other OHS service partners, so participants know what to expect once they leave an access point.
- **Informational videos** can be used at select times to explain information about the process or what to expect. For example, in the morning hours when staff may be busy attending to more people, the video can reinforce messages that might be otherwise lost or misunderstood. However, videos should not serve as a replacement for human connection and should be mindfully designed to be flexible and useful even if processes or other details change.

Content strategy map for prevention, diversion, and intake services

Ideal key service moments
Interim key service moments

0 Get referred to the service
1 Arrive at an access point
2 Complete safety check process
3 Register to see social work staff
4 Wait for interview
5 Assigned social work staff
6
7 Navigate to and arrive at second floor
(Apple Tree Family Center)
8 9 First and last moments with social work staff
10 Navigate back to first floor
Wait to hear about placement and receive next steps
11 Transition to next steps

0: Phone messages



Information on the City's website

1: Signage

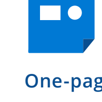
2: Signage

Staff messaging checklist

3: Signage

Staff messaging checklist

4: Signage



One-pager

Guidebook

Video announcements

5: Signage

7: Signage

8–9: Forms

Staff messaging checklist

10: Signage

Staff messaging checklist

11: One-pager

Holistic service experience of information

Staff resources

Messaging

Resource organization

Governance

KEY MOMENT 0:

Get referred to the service

Participants may learn about Prevention, Diversion, and Intake through word of mouth or when accessing the internet at a library. Some participants are directly referred by outreach staff, hospitals, external agencies, or community-based organizations. During this moment, participants receive information that frames their expectations of the services at access points. When participants receive inaccurate information, they arrive with unrealistic expectations. When unrealistic expectations are not met, they can strain the relationship participants have with staff. In addition, staff might spend more time clarifying misinformation than facilitating in-depth work with participants.

To support this key service moment with information, OHS and staff should:

- Provide referral groups (outreach, hospitals, external agencies, and community-based organizations) a laminated one-page document about each access point to set expectations with participants.
- Ensure accurate information about access points is available across channels, including on the City's website.
- Provide messaging checklists for referral staff that communicates key information about what to expect at access points.

KEY MOMENT 1:

Arrive at an access point

The arrival is the initial few moments where participants arrive at the access point building, walk up to the front door, and enter the space. First impressions are crucial and this moment can set the tone for the rest of the service experience. Signs outside the building, information on the front door, and the accessibility of the space can make participants feel welcomed or pushed away at this key moment.

To support this key service moment with information, OHS and staff should:

- Display a front door sign naming the site and describing access point hours, service updates, and information about after-hours services.
- Display a sign that communicates the participant's first moments at the access point, letting them know to expect a safety check as they enter the space.
- Ensure accurate information about access points is available across channels, including on the City's website.

KEY MOMENT 2:

Complete safety check process

This key service moment is the first interaction a participant has with a staff member at an access point. After entering the site, participants engage in a safety check process where their belongings are surveyed for contraband items. While this is an important safety measure, having to expose personal belongings is stressful for people who might have lost everything or for those who might live in environments that do not afford them privacy. Having a uniformed security officer going through personal belongings is stressful for people fleeing an abusive situation or those who have a history with police.

As a result, participants may react negatively to the security officer and the safety check process. In addition, security staff may experience secondary trauma from their day-to-day interactions with participants. This can interfere with their ability to effectively de-escalate situations.

To support this key service moment with information, OHS and staff should:

- Display welcoming signage that greets participants as they walk into the space, including signs that describe the safety check space, process, and policy.
- Provide staff with a checklist that outlines key messages staff should communicate to participants about the safety check process.
- Redesign the restriction list—identifying people who can't enter access points because of disruptive behavior—to allow staff to quickly scan names. Ensure the list is regularly updated and that staff are aware of any updates or changes.
- Give participants a one-pager that includes a plain-language explanation of the restriction list policy and relevant resources for where they can go for the night.
- Train security officers on delivering information regarding the restriction list, so they can effectively direct participants to alternate options and next steps. In addition, when staff are trained to recognize verbal and nonverbal cues, they are able to effectively de-escalate participants who may have a negative reaction to learning they have been restricted from the site.

KEY MOMENT 3:

Register to see social work staff

After the security check process, participants get registered to meet with social work staff. Currently, this process includes signing in with security, receiving a ticket, and meeting with a customer service representative to complete registration. The customer service representative gathers pertinent information from the participant and creates a profile for them in Client Track—the database OHS uses to manage participant information.

Participants receive the most information about what to expect from their day at an access point during the registration process. If they miss receiving information, then questions go unanswered, leading to frustration as the day progresses. On the other hand, registration staff meet with participants in busy, chaotic spaces and are expected to answer questions that might be outside the scope of their role. These stressors can lead to vicarious trauma and burnout.

To support this key service moment with information, OHS and staff should:

- Give participants a one-pager with their identifier number, information about the services offered, and the overarching process to let participants know what they can expect at the access point. This also serves as a conversational tool for customer service representatives as they clarify expectations.
- Display wayfinding signs that clearly demarcate the registration space so participants know where they are and have a sense of what to expect when they arrive at the registration desk.

KEY MOMENT 4:

Wait for interview

After getting registered, participants wait to meet with social work staff, so staff can initiate the service process for prevention, diversion, or intake. The queue process to meet with social work staff is first come, first served. However, several factors influence when someone is seen, making it difficult for OHS to provide participants with an accurate estimate for their wait time.

During the waiting period, participants may experience mounting anxiety. Not only are they managing emotions about their current or impending housing crisis, they are also navigating environmental stressors at the access points that can remind them of past traumas. Waiting without a clear status adds on to this stress. For participants, there can be a lot of emotions wrapped up in the waiting process as social work staff represent the people who will "give" them access to the resources they are in dire need of.

Since service representatives and security officers are present in the waiting room, they can be overwhelmed with questions from participants during the waiting period. When staff can't answer questions outside the scope of their responsibility, participants get upset because they see front-line staff as representatives of the entire service.

To support this key service moment with information, OHS and staff should:

- Display wayfinding signage that also labels the waiting spaces where appropriate (e.g., *family waiting area* or *singles waiting area*.)
- Install a display monitor (in addition to a speaker system) that shows what participant identifier number is being called up to the registration desk.
- Provide a video announcement that intermittently welcomes participants to the access point and provides simple information about their day.
- Provide pocket-sized guide books explaining prevention, diversion, and intake services in detail. These can also include worksheets where participants can make note of questions they would like to ask a social work staff member.
- Maintain service-related *cheat sheets* for navigators to easily connect participants to various resources within and beyond an access point.
- Offer informational one-pagers on supportive resources (e.g., accessing legal services or free meals) that connect participants to related services with simple, accurate, and consistent information.
- Offer other materials, like activity sheets with reflective and calming exercises, that can occupy attention while waiting.

KEY MOMENT 5:

Assigned social work staff

Some participants might have been waiting anywhere from an hour to an entire day to meet with social work staff. During the interview with participants, social work staff ask personal, in-depth questions about participants' traumas, relationships, and resources. These conversations can be emotionally draining for participants and staff. Ensuring participants and staff can prepare for the interview can minimize the stress experienced during the interview for both.

Once a social work staff member is free to meet with a participant, participants are alerted. At Roosevelt Darby Center, notification is straightforward as all staff are located on one floor. At Apple Tree Family Center, this process can be more complicated because participants have to be directed to a different floor to meet with their assigned social work staff member.

To support this key service moment with information, OHS and staff should:

- Give participants a one-pager with their identifier number, information about the services offered, and the overarching process to let participants know what they can expect at the access point. Staff should use this one-pager to reinforce where participants are in the process and write down the name and workstation number for the social work staff they are going to meet next.

KEY MOMENTS 6, 7:

Navigate to and arrive at the second floor (Apple Tree Family Center)

Once participants are informed of their assigned social work staff, they have to make their way to that staff member's workstation. At Apple Tree Family Center, participants have to make their way from the waiting area on the first floor to their social work staff meeting on the second (or third) floor.

For those in the middle of a traumatic event, navigating unfamiliar spaces can increase feelings of disorientation. Although staff provide participants with directions, recalling information can be difficult in new and/or stressful situations. Therefore, reassuring participants that they are on the right path ensures they remain relatively calm. Giving directional information in multiple formats ensures participants remember where they should be going and ensures they are prepared to meet with social work staff.

To support this key service moment with information, OHS and staff should:

- Display floor directory signage at the main hallway entry points that lists what's accessible from the hallway, like bathrooms and elevator.
- Display signage that labels the nurse's station with a list of services available.
- Label elevator doors to clarify what floor a participant is on and label elevator buttons to clarify what's available on each floor (e.g., Floor 3 > Prevention services).
- Display signage inside the elevator that lists services offered per floor.
- Orient participants to each floor by displaying signage that announces the floor number and directs participants to areas they can access.

KEY MOMENTS 8,9:

First and last moments with social work staff

After arriving at their assigned social worker's workstation, participants and social work staff prepare for the interview process. Before beginning the interview, social work staff clarify expectations and orient participants to the interview process.

Throughout the interview process, staff often absorb the details of participants' stories and experiences that might prompt negative feelings within the staff member. In addition, limited resources and overwhelming need can leave staff feeling hopeless and disempowered.

After a participant has completed their interview with social work staff, participants receive information about their next steps. Some participants might be referred to emergency housing, while others might be directed to alternative services, like an after-hours site. After-hours sites provide temporary overnight arrangements when access points close for the day. Other participants might have to return with a list of documentation to apply for prevention services like rental assistance.

Because traumatic events often occur suddenly leaving participants feeling alarmed and unable to prepare themselves for what is to come, it is important to prepare participants with clear information so their transition to next steps is smooth.

To support this key service moment with information, OHS and staff should:

- Give participants one-pagers for service-partner sites (e.g., after-hours or emergency housing) that participants might choose to access. These one-pagers should include a picture of the site, the services offered, hours of operation, food and baggage policies, contact information, and an address.
- Develop staff resources like self-care guides and personal safety plans, so staff can take care of themselves throughout the day.
- Provide staff messaging checklists to assist with difficult conversations.
- Provide a note-taking template for social work staff to ensure consistency of information captured across access point sites.

KEY MOMENT 10:

Navigate back to first floor (Apple Tree Family Center)

At Apple Tree Family Center, participants have to navigate back to the first floor after their social work staff meeting to exit. As participants return to the waiting area, they encounter a locked door. They have to press a button which alerts the security officer to open the door. If an officer is not close by, it might take a few moments before the door opens, and this can be stressful for a participant who may believe they are stuck in the hallway.

To support this key service moment with information, OHS and staff should:

- Label elevator buttons to clarify what is available on each floor (e.g., Floor 1 > Waiting area).
- Display floor directory signage with directions listing what is accessible on each floor.
- Display instructional and highly visual signage that helps the participant interact with the secure door. Ensure participants receive visual and auditory feedback to ensure they know when the door is unlocked.
- Maintain communication channels (e.g., radio) between security officers so all are aware of participants moving through the space.

INTERIM SERVICE MOMENTS:

Wait to hear about placement and receive next steps

Once all beds have been assigned for the day, staff make an announcement informing participants that no emergency housing beds are available. Participants must then prepare for an evening at an after-hours site or remain unsheltered for the night. Both of these options trigger additional stress and anxiety. Staff should support participants with clear next steps to address their concerns.

To support this key service moment with information, OHS and staff should:

- Provide staff with a messaging checklist to consistently deliver the daily announcement regarding bed availability and next steps.
- Offer one-pagers about after-hours sites and other spaces of refuge.

KEY MOMENT 11:

Transition to next steps

Once they complete intake and leave the access point, participants may transition to either after-hours or emergency housing. Knowing the policies and hours of these services allows participants to have realistic expectations, and it will also make their transition smoother.

When participants transition to after-hours, they begin a loop between access points and after-hour sites that might last anywhere from a day to three weeks. By the time a participant is placed and arrives at an emergency housing site, they can be exhausted from the back and forth.

To ensure participants are set up to successfully transition to after-hours and emergency housing, it is important for access point staff to clearly communicate next steps. Better communication across sites will make the transition smoother for both staff and participants.

To support this key service moment with information, OHS and staff should:

- Provide a one-pager for each after-hours site, including an image of the building, hours of operation, contact information, general food and baggage policies, and location.
- Provide a one-pager for emergency housing sites, including an image of the building, hours of operation, contact information, general food and baggage policies, and location.
- At each emergency housing site, provide a site-specific one-pager describing what to expect for the first few moments or hours at the site.
- Ensure signage and tone of messaging is similar to and consistent with access point sites.
- Provide staff with messaging checklists to ensure consistent messaging across the provider network.

HOLISTIC SERVICE EXPERIENCE OF INFORMATION

Through the *Information as a service* project, we explored how trauma-informed information can provide participants and staff with the right information at the right time and in the right format. This contributes towards building a sense of control to reduce stress and anxiety when navigating new, complex services. Moreover, a trauma-informed approach seeks to create a cohesive, integrated service experience for participants and staff.

In addition to key service moments, we identified several recommendations that span the end-to-end service experience as part of the trauma-informed content strategy. The holistic service recommendations include:

- Staff resources.
- Resource organization.
- Messaging.
- Governance.

Staff resources

Staff meet with multiple participants, take in traumatic stories, assess their safety, and attempt to connect them with scarce resources. This can lead to staff experiencing secondary trauma, stress, and burnout. Creating resources for staff members that support self-care and provide professional development around trauma-informed service delivery can create a more supportive work environment and promote a sense of well-being. Offering staff tools that help them practice self-care and support their growth within their positions is one way to recognize and counter the impact of trauma within the staff.

Our holistic service recommendations include:

- Providing staff with a self-care and safety plan toolkit that allows them to engage in self-care practices.
- Providing professional development materials for staff that allow them to grow in their roles and expand their understanding on delivering trauma-informed services.

Resource organization

By organizing flyers, brochures, one-pagers, etc. in one place, by categories or topics can make it easier for participants to browse through and find appropriate resources. Organization alleviates anxiety by assuring participants that all the information about a topic is gathered together and that they are not missing anything.

Our holistic service recommendations include:

- Ensuring all informational materials (e.g., flyers, pamphlets, brochures) at access points are organized in one place and in distinct categories (e.g., meals, day programs, healthcare) that make it easy to scan and access appropriate resources.

Messaging

A messaging strategy involves ensuring all outgoing messages—within OHS and across the provider network—are consistent, accurate, and trauma-informed.

Our holistic service recommendations include:

- Providing scripts for outgoing phone messages at all access points.
- Building a comprehensive map of all the channels of communication OHS uses to communicate to the public and service providers. This will ensure all outgoing communication is consistent and is easy to keep track of and maintain over time.

Governance

Governance is simply defining roles, processes, rules, and tools to maintain content over time. Having a long-term solution to keep content consistent, up to date, and trauma informed requires planning and documentation. Governance will be an important element in making sure improvements are sustainable. A governance policy can require a lot of upfront work, but it pays off in maintaining the quality of content across a service system.

Our holistic service recommendations include:

- Creating a Google Drive folder system to organize resources so they are shareable across access points.
- Developing sign templates that allow staff to easily update and maintain signs over time.
- Implementing a holistic content governance policy for the organization.

IMPLEMENTATION PLAN

Based on the strategic recommendations, we identified multiple implementation projects that would positively impact the prevention, diversion, and intake service.

These projects were categorized as:

- **Quick wins:** Small, easy-to-implement projects that can have an immediate impact on the service experience.
- **Larger initiatives:** Long-term projects that require more resources but have a wider impact on the service experience.

QUICK WINS

One-pagers

Forms

Temporary signage

Resource organization

Short-term governance plan
(Google Drive folders, maintenance plan, and editable sign templates)

Revised phone message scripts

Informational page on City's new website (phila.gov)

LARGER INITIATIVES

Wayfinding signage system

Messaging checklists

Pocket-sized guidebooks

Staff tools and resources

Video announcements

Website migration to City's new website (phila.gov)

Governance plan

Considering capacity, skills, and budget, we worked with OHS to prioritize quick win projects that we could implement through the PHL Participatory Design Lab. The following quick win projects were identified:

- One-pagers
- Forms
- Temporary signage
- Revised phone message scripts
- Information on the City's website
- Short-term governance plan (includes Google Drive folders, maintenance plan for quick win projects, and editable sign templates)

In addition to the quick wins, OHS identified larger initiatives to work on in the future, based on their capacity. The following larger projects were prioritized:

- **A pocket-sized guidebook** that provides a detailed description of prevention, diversion, and intake services as well as other relevant resources.
- **Video announcements** at access points that let participants know what to expect at key points in the day.
- **Website migration** which includes migrating OHS's existing website and content to the City's website (phila.gov), so that participants have information that is clear, accurate, and accessible.

Larger initiative projects are beyond the scope of work of the PHL Participatory Design Lab's partnership with OHS. The next section details the quick wins projects that we took on.

PROJECT 3: INFORMATION AS A SERVICE

Part Two / **Quick wins projects**

I researched and I went online and it says to come down here. I called and I asked, what is the intake process? What do I need to know? What do I need to do?

I'm an information person. Let me know what the rules and regulations are so I can navigate within that.

— Participant

This section details the informational projects written, designed, and released as part of the project. These materials clarify the current prevention, diversion, and intake service experience.

- Introduction
- Information on the City's website
- Phone message scripts
- One-pagers
- Forms
- Temporary signage

INTRODUCTION

Based on the strategic recommendations outlined in Part One / Content strategy, OHS prioritized several quick win projects to move forward with.

Quick wins are improvement projects that are relatively easy to implement and can have an immediate impact on the service experience. Quick wins can show value by demonstrating change in the short term. They serve as small successes or tests for larger initiatives and can help build momentum and maintain interest around ongoing service transformation work.

The quick wins projects were:

- **Information on the City's website:** We created a new service information page for the City's website to provide accessible, up-to-date information on where, when, and how to access prevention services.
- **Phone message scripts:** We rewrote pre-recorded phone message scripts so they were clear, actionable, and more trauma informed.
- **One-pagers:** We created handouts or takeaways that explain key aspects of the process in plain language so participants know what to expect. We created these new documents to clarify key service moments.
- **Forms:** We rewrote and redesigned existing forms and created new cover sheets that offer simple explanations for certain complex or lengthy forms.
- **Temporary signage:** We created several wayfinding signs to orient participants and guide them through access point spaces.

A note on plain language and trauma-informed writing:

To make information more accessible and understandable to everyday people, the City of Philadelphia makes use of plain language for the information presented on its website, phila.gov. Plain language is defined as communication that the audience can understand the first time they read it or hear it.[3]

Through the *Information as a service* project, we applied a trauma-informed lens to plain language writing. In addition to being clear and concise, trauma-informed writing is inclusive to diverse experiences and is emotionally accessible—it acknowledges the audience's situation and avoids language that is commanding or punitive.[4]

In all we wrote, designed, and released:

8 one-pagers in English and Spanish.

3 forms in English and Spanish.

7 phone message scripts.

1 informational page on the City's website.

~100 temporary signs.

[3] Plainlanguage.gov. *What is plain language?*

[4] National Center on Domestic Violence, Trauma, & Mental Health. *A Guide to Trauma-informed Writing*, August 2014.

The participatory content design process

In creating trauma-informed materials, tools, and resources we worked closely with our extended project team that comprised leaders, administrators, and supervisors at OHS's two access points—Apple Tree Family Center and Roosevelt Darby Center—and program managers and directors from related departments within OHS.

In addition, staff and leaders at after-hours centers as well as access point frontline staff like security officers, service representatives, and social work staff were consulted before any project work was officially implemented.

The participatory design process is iterative in nature. This means nothing is created in a vacuum and a first draft is never the final product. Reviews and revisions are an essential part of iteration to ensure project work is of high quality and aligns with peoples' service-related needs.

We followed the overarching process outlined below to create trauma-informed informational materials.

Draft

- Interview domain experts to gather information
- Write draft one of the informational materials

Review

- Review internally with peers
- Review with OHS extended team

Revise

- Finalize content
- Translate content into visual design

Review

- Review internally with peers
- Review with OHS extended team
- Review with trauma-informed project advisor

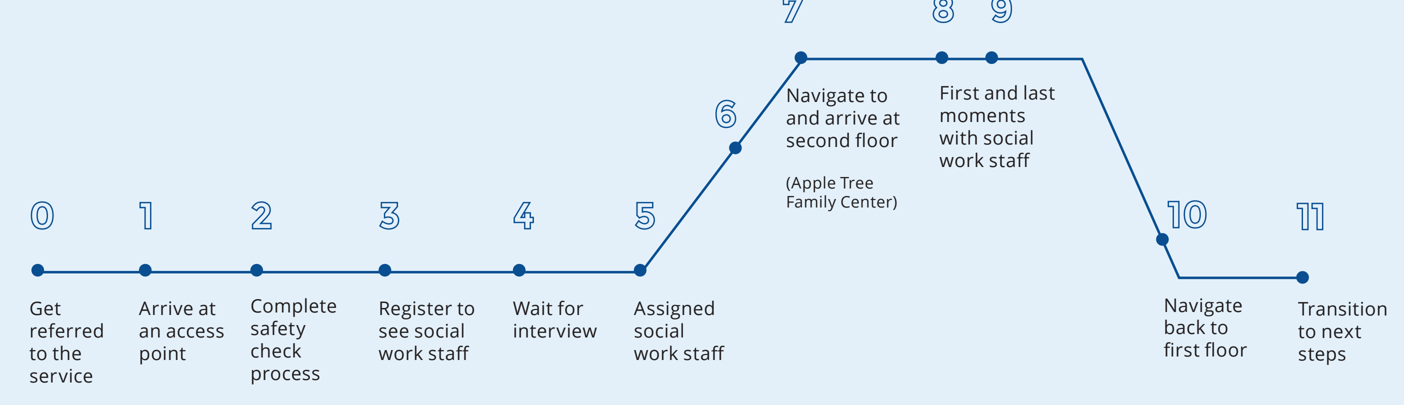
Finalize

- Translate content to Spanish
- Design Spanish versions
- Receive approval from OHS leadership

Implement

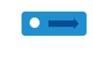
- Train staff on use of informational materials
- Print / publish materials

At each key service moment, one or more of the informational materials come together to clarify the service experience. The next several sections detail how each informational material was created to reflect trauma-informed principles.



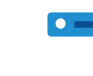
Phone message scripts

Informational page on the City's website


Signage

What To Expect one-pager

Restricted list one-pager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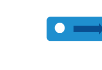
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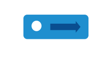
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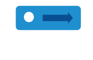
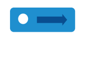
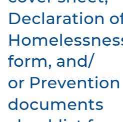


HMIS form cover sheet, Declaration of Homelessness form, and/ or Prevention documents checklist form


Signage

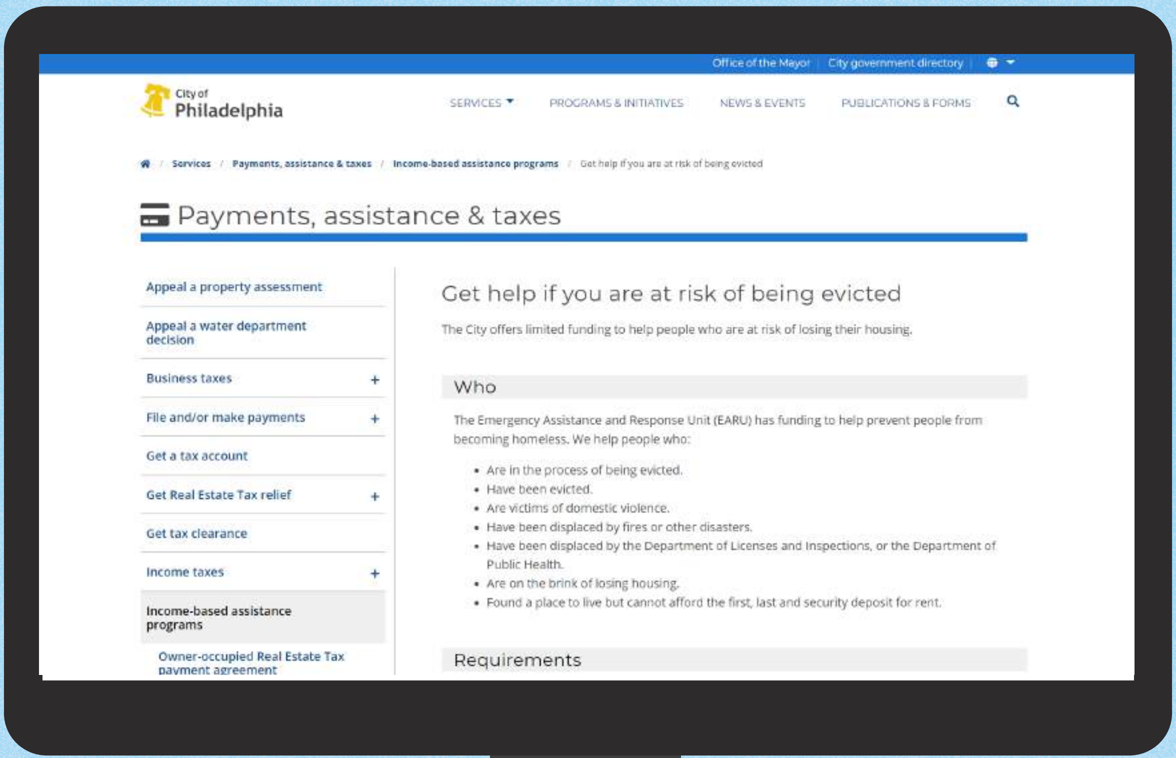

After-hours one-pagers

INFORMATION ON THE CITY'S WEBSITE

Goal: Fill in an existing gap in information available online regarding Prevention services.

A participant's service experience can begin before they arrive at an access point. Some participants hear about services through word of mouth or receive referrals from various organizations. Others might learn about a service by accessing the internet either on their own device or at a library. While accurate information is available, it is important to ensure the information is accessible and actionable.

OHS's website did not have up-to-date information regarding prevention services. To that end, we developed a service page on the City's new website, phila.gov to include information about prevention services in plain language and designed for accessibility. Accessibility refers to the practice of designing websites and applications so they are usable by people with disabilities.



PHONE MESSAGE SCRIPTS

Goal: Ensure outgoing phone messages are clear, consistent, accurate, and up-to-date.

Before arriving at an access point, some participants might call the number listed online to find out more information about the services offered and what to expect. In addition, once participants leave an access point after meeting with a social work staff member, they might have to call back regularly to check the status of their emergency housing placement. In this case, a voicemail message instructs participants to leave their information and lets them know they will be contacted when a bed becomes available. Since staff do not have the ability to call every person back, this process of calling in can often leave participants feeling confused or unsure if they are still on track to receive a bed.

To address this issue, we rewrote scripts for phone messages to ensure they adopted a more trauma-informed approach, offering clear instructions and an explanation of next steps in securing a bed.

In all, we created scripts for seven phone messages that included:

- General service information about:
  - Diversion and intake services at Apple Tree Family Center.
  - Prevention services at Apple Tree Family Center.
  - Diversion and intake services at Roosevelt Darby Center.
  - Service update information for prevention services.
- Call-in or check-in messages for Apple Tree Family Center and Roosevelt Darby Center.

ONE-PAGERS

What to expect at an access point

Goal: Welcome participants and offer an explanation of next steps.

There are a variety of circumstances that shape a participant's frame of mind as they arrive at an access point. They might be fleeing domestic violence or an unstable housing situation. They might be exhausted due to lack of sleep or perhaps they are in withdrawal. For some participants this is their first engagement with Prevention, Diversion, and Intake. As a result, participants ask security officers and service representatives—who are the first staff members they might interact with—questions about the process, resources, and timing. Certain questions that are outside the role of security officers and service representatives can go unanswered, leaving participants anxious or agitated.

With the *What To Expect* one pager, staff can help set expectations within a participant's first few moments of arriving at an access point and resolve some of the anxieties that participants can feel while waiting at access points for extended periods of time.

This and all the one pagers were carefully written with inclusive language, numbered lists, and clear actionable steps for participants to take. They were visually designed to be clear and easy to scan, with numbered lists, and plenty of white space. They were specifically designed in black and white to retain clarity when staff make copies of the documents.

Additionally, some participants might engage with an outreach team or an after-hours site before they engage with an access point. Outreach and after-hours staff can use this one-pager to answer participant questions and set expectations about prevention, diversion, and intake services before they arrive at an access point.

English and Spanish versions of *What To Expect* one-pagers were created for:

- Diversion and intake services at Apple Tree Family Center.
- Prevention services at Apple Tree Family Center.
- Diversion and intake services at Roosevelt Darby Center.

We can help you:

Find someone else to stay with

Get emergency housing

Connect with resources

Office of Homeless Services
CITY OF PHILADELPHIA

Welcome to Apple Tree Family Center.

Today is a hard day. We're here to help.

At Apple Tree Family Center, we help people and families who are experiencing homelessness or who are at risk of experiencing homelessness.

We can help you:

Find someone else to stay with
We can help you identify people in your life who might be able to help. We can call them together and see if we can work something out.

Get emergency housing
If you're experiencing homelessness, we can help you access emergency housing, sometimes called shelters.

Connect with resources
If we're not able to help, we can connect you with other organizations that might be able to help.

Get vaccinations for your family
We have a nurse on site who can see your child or children and give vaccinations. We can also provide you with printouts showing what vaccinations your child(ren) have received.

Return home if you're a stranded traveler
If you've come to Philadelphia from somewhere else and have access to housing there, we may be able to help you get there.

At Apple Tree, you can:

1. **Check in**
   Listen for someone to call the last two numbers on your ticket. When your number is called, give your name to the person at the front desk. They will take your information so you can meet with a social work services manager.
2. **Meet with a social work services manager**
   It may take more than a day to speak with a social work services manager. When you meet, you'll explain your situation and they'll help you figure out what services and programs we have for you. The social work services manager will also give you a sense of what to expect.
3. **Find a solution for tonight**
   Because we have a limited number of beds available, most people have to wait before they get a bed in emergency housing.

   If you haven't been able to meet with a social work services manager, or if there aren't any beds available in emergency housing, then you can go to an after-hours center.

PREVENTION SERVICES

Welcome to Apple Tree Family Center.

At the Emergency Assistance and Response Unit (EARU), we have funding to help prevent people from becoming homeless.

We help people who:

- Are in the process of being evicted.
- Have been evicted.
- Have partners who make them feel physically or emotionally unsafe.
- Have been displaced by fires or other disasters.
- Have been displaced by the Department of Licenses and Inspections or the Department of Public Health.
- Have received a notice to vacate.
- Have to move because of a housing emergency and need help with move-in costs.
- Have another type of housing emergency.

At Apple Tree, you can:

1. **Meet with a social work services manager**
   You'll explain your situation to the social work services manager, who will help you figure out if you qualify for funding.
2. **Find out what documents you need to provide**
   Your social work services manager will give you a checklist. It will list the documents you need to bring in.

Restriction list

Goal: Provide participants with an understanding of why they have been asked to leave or can't receive services, and offer an explanation of next steps.

Sometimes a participant at an access point might display behavior that is disruptive or threatens the safety of other participants and staff. When this happens, security officers attempt to diffuse the situation through de-escalation. If a participant continues to be disruptive, they might be asked to leave the access point and return the next day. Some participants that continue to be disruptive despite a warning might be restricted from access points for an extended period of time.

Participants might not understand why they were asked to leave. They might also lack information on where they can go in the meantime. To address this gap in information, two one-pagers were created.

- **Temporary restriction** one-pager that provides information on why a participant was asked to leave for the day and where they can go for the night.
- **Extended restriction** one-pager that explains why a participant is restricted for an extended time period and when they can return for services at access points. It also includes information on where they can go for the night.

Temporary restriction

Safety is important at our sites. We understand that everyone here is experiencing a hard time, but some of the behaviors you displayed today caused others to feel unsafe. Because of this, we've asked you to leave.

You may go to an after-hours center if you need a place to stay tonight.

Please come back tomorrow, and we can help you then. If you get upset when you come back tomorrow, you can step outside to calm down. If you want to speak with someone, ask a staff member to see the mental health specialist.

It is important for us to work together to keep our sites a place where everyone can feel safe.

If your actions are disruptive or violent tomorrow, we will ask you to leave, and you will be restricted from coming back to Apple Tree Family Center and Roosevelt Darby Center for 30 days or more. During that time, you may still spend the night at an after-hours center.

After-hours centers:

For women

Gaudenzia House of Passage

111 N. 49th St.
At the corner of 48th St. and Haverford Ave., entrance on 48th St.

Daily: 5 p.m. – 7 a.m.
Weekends: 24 hours

(267) 713-7778

For men

SELF Inc. Station House

2601 N. Broad St.
Please use the rear entrance.

Daily: 5 p.m. – 5 a.m
Weekends: 24 hours

(215) 225-9230

For families

Red Shield Family Residence

715 N. Broad St.

Daily: 5 p.m. – 7 a.m.
Weekends: 24 hours

(215) 787-2887

All gender identities are welcome at after-hours centers.

Extended restriction

We've asked you to leave today because we need our sites to be places where people feel safe.

Because your actions were violent or disruptive, you have been restricted from coming back to Apple Tree Family Center and Roosevelt Darby Center for ________ days.

During this time, you may still spend the night at an after-hours center.

You may return to Apple Tree Family Center or Roosevelt Darby Center to receive services on:

____

After-hours centers:

For women

Gaudenzia House of Passage

111 N. 49th St.
At the corner of 48th St. and Haverford Ave., entrance on 48th St.

Daily: 5 p.m. – 7 a.m.
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(215) 787-2887

All gender identities are welcome at after-hours centers.

After-hours services

Goal: Tell participants that there are no more spots left in emergency housing, and give them information about after-hours centers.

Participants first engage with access points, and when no beds are available they go to after-hours sites once access points are closed. Other participants might first engage with after-hours sites through outreach teams, and then arrive at access points when they open. Because of misinformation, participants can show up at an after-hours site with mismatched expectations. For example, some after-hours sites have requirements for what and how much baggage participants can bring in. Outreach and access point staff might not be aware of these requirements, and so participants are asked to hide or throw away belongings upon arrival. The after-hours one pager can help access point staff and outreach teams prepare participants with accurate information of what to expect for the night at after-hours sites.

Similar to how some access point staff do not have a full understanding of what happens at after-hours sites, after-hours staff do not have a full understanding of services offered at access points. This disconnect can lead to the accidental spreading of misinformation to participants. The after-hours one pager, as well as the *What To Expect* one pager can help bridge this disconnect for both after-hours and access point staff.

English and Spanish versions of after-hours one pagers were created for three after-hours locations:

- Gaudenzia House of Passage
- SELF Inc. Station House
- Red Shield Family Residence

Gaudenzia House of Passage

An after-hours center for single women

All gender identities are welcome at House of Passage.

111 N. 49th St.
At the corner of 48th St. and Haverford Ave., entrance on 48th St.

(267) 713-7778

Monday through Friday: 5 p.m. – 7 a.m.
Saturday and Sunday: 24 hours
Code Blue or Code Red: 24 hours

Services

- Showers
- Laundry

Meals

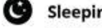
- Dinner and breakfast are served daily.
- Lunch is served on weekends and during Code Blue or Code Red.
- No outside food or drink is permitted.

Safety

To keep House of Passage safe, everyone who enters must go through a safety check.

Baggage

- Each person is allowed to bring in no more than two bags.
- All bags are left in the front vestibule and are monitored by staff.

 **Sleeping**

- House of Passage has 30 beds. During a Code Blue, 20 additional chairs are available.
- If all beds are full, someone at House of Passage will try to find you a bed at another shelter.
- Each morning House of Passage provides a van to bring participants back to Apple Tree Family Center.

SELF Inc. Station House

An after-hours program for single adult men

2601 N. Broad St.
Please use the rear entrance

(215) 225-9230

Monday through Friday: 5 p.m. – 7 a.m.
Saturday and Sunday: 24 hours
Code Blue or Code Red: 24 hours

Services

- Showers
- Laundry (75¢ per load for washer, 75¢ per load for dryer)
- Care packages of hygiene items are available for free on a first come, first served basis.

Meals

- Church of the Advocate, 1801 Diamond St., (215) 978-8000, Monday through Friday: 12 p.m. – 2 p.m.
- Bethel Presbyterian Church, 1900 W. York St., (215) 228-0328, Saturday: 4 p.m. – 6 p.m.
- You may bring your own food to Station House.

Safety

To keep Station House safe, everyone who enters must go through a safety check.

Baggage

- Each person is allowed to bring in no more than two bags.
- All bags are kept in a locked office overnight and monitored by staff.

Sleeping

- Station House will call its network of shelters to find you a bed for the night. If no beds are available at other shelters, Station House has limited beds available.
- Beds are given to the elderly and medically fragile first. Once the beds are full, everyone else will be invited to sit in a chair or at cafeteria-style tables for the night.

During the winter initiative (December 1 - March 31), more beds are available at two other locations. Once you check in at Station House, you might be taken to another location.

Red Shield Family Residence

An after-hours center for families with children

All gender identities are welcome at Red Shield.

715 N. Broad St.

(215) 787-2887

Monday through Friday: 5 p.m. – 7 a.m.
Saturday and Sunday: 24 hours

Red Shield will help you find a place for you and your family to spend the night.

Safety

To keep Red Shield safe, everyone who enters must go through a safety check.

What to expect

1. At Red Shield someone will help you identify people you know who may be able to put your family up for the night.
2. If that's not possible, Red Shield will call its network of shelters to find beds for your family. We try to keep families together whenever possible. But sometimes because of limited space, we aren't able to find enough beds for a family in a single location.
3. If no beds are available at other shelters, Red Shield will help you make a plan to find a safe place for you and your family for the night.

FORMS

HMIS cover sheet

Goal: Ensure participants have a clear sense of why their personal data is being collected and how it will be used.

OHS uses the Homeless Management Information System (HMIS) database to manage participant information, connect participants to housing programs, and track the effectiveness of their own programs. Participants are asked to provide consent via an informed consent form, so that personal identifying information like their name, date of birth, and social security number can be entered into HMIS.

The informed consent form is an extensive document, written in legal terms for an audience that reads at a higher reading level. Often times, participants might simply sign the consent form without understanding how their information may be used.

The HMIS cover sheet is a conversation tool staff can use to explain the details of the HMIS and answer questions participants may have before they are asked to sign the consent form.

City of Philadelphia
Office of Homeless Services
1401 JFK Boulevard, 10th Floor
Philadelphia, PA 19102
(215) 686-7175

Agency Name: ____________
Agency Address: ____________
____
Agency Phone: ____________

Philadelphia Homeless Management Information System
Client Authorization to Share Confidential Information

The Office of Homeless Services ("OHS") manages a database called the Philadelphia Homeless Management Information System ("HMIS"), which is used to collect information about clients accessing housing and homeless services throughout the City of Philadelphia. Organizations that receive homeless funding from the US Department of Housing and Urban Development ("HUD") and other federal and state partners are required to collect and store basic information about the persons who receive their services. This information is used to determine client needs and provide supportive services, and is shared with other organizations that may be able to provide available housing and/or related services – such as homeless service providers, other social services organizations, housing providers, and healthcare providers ("HMIS Participating Agencies").

Section 1: General Information

How is information about me collected?

- When you apply for, or receive services, we will ask you questions about your housing needs, your mental and physical health, and other topics that affect your eligibility for services.
- You may choose not to answer any of these eligibility questions if you do not feel comfortable doing so. However, you should know that if you choose not to answer certain questions, it may limit our ability to assess you for all available services.

Who may share and who may be given access to my information?

- By signing this form, you are giving the agency named at the top of this form ("this Agency") permission to share your information with OHS via the HMIS. **Once your information is in the HMIS, it may be shared with other HMIS Participating Agencies and others for the purposes described in the HMIS Notice of Privacy Practices ("HMIS NPP") without you signing another consent form (except specially protected information described in Section 2). Please review the attached HMIS NPP carefully and ask us if you have any questions.**
- This Agency may be providing services to you under a contract with the Department of Behavioral Health and Intellectual disAbility Services ("DBHIDS"). If so, DBHIDS may also collect information about you, may access your information, and may share your information with OHS/HMIS for the purposes described in this form.
- If you are applying for housing or assistance that serves a specific population, you give permission for OHS to verify your eligibility by sending your name to, and receiving eligibility confirmation from, one (or more) of the following agencies: DBHIDS, the Department of Human Services ("DHS"), the Department of Public Health ("DPH"), and/or the U.S. Department of Veteran's Affairs ("VA").

What information will be shared?

- Information you tell us about yourself, which may include:
  - Your basic identifying information (for example: name, social security number, date of birth, gender, ethnicity, race, household relationships, contact information, and veteran status);
  - Basic identifying information about other members in your household, if you are applying for housing together or they are currently living in a project with you (separate consent is needed for anyone 18+ years old); and
  - Your history of homelessness and housing (for example: current housing status, present and/or prior living situation, length of time you have been homeless, where and when you have accessed housing-related services).
  - Your income information (for example: sources and amounts of household income, employment information, and other resources, such as non-cash or public benefits);
  - Your health and disability information (for example: chronic health conditions, disabling conditions, health insurance);
  - Your eligibility for specific services (for example, services based on: sexual orientation, domestic violence experience, criminal history, DHS or child protection service involvement, veteran's status, behavioral health condition, or HIV/AIDS status); and
  - Your service needs and preferences.
- Confirmation from DBHIDS, DHS, DPH, or VA whether you are eligible for specific projects or services.

What is the purpose for sharing this information?

- To coordinate and provide the most effective services for you, and others living with you.
- To give us a better understanding of homelessness in the Philadelphia area and the effectiveness of services that are being provided, so that we can improve the quality of services provided by the HMIS Agencies.
- To create summary reports for HUD and other partners that will not identify you or reveal your personal information.

HMIS form

City of Philadelphia
Office of Homeless Services
1401 JFK Boulevard, 10th Floor
Philadelphia, PA 19102
(215) 686-7175

Agency Name:
Agency Address:
Agency Phone:

Philadelphia Homeless Management Information System
Client Authorization to Share Confidential Information

The Office of Homeless Services ("OHS") manages a database called the Philadelphia Homeless Management Information System ("HMIS"), which is used to collect information about clients accessing housing and homeless services throughout the City of Philadelphia. Organizations that receive homeless funding from the US Department of Housing and Urban Development ("HUD") and other federal and state partners are required to collect and store basic information about the persons who receive their services. This information is used to determine client needs and provide supportive services, and is shared with other organizations …

Section 1: General Information

HMIS form

Office of
Homeless Services
CITY OF PHILADELPHIA

Agreeing to be in the Homeless Management Information System (HMIS) Database

What is HMIS?

The Office of Homeless Services keeps information about participants in a database called the Homeless Management Information System (HMIS).

We are required to use HMIS to collect some information about our participants.

We use the information we put into HMIS to:

- See what housing programs you might be eligible for.
- Share information about your housing needs with partner agencies and organizations.
- Track how effective our programs are.

We take your privacy seriously.

We have strong security measures in place to keep your data private. The HMIS database is secure. Only people who have received training can see information that is put into HMIS.

You may choose not to have identifying information, such as your name, birthday, and Social Security number, put into HMIS.

If you choose this option, it will make it more difficult for us to find you housing. If you have questions, please ask a staff person.

New cover sheet for the HMIS form

Declaration of Homelessness

Goal: To document a participant's housing situation and homelessness status.

As part of the intake process, social work staff use the Declaration of Homelessness (DOH) form as a certification of the participant's housing or homeless status. This form goes in the participant's file and is accessed by appropriate emergency housing sites.

The existing DOH form was visually unclear and not updated with the latest guidelines from the U.S. Department of Housing and Urban Development (HUD). To remedy that, the new version of the form was streamlined and designed to be consistent with all other documentation.

CITY OF PHILADELPHIA
Office of Homeless Services
Declaration of Homelessness

Client Name: ______________________________

DOB: ____________________

Social Security #: XXX-XX__________

Last night, I slept in one of the following:

- Emergency shelter, incl. hotel or motel paid for with emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO, Mod Rehab)
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Staying or living in family member's room, apartment or house
- Staying or living in friend's room, apartment or house
- Hotel/motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Placement not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Safe Haven
- Rental by client, with VASH housing subsidy
- Rental by client, with other (non-VASH subsidy)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Reason I can no longer stay where I slept last night:

CLIENTS SIGNATURE ____________________ SOCIAL WORKER ____________________

Previous version of the form

Declaration of homelessness

Participant name: ______________________________

Date of Birth: MM | DD | YYYY

Last four numbers of Social Security number: | | | |

HMIS ID: ______________________________

Last night I slept:

- ☐ Outside, in a car, or in a public place like a bus stop, bench, or transit station.
- ☐ In emergency housing, including safe havens, transitional housing, hotel/motel paid for by an organization or with a voucher.
- ☐ At an institution such as jail, prison, juvenile detention center, foster care or group home, hospital, or treatment center.
- ☐ At a family member's or friend's home.

Or:

- ☐ I am fleeing or attempting to flee a partner who makes me feel physically or emotionally unsafe, or another dangerous and life-threatening situation.

I certify that everything on this form is correct.

Participant signature: ______________________________

Re-written and redesigned form

Prevention documents checklist

Goal: To serve as a tool that both allows participants to keep track of required documentation, and helps staff explain requirements to participants.

When participants access prevention services at Apple Tree Family Center, they meet with social work staff at the Emergency Assistance & Response Unit (EARU). As part of the process, participants are asked to gather documents and paperwork so social work staff can determine which services may be applicable. Staff use a form that lists the different documents participants need. This list can vary from participant to participant, as it depends on a variety of factors like their current living situation, income, and so on. Gathering copious amounts of paperwork can be overwhelming to most participants, and they often bring back incomplete or incorrect documents—leading to a lot of back and forth to the access point.

To ease this process, the existing form was redesigned to act as a conversation tool for staff. The form helps explain what documents they need and provides a checklist to keep track of the documents they must provide. The form also gives participants an overview of the process, eligibility guidelines, and next steps.

We tested the usability of the new form to ensure it worked for both participants and staff. We spoke with 12 participants and six social work staff to understand the following:

- Do participants have a clear understanding of the purpose of the form and how they can use it?
- Does the form give participants the information they need to take action?
- Does the form support staff in explaining what action participants need to take?

Based on the feedback gathered, we made changes to the content and design of the form.

CITY OF PHILADELPHIA
OFFICE OF HOMELESS SERVICES

EVICTION

Date________ Name: ________________ Case Type:__________ Closing Date: _______

Tel#________________ Grant Amount________

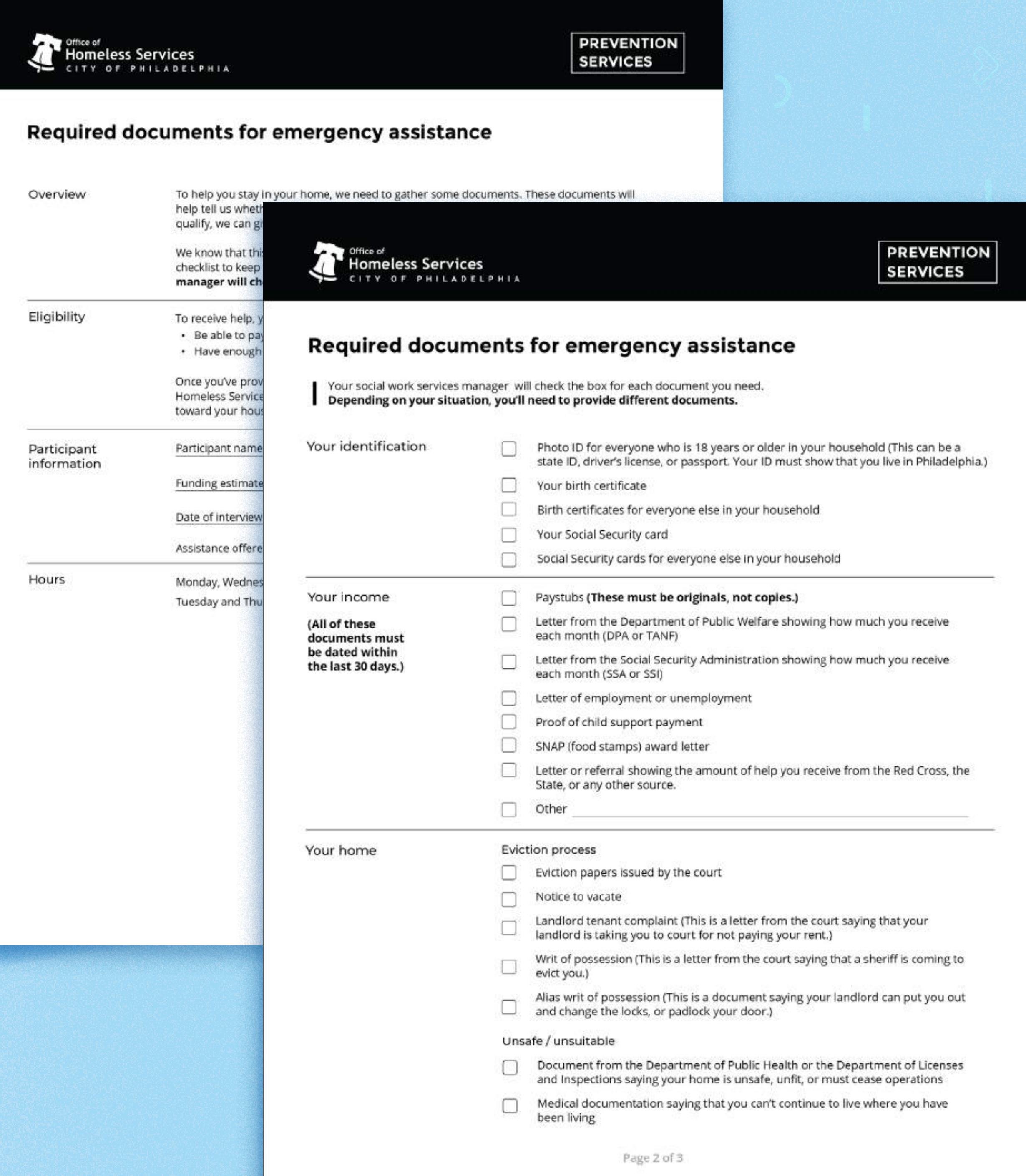
PEASE BE ADVISED THAT THE FOLLOWING DOCUMENTS MUST BE PROVIDED:

- * Picture ID (for all adult members of the household e.g., drivers license, PA ID, passport). **Must be a Philadelphia resident.**
- * Birth Certificates (all members of the household)
- * Social Security cards, (all members of the household)
- * Proof of income dated within **LAST 30 DAYS** (last **3or 4** pay stubs, letter from DPA, SSA, letter of employment, unemployment, or child support, foodstamp award letter)
- * Eviction papers issued by court or Notice to Vacate (Landlord Tenant Complaint, Writ of Possession, Alias Writ).
- ___ Red Cross referral letter is needed when there has been a fire or disaster.
- ___ Documentation from Licenses & Inspection (Unsafe, Unfit, Cease Operations).
- ___ Medical and/or Mental Health documentation. (When applicable)
- * Rental License from the Landlord
- * Rental Suitability Certificate.
- ___ Security Deposit Addendum
- * W-9 form to be completed by Landlord.
- ___ Unit must pass OSH inspection, for private market units. (limited to 2 inspections)
- ___ PHA/HCV paperwork, (HAP, Lease, Inspection approval letter).
- ___ Verification of assistance from other agencies (Red Cross, State Building, etc).
- * Statement of current balance. (within the **LAST 10 DAYS** from landlord/rental office)
- * Copy of signed lease (for evictions and relocations)
- ___ Letter of Approval/Inspection Request indicating move in cost, address, and landlord's contact information
- *** All clients are expected to pay a portion of the move in cost or rental balance
- ___ Final determination of eligibility is made by OHS Administration
- *** Documented household income must be sufficient to maintain rent & living expenses
- *** Funds will be issued based on full completion of the application & availability of funding
- ___ Other (as required by Social Worker) and notes to client, see below

NOTE: ** Submitting an application does not guarantee assistance. All security/rental assistance is based on approval of all documentation submitted and reviewed by OHS administration.

Assigned SW:__________________
Tel#________________ **Fax#**________________
Email address__________________

Previous version of the form



Office of Homeless Services
CITY OF PHILADELPHIA

PREVENTION SERVICES

Required documents for emergency assistance

Your social work services manager will check the box for each document you need.
Depending on your situation, you'll need to provide different documents.

Your identification

- ☐ Photo ID for everyone who is 18 years or older in your household (This can be a state ID, driver's license, or passport. Your ID must show that you live in Philadelphia.)
- ☐ Your birth certificate
- ☐ Birth certificates for everyone else in your household
- ☐ Your Social Security card
- ☐ Social Security cards for everyone else in your household

Your income

(All of these documents must be dated within the last 30 days.)

- ☐ Paystubs **(These must be originals, not copies.)**
- ☐ Letter from the Department of Public Welfare showing how much you receive each month (DPA or TANF)
- ☐ Letter from the Social Security Administration showing how much you receive each month (SSA or SSI)
- ☐ Letter of employment or unemployment
- ☐ Proof of child support payment
- ☐ SNAP (food stamps) award letter
- ☐ Letter or referral showing the amount of help you receive from the Red Cross, the State, or any other source.
- ☐ Other ________

Your home

Eviction process

- ☐ Eviction papers issued by the court
- ☐ Notice to vacate
- ☐ Landlord tenant complaint (This is a letter from the court saying that your landlord is taking you to court for not paying your rent.)
- ☐ Writ of possession (This is a letter from the court saying that a sheriff is coming to evict you.)
- ☐ Alias writ of possession (This is a document saying your landlord can put you out and change the locks, or padlock your door.)

Unsafe / unsuitable

- ☐ Document from the Department of Public Health or the Department of Licenses and Inspections saying your home is unsafe, unfit, or must cease operations
- ☐ Medical documentation saying that you can't continue to live where you have been living

Page 2 of 3

Re-written and redesigned form

TEMPORARY SIGNAGE

Goal: Create and implement signs that orient participants to the space, guide them through the process, and communicate key rules and policies.

At access points, there are a variety of signs that communicate rules or guide participants through the space. Some signs are placed in participants' line of sight. Other times, they are out of sight and go unnoticed. Consistency of signage can vary as well.

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

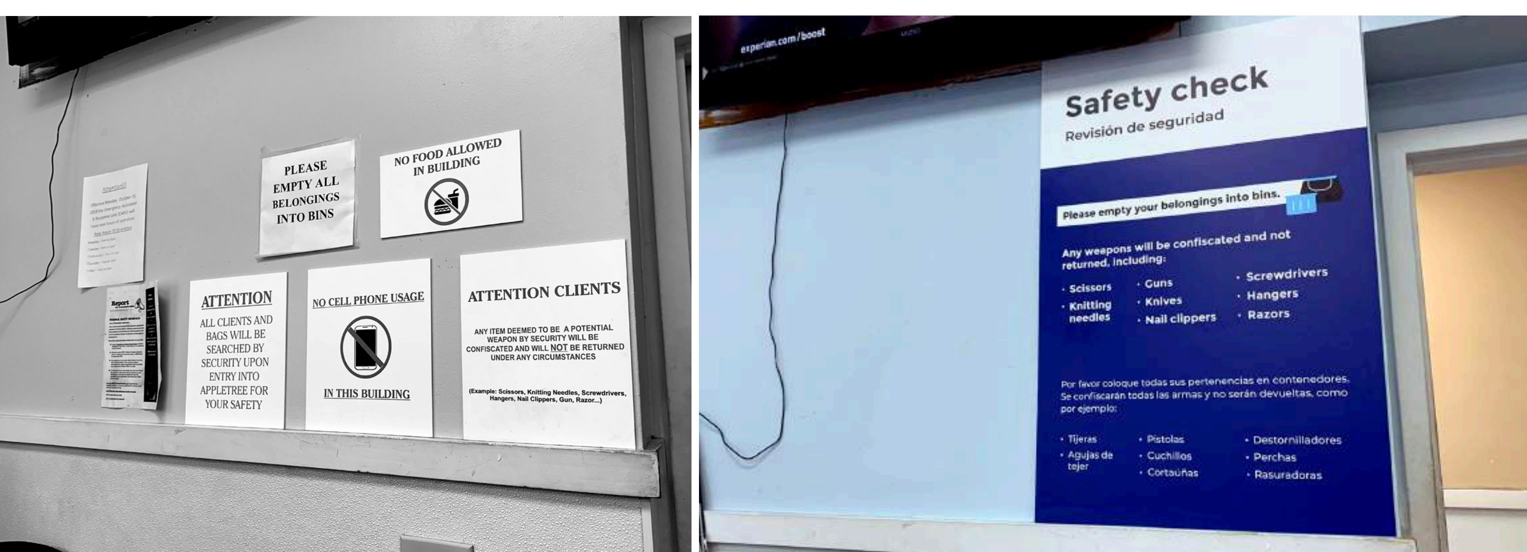
Since Roosevelt Darby Center will be moving to a new location, and Apple Tree Family Center might undergo some renovations based on recommendations detailed in *Project four: Trauma-informed space plan*, we created signage that would temporarily address some existing challenges at both sites.

In creating the new temporary signage we:

- Streamlined existing signage to consolidate repeated messages.
- Ensured signs were written in trauma-informed plain-language, avoided negative messaging, and explain the "why" behind rules and policies.
- Designed signs with a consistent visual identity and brand.
- Installed new signs at each site strategically, so they were easily visible to all and aligned with key moments in the process.

Before / After: Entryway with new temporary signage

Before / After: Hallways and nurse's office with new temporary signage



Before / After: Safety check area with new temporary signage

PROJECT 3: INFORMATION AS A SERVICE

Part Three / **Implementation**

For me, I think first and foremost, some of the trainings we would like here [at the access point]. The whole hustle and bustle of physically leaving our office to go to another place means you're not going to be as into the training as you would if you were in your own element. [In your own space] you feel more comfortable, you ask questions, and you're probably more involved.

— Staff

This chapter details how we trained Prevention, Diversion, and Intake staff on using informational materials and created a governance plan to enable staff to maintain information over time.

- Introduction
- Phase 1: Preparation
- Phase 2: Training
- Phase 3: Implementation
- Phase 4: Maintenance

INTRODUCTION

We heard from staff that change can often feel sudden or that sometimes they might not fully understand the "why" behind a change. Before putting the new materials into use, it was important for frontline staff—the implementers—to have a detailed understanding of the various materials created, how each material should be used, and what process-related changes they might need to make when deploying the new materials. To that end, we held training sessions for all staff members at Apple Tree Family Center and Roosevelt Darby Center.

The goal of this training was to ensure that staff across the hierarchy understand why the informational materials were created, how to use them, and how it might change existing processes.

Key deliverables included:

- Training sessions, including a presentation deck and detailed scenarios, for staff at Apple Tree Family Center and Roosevelt Darby Center.
- Printed copies of informational materials like one pagers, forms, and cover sheets for forms.
- Shared Google Drive folder for all administrators and supervisors with digital files of informational materials.
- Installation of temporary signs at Apple Tree Family Center and Roosevelt Darby Center.
- A governance plan to update and maintain informational materials.

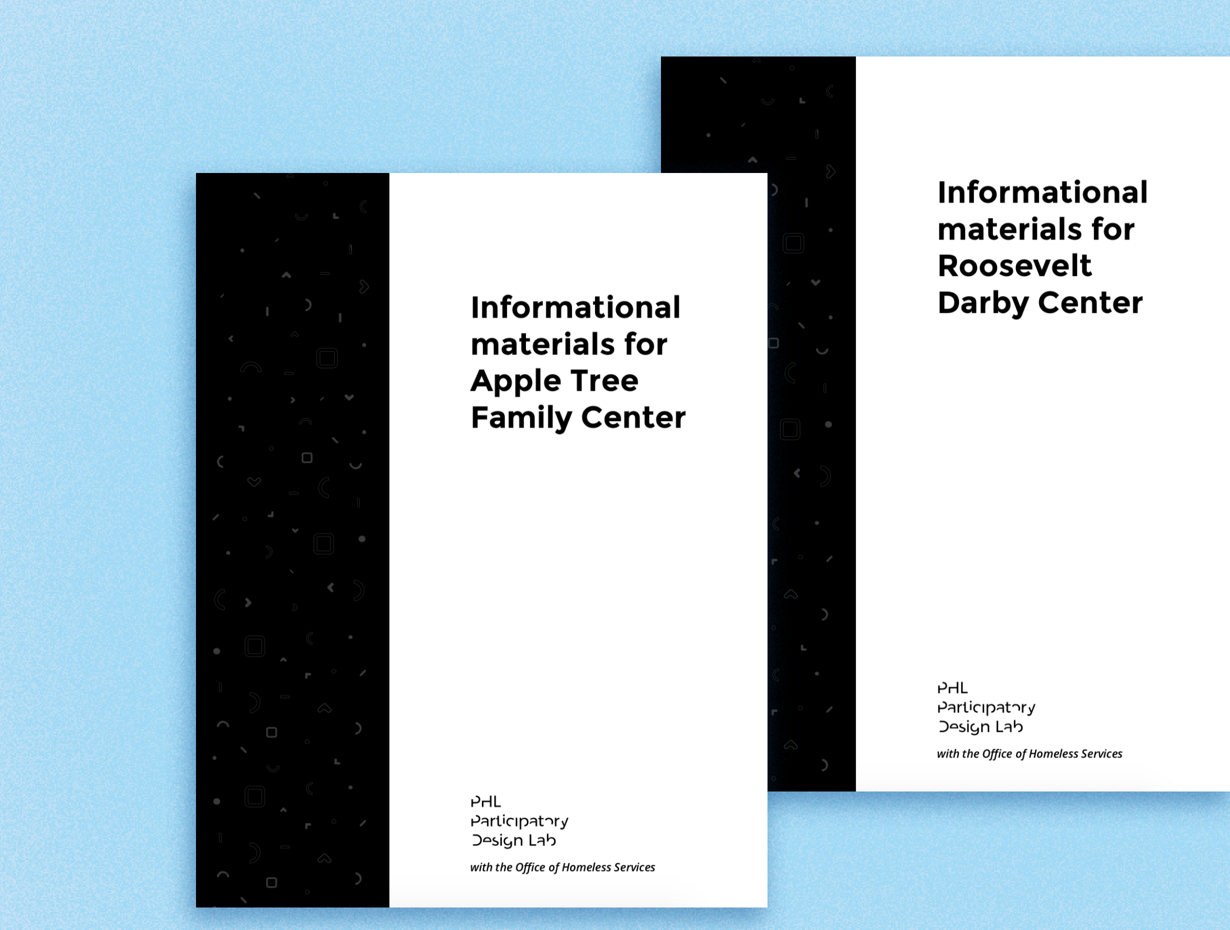
We implemented informational quick win projects in the following phases:

1. **Preparation:** We prepared staff across the hierarchy and at both access points by providing them time and opportunity to look over all informational materials.
2. **Training:** We trained all staff on how to use the informational materials.
3. **Implementation:** We installed sides and provided each access point with copies of informational materials, like one pagers and forms, to get started.
4. **Maintenance:** We provided OHS with a short-term governance plan.

The next sections in this chapter describe each phase in detail.

PHASE 1: PREPARATION

We provided all staff members—security officers, service representatives, social work staff, supervisors, and administrators—with the informational materials created for both Apple Tree Family Center and Roosevelt Darby Center, so everyone could look them over before official implementation. This review time gave all staff members the opportunity to go through the materials that were created for both sites. Staff members also used the time to note questions or concerns to address at the training session.



PHASE 2: TRAINING

We organized training sessions for all staff members at Apple Tree Family Center and Roosevelt Darby Center. At the training, staff members learned:

- Why the informational materials were created and how they connect to the broader vision of being trauma informed.
- How the informational materials should be used in practice.
- What process-related changes they might need to make to effectively use the informational materials.

We handed over the facilitation of the training to each site's administrator and supervisors so they could walk their staff through using the informational materials and address any process-related changes staff might have to make.

To support this training we created:

- Scenarios that describe how informational materials like one pagers and forms can be used on the ground.
- A presentation deck to help administrators and supervisors explain key aspects of the informational materials and process-related changes.

PHASE 3: IMPLEMENTATION

Once staff at both sites were trained, we provided each site with printed copies of all the one pagers and forms, so staff could begin using them. We also installed all temporary signage at both Apple Tree Family Center and Roosevelt Darby Center.

We created a shared Google Drive with all supervisors and administrators so they had access to original PDF files and the ability to edit sign templates for future use.

In addition, we tested and then installed printed signage at both sites.

PHASE 4: MAINTENANCE

As the informational materials were implemented in the real world, staff were asked to make note of any information that needed to be updated based on their experience.

We created templates for certain signs (e.g., Signs informing participants the access point is closing early for the day) in a shared powerpoint document to allow staff members to update the signs in the future. These signs could then be printed out and posted in the space at Apple Tree Family Center and Roosevelt Darby Center.

In addition, we developed a short-term governance plan to maintain quick win projects. According to our plan, ODDT staff on the project will maintain the documents for six months. During this time, OHS communications staff will be trained on all future maintenance of materials.

PROJECT 4

TRAUMA-INFORMED SPACE PLAN

- Part One / Strategic plan
- Part Two / Implementation plan

Project goal: Demonstrate how access points can support people in moments of crisis and develop an implementation plan so OHS can take action on recommendations over time and as budget allows.

Key deliverables:

- A strategic plan that demonstrates actionable recommendations for how access points can become trauma-informed in practice.
- An implementation plan that translates the strategic plan into design concepts, material finishes, furniture selection, and guidelines for renovations.

Core project team:

- Bruce Johnson, Director of Prevention, Diversion, and Intake, Office of Homeless Services
- Liana Dragoman, Service Design Lead & Director, Office of Open Data & Digital Transformation
- Devika Menon, Service Design Fellow

Ballinger team:

- Keith Mock AIA, Partner
- Sara Ridenour AIA, Associate Principal, Project Manager
- Margaret Nersten, Designer II, Architecture
- Natala Covert, Designer I, Interior Design

Project advisors and additional support:

- Dr. Meagan Corrado, licensed clinical social worker, full-time faculty at Bryn Mawr College, and founder of Storiez trauma narratives
- Patrick Livingston, Real Estate Specialist, Department of Public Property
- Chelsea Mauldin, Executive Director, Public Policy Lab
- Shanti Mathew, Deputy Director, Public Policy Lab

PROJECT 4: TRAUMA-INFORMED SPACE PLAN

Part One / **Strategic plan**

Let's say I'm homeless coming in the building, right? You don't get a warm, this is a safe environment for me to share my darkest, a lot of times shameful [experiences].

They feel ashamed and embarrassed, but they don't have a choice to share in that space.

— Staff

This chapter details how access points can become trauma-informed spaces to support people in moments of crisis.

- Introduction
- Spaces supporting key service moments
- Select common spaces
- General environment
- Conclusion

INTRODUCTION

Trauma-informed organizations acknowledge that trauma affects every layer of a service system from individual interactions, organizational policies, information communicated, and the physical space through which a service is experienced.

Therefore, a trauma-informed approach must also be applied to every layer of the system. *Project 4: Trauma-informed space plan* focuses on the physical space of access points where prevention, diversion, and intake services are accessed, used, and delivered.

There are two parts to this project:

- **Part One / Strategic plan** presents how trauma-informed principles can be applied to the physical space at the access points.
- **Part Two / Implementation plan** provides OHS with a concrete plan that they can implement over time and as their budget allows.

In this section, we detail the strategic plan for trauma-informed spaces at access points.

Access points are locations throughout Philadelphia where people at-risk of or currently experiencing homelessness can access prevention, diversion, and intake services.

OHS operates and manages two sites for the City's homeless prevention, diversion, and intake service. They are:

- Apple Tree Family Center in Center City
- Roosevelt Darby Center on North Broad Street

When a participant walks into an access point, everything they see communicates a message. The cleanliness and accessibility of the space is communication. The layout and seating arrangement in the waiting rooms is communication. The tone of messaging and language on the signs is communication. These service cues within a space might seem like afterthoughts or luxurious details. In fact, they can make people feel welcomed, included, punished, or pushed away.

The physical space is an important channel or vehicle through which participants and staff experience a service. For example, pathways within the space can be designed to feel seamless or can increase feelings of disorientation. Similarly, waiting rooms can feel haphazard and chaotic, or they can be strategically designed to feel productive and calming.

A space that is designed to be trauma-informed tells people that their well-being matters.

Adopting a trauma-informed approach to physical spaces

When participants arrive at an access point, there are a range of circumstances that shape their frame of mind. They might be fleeing domestic violence. They might be exhausted due to lack of sleep. On the other hand, staff members also face several stressors. They work tirelessly to support people in crisis with limited resources. They take in difficult stories on a daily basis that can lead to stress, secondary trauma, and vicarious trauma, and ultimately burnout.

In this way, participants and staff can begin at heightened levels of stress, anxiety, and concern, which can impact their interactions. Additionally, interactions can be impacted when participants and staff feel physically uncomfortable within the space. By being intentional about the purpose, function, and design of each space within an access point, we can lessen the negative feelings experienced by participants and staff while supporting them in moments of crisis.

Trauma-informed spaces should uphold the three strategic pillars:

- **Clear and consistent:** Purposefully communicate the intent and function through each detail, so people know what is expected of them within the service environment. That way, they can take appropriate action.
- **Goal-directed with choice:** Restore feelings of self-sufficiency and independence by giving people greater control over their environment.
- **Safe and respectful:** Nurture emotional safety by offering opportunities for creative expression and self-reflection. Quiet, predictable spaces help people in crisis feel calm and protected.

Trauma-informed recommendations

To demonstrate how access points could become trauma-informed spaces, we focused on Apple Tree Family Center. We used it as an example because the space is more complex. That way, the recommendations and design concepts could be scaled down and tailored to the space at Roosevelt Darby Center.

We organized recommendations according to the various spaces within an access point:

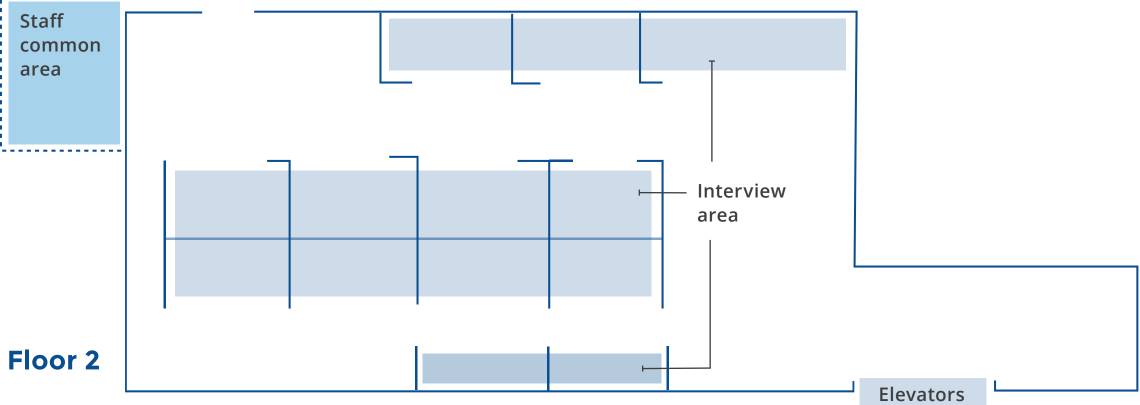
- **Spaces supporting key service moments** to illustrate how the space in each key service moment can be purposefully designed to support people, processes, and informational exchanges.
- **Select common spaces** to outline how secondary spaces (e.g., bathrooms) are important to the experience and can be designed to support a trauma-informed experience.
- **General environment** to detail how the environment in an access point can promote a sense of calm, safety, and lessen anxiety for staff and participants.

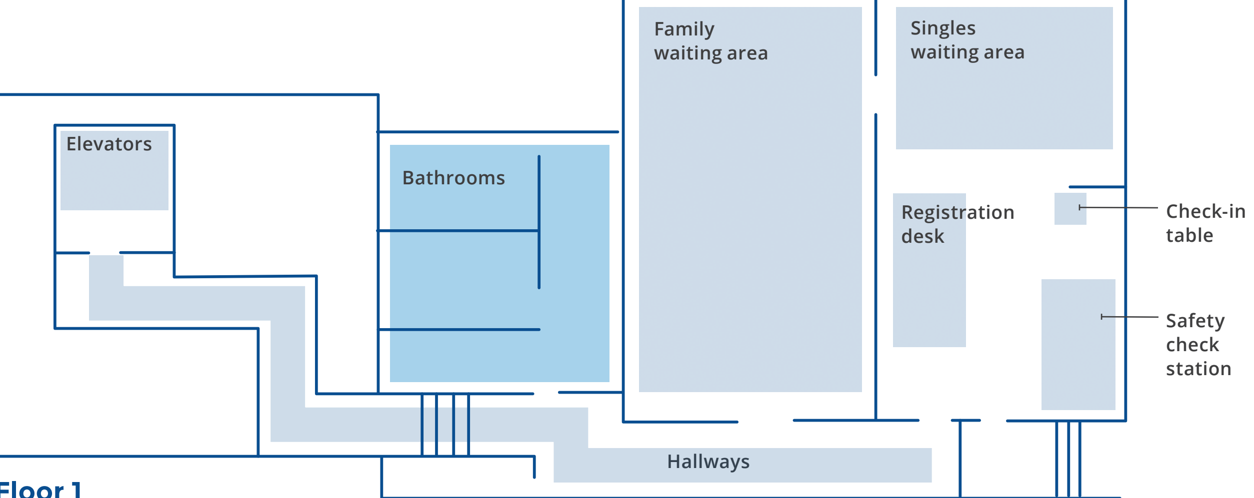
The next several pages highlight recommendations to support OHS in their efforts to make access points trauma-informed spaces for participants and staff.

Trauma-informed space recommendations for prevention, diversion, and intake access points

Spaces supporting key service moments

Select common spaces





SPACES SUPPORTING KEY SERVICE MOMENTS

Key service moments are the small, concrete steps that make up each person's journey in their prevention, diversion, and intake service experience. Key service moments bring together the four elements of service delivery— people, process, information, and space. These moments are crucial to the participant and staff experience, and they can have a ripple effect on the steps to follow. In this section, we detail how different spaces within an access point can support key service moments in the prevention, diversion, and intake service experience (as outlined in *Project 2: Service interactions, Process*).

The spaces that support key service moments are:

- **Entryway** > Arrive at an access point
- **Safety check station** > Complete safety check process
- **Registration desk, check-in table** > Register and get assigned social work staff
- **Waiting area** > Wait for interview
- **Elevators, Hallways** > Navigate to second floor and back
- **Interview area** > First and last moments with social work staff

The next several pages take a detailed look at each space and identify how a trauma-informed approach can be applied to support the well-being of participants and staff.

Entryway

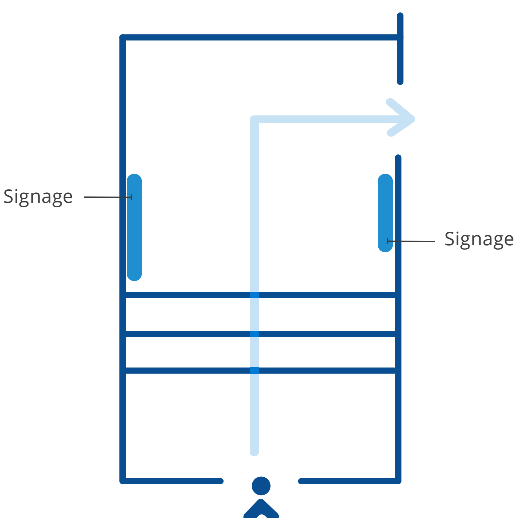
Supports key service moment 1:
Arrive at an access point

Participants can arrive at an access point in varying states of mind. Some might be fleeing a dangerous situation like domestic violence. Some might be in withdrawal while others might be exhausted from lack of sleep.

First impressions are crucial. The initial moments of arrival—seeing the access point building, walking up to the front door, and entering the space—can set the tone for the rest of the experience. The accessibility and cleanliness can inform a participant's impression of the access point, staff members, and OHS as an organization. These impressions can make participants feel welcome and or pushed away.

Existing design challenges:

- As participants walk through the entryway and turn around the corner to enter the space, they might encounter security officers in uniform and a room full of participants. This can be alarming for those in crisis or with a history of abuse.
- A security blind-spot in this entryway leaves security staff without a clear view of those entering and exiting the building.
- Signs about what to expect and security policies are placed outside participants' line of sight as they walk into the space. As a result, they might miss key information that could shape their first moments.

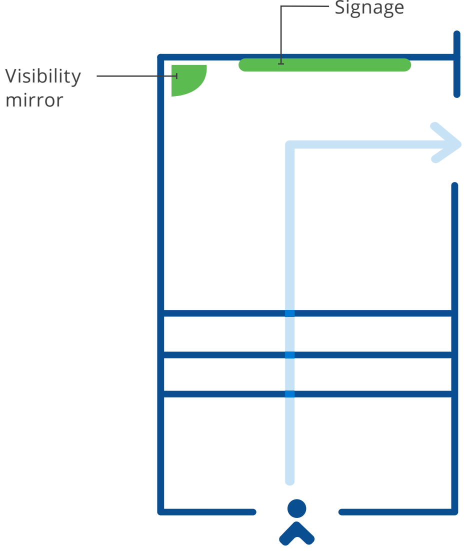


Trauma-informed space

Goal: Immediately orient participants to the service and ease them into the process.

Recommendations:

- Display signage that lets participants know what to expect within minutes of entering into the space—setting clear expectations and immediately calming nerves.
- Install a visibility mirror so that staff have a clear view of participants entering, and participants get a sense of what to expect as they enter the space. These mirrors provide a sense of safety—this is especially important to those who have experienced traumatic events that undermined or compromised their basic sense of physical and/or emotional safety.



Safety check station

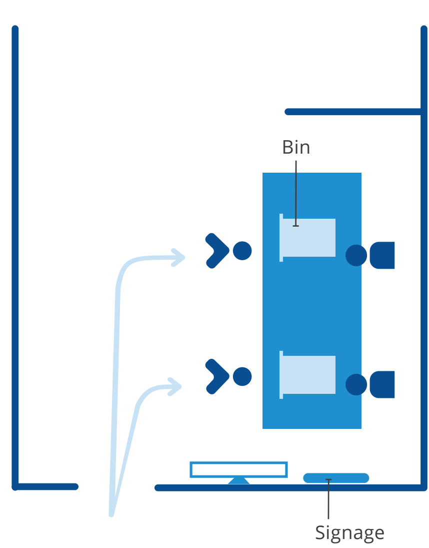
Supports key service moment 2:
Complete safety check process

The safety check process is the first interaction participants have with an access point staff member. Uniformed officers survey participants and their belongings for contraband items before they make their way into the site. While this is an important safety measure, having to expose personal belongings is stressful for participants who might have lost everything or to those who might live in environments that do not afford them privacy. The uniform in itself can be a stressful reminder for those who have a history with the police. As a result, participants may react negatively to the security officer and the safety-check process.

Security staff can also experience secondary trauma through their day-to-day interactions with participants. Sometimes, a security officer might have to confiscate an item from a participant's belongings for safety reasons, or they might have to remove participants who are disruptive or violent from the site. Over time, secondary trauma and vicarious trauma can interfere with their ability to effectively de-escalate.

Existing design challenges:

- Participants are asked to empty personal belongings in bins in an open space that lacks privacy.
- At Apple Tree, while performing their work, security staff are confined or boxed in behind a table. This can be a barrier to quick action.
- At Roosevelt Darby, security staff have minimal space to check belongings, and oftentimes, have to bend over to examine bags. This can be strenuous in the morning when there is a long queue, and it poses a safety risk when security staff have their backs to the entryway.

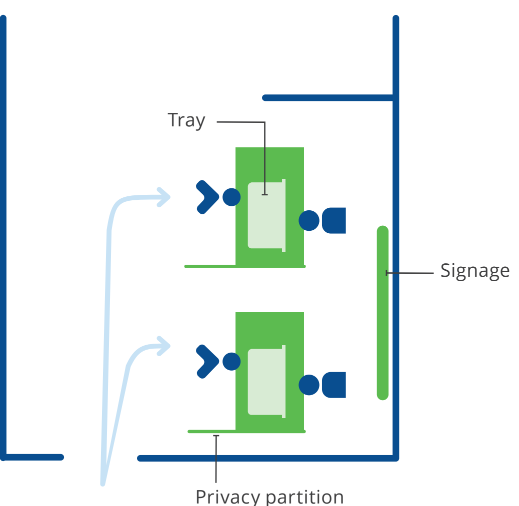


Trauma-informed space

Goal: Welcome participants and provide reassurance of a safe environment for participants as well as staff members.

Recommendations:

- Display signage that welcomes participants and lets them know what to expect for the safety-check process.
- Create safety and privacy by equipping the safety check space with:
  - Tables with privacy partitions on each side to provide a semi-private belongings check experience.
  - Large trays to place belongings or bags in, so staff can search the contents of someone's bag in a way without emptying everything. This allows participants some privacy as their belongings are searched in front of other participants.
  - Security cameras and screens for staff to monitor the space.
- At Roosevelt Darby, provide a movable table or trolley on which to place belongings.



Registration desk

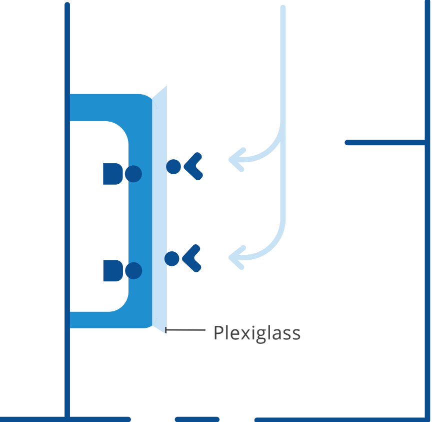
Supports key service moment 3:
Register to see social work staff

After completing the safety check process, participants get registered with a customer service representative so they can join the queue to meet with social work staff. The customer service representative gathers pertinent information from the participant and creates a profile for them in Client Track—the database OHS uses to store and manage participant information.

At the registration desk, participants share personal information (e.g., social security numbers) in a space that is open, busy, and lacks privacy. This can make some participants uncomfortable and hesitant to share personal details.

Existing design challenges:

- The registration desk is partially secured with plexiglass on the front. The lack of barriers on either side of the desk make service representatives feel unsafe if things go awry with participants who might respond with aggression.
- Cutouts in the plexiglass screen do not align to where participants speak and exchange information with the service representatives—making participants feel uncomfortable when sharing information.
- The walkway between the security check station and registration desk can get chaotic as participants enter, check-in, access bathrooms, and navigate to the second floor.
- The location of the registration desk keeps the service representatives as the main focus of the entryway and waiting area as participants navigate. Because of this, they can be bombarded with questions from participants.

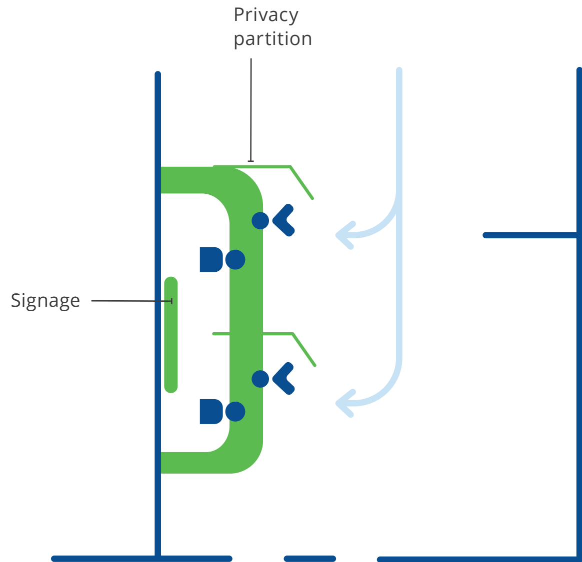


Trauma-informed space

Goal: Allow for semi-private interactions between participants and service representatives—while ensuring safety for both.

Recommendations:

- Locate the registration in an area that provides service representatives with a clear view of the waiting area and entrance. This way staff can better see those leaving and approaching the registration desk.
- Add partitions between two workstations to create a sense of privacy when sharing personal information.
- Ensure cutouts in the plexiglass align with how participants engage with the service representative.
- Use modular walls to serve as barriers around the registration desk. Glass sections in modular walls can provide visibility and security.



Check-in table

Supports interim key service moment:
Check in with navigator

As discussed in *Project 2: Service interactions, Process*, the interim service experience improves upon the current service experience and presents incremental steps toward the ideal. In the interim, navigators, a new staff role, check participants in before they get registered with a service representative. Navigators also perform a basic *triage*, so that participants are directed to the appropriate service at Apple Tree Family Center.

Currently, a separate space for the navigator does not exist because security officers are the only staff members to check participants in and answer questions they might have about services.

Existing design challenges:

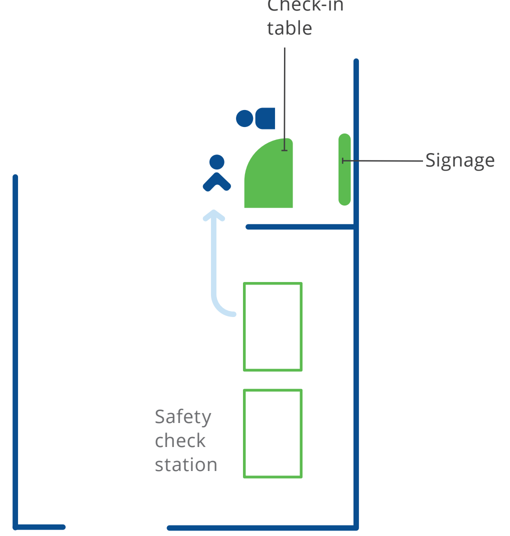
- At Apple Tree Family Center, participants might be eligible for prevention or diversion and intake services, which are on separate floors. If participants are unsure of which service they need, they might end up waiting in the wrong space for a long time. This is because security officers and service representatives do not have the background or social work training to assess and direct participants to the appropriate service. By introducing a check-in with navigators, participants can meet with the navigator at the check-in table and be directed to the appropriate service.

Trauma-informed space

Goal: Provide a space, separate from the safety check station, so participants know where to check in.

Recommendations:

- Display signs that let participants know they are at the next step in the process after the safety check.
- Position the navigator in this space so they can effectively triage participants to the appropriate service and answer questions.
- Provide a check-in table where participants and navigators can interact.



Waiting area

Supports key service moment 4: Wait to meet with social work staff

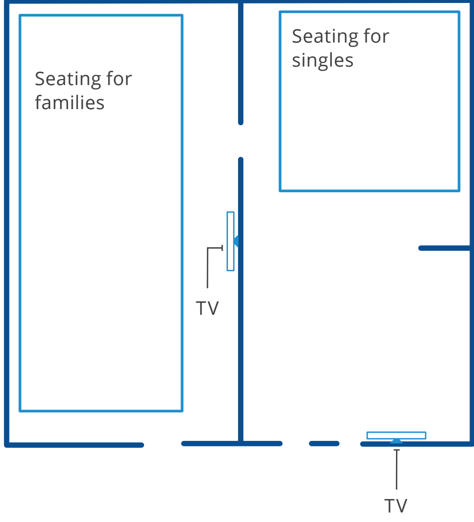
During the waiting period, participants may experience mounting anxiety. Not only are they managing feelings about their housing crisis, they are also navigating environmental stressors at the access points that can resurface past traumas.

The process to meet with social work staff is first come, first served. However, there are a variety of factors that influence when someone is seen, making it difficult for OHS to provide participants with a clear status of their wait time. Due to limited resources and high demand, participants sometimes have to wait at access points for long hours, even for days. Waiting for extended periods of time can lead to stress, frustration, and anxiety about where they are in the process and how long they might have to wait.

Making sure that participants are set up for success for their social work meeting is important, so the waiting process should not escalate already heightened emotions.

Existing design challenges:

- Participants sit in rows close to each other.
- Limited activities, information, and resources for participants to engage with while waiting.



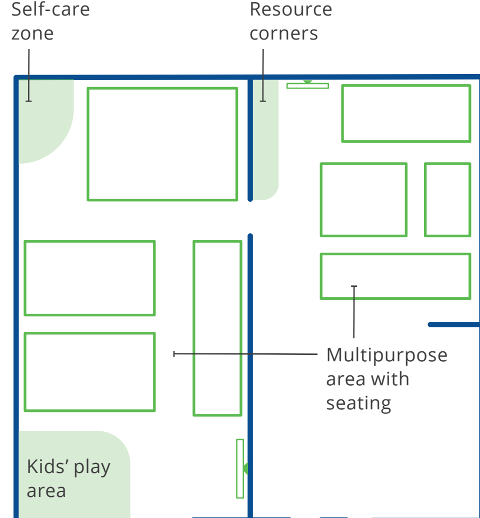
Trauma-informed space

Goal: A trauma-informed space should serve as a resource—enabling a productive waiting experience while taking care of a participant's immediate needs.

Recommendations:

- Divide the space into sections with different resources, information, and activities that participants can choose to engage with on their own terms. Examples of different sections within the waiting area are:
  - Multipurpose area
  - Resource corners
  - Kids' play area
  - Self-care zone

The next few pages detail the different sections in the waiting area.



Multipurpose area

- Locate the seating area near windows to maximize natural light and connection to the outside environment.
- Cluster people in smaller groups to avoid potential conflict and/or aggressive situations.
- Ensure participants' and staff's backs are not facing the entrance or doorway to enhance feelings of safety for both.
- Provide charging stations or outlets close to where participants are seated. For charging stations, ensure the phones can be locked and are safe.
- Equip the space with storage lockers where participants can choose to store their belongings (e.g. book bags) for the day.
- Provide water filters (to fill water bottles or paper cups). Cold water is known to regulate and calm people down in stressful moments.
- Provide juice boxes and packaged snacks (for example, energy bars) so participants have something to eat while they wait to meet with a social worker.
- Paper towels and hand sanitizers allow participants to clean up after themselves, creating a sense of agency and ownership of the space.
- Long tables can serve as an eating area for participants to sit together to share snacks and/or conversation.

Resource corners

- Organize and contain information in a visually accessible manner so it does not feel overwhelming and is easy to access.
- Consider different avenues for different *types* of information:
  - Bulletin boards to post updates
  - Movable trolley with resources about services
  - Wall mounted screens for process-related information
  - Self-serve iPad stations with information categorized by *types* and communicated via videos that participants can choose to watch on their own terms
- Provide a table in the resource area with a printer for the navigator to print out directions or any other information that participants might need.

Kids' play area

- Provide a safe and engaging space for children to play together or with parents/guardians. This also promotes a sense of community and peer support by creating opportunities for parents/ guardians to connect with each other.
- Ensure parents/guardians have clear visibility of the space— having kids in clear sight reduces stress for parents who might be fleeing dangerous situations.
- Set clear boundaries of the play area using painted floor graphics and/or colored tiles.
- Provide modular seats and tables that can be joined together to accommodate kids and parents/guardians. This gives both parents and kids more control over their environment.

Self-care zone

- Provide *fidgets* to help de-stress and relax. For example: A toolkit with doodles and meditative activities to focus and decompress.
- Equip with comfortable seating to help participants relax.
- Use carpeted sections/tiles to manage acoustics and noise.
- Place plants and art as visual points of interest that promote focus or help relax.

Hallways and elevators

Supports key service moments 6,7,10:
Navigate to second floor and back

The physical space of Roosevelt Darby Center can be easily understood by participants since all staff are located on the same floor. Apple Tree Family Center can be much harder to navigate because social work staff and service specialists sit on different floors. Participants have to navigate the space as they make their way to their interview or while they access the bathrooms and other spaces at the access point. Different services are located on different floors, and elevators serve as the primary way for participants to travel from floor to floor.

For those in the middle of a traumatic event, navigating unfamiliar spaces can increase feelings of disorientation. Reassuring participants that they're on the right path ensures they remain relatively calm. Giving directional information in multiple formats ensures participants remember where they should be going and ensures they are prepared to meet with social work staff. In addition, ensuring they feel safe—physically and emotionally—as they walk through hallways can make navigating a new environment less stressful.

Existing design challenges:

- Navigating the space can be difficult due to complex building layout.
- There can be gaps in the signage that guides participants throughout the space.
- Placement of signs can be outside a participant's line of sight and go unnoticed.
- The elevator space lacks information that lets participants know what they can expect at each floor.

Trauma-informed space

Goal: Guide and orient participants as they move through the space.

Recommendations:

- Communicate and reinforce key messages across different spaces through signage and wayfinding graphics.
- Clearly label spaces and provide directional assistance, so people know where to go, and what to expect when they arrive, and so they get confirmation they have arrived at the right spot. This includes elevator spaces:
    - Display the floor number on the elevator doors so participants know what floor they are on.
    - Label the buttons inside the elevator to correspond to the service available. For example, 3rd floor can be labeled as *Prevention*.
    - Display floor number signage on each floor that participants can see as soon as they exit the elevator—letting them know they have arrived at the right space.
- Place signage in areas where it is visible, readable, and accessible for all—able-bodied participants and those with disabilities.
- Ensure a clear view of entrance and exits, the registration, and waiting area by limiting visual barriers or using partitions with glass sections. Open spaces contribute to a sense of safety.
- Place visibility mirrors in hallways that intersect or have blind turns to avoid unexpected confrontation, which can be alarming for participants—especially for those with a history of abuse.
- Position people so they can see across a room, through doorways, and into different spaces—creating a sense of openness, and therefore, safety.

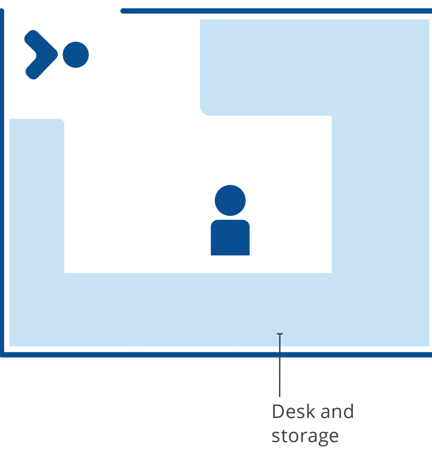
Interview area

Supports key service moments 8,9: First and last moments with social work staff

Staff meet with several participants in a day in an open office space which can make it difficult to keep conversations private. Sometimes, the lack of privacy can deter a participant from sharing important information that might help determine the right assistance or service. It is important to find opportunities to make participants feel safe sharing their personal information so they are connected with the right resources and support.

Existing design challenges:

- The layout of the interview space can make social work staff feel boxed in at their desks when speaking with participants.
- There is a lack of storage space for staff to store documents, resources, files, and other paperwork.
- At Roosevelt Darby, close proximity between two interview spaces means staff and participants can overhear others' conversations.

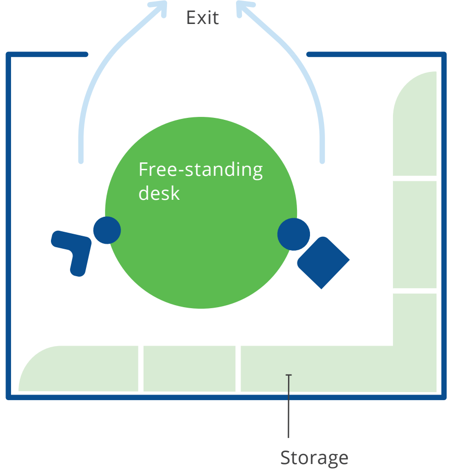


Trauma-informed space

Goal: Enable a safe and private environment for staff and participants, so participants feel at ease when sharing personal information.

Recommendations:

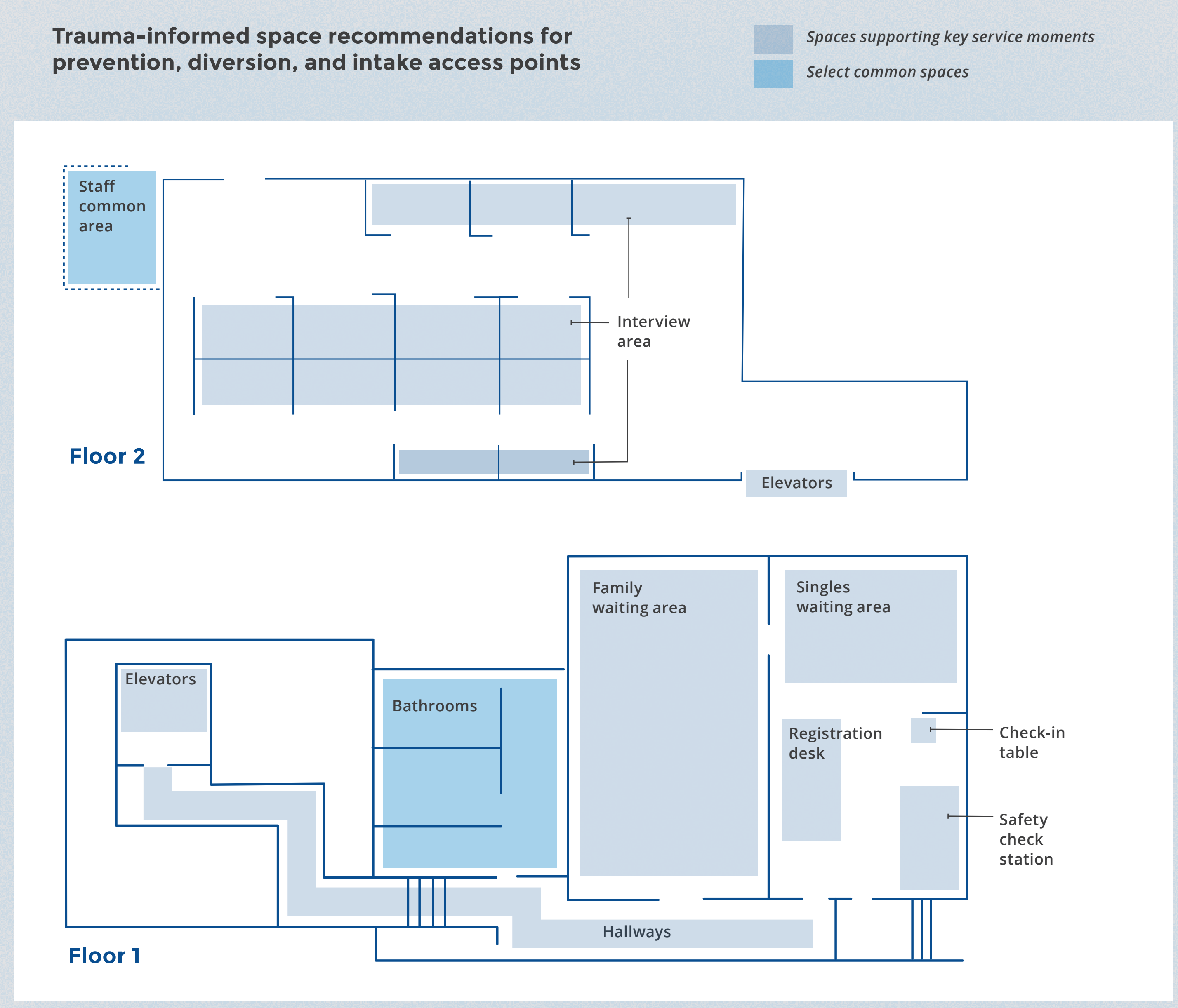
- Design the layout of the space so participants and staff are seated diagonally across—instead of face-to-face—enabling a relaxed, non-confrontational atmosphere.
- Provide a free-standing desk or round table. This invites interaction and provides staff and participants easy exits in a way that does not box either one in.
- Place convex visibility mirrors near interview spaces so that staff have a clear view of those approaching.
- Provide staff with access to a laptop or computer, phone, printer, and scanner.
- Provide staff with storage options to store paper forms, documents, files, and other resources in order to create an environment that is organized and clutter free.



SELECT COMMON SPACES

In this section, we detail support spaces that span a participant and staff member's experience at an access point. Some select common spaces include bathrooms and a staff common area.

Trauma-informed space recommendations for prevention, diversion, and intake access points



Bathrooms

As some participants transition between after-hour sites and access points every day, they might not have access to clean bathrooms and showers. Some participants feel physically unclean and uncomfortable while they wait for long hours. If a participant's immediate and most basic needs are taken care of, they can be set up for positive interactions.

Existing design challenges:

- Bathroom space is limited and does not support those with disabilities.
- Participant bathrooms are located only on the first floor, while they meet with social work staff on the second and third floors. If a participant needs to use the bathroom, they have to travel all the way down to the first floor.

Trauma-informed space

Goal: Account for a participant's basic needs in moments of crisis and displacement.

Recommendations:

- Provide bathrooms that are accessible to those with disabilities and inclusive of men, women, children, and gender non-binary people, in addition to separate bathrooms for staff members.
- Ensure participants and staff have access to bathrooms on all floors.
- Display signage that is inclusive and visually accessible.
- Ensure bathroom spaces are clean and well lit.
- Provide space within bathrooms for participants to freshen up, with access to a hygiene care pack (e.g., hand soap, lotion, etc.).

Staff common area

In the course of supporting and assisting participants, staff often absorb the details of participants' stories and experiences. The traumatic narratives that participants share may prompt negative feelings within the staff member. In addition, staff can experience a sense of powerlessness due to the limited resources and overwhelming need that can lead to feelings of hopelessness and disempowerment. These stressors can lead to second-hand trauma, stress, and burnout.

Moreover, we heard about the need to build better connections between the different teams—the prevention team and the diversion and intake team—at Apple Tree Family Center, since they work towards a common goal. A healthy work environment can improve staff morale and productivity while allowing them to focus on building authentic connection and relationships with participants and colleagues.

Trauma-informed space

Goal: Allow staff across Prevention, Diversion, and Intake to decompress and connect with each other.

Existing design challenges:

- Lack of a dedicated space for staff across different units to decompress and connect with one another.
- Because of limited space, social work staff do not have access to personal cubicles.

Recommendations:

- Encourage staff to personalize and choose the colors of the space, creating a greater sense of ownership.
- Create a *living room* environment with couches and comfortable chairs. Equip space with a coffee maker and microwave, so staff can take breaks and decompress.
- Create staff *self-care zones*— corners with a staff safety plan and self-care guide.
- Provide modular tables to share meals or collaborate on cases together.
- Provide storage for staff to store personal belongings.

GENERAL ENVIRONMENT

Depending on the weather or the time of the month, Apple Tree Family Center might be overflowing with participants with a wide range of needs. The space can get busy and hectic for participants and staff, increasing levels of stress and anxiety. Navigating environmental stressors in addition to homelessness or imminent homelessness can increase levels of stress and anxiety.

The general environment refers to various elements within the space (e.g., color, lighting) that can affect how participants and staff feel. These elements can promote a calm environment that decreases stress. When certain elements remind people of past traumatic events, they can exacerbate existing levels of stress and anxiety (e.g. dim, fluorescent lighting often remind people of institutional experiences). A trauma-informed environment can help people navigate their emotional in calmer, less aggressive ways.

Existing design challenges:

- Large crowds along with multiple activities (e.g., safety check, registration, waiting) that take place within one space create a chaotic environment for all.
- Lack of color, art, or other visual elements can affect people's emotional state.
- Limited natural light and/or harsh overhead lighting can make the environment feel unwelcoming, cold, and crowded.

Trauma-informed space

Goal: Create a calming environment that promotes feelings of well-being, connection, and emotional safety.

Recommendations:

- Pay attention to aesthetics that make the environment feel safe, calm, and caring—showing the commitment to staff and participant well-being. Some aesthetics that promote a calming environment are:
  - Color.
  - Lighting.
  - Design elements.

Color

- Choose paint colors based on the function of the space and the interactions it supports. For example:
  - Cool colors are calming and put people at ease, so they can be used in spaces like interview and waiting areas.
  - Vibrant colors, like yellows and reds, increase levels of anxiety and can be overstimulating. Therefore, they should be used minimally— as accents or in graphics in areas like the kids' play space to develop a sense of energy and activity.
- Balance cool colors with warmth—use neutral tones, beiges, and warm wood tones— so that a space does not feel too cool.
- Use neutral or lighter colors for large spaces and corridors to foster a feeling of openness. If a space is perceived to be open, it reinforces feelings of safety.

Lighting

- Use natural light to soften spaces and counterbalance overcrowdedness. For example:
  - Spaces with more natural light can feel open and spacious.
  - Spaces with lower levels of lighting can feel crowded and uncomfortable.
- Use yellow-tinted lights to add warmth and comfort to a space.
- Avoid the use of fluorescent or blue lights, as they can be a reminder of cold, institutional spaces.

Design elements

- When the outside cannot be seen, add natural elements to foster the feelings of wellness and calmness that humans experience outdoors. For example:
  - Plants can connect people to the outside world and promote a tranquil and peaceful environment.
  - Finishes with a wooden look can bring a touch of the natural environment indoors.
  - Use art to focus, calm, and inspire. It can serve as a visual point of interest or distraction for those waiting in spaces for long periods of time.

These recommendations lay the foundation for approaching the design of trauma-informed spaces. OHS can use the recommendations to inform future space-related improvements. They reflect the three strategic pillars—clear and consistent, goal-directed with choice, and safe and respectful. They also align with what staff and participants need to feel supported at access points.

In the next section, we describe how this strategy was turned into an actionable implementation plan for prevention, diversion, and intake access point sites. That way, OHS has a concrete plan they can refer to when making improvements to access point spaces.

PROJECT 4: TRAUMA-INFORMED SPACE PLAN

Part Two / **Implementation plan**

While the people experiencing homelessness are, of course, a diverse group, some fundamental needs are shared. Creating a sense of security, privacy, and dignity is always necessary. The best solutions are also participatory. We must listen to and include these people in the design approach.

— Jill Pable, Ph.D., FIDEC, ASID, Professor in the Department of Interior Architecture and Design at Florida State University and project lead for Design Resources for Homelessness

This chapter details aspects of the implementation plan for trauma-informed spaces including design concepts, layouts, materials, and visualization.

- Introduction
- Accessible design concepts
- Materials and furniture
- Visualizations
- Conclusion

INTRODUCTION

To bring the trauma-informed space strategy to life, we worked with Ballinger, a local architecture firm. Based on the recommendations outlined in Part One/ Strategic plan, Ballinger developed conceptual designs and guidelines to ensure that the spaces within access points supported the collective well-being of participants and staff. These conceptual designs and guidelines will help other architects, engineers, and interior design professionals who might implement aspects of the trauma-informed space plan in the future. Our strategic space plan and Ballinger's implementation plan serve as prototypes and guides to similar sites and centers across the city that want to implement trauma-informed strategies in physical spaces.

Ballinger facilitated several meetings with our extended project team that comprised administrators and supervisors at OHS's two access points—Apple Tree Family Center and Roosevelt Darby Center. In addition, staff from the Department of Public Property were present. The review meetings helped ensure the concepts and guidelines in the implementation plan were practical, implementable, and in alignment with OHS's needs.

Ballinger developed an implementation plan that included:

- Accessible design concepts illustrating the design and layout of each space.
- Material and furniture selections that are durable and easy to maintain.
- Visualizations that include 3D renderings of what the space could look like.

Ballinger also included cost estimates for materials, furniture, and renovation in the implementation plan. In addition to creating a detailed plan for Apple Tree Family Center, Ballinger worked with OHS and the Department of Public Property to develop a scaled-down implementation plan for Roosevelt Darby Center.

The next section presents excerpts from the implementation plan for trauma-informed spaces at OHS's access points.

ACCESSIBLE DESIGN CONCEPTS

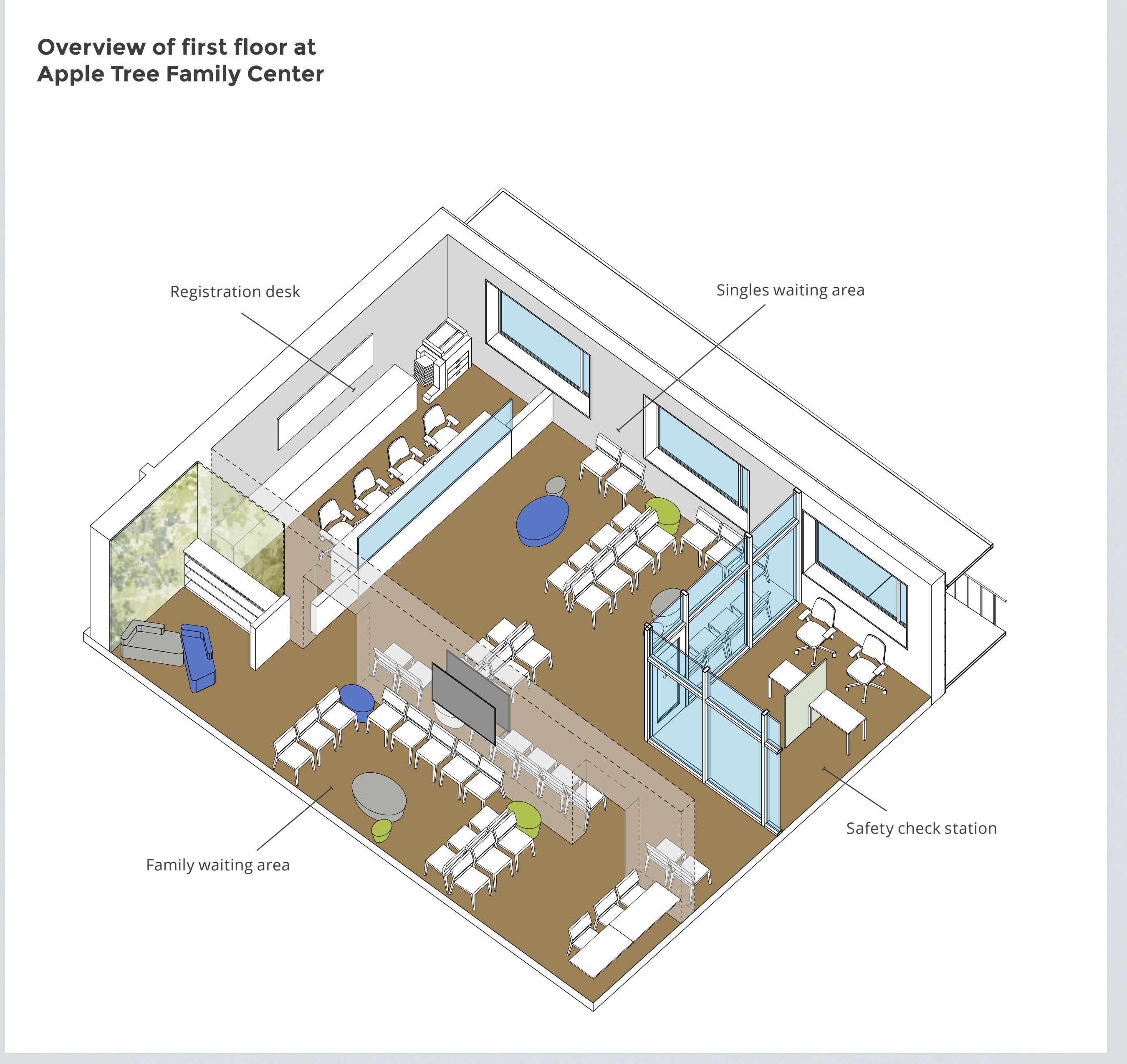
OHS access points serve a range of Philadelphians seeking prevention, diversion, and intake services. While Apple Tree Family Center does have an accessible entrance for those with disabilities, the entrance is located in a narrow street to the side of the building. Participants are asked to ring a bell and wait for someone to assist them in entering the site. Once at the site, participants in wheelchairs might have to wait in separate rooms, since a set of stairs make the common waiting areas inaccessible to them. As we previously mentioned in this chapter, these cues within a space can make people feel welcomed, included, punished, or pushed away.

Designing for participants in wheelchairs or participants with strollers can benefit all participants regardless of their abilities. To ensure the design concepts were accessible to all, Ballinger developed floor plans and layouts for individual spaces on each floor at Apple Tree Family Center. The proposed designs seek to promote clarity and consistency as well as a sense of empowerment, dignity and safety for participants and staff. When the environment supports participants and staff, they can engage with each other in healthy ways.

Before / Proposed redesign: Accessible entryway with a ramp ensures all participants enter and exit the site the same way.

For each floor, Ballinger developed several layouts that account for safety and privacy, and promote opportunities for thoughtful exchange, self-reflection, and human connection.

Overview of first floor at Apple Tree Family Center



Kids' play area

Design points:

- Openness and visibility to the family waiting area and registration desk
- Bright and playful colors
- Opportunities for engaging in activities and conversations

Staff common area

Design points:

- Openness with natural light
- Pantry / kitchen space
- Opportunities for group gathering, activities, or respite
- Audio/visual capabilities for team meetings

MATERIALS AND FURNITURE SELECTION

Based on OHS's requirements, Ballinger picked materials and furniture based on several design considerations. Some considerations included:

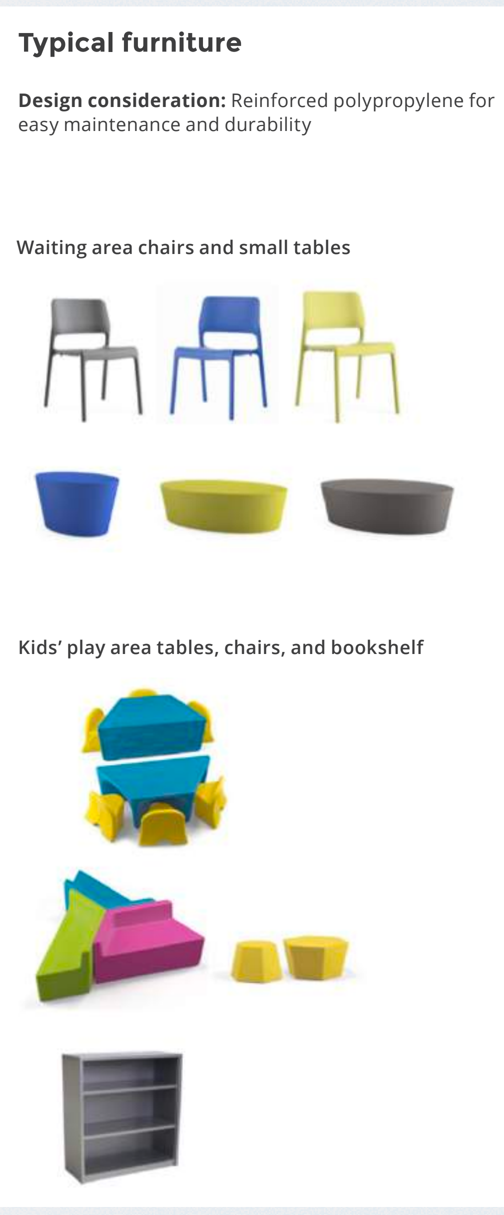
- Durable finishes and surfaces that can withstand heavy use and are easy to clean and maintain over time.
- Calm and nature-inspired tones and finishes for the general look and feel of various elements within an access point.
- Materials that can absorb sound and manage the general acoustics within a busy space.
- Furniture that is bed-bug resistant. For example: While wood is a nature-inspired tone, furniture cannot be made out of wood as bed-bugs can burrow in them. Ballinger identified bed-bug resistant finishes with a wooden-look.

Typical furniture

Design consideration: Reinforced polypropylene for easy maintenance and durability

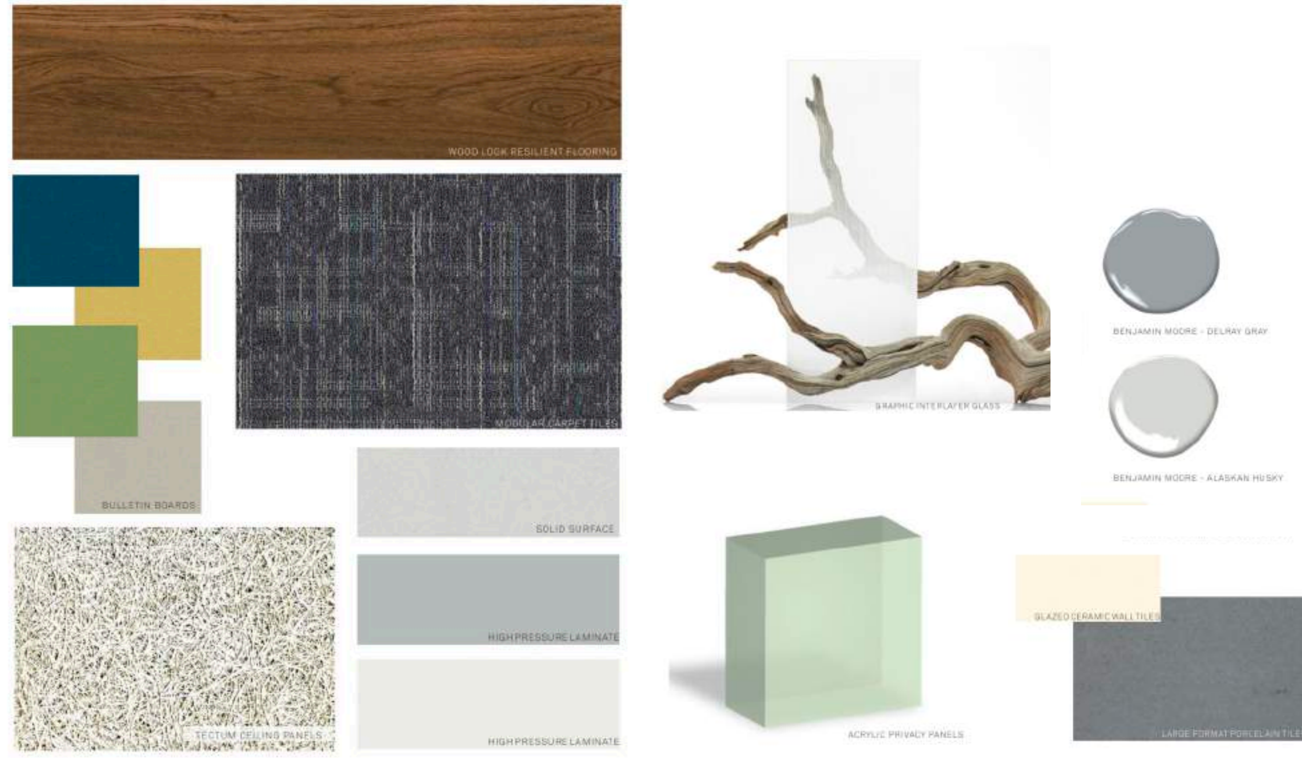
Waiting area chairs and small tables

Kids' play area tables, chairs, and bookshelf



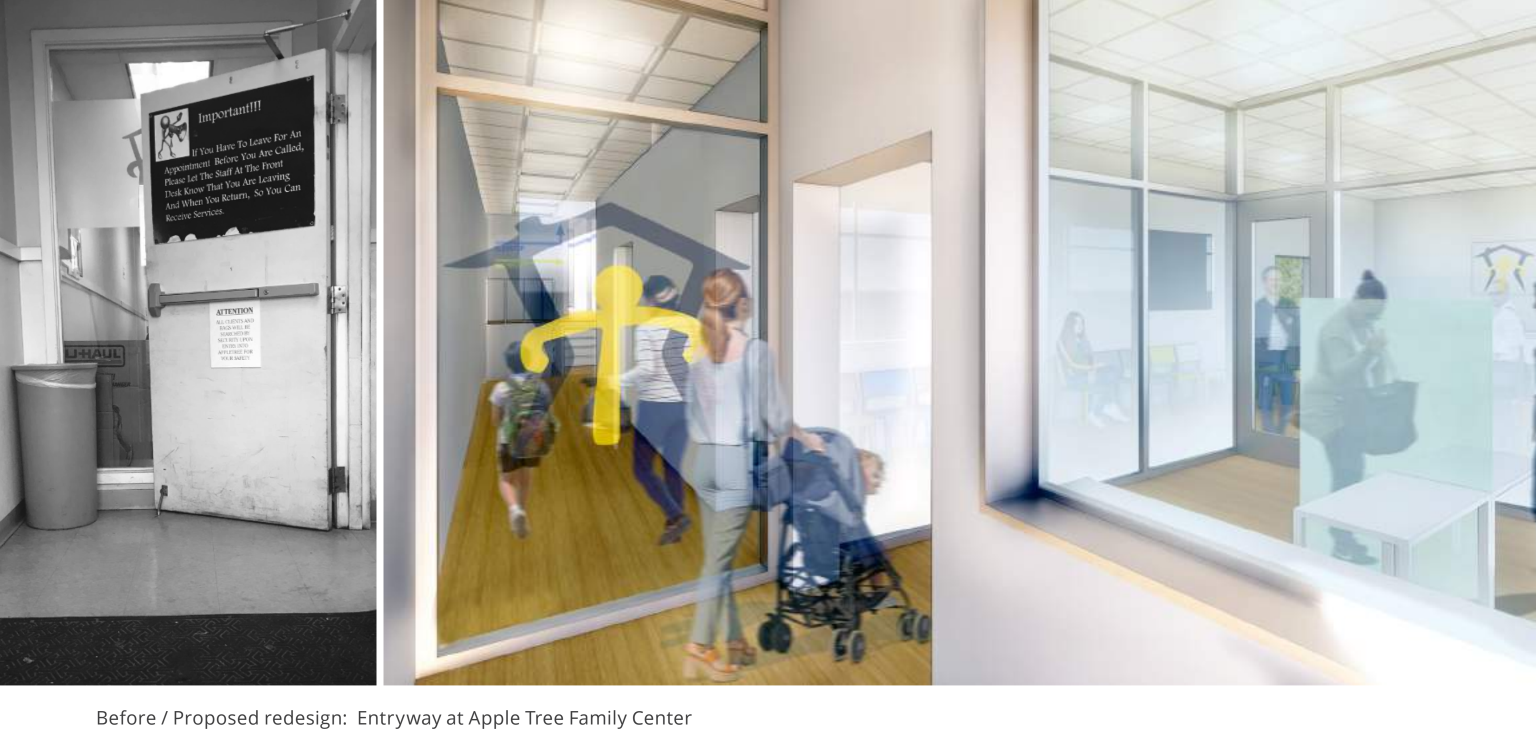
Materials look and feel

Design considerations: Durability, easy maintenance, budget-friendly, hospitality aesthetics, acoustic management, usage of calm colors, nature-inspired tones, and material finishes with low emitting Volatile Organic Compounds (VOCs).



VISUALIZATIONS

Ballinger developed several 3D renderings and visualizations that bring together the layout, furniture, and material selections, and the general look and feel of spaces within an access point.



Before / Proposed redesign: Entryway at Apple Tree Family Center

Before / Proposed redesign: Waiting areas on different floors at Apple Tree Family Center

Proposed redesign: Waiting area at Roosevelt Darby Center

Proposed redesign: Interview area and staff break area

Proposed redesign: Views from safety check station and registration desk at Apple Tree Family Center

CONCLUSION

Trauma-informed organizations not only realize and recognize the impact of trauma, but they also respond effectively and seek to resist retraumatization. Similarly, trauma-informed spaces actively resist retraumatizing participants and staff through the design and elements within the space. Intentionally designed spaces can contribute to participant and staff well-being. All recommendations and proposed design concepts reflect the pillars of trauma-informed care—they seek to promote clarity and consistency in addition to increasing a sense of empowerment, dignity and safety for participants and staff. As a result, when participants and staff are calm, they can express their emotions and engage with each other in safe, healthy ways.

Project 4: Trauma-informed space plan demonstrated how trauma-informed principles could be applied to the physical space at the access points. We recognize that OHS might not be able to implement all recommendations. This project serves as the foundation to make decisions on future space-related improvements. In addition, it provides OHS with a concrete plan to take action on over time and as their budget allows.

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- Roosevelt Darby Center
- ACTS Services
- Bethesda Project
- Broad Street Ministry
- DBHIDS Outreach teams
- Eliza Shirley House
- House of Passage
- Jane Addams Place
- Navigation Center Cafe
- Our Brother's Place
- Project Home
- Randolf Court
- Red Shield Family Residence
- Station House

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

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