

COVID-Response/Low Barrier Emergency Shelter, Q & I Facility

Yellowstone County Continuum of Care

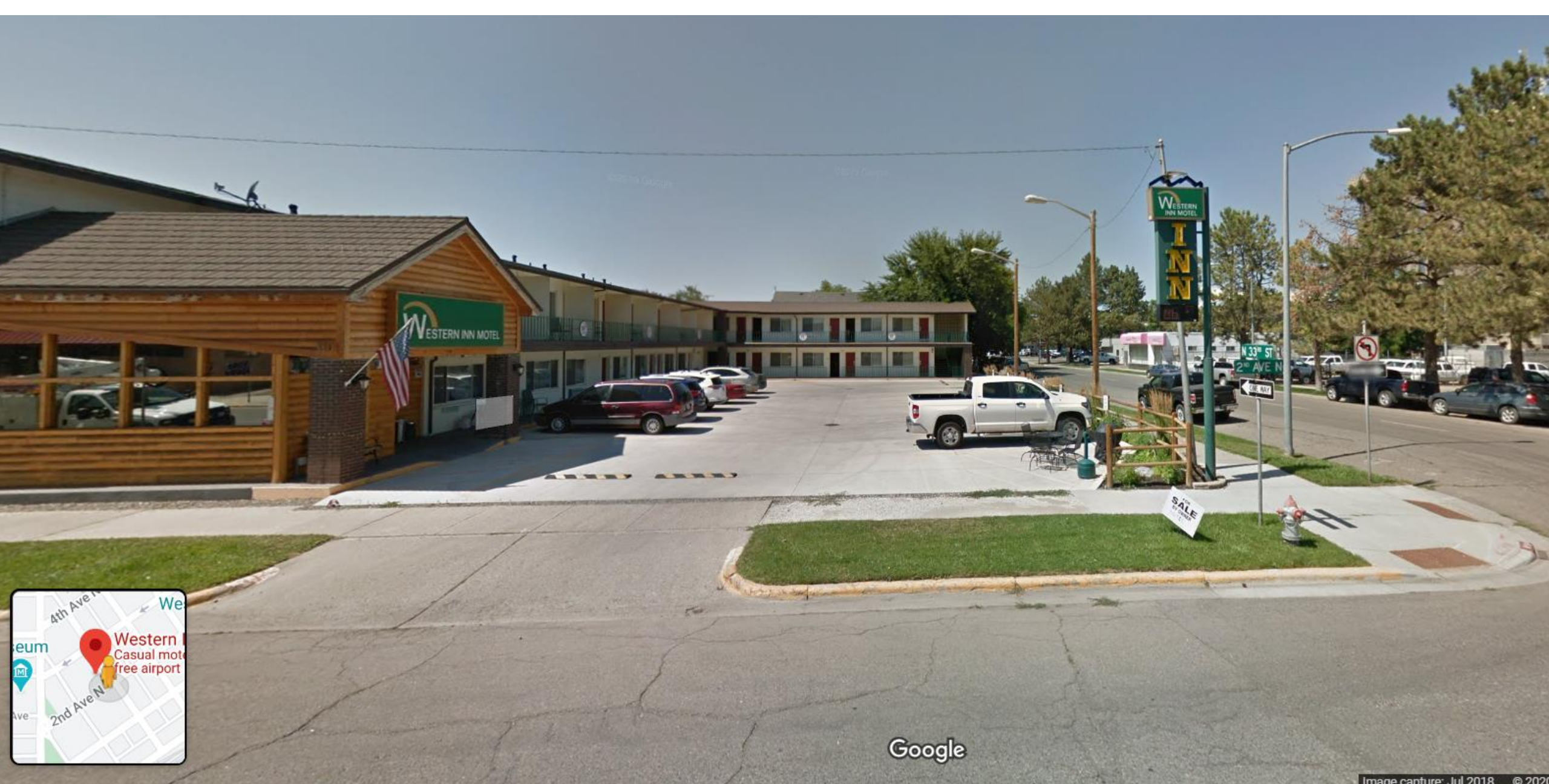
How Did We Get Here?

- **March 2020:** Yellowstone County Incident Command asked for CoC assistance in developing a congregate quarantine/isolation (Q/I) facility at MetraPark
- **May 2020:** Operational challenges (cost, staffing, guests declining to stay) resulted in the Q/I facility being moved to a temporary facility in the South Billings area, purchased by Riverstone Health
- **August 2020:** Driven by the need for a larger Q/I space (especially to serve families) and an increased number of homeless people living on the street, the CoC formed a small workgroup to develop a temporary facility that could serve as both a Q/I space and an emergency low-barrier overnight shelter to address safety issues during cold winter weather.
- **October 2, 2020:** After a series of intense planning sessions, the participants developed a Consensus Memorandum of Agreement to shape the temporary facility operations for a 12-month period.
- **October 6, 2020:** HAB Development closed on the purchase of the Western Inn, located at 3311 2nd. Ave N., which will serve as the site for the temporary facility.
- **October 26, 2020:** Non-Congregate Care Order issued by Public Health Officer.



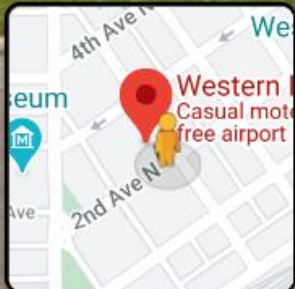
Western Inn Motel

- 40 rooms
- Opportunity for both congregate and non-congregate care
- Fully furnished rooms, security cameras at every door
- Owned outright by HAB Development; can be used for ongoing housing activities after temporary COVID/emergency shelter needs end.



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Map data



Google

Operational Plan

COVID Q/I Facility

- Serves all vulnerable populations who need Q/I space but do not need hospitalization
- Guests referred through a medical provider **only**
- Non-congregate care only – up to 20 rooms
- Guests can stay 24/7 until medical need resolves
- 3 meals per day (Salvation Army) + basic comfort care
- Healthcare for Homeless will check on guests periodically
- Can be a point of intersection/referral for other community services if needed

Low Barrier Emergency Shelter

- Serves virtually all persons in need of overnight shelter ***who cannot be served by an existing community provider***
 - Diversion is fundamental to this project
 - Pets, sex offenders may be barred from entry
- Operates from 7 p.m. to 7 a.m. daily
 - Guests must vacate rooms daily
- Congregate and non-congregate options
 - Persons who can't safely be in a room will be placed in congregate space
- No services provided by the Facility
 - Existing providers are welcomed/encouraged to intersect
- Community Crisis Center will serve as primary Front Door for entry and diversion to all community providers



Desired Outcomes

1. A reduction in the amount of time from Facility admission to eligibility for long-term community and housing services
 - *Stabilize people so that they can successfully participate in their own goal-setting and problem-solving with care providers*
2. A reduction in the use of emergency department services and arrests/law enforcement encounters
 - *Single point of entry to enable people to be diverted to most appropriate service provider without consuming first responder time*
 - *Focus on social service interventions to reduce system burdens*
3. Identification of previously unserved individuals and development of a pathway to services
 - *Increase the number of people served by the CoC – not reduce the number of people participating in existing services*

Additional Benefits

- Improved public health outcomes – providing more space for appropriate quarantine/isolation needs among vulnerable populations
- Backstop for existing providers who need to limit overnight stays or reduce populations to limit virus transmission
- Improved coordination of services, including street outreach, to engage more persons in need
- Reduced duplication through better collaboration
- Additional opportunities to engage with homeless population and refer to necessary services.
- Real-world data on need for low-barrier shelter in the community, to shape CoC planning

Memorandum of Agreement

- ***All Members of the Yellowstone County CoC Invited to Participate***
- ***Participants:*** Housing Authority of Billings, District 7 HRDC, Billings Clinic, the Crisis Center, St. Vincent de Paul, Healthcare for the Homeless, the Downtown Business Association, the Salvation Army, Tumbleweed, Riverstone Health, and Besaw Integrity Consulting
 - Rimrock joined for staffing and client flow planning
 - Participants all responded to a request for interested parties to engage in planning
- All decisions made by consensus agreement
- MOA addresses: population served, facility location, scope of services, management, safety, insurance/liability, staffing, security, supplies and equipment, oversight and operations, budget, funding, public communications and data gathering
- Non-binding, likely to evolve and change as operations begin

Key Decisions

- Oversight: CoC Executive Committee will provide governance and direction; Participant group will continue to meet monthly for additional coordination and guidance
 - Site director is being hired on 12-month contract for day-to-day operations
- Operations will commence between Oct. 15-Nov. 1
 - Facility is being equipped for operations now; may phase in occupancy
- Monthly operations budget estimated at \$150,000 per month
 - Funding organizations will either direct purchase goods/services or direct to United Way as fiscal agent
 - Intention decision to keep the project as a community-led effort, rather than hand over to any single organization. Keeps project temporary and allows independent, arms-length evaluation of efficacy and on-going need.
- Sources of funding: FEMA funds, ESG funds, donations, collaborations. County support needed here as all FEMA has to go through County DES Office and State DES Office.

Important Takeaways

- Project is designed to serve entire community and benefit all CoC Members:
 - Improved public health
 - More coordinated services – especially diversion
 - More people brought into services through outreach and additional opportunities for engagement
- Project is intentionally designed to be temporary, emergency-response driven, and fact-finding
 - Allows CoC to have evidence-based discussion on community needs and design best responses
- Project has access to funding, but still needs partner support! FEMA application and pass-through agency.



Questions & Discussion