A Case Study: Implementation of Integrated Homelessness Prevention Services in Hennepin County

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Abstract

Hennepin County has experienced a 17.8% decline in individuals experiencing homelessness since 2012, and has recently begun to integrate homelessness prevention interventions with other social services. Little is understood of the discretionary practices of frontline staff connecting clients to homelessness prevention services and how these practices contribute to the decline in individuals experiencing homelessness in Hennepin County. To fill that gap in understanding, we conducted interviews with social workers, supervisors, public health nurses, and program managers in two different service areas to learn how Hennepin County Human Services and Public Health Department (HSPHD) social workers practice housing stability interventions, and how program managers understand the actions of social workers who are addressing clients' housing stability needs. This research was conducted with semi-structured individual interviews with nine HSPHD staff. Our findings indicate that frontline staff practices are discretionary, and are not influenced by formal policy, training, or the recent integration of homelessness prevention services.

Authors' Notes and Acknowledgements:
Opinions expressed by participants are personal opinions, which may not be that of Hennepin County or the Hennepin County Human Services and Public Health Department.

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Introduction

Social issues have become increasingly more complex and involve a growing number of organizations that are working to solve them. As a result, it has become more common for organizations to coordinate social service delivery with other organizations working on similar social problems. Service coordination and integration in public health has been well researched, however there is little research extending outside of the field of public health.

Recently, Hennepin County (HC) has begun to integrate homelessness prevention interventions with other social services in the Human Services and Public Health Department (HSPHD), such as child welfare and support for adults with disabilities (Hennepin County, 2016). Though HSPHD leaders support integration of homelessness prevention services across departments, little is known of the discretionary practices utilized by social workers to connect clients to homelessness prevention resources.

HC coordinates its homelessness prevention services with Heading Home Minnesota, a statewide program administered at the county level to address statewide homelessness. According to the triennial homelessness survey conducted by the Wilder Foundation, the state of Minnesota experienced a 10.5% decline in individuals experiencing homelessness in 2015 compared to the previous 2012 study (see Figure 1) (Wilder Research, 2015). HC experienced an even greater decline of 17.8% in individuals experiencing homelessness during the same time period (Wilder Research, 2015).

Figure 1 HC and Minnesota Homeless Individual and Families, 2012 and 2015 (Wilder, 2015 and U.S. Census Bureau, 2012 & 2015)

Hennepin County	2012*	2015*	Change 15/12	% Change 15/12
Individuals	36.5	30.0	-6.49	-17.8%
Families	58.1	43.9	-14.14	-24.4%
Minnesota	**2012***	**2015***	**Change 15/12**	**% Change 15/12**
Individuals	19.0	17.0	-2.00	-10.5%
Families	28.4	25.0	-3.33	-11.7%

**Homelessness rate per 10,000*

Research Question

Our research seeks to address the connection between housing stability service integration initiatives at Hennepin County Human Services and Public Health Department (HC HSPHD), frontline worker homelessness prevention practices, and recent declines in people experiencing homelessness in HC. Our research addresses two questions: 1) How, when, and why do HC HSPHD social workers address (or not) their client's housing stability needs? 2) How do HC HSPHD program managers and supervisors understand the actions of social workers addressing clients' housing stability needs?

To better understand social worker practices, our research explores how motivation and training influence social worker practices through the following questions: 1a) What motivates social workers to connect their clients to homelessness prevention services in addition to the primary services they provide for their client? 1b) How do social workers learn how to connect clients to homelessness prevention services?

Our research findings suggest that frontline workers, who connect clients to homelessness prevention resources, use personal judgment in determining how, when, and why they connect

clients to homelessness prevention services. From our interviews, it appears that HC's formalized policies around homelessness service integration have yet to be created. Thus, the new housing stability service integration initiative does not seem to influence social worker's motivation to intervene in housing stability situations. Furthermore, we found that program managers and supervisors have an accurate understanding of social worker homelessness prevention practices.

Literature Review

Homelessness prevention interventions, such as HC's, seek to assist individuals in achieving or maintaining safe and secure housing. Achieving housing stability can sometimes result in the need for emergency shelter. Though the field has not developed a consistent definition of the term, we provisionally define "housing stability" as the degree to which an individual has established access to quality housing (Frederick, et al. 2014). Homelessness prevention research analyzes the outcomes of new interventions for individuals at-risk for or currently experiencing homelessness (Davis, Lane, and Saunders, 2012; Brown and Wilderson, 2010; Shinn et al., 2013). Studies have found that most families aided by rapid re-housing interventions achieve housing stability (Davis, Lane, and Saunders, 2012), that youth aging out of foster care who participate in transitional living programs may be less likely to experience homelessness (Brown and Wilderson, 2010), and that using empirical modeling to identify risk factors can improve targeting of services to families who need them most (Shinn et al., 2013). Additional research has found that rent subsidies for low-income individuals and families with HIV or AIDS successfully resulted in stable housing outcomes one year later (Dasinger and Speiglman, 2007), and that temporary financial assistance for housing costs for low-income individuals reduces their likelihood of experiencing homelessness (Evans, Sullivan, and

Wallskog, 2016). Previous research lacks in-depth analysis of the actions taken by frontline workers responsible for service delivery.

Research on service integration, or the coordination of shared goals, resources, and activities by service providers in different program areas serving the same clientele (Packard et al., 2013), has primarily explored the feasibility and effectiveness of service integration in the health and social services fields (Fisher & Elnitsky, 2012; King & Meyer, 2006; Packard et al. 2013). However, researchers have not analyzed the integration of homelessness prevention interventions with other social services. King and Meyer (2006) provide a framework for understanding components of effective service integration, noting the importance of the planning and implementation process. Packard et al. (2013) recognize the significance of policy implementation and frontline worker buy-in to successful service integration. This research supports our exploration of the role of frontline workers in the implementation of integrated homelessness prevention services at HC.

Public management collaboration research, while still evolving, provides a paradigm for understanding how government works with other organizations and sectors to solve public problems and deliver public services (McGuire, 2006). Alter and Hage (1993) note that collaborative public management also occurs in a vertical context between different levels of government (as cited in McGuire, 2006). Given the large size and many specialized service areas in HC HSPHD, we argue that a collaboration framework is applicable to analyzing how these service areas work or do not work together horizontally to solve public problems. Bryson and Crosby's (2005) continuum of organizational sharing identifies four sharing mechanisms: communication, coordination, collaboration, and merger. Information is shared through communication; information, activities, and resources are shared through coordination; but

collaboration requires the sharing of not only information, activities, and resources, but also power (Bryson and Crosby, 2005). As noted by O'Leary and Vij (2012), collaboration frequently involves lateral thinking, or the skilled application of knowledge across disciplines with the intent of achieving better outcomes than only one discipline can provide. Bryson and Crosby's (2005) differentiation between these sharing mechanisms provides an evaluative framework for understanding the extent of service integration, as well as its role in policy implementation.

Policy implementation and organizational management literature highlights the significance of frontline actors in service delivery (Sandfort and Moulton, 2015; Lipsky, 2010; Maynard-Moody and Musheno, 2003). Frontline workers are individuals who interact directly with target populations, such as social workers, or those who develop organizational processes, such as program managers (Sandfort and Moulton, 2015). Frontline workers exercise independent decision-making when executing programs and when interpreting organizational policies and directives (Sandfort and Moulton, 2015; Lipsky, 2010; Maynard-Moody and Musheno, 2003). Homelessness prevention research has not analyzed the discretion used by frontline workers in their practice.

Past research on homelessness prevention interventions assumes that program directives are carried out in accordance with policies, and fails to investigate the extent to which frontline worker discretion and interpretation of policy impacts service delivery and outcomes for individuals at-risk for experiencing homelessness. Furthermore, homelessness prevention research has also failed to analyze interventions in the context of service integration across individual departments of large government agencies, and has failed to identify how collaboration across individualized agency departments may affect the implementation of homelessness prevention interventions.

As a large agency that has begun the process of integrating homelessness prevention interventions across service areas in a county experiencing declines in individuals experiencing homelessness, HC HSPHD is an excellent subject for a case study to aid in understanding the intersection of service integration, collaboration, and implementation. By developing an understanding of how, why, and when HC HSPHD frontline staff in different service areas approach housing stability interventions in various situations, we can analyze the impact of service integration and cross-service area collaboration on frontline service delivery. By assessing both the motivations and training experiences of frontline workers, we can further determine the role of service integration and collaboration in influencing service delivery. In addition, analyzing program managers and supervisors' own knowledge of frontline worker practices can provide additional insight into the extent of influence of service area policy versus worker discretion on service delivery.

Research Strategy and Methodology

Design

The design of our qualitative case study of HC frontline staff is informed by our understanding of frontline worker discretion, the importance of frontline workers to service integration implementation, and the connection between homelessness prevention service integration and collaboration at HC in relation to the county's recent decline in persons experiencing homelessness. In November and December of 2016, we conducted interviews with six HC HSPHD frontline workers, two supervisors, and one program manager who work in child protection or with clients receiving the Community Access for Disability Inclusion (CADI) waiver.

This case study does not consider the actions of individuals receiving housing stability services, nor does it address the interplay of social worker or client race, gender, class, etc., as a determinant in client connection to homeless prevention services.

Sampling

Our sample included HSPHD social workers, public health nurses, supervisors and program managers from both the Child Protection (CP) and Long Term Supports and Services and Adult Protection (LTSSAP) service areas, whose tenure at HSPHD ranged from one year to 22 years. In the CP service area, HC employs about 200 social workers and six program managers. In the LTSSAP area, where staff serving CADI clients are employed, there are over 100 social workers and public health nurses, and six program managers. CP social workers and program managers sometimes work to prevent families with children from experiencing homelessness to ensure child safety. According to surveys conducted by the Wilder Foundation in 2012 and 2015, HC families with children under the age of 18 experienced a greater decline in the number of families experiencing homelessness than in the state of Minnesota over the same time period. (Wilder Research, 2015). This significant improvement in the rate of family homelessness in HC over the state average is the impetus to explore the link between service integration, homelessness prevention, and child protection services. LTSSAP frontline workers who work with clients with disabilities who are eligible for the CADI waiver have an interest in connecting clients with homelessness prevention resources, since part of the waiver funds can be used towards housing interventions. However, staff note that CADI clients are still present in homeless shelters (H. Boyd, personal communication, September 27, 2016).

Sampling Criteria and Recruitment

Our sampling criteria required that study participants were individuals who were employed directly by HSPHD, who self-identified as either social workers, public health nurses, supervisors, or program managers, who worked in CP or in LTSSAP with clients with disabilities eligible for the CADI waiver, and who self-selected to participate in the case study. Based on this criteria, our research excluded individuals who were contracted by HSPHD but not employed directly by HSPHD, who did not self-identify as social workers, public health nurses, supervisors, or program managers, and who worked in HSPHD service areas other than CP and LTSSAP.

To recruit study participants, we contacted CP and LTSSAP service area managers to request permission to speak with program managers, supervisors, social workers, and public health nurses under their supervision. After receiving their approval, we requested they share the Listserv email addresses for the appropriate staff teams with us. We then sent a recruitment email with information about our study's purpose, design, and consent process to both the CP and LTSSAP listservs, inviting those interested in participating to contact us via the email and phone numbers shared in the email. All communication related to recruitment took place via email.

Data Collection

We conducted semi-structured individual interviews with two CP social workers, two CP supervisors, four LTSSAP assessors who worked to identify the needs of clients eligible for the CADI waiver (of whom three were public health nurses, and one was a social worker), and one LTSSAP program manager who oversaw services provided to clients eligible for the CADI waiver. Interviews were conducted in a location of the participants' choosing: either their

workplaces or coffee shop or restaurant. All interviews were audio recorded and later transcribed.

Method Content

All researchers used an established interview guide created for social worker and public health nurse participants or program manager and supervisor participants. Interview questions for frontline workers (social workers and public health nurses) sought to identify the situations in which workers chose to provide a housing stability intervention; how they intervened; what motivated them to intervene; how they worked with other service areas during these interventions; and successes and challenges with previous interventions. Questions also sought to determine their knowledge of formal policies related to housing stability intervention, available housing stability resources, training, and knowledge of service integration efforts. Similarly, interview questions for supervisors and program managers sought to identify their understanding of frontline workers' actions, as well as their knowledge of policies, trainings, resources, and integration. Through these questions, we hoped to develop an understanding of the role of frontline worker discretion, service integration, and collaboration in delivering homelessness prevention services, and identify gaps in understanding between frontline staff and higher-level staff.

Data Analysis

Data collected was limited to de-identified interview transcriptions. Transcriptions were analyzed using NVivo software, and coded based on participant responses to questions detailed

above, as well as participant service area, and job title.

Bias

As all case study participants self-selected to join the study, it is likely individuals who had familiarity with and interest in providing homelessness prevention interventions to clients were oversampled. Additionally, as our study involved only nine individuals, we did not reach response saturation. As a result, it is extremely likely our results are biased in reflecting the practices, motivations, and knowledge of a small subset of HSPHD CP and LTSSAP workers who are predisposed to providing housing stability interventions. While our findings cannot be extrapolated to these service areas as a whole, they do provide valuable insight into how, when, and why some frontline workers provide housing stability interventions to CP and LTSSAP clients.

Challenges

Challenges to our methodology included HC administrative oversight review that led to a shortened recruitment time-frame, lack of response from potential participants, an inability to find enough participants to schedule a focus group, and lack of availability of documented policies and/or procedure manuals. These challenges resulted in a shift from our initial research design, which had included conducting a focus group with program managers and supervisors from both CP and LTSSAP, and an analysis of documented housing stability prevention policies and/or procedure manuals.

Our recruitment efforts were stalled due to a nearly month-long administrative data privacy and legal review process. Given the limited time frame of the semester, this delay reduced the amount of time we were able to actively recruit participants, effectively limiting the

response time from potential participants, and hindered our ability to find enough participants to schedule a focus-group with program managers and supervisors in the shortened timeframe. Finally, we were not able to analyze internal documented policies or procedure manuals related to housing stability interventions, as it seems that these resources do not exist in these service areas.

Results and Discussion

Our research findings fall into the four major themes we identified in our research questions: social worker and public health nurse practice, social worker and public health nurse motivation, social worker and public health nurse training and program manager and supervisor perception.

Social Worker and Public Health Nurse Practice

One aspect of our research question is to understand how social workers intervene on behalf of their clients' housing stability needs, and how they work across other service areas. In our interviews with social workers and public health nurses in CP and LTSSAP, we sought to explore both broad similarities and differences to their approaches to housing stability intervention. In our interviews with supervisors and program managers in the same departments, we asked questions to investigate how they understand the actions of social workers when they are intervening on behalf of their clients' housing stability.

We found that CP and LTSSAP social workers and public health nurses intervene on a case by case basis in different ways, based on the individual needs of their clients. In total, there are 18 different resources CP and LTSSAP social workers use to assist clients undergoing housing stability issues. Resources utilized differed between service areas. **See Appendix A for**

a complete list of resources identified by participants. Each CP social worker we spoke with mentioned emergency shelter team and Section 8 voucher as resources. The Emergency Shelter Team connects clients to shelter or provides vouchers to pay for short term housing, while a Section 8 voucher provides longer term housing options for clients.

LTSSAP social workers and public health nurses provide housing stability interventions differently from CP social workers. For LTSSAP social workers and public health nurses, information on a client's housing status is gathered through annual MnChoice assessments. Then, suggestions for housing services are made to the client and the client's case manager with the expectation that the case manager will complete any necessary follow-up steps. The most common resources public health nurses referred to are ARC Housing Access Services (HAS) and Independent Living Services (ILS). HAS is provided by ARC Minnesota to adults who have been assessed as eligible for certain Minnesota Medicaid home care or state plan services. ILS is a service that assists clients with basic skills like paying bills, light housekeeping, and managing medications to help clients avoid housing instability. As a public health nurse from LTSSAP said, "Independent Living Services, it is the only service on waivers for under 65 that help teach them skills to help them live independently. It may involve budgeting, menu planning, how to manage your doctors' appointments, your medications, that whole picture."

The most common housing stability challenge faced by social workers and program managers mentioned was mental health status. All interview participants mentioned mental health status as a barrier to housing stability. Another housing challenge mentioned by two LTSSAP public health nurses and one LTSSAP is losing CADI waiver services when a client needs a higher level of care than at-home services can provide and enters a healthcare facility. As a result, the clients lose case management services funded through the waiver. Also, if a

CADI waiver client becomes homeless, their waiver stays open for the first 30-days after losing their houses, but then closes.

Our research found that resources utilized by social workers change over time. Of the six social workers and public health nurses we interviewed, four said their approach to housing stability interventions has changed over time, though all four indicated that the change was not due to service integration. Two participants indicated their approach has not changed.

There were similarities in the interaction between both CP and LTSSAP social workers in the way they share client data with other departments. In both departments, the method in which data is shared varies by the individual worker. Both LTSSAP and CP workers share data based on the service area needs of the client. For example, one public health nurse from LTSSAP also mentioned, “We have them sign a disclosure form at the time of waiver reassessment and assessment saying if their chart is in the electronic form--which all departments within Hennepin County can then access. It is a need-to-know basis.” Another social worker supervisor from CP also mentioned, “everything is electronic these days...We have access to some information in each other’s files.”

Program Manager and Supervisor Perception of Practice

We did not find a disconnect between program manager and supervisor perception of social worker practice in either service area. From our research, supervisors had an accurate perception of how social workers actually intervene on behalf of their clients. A social worker supervisor from CP mentioned that there are no resources available in terms of housing, but that use of resources are more by word of mouth and by personal experience. In response to this question a social worker we interviewed said, “I don't think our service area makes anything available in terms of housing resources, but by word of mouth and by just people having some

experience in this job we talk about what resources there are...There's some resource books, I guess, that float around every now and then. They tend to be outdated by the time you get them."

Social Worker and Public Health Nurse Training

Social workers learned how to connect clients to housing stability resources in different ways. Most commonly, social workers learned from their coworkers, specifically their supervisors or program managers. There were two people who said they learned from their previous professional experience. One social worker mentioned in regards to knowledge of homeless prevention resources, "a lot of that was being a contracted case manager for a while...and then I learned from community organizing."

When specifically asked if they had received any formal training, seven interviewees responded that they had received no formal training from HSPHD around housing stability intervention. One public health nurse pointed out, "We received training periodically, but no one has really got [housing stability services] training." Two interviewees mentioned that they had received general training. As one supervisor revealed, "We have a lot of trainings at Hennepin County but just in general." They further stated that on-the-job training is more effective because as housing stability situations arise, social workers are better able to absorb information when they encounter the scenario, rather than through a formalized training.

Program Manager and Supervisor Perception of Training

Social workers mentioned that they learned on the job, and social worker supervisors confirmed that there were no formal training materials. One social work supervisor from CP indicated there is no formal training in their service area. In response to a question about formal training, one social worker supervisor responded, "It's more as it comes up, I would sit down and

talk to them about it, but it wouldn't be absorbed or be useful. It will mean more when it is needed... it is better and more meaningful, if it is related to what they need at the time in terms of remembering it."

Social Worker Motivation

We had expected that service collaboration and formal policies would motivate social workers and supervisors to intervene with clients. However, six social workers had no or limited understanding of the integration initiatives from the Office to End Homelessness. Additionally, we found there were no formal policies around how to intervene on behalf of the client. When asked if there are any formal policies on providing housing stability services, seven out of nine interviewees said that there were no formal policies around housing stability intervention. As one CP social worker supervisor reported when asked about formal policies, "No, because none of what we do is black and white. So if you create a policy, you then spend the next five years creating exception to your policies." As for the other two who have knowledge of formal policies, one CP social worker who has worked in the position for a year said that though they had not seen formal policies, they were sure they did exist in their service area. The other, a public health nurse working as an assessor in LTSSAP, associated a planning form with a formal housing stability policy.

Social worker motivation varied widely, but no clear pattern emerged. Our results showed a mix of awareness of personal experiences, believing that housing is foundational to other aspects of the client's life, and addressing client's housing needs is essential to overall well being. The social workers who cited personal experiences as reason for intervening spoke about realizing how stable their own lives had been, and wanted to help make others' lives more stable.

One social worker at CP, said "Why should I get to be so lucky and have a place to go at night just because I am white and married and other things like that?" A LTSSAP public health nurse mentioned that she has one daughter with a disability and the other daughter has mental health problem. As she realized how hard life could be with physical or mental illness, she got into waiver program to help people. "You are working with people who largely have nothing and you are helping them have a lot," she said. The use of personal experiences as motivation helps to illustrate the discretionary nature of social practice.

Discussion

We found that frontline staff use a wide variety of resources within each of the service areas. It appears that the multitude of resources utilized by frontline staff correspond to the diversity of issues clients face. In relation to homelessness prevention literature, our research points to how integral frontline workers are in connecting their clients to homelessness prevention services. In current homelessness prevention literature, frontline workers and their use of discretion in connecting clients to resources has not been studied as an important factor in service delivery.

We found similarities in social worker and public health nurse training and motivation between both the CP and LTSSAP service areas. They appear not to be guided by formal policy, formal training, or an understanding of service integration of housing stability, but by personal life experiences. This finding is consistent with policy implementation literature, which states that social workers are driven more by personal motivations than by policies. Our research helps to bolster their findings and highlights motivation as an important factor in service delivery.

At this beginning stage of service integration within HC HSPHD, we saw evidence of some integration through data sharing. It appeared that cross-service area collaboration, like

referrals to the emergency shelter team or homeless access unit, occurred on a case-by-case basis. There was no mention of sharing resources across service areas, or working across service areas to evaluate levels of clients' needs. Other forms of collaboration seemed to happen without directly interfacing with the client such as collaborating on finance waivers, or other financial service areas. According to the collaboration literature of Crosby and Bryson (2005), departmental or organizational integration involves increasing levels of sharing resources, information, and power to make decisions. While full department integration around housing stability services may be the long term goal, our findings suggest that this goal has not been fully realized. Full service integration would involve shared ability of each department to have decision making power around clients housing stability needs.

Conclusion

Our research sought to understand how, when, and why social workers and public health nurses in CP and LTSSAP service areas in HC HSPHD connect clients to housing stability services. We also explored the training and motivation that influences their practice, if and how housing stability service integration takes place, and program manager and supervisor perception of social worker practice. Our findings indicate that social workers and public health nurses in these service areas utilize discretion when intervening on a case-by-case basis; receive no formal housing stability intervention training; and have little knowledge of housing stability service integration across HC HSPHD. Our findings also indicate that program managers have an accurate understanding of social workers' and public health nurses' homelessness prevention practices. Due to our small sample size, our research was not able to ascertain a connection between frontline worker practices and declines in individuals experiencing homelessness in HC.

These findings demonstrate the importance of considering frontline worker discretion when implementing department-wide initiatives, and emphasize the importance of knowledge gained from experiences and peer-to-peer information sharing.

Future research should include more social workers in a broader selection of service areas. To understand the continued efforts toward service integration over time, a longitudinal study could further illuminate frontline worker and supervisor service integration across HC HSPHD. Since there are no formal trainings to standardize understanding and service delivery of all available resources, future research could explore the impact of frontline worker tenure on their knowledge of available resources.

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Appendix A Resources used in each service area

Resources related to housing stability	# of Responses from CP		# of Responses from LTSSAP		
	Social Worker	Supervisor	Public Health Nurse	Social Worker	PM/SUP
ARC Housing Access Service			2		
Care Option Network					1
Committees			1		
Community resources				1	
Emergency Shelter Team	2	2			
Homeless Access Team				1	
Housing Access Coordination			1		
HousingLink.org	1	1	1		
Independent Living Services			2		
Internet			1		
Legal Aid			1		
People Incorporated			1		
People Serving People	1	2			
Rapid Re-Housing	1				
Section 8	2		1		
Shelter		1			
Shelter Needy Fund			1		
Transition team			1		