

2018 RWJF Community Discussion

Understanding Cross-Sector Collaboration in Homeless Services

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The Plan for Today

- Introductions
- Brief presentation on findings
- Guided Discussion
 - Which finding was most surprising and why?
 - New questions for future research?
 - Other reflections?

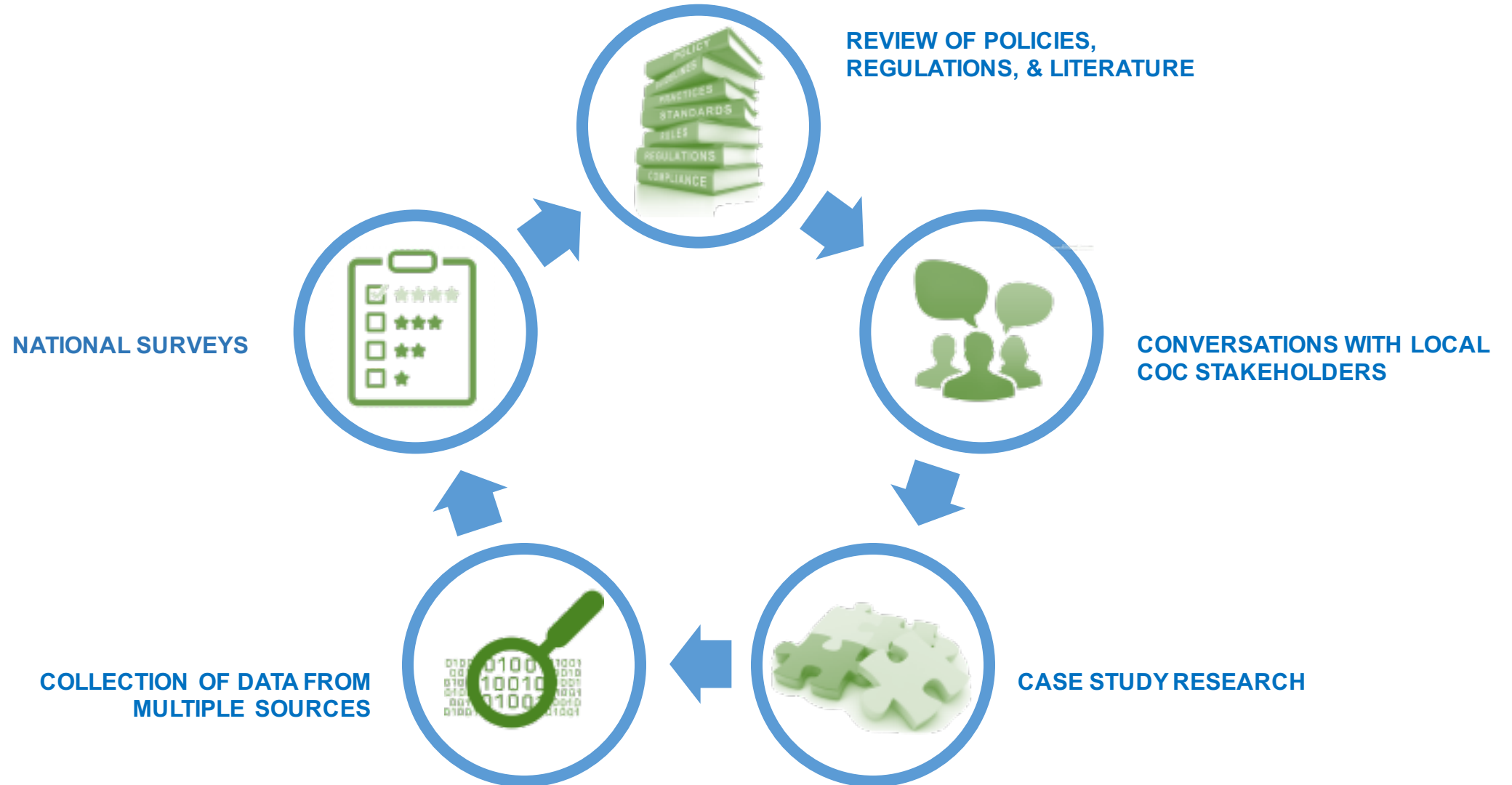
Introductions

- Your Name
- Organization you represent
- Your role

Our Motivation

- Dedication to *supporting* community capacity to tackle complex public policy issues
- Believe in the value of *connecting* university teaching, research, and service to local community strengths and opportunities
- Passion for *educating* the next generation of public and nonprofit leaders

How We Conducted Our Research



Reported Structure of CoCs

	SALT LAKE COUNTY COC	NATIONAL
GOVERNANCE MODEL	Shared-Governance	Shared-Governance (36%)
MULTIPLE COORDINATING BODIES	Yes	No (72%)
NUMBER OF COC MEMBERS	15	38
NUMBER OF NEW MEMBERS	0	4
NUMBER REQUESTING NOFA \$	8	8
MULTIPLE FUNDING SOURCES	No	Yes (63%)

Medical Service Needs

	SEVERALLY MENTALLY ILL	CHRONIC SUBSTANCE ABUSE	HIV/AIDS	VICTIMS OF DOMESTIC VIOLENCE
NATIONAL	20%	16%	1.86%	16%
DALLAS COUNTY COC	17%	7%	0.9%	11%
SALT LAKE COUNTY COC	33%	25%	1.4%	21%

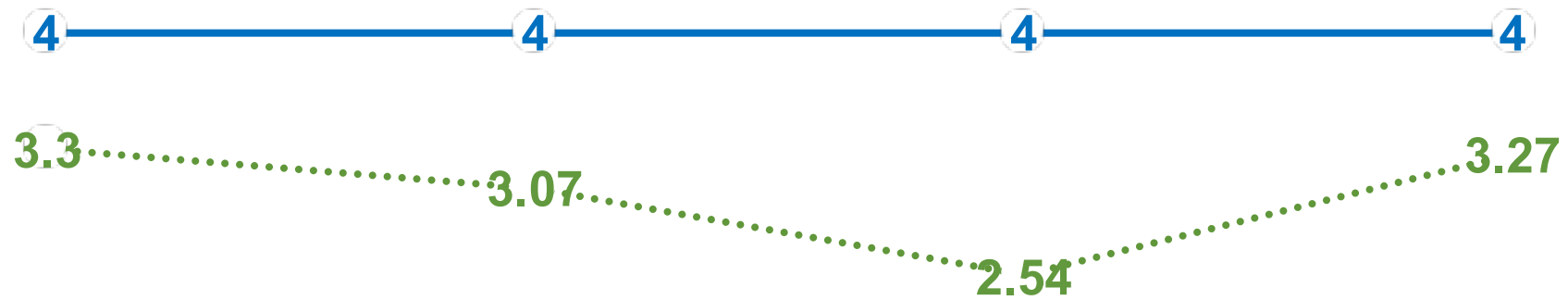
Source: HUD, 2017 Point-In-Time Count

CoCs' Healthcare Services

	SALT LAKE COUNTY COC	NATIONAL
ALCOHOL/SUBSTANCE USE COUNSELING	×	81%
ASSISTED LIVING	✓	20%
CLINIC IN SHELTER	✓	42%
HOSPICE CARE	×	17%
MENTAL HEALTHCARE	✓	84%
MOBILE CLINIC	✓	42%
METHADONE CLINICS	×	30%
NURSING BEDS IN SHELTER	✓	19%
SUBOXONE CLINICS	×	24%
SYRINGE EXCHANGE	×	24%

On average, CoCs provide 9 different healthcare services. Our CoC provides 10.

CoC Performance as a *Network*



Increase involvement of
Healthcare Providers

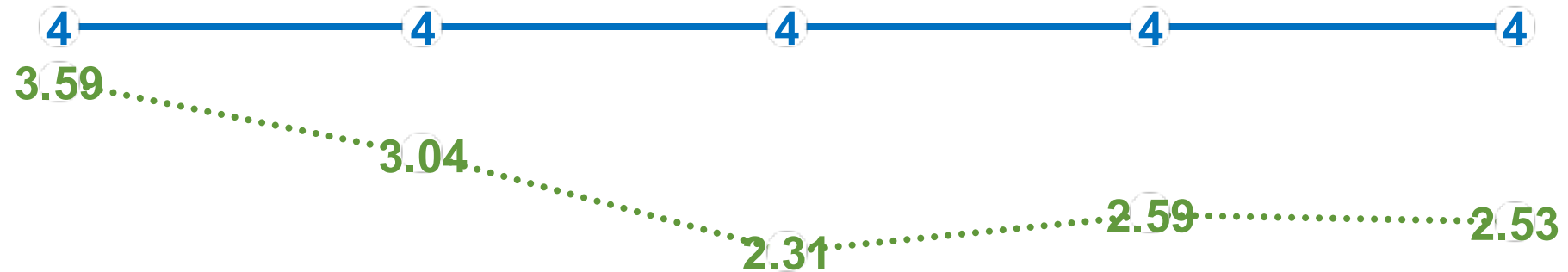
Increase range of healthcare
services

Reduce duplication of healthcare
services

Increase CoC member
commitment to healthcare needs

— National — SL County CoC

CoC Impact in the *Community*



Built greater awareness about healthcare needs

Built community commitment to address healthcare needs

Decreased costs of healthcare service

Decreased number of ER visits for primary case purposes

Reduce incidence of hospital patients experiencing homelessness after discharge

•• National — SL County CoC

Explaining Effective Collaboration

PERCEIVED EFFECTIVENESS

✓	Transformational Leadership
✓	Postgraduate Degree
✗	Network Mgt. Experience
✗	Gender
✓	Network Size
✗	Network Age

FUNDING SUCCESS

✗	Transformational Leadership
✓	Postgraduate Degree
✗	Network Mgt. Experience
✗	Gender
✗	Network Size
✓	Network Age

FUNDING SUCCESS

✓ (-)	Nonprofit-Led
✗	Leading Experience
✗	Meeting Frequency
✓	Participation Rate
✓	Network Size
✓	Network Age

Our Reflections

- Our community, without a doubt, is doing much to address the multidimensional needs of those who experience homelessness
- Community collaboration is being challenged by institutional barriers: housing, resources, & overall network capacity
- Management and leadership of cross-sector collaborations is key to achieving higher levels of success

**Which finding was most surprising
and why?**

What new questions or areas of homeless policy merit more attention in research?

Other reflections, thoughts, ideas?







