Effectiveness of Homeless Service Networks in Coordinating Services During COVID-19

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Research-in-Progress Webinar
August 17, 2022
12-1pm ET

Welcome   Glen Mays, PhD – Systems for Action

Presenters Hee Soun Jang, PhD – University of North Texas

Jesús N. Valero, PhD – University of Utah

Mike Nichols, JD - Coalition for the Homeless

Q&A

Presenter

Hee Soun Jang is an associate professor in the Department of Public Administration at the University of North Texas. Her research explores nonprofit and government partnerships, collaborative governance and nonprofit sector in South Korea. Her research has been published in scholarly journals, including Public Administration Review and Journal of Health and Human Service Administration. Jang's research has been funded by the Robert Wood Johnson Foundation, IBM Center for the Business of Government, and Dallas Habitat for Humanities.

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Jesús N. Valero, PhD is an Assistant Professor in the Department of Political Science at the University of Utah. Jesús' research explores government-nonprofit partnerships, effective leadership in nonprofit organizations, and the use and impact of technology in public service. His work has been published in academic and practitioner outlets and is the recipient of the Emerging Scholar Award from the Association for Research on Nonprofit Organizations and Voluntary Action (ARVOVA) and the Founders' Fellowship Award from the American Society for Public Administration (ASPA). His research has been funded by the Robert Wood Johnson Foundation, Korea Foundation, IBM Center for the Business of Government, and the Utah Foundation. Jesús earned his PhD in public administration with a specialization in nonprofit management from the University of North Texas; Master of Public Administration from the University of Texas-Pan American; and BA from the University of Texas-San Antonio.

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Michael C. Nichols is President and CEO of the Coalition for the Homeless, Lead Agency to The Way Home Continuum of Care. Mike has been an active participant in business and civic activities in Houston for more than three decades. After earning his bachelor's degree in History from Brown University and his Juris Doctorate from Emory University, Mike practiced law and served two terms in the Georgia House of Representatives before joining Sysco Corporation.

40 YEARS

COALITION FOR THE HOMELESS

Leading our community home since 1982

Our Focus Today

- Explore the work of cross-sectoral networks in addressing the needs of individuals experiencing homelessness during the pandemic

- Report early findings of our RWJF funded project
  - Qualitative research: select case studies of homeless networks
  - Quantitative research: national survey of homeless networks

- Engage in dialogue and discussion to further understand the dynamic & important work of community-based collaborations

# 2021 Homelessness report: Sheltered homeless count

- The people of staying shelters decreased by 8% between 2020 and 2021
  - **Declines**: families with children (-15%), homeless veterans(-10%) notable)
  - **Increases**: Chronically homeless (+20%), Unaccompanied youth Native American (+21%), Unaccompanied youth who were non-gender-conforming (+35%)
- Among sheltered, 40% were Black; 22% were Hispanic
- Largest number of sheltered homeless individuals in major cities;
  - New York (32,357; 10%)
  - LA city and county (8,783; 2.7%)

The High Demand of a Coordinated COVID-19 Response: <u>CoC as a System Approach</u>

- Response to COVID-19 among homeless population requires <u>whole community coordination</u>: CoC (Continuum of Care) leadership, public health agencies, health care providers, housing authorities

  - Individuals experiencing homelessness are vulnerable in the COVID-19 pandemic; they are less likely to access health care system

  - CDC guidance for shelters not to exclude people who tested positive, to adopt community-based approach to build response plans & tackle spread of virus

  - Federal funding has predominantly focused on homeless prevention programs—leaving other major health and human services to be addressed by local governments and nonprofit organizations

Theory of Change: Collaborative Governance in CoCs: Study of CoC system alignment on the health and health equity of the homeless
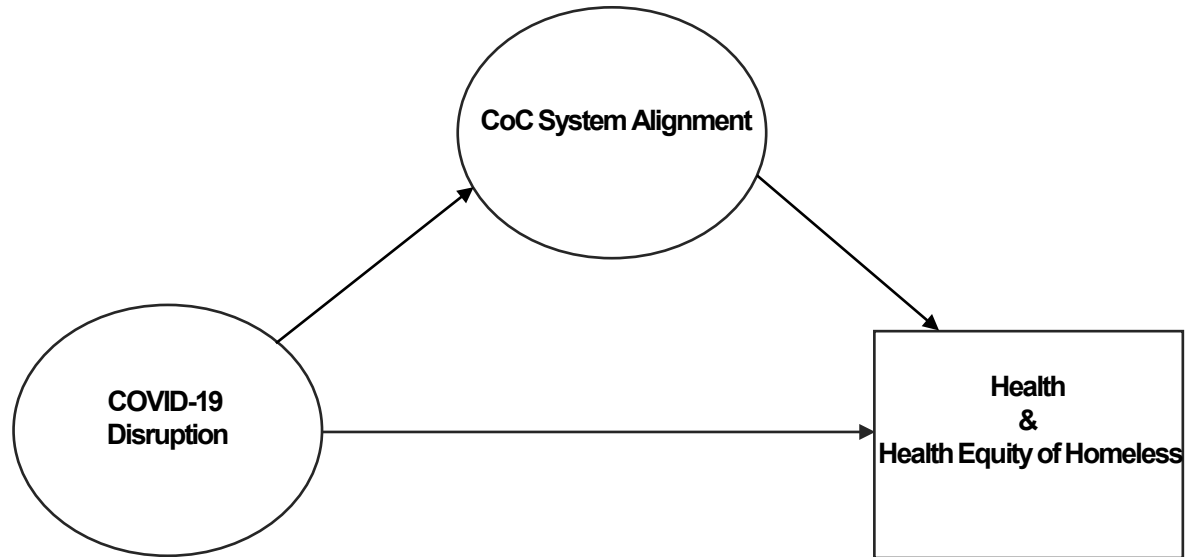

(Ansell & Gash, 2007; Emerson & Nabatchi, 2015; Valero & Jang, 2016; Jang, Valero, Jeong, 2020)

Research Questions

1. To what extent and in what ways is the COVID-19 pandemic causing challenges and disruptions within CoC homeless service networks in communities across the US?

2. How well are CoC homeless service networks performing in addressing the broad health and human service needs of individuals experiencing homelessness during the COVID-19 pandemic?

3. What are the key factors affecting the success of CoC homeless service networks in reducing health disparities and improving health equity during the COVID-19 pandemic?

Mixed Method Approach

CASE STUDY OF CoCs
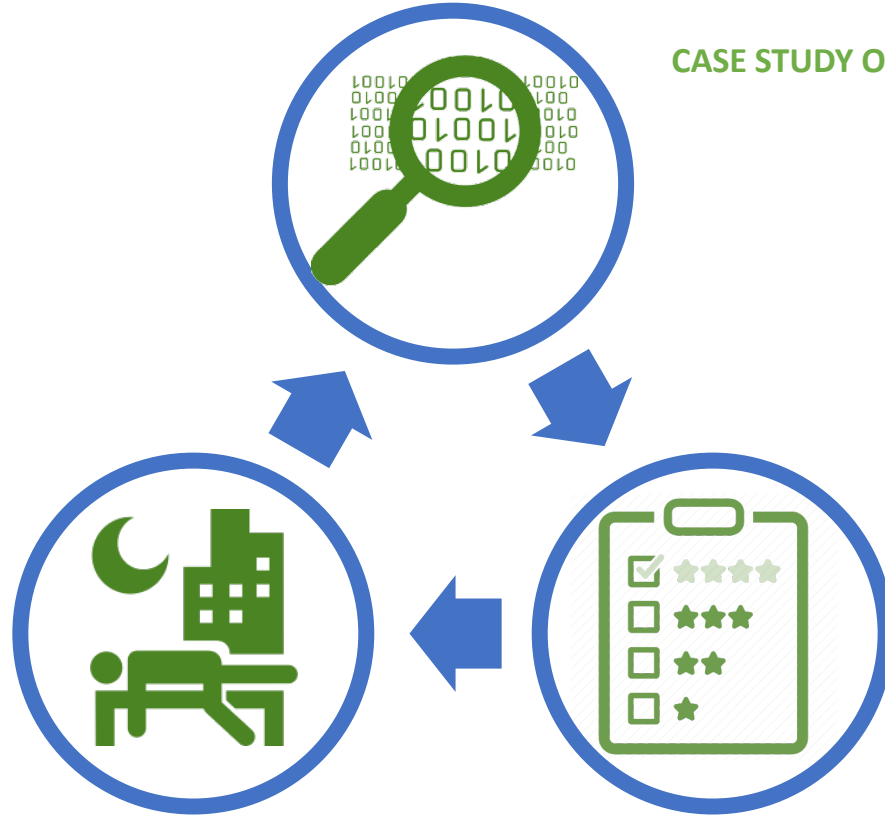
NATIONAL SURVEY
- CoC leaders and leading agencies

HOMELESS POLICY CONTEXT:
- CARES Act, ARP
- State laws & plans
- Local actions

Year 1: Case Studies of CoC Networks

We conducted semi-structured interviews with 26 CoC network leaders during the summer of 2021 to understand the challenges & needs created by the pandemic

CoC Category	CoCs per Category	2020 Homeless Population	FY2020 HUD Award Amounts
Major City CoC	10	37,785	$282,344,254
Suburban CoC	11	14,262	$73,974,697
Urban CoC	3	472	$4,744,845
Rural CoC	2	385	$6,485,568

Government-Nonprofit Interdependence Developed

- CoC program grant
- CARES Act (Emergency Solutions grant; CDBG)
- American Rescue Plan
- FEMA Public Assistance program
- State and local government funding
- Philanthropic supports

Case Study Findings
Government and nonprofit interdependence has been pursued with experience of voluntary failures

| Resource Insufficiency	Amateurism	Particularism	Paternalism
"We couldn't increase permanent housing placement like other areas, have so little permanent housing that is safe and decent." "I've got service providers who have been without funding that they were supposed to have last May, and they still don't have it in May 2020. It is now July 2021, so that's fourteen months that they could have had funding to do what needed to be done."	"We just didn't know what to do. We didn't know how to plan because we would make a plan and then the state would open shelters back up and say you can't shut things down and you can't enforce masks. It just becomes like, 'what do we do?'" "The emergency disaster plan that we had in place was woefully insufficient. We had to amend it. For the pandemic, we had to amend it."	"..because our book of business is homelessness, so oftentimes people got confused between what is the public health response to the pandemic, and then what is addressing homelessness." "…what has happened in our in our system is that we've layered and layered and layered, different restrictions, different funding, and when you do that, it makes it very, very challenging to then spend the dollars.."	We when, when I first came in, we had a service provider base board. All of our board members were also homeless service providers. Recently, we restructured board to a community base board. And so now we have not only service providers but of course, businesses faith community hospitals, the larger community, and of course people with lived experience.

Commentary

Mr. Mike Nichols, President and CEO

Coalition for the Homeless, Lead Agency to The Way Home Continuum of Care

Year 2: National CoC Survey

In year 2 (2022), we have developed a national CoC survey to understand pandemic challenges and CoC performance with focus of DAIC model (Shi. et.al. 2020. Jang et. al. 2021)
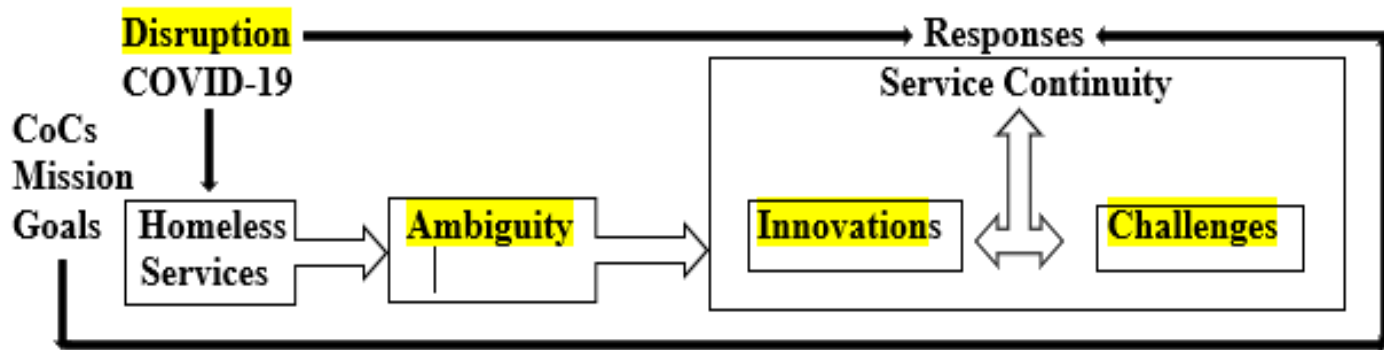
Lead agency model	25%	20
Committee based shared governance	34%	27
Network Administrative Organization model	21%	17
Governed by consulting group	2.5%	2
Other	17.5%	14

Individual isolation sites for people who are confirmed to be positive for COVID-19	76 (95.0%)
Place-based, medical services including access to COVID-19 vaccination	67 (83.8%)
Overflow sites to accommodate shelter decompression and higher shelter demand	67 (83.6%)
Used strategies developed for previous pandemics (i.e., Ebola, H1N1 swine flu)	64 (80.0%)
Allowing people who are living in encampments to remain where they are	61 (76.3%)
Protective housing for people who are at increased risk for severe illness from COVID-19	56 (70.0%)
Mobile clinic	47 (58.8%)
Street medicine team	31 (38.8%)
Nursing beds at shelter	16 (20.0%)

Challenges in Serving Homeless Population in Response to COVID-19

Turnover of staff working on homeless services	73%
Significant decrease of available volunteers	70%
Housing services including emergency shelters reduced significantly	68%
Delayed and slow decision-making by government leaders	64%
Spread of COVID-19 among homeless population	62%
Lack of capacity to provide medical attention to homeless	61%
Lack of capacity to manage CARES Act funds (or any federal fund to respond to COVID-19 pandemic)	57%
Lack of government attention to the homeless population in early pandemic (year 2020)	56%
Inconsistent government instructions in response to the pandemic	42%
CoC board was inactive (or not fully engaged) in governance during pandemic	41%
Shortage of financial support from government funding in early pandemic (year 2020)	39%
Lack of collaboration among CoC members	33%
Difficulty of developing virtual communication channels among CoC members	26%

CoC Efforts to Address Inequity in Homeless Services

|	
Addressed vaccine hesitancy among homeless through education, outreach, or other tactics	**77 (96.3%)**
Advocated for vaccine allotment for homeless population	**74 (92.5%)**
Provided homeless population with vaccine brand option (i.e., J&J, Pfizer, & Moderna)	**60 (75.0%)**
Developed culturally relevant materials to educate homeless population about COVID-19	**51 (63.7%)**
Conducted medical street outreach in encampments and other unsheltered locations	**47 (58.8%)**
Used CARES Act funding to programs that address health inequities of the homeless population	**45 (56.3%)**
Collected data to understand the spread of COVID-19, vaccination rate and mortality rate among homeless population	**39 (48.8%)**
Developed a CoC wide ad hoc committee or established a standing committee to focus on health care needs of homeless population	**27 (33.8%)**

What Have CoCs Learned from the Pandemic?

- Achieved wider and more active community collaboration from all sectors (76%)
- Stronger connection with the medical service community that also serves homeless population (72.5%)
- Began actions to address equity, diversity, and belonging in homeless services (70%)
- Increased permanent housing capacity for a long-term use as a result of pandemic (38%)
- Built public policy advocacy for homeless programs (32%)

Moving Forward

- Produce comprehensive report / publications on case study research
- Complete our survey data collection efforts
- Assess the degree to which networks have been successful in achieving results during COVID-19 pandemic
- Identify key conditions affecting successful response to the pandemic
- Generate research publications highlighting factors associated with network performance during COVID-19 pandemic

Questions?
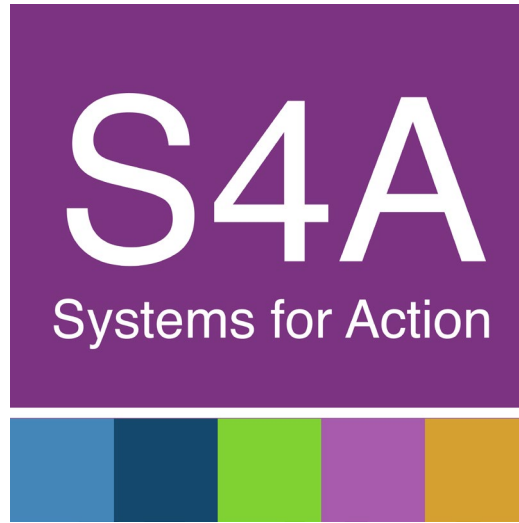
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New Funding Opportunity
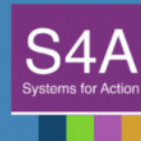
$2.5 million is available for designing and implementing a study that either pilot-tests an innovative systems alignment approach or evaluates the impact of the systems alignment approach on structural and systemic racism and health equity.

Learn more: http://systemsforaction.org/funding-opportunities-2022

Acknowledgements