



A Study of Cross-Sector Collaboration for Homeless Medical Services: The Costs of Public Service Collaboration to Nonprofit Organizations

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High Demand of a Coordinated Medical Care System

- Individuals experiencing homelessness are at high risk of preventable diseases but they are less likely to access to health care system
- HUD has been focused on housing related services—leaving other major health and human services to be addressed by local governments and nonprofit organizations
- As a leading homeless serving entity, CoCs (Continuum of Care) aim to create comprehensive medical care system

Research Interests & Motivation

- Examining *collaborative governance* in complex policy issues (Ansell and Gash, 2007; Emerson et.al. 2011; Purdy, 2012)
- Understanding the *role & contributions of the nonprofit sector* to collaborative arrangements (Salamon, 1987; Valero and Jang 2016)
- Assessing the impact of *management & leadership processes* on collaborative outputs and outcomes (McGuire and Silvia 2014; Jang, Valero and Jung 2016)

Research Question

- **How well is the CoC approach to community collaboration addressing the broad health needs and well-being of the homeless in communities across the U.S.?**
- What are the factors influencing successful interorganizational collaborations in different circumstances and contexts?

Mixed Method Approach

- Context: Homeless services under HEARTH Act of 2009
- Data sources
 - HUD PIT and funding award data
 - National survey of CoC homeless service networks (N=176, response rate 46%)
 - Case study of 2 Continuum of Care networks in Utah & Texas

Homelessness of Salt Lake and Dallas

	Salt Lake County (Utah)	Dallas County (Texas)
Homeless Population	2,463	3,447
HUD Funding	\$5,678,852	\$15,663,757
Total Population	1,073,412	3,079,964
Homeownership Rate	68%	58%
Poverty Rate	10.89%	14.94%
Unemployment Rate	6.65%	7.15%

Healthcare Needs of Homeless Population in Texas & Utah CoC Cases

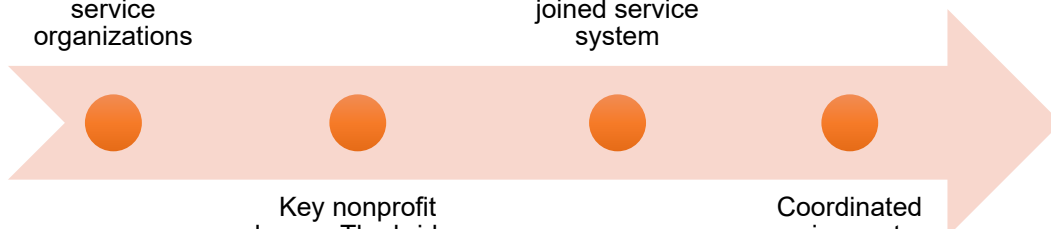
	SEVERALLY MENTALLY ILL	CHRONIC SUBSTANCE ABUSE	HIV/AIDS	VICTIMS OF DOMESTIC VIOLENCE
NATIONAL	20%	16%	1.86%	16%
DALLAS COC	17%	7%	0.9%	11%
SALT LAKE COC	33%	25%	1.4%	21%

Source: HUD, 2017 Point-In-Time Count

Dallas, Texas Case

Metro Dallas Homeless Alliance (MDHA)
manage more than 100 service organizations

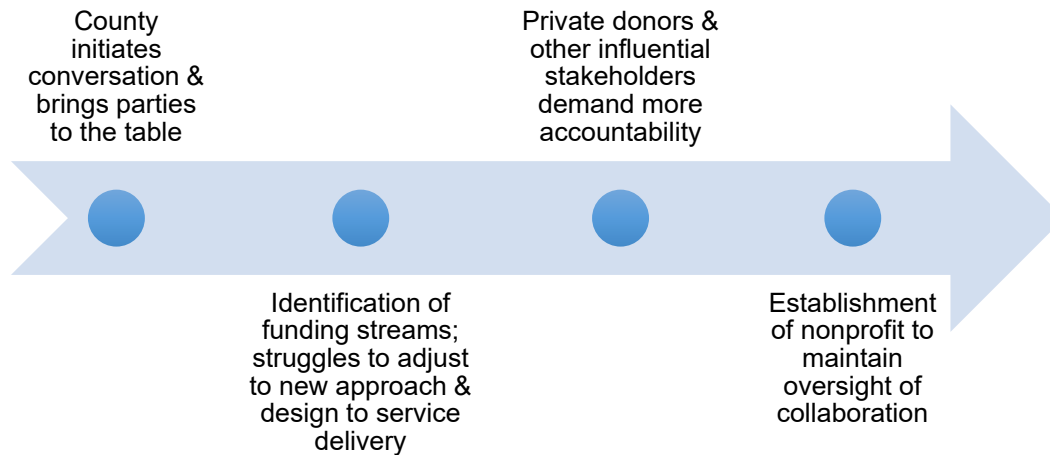
Medical service provider (hospitals and clinics) have joined service system



Key nonprofit players: The bridge, Metro Care and Citysquare share leadership responsibility with MDHA (CoC)

Coordinated service system is strategic goal of MDHA

Salt Lake City, Utah Case



Collaborative Governance in Action : Findings from National Survey

	NATIONAL PERSPECTIVE	SALT LAKE (UT)	DALLAS (TX)
GOVERNANCE MODEL	Shared-Governance (36%)	Shared governance	Network Administrative Office
MULTIPLE COORDINATING BODIES	No (72%)	Yes	No
NUMBER OF MEMBER AGENCIES	39	15	100
MULTIPLE FUNDING SOURCES	Yes (63%)	No	Yes

CoCs' Healthcare Services

Medical Services for the Homeless pop	NATIONAL
MENTAL HEALTHCARE	84%
ALCOHOL/SUBSTANCE USE COUNSELING	81%
CLINIC IN SHELTER	42%
MOBILE CLINIC	42%
METHADONE CLINICS	30%
SYRINGE EXCHANGE	24%
SUBOXONE CLINICS	24%
ASSISTED LIVING	20%
NURSING BEDS IN SHELTER	19%
HOSPICE CARE	17%

CoC's Contribution in Medical Care System Coordination

- Increased involvement of healthcare providers (44%)
- Increased CoC member commitment to addressing healthcare needs (42%)
- Increased range of healthcare services (34%)
- Reduced the duplication of healthcare services (14%)

Major Challenges in CoC Collaboration

- **Insufficient resources (92%)**
- **Unfunded federal policy mandates (82%)**
- **Lack of network sustainability (82%)**
- Lack of support from local elected officials (79%)
- Power imbalance among members (72%)
- Lack of accountability (69%)
- Lack of engagement of key stakeholders (69%)

Findings

- Federal policy demands locally developed service networks (CoCs) and CoCs are responsible of coordinating diverse service needs of the homelessness
- Communities across the U.S. are doing much to address the medical service needs of those who experience homelessness
- Community collaboration is being challenged by institutional barriers: unfunded federal mandates, lack of resources and community support, and overall network capacity

Thank You!