

# **Homeless Needs and Gaps Analysis**

*For the*

**Rochester/Monroe County Homeless Continuum of Care, Inc.**

*With support from the William G. McGowan Charitable Fund*



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*The purpose of the document is to provide the community a tool to prioritize resources for the NY 500. The support and specific expertise of Connie Sanderson and Eric Haak of the CoC to attain that purpose, including data support, notes for clarification, and critical applied analysis to the methodology, limitations and final conclusions reached in the Homeless Gap Analysis, have been extraordinarily helpful to the final document produced. It is RIT CPSI's sincere hope that this **Homeless Gap Analysis becomes the starting point for a strategic action working group** that uses this research as a blueprint and forms the agenda for all the subjects explored; not only to further engage the community of homeless providers working tirelessly on behalf of those most critically in need among us, but as a means towards ending homelessness in this community.*

## I EXECUTIVE SUMMARY

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### I.1 INTRODUCTION

In December 2016, the Rochester/Monroe County Homeless Continuum of Care, Inc. was awarded a grant by the William G. McGowan Charitable Fund to create a Homeless Needs and Gaps Analysis for the Monroe County area of New York State, including the City of Rochester, Monroe County, Greece and Irondequoit, also known as the NY-500 catchment by the Department of Housing and Urban Development (HUD). This Homeless Needs and Gap Analysis will investigate the homeless services community in Rochester, New York for calendar year 2017. The CoC partnered with R.I.T. Center for Public Safety Initiatives (CPSI) to carry out the analytic and methodological process for that Gap Analysis, and to work together to create a deliverable to the community in December 2017.

### I.2 SUMMARY OF GAPS AND NEEDS IN THE NY-500

An effective Gap Analysis has two components: the determination of unmet needs within the community; and 2) the determination of gaps and their relative priority through engagement with community members (HUD, 1999). The most apparent needs and gaps in the current homeless response system in the NY-500, based on the data collected via surveys, focus groups, and interviews in the homeless system include:

- Difficulty placing homeless individuals who have been previously imprisoned,
- Difficulty placing homeless individuals who are sex offenders,
- The common presence of numerous prerequisites that must be met prior to obtaining permanent housing,
- Inadequate staffing in shelters,
- Insufficient training for service providers,
- Early concerns with the intake and prioritization components of the local Coordinated Entry system,
- Differing definitions of homelessness between HUD and local service providers, which may be indicative of a divide in philosophies for how resources and services are distributed and who are eligible for them,
- Limited hospitality beds,
- Increasingly limited funding for services,
- Limited emergency housing,
- Limited supportive housing, and
- Inconsistent results in terms of Unmet Needs were found. Interviews and survey responses indicated there is not enough homeless housing of any type available (emergency shelter, rapid rehousing, permanent supportive housing, and transitional housing) yet the Unmet Needs formula recommended by HUD comparing PIT data and HIC data, showed that there is enough housing in the community to serve the homeless, except emergency shelter beds.

### I.3 UNMET NEEDS

HUD advises the use of data from the Point-In-Time (PIT) and the Housing Inventory Count (HIC) to compare the number of homeless individuals in the area with the amount of beds within the area (HUD, 2011). Through this process, unmet needs may be described through the equation:

**UNMET NEEDS = (THE NUMBER OF SHELTERED AND UNSHELTERED HOMELESS INDIVIDUALS IN NEED OF HOUSING) – (THE NUMBER OF BEDS CURRENTLY AVAILABLE OR IN USE, AND THE NUMBER OF BEDS UNDER DEVELOPMENT)**

This formula should result in a simple set of numbers describing how many additional beds for each type of housing may be needed in order to meet the needs of the homeless population, which may represent a critical gap in terms of homeless services. To show the actual number of beds available at the moment of the PIT Count, the Unmet Needs table at *Figure 1, infra*, has two extra columns in addition to those that HUD requires. The extra columns are shaded in **green**.<sup>1</sup>

The unmet need data indicates that there is an adequate amount of housing within the Monroe County area for each type of housing, other than emergency shelters, for which there was an unmet need of 125 individuals without beds. However, it is important to note that neither transitional housing nor safe haven beds featured a notable excess of beds (nine and one extra beds, respectively), and the 58 unoccupied rapid re-housing beds were all under development at the time of the count, again this means that on the night of the PIT Count, they were not yet available.

It is possible that HUD requires inclusion of ‘beds under development’ because the critical gap they are trying to understand across communities has to do with availability of resources and correct allocation of limited supply of those resources. So, beds under development should be included in the

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<sup>1</sup> Unmet needs for the Monroe County homeless population were determined using figures from the 2017 Housing Inventory Count (HIC) as well as the 2017 Point in Time Count (PIT), both of which were obtained from HUDHdx (See *Figure 1*).

total bed count, because funding will not be required for them twice (once while under development, and again when they are available).

However, there are further limitations in the formula itself. Note that when a person has been counted during the Point in Time (PIT) Count on a single night in January, that number is considered only once as it bears to the number of beds in the community's Housing Inventory Count. For instance, if a person is sheltered in an emergency bed during the PIT Count, there is no separate count showing that they may also require a permanent supportive housing bed in addition to that emergency bed they are housed in. This seems to suggest affordable housing is the next step for everyone in emergency or transitional shelter beds. Additionally, if the beds during the PIT Count and Housing Inventory Count were "under development," but were not literally available on that night in January, the beds are still counted in the category of total beds available in the community per the HUD formula.

Type of Housing	Homeless Individuals	Number of Beds Under Development	Number of Beds Available	Total Number of Beds	HUD Unmet Needs	LOCAL Unmet Need
Emergency Shelter	613	0	488	488	125	125
Transitional Housing	128	0	137	137	9	9
Permanent Supportive Housing	1840	155	1985	2140	300	145
Rapid Rehousing	398	58	398	456	58	0
Safe Haven	11	0	12	12	1	1
Total	3055*	213	3020	3233	178	35

\*65 unsheltered homeless individuals counted in the PIT were included here

The HUD formula of Unmet Need, given its limitations and despite its inherent strengths in comparing data across communities, may not accurately assess or reflect the local community's needs, priorities, or perceptions; making it crucial to examine the second distinct portion of a complete Homeless Gap Analysis: the input of the local homeless service provider community and their perception of priorities, needs and gaps in the local homeless system.

Most of this Homeless Gap Analysis Tool is concerned with those community perceptions and can be found in Section V. Survey Results: Community Perceptions” on pages 23-70.

#### I.4 SUMMARY OF RECOMMENDED NEXT STEPS

1. Assemble a planning committee from the CoC Board and the Homeless Services Network committee of the CoC to closely review the report and plan a response.
2. Circulate the report widely across the homeless service community and solicit responses
3. Plan to review the report at local and national conferences
4. Have the planning committee assemble a larger workgroup to identify key issues in the report and develop a strategic plan to address them.
5. Have the planning and/or working group develop an agenda for further research based on the report.

The goals of the Gap Analysis are not to highlight all the strengths of the system but to focus exclusively on areas in which to focus policy, to have a more vital and efficient impact on ending homelessness here and create the ideal system to do so. Therefore, the above action steps are recommended in order to fully utilize the Gap Analysis to benefit the community as much as possible.

## II INTRODUCTION OF PROJECT

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### II.1 PROJECT BACKGROUND AND CPSI ROLE

#### **Background**

The Gap Analysis had the following goals:

1. Identify existing resources available in the community,
2. Identify how to access each resource and determine eligibility requirements,
3. Identify existing alternative funding sources that are available to the community but are currently underutilized;
4. Create a centralized hub of available services and resources for service providers,
5. Provide on-going training to the service providers on how to access the services and resources available to create a lean response system that eliminates unnecessary duplication of services,
6. Identify where gaps and barriers to entry exists in our support network, and



7. Identify what the future funding priorities should be to address the gaps and barriers identified

### **CPSI Role**

To achieve these goals, CPSI agreed to do the following tasks:

1. Provide a literature review and summary of requirements of successful local homeless system (especially coordinated entry and functional zero requirements)
2. Provide a literature review of all HUD gaps analysis core requirements
3. For staff or identified community personnel to work with RIT CPSI to create the list of agencies/persons who must be interviewed and or surveyed to create a meaningful data set of baseline services and resources
4. Create a survey instrument for assessing homeless system (both baseline system and that system perceived as required) in consultation with a wide net of current and former homeless persons, nonprofit service providers, City, County, and public safety identified system perspectives, and building in the findings of HUD literature review of Gaps Analysis, Coordinated Entry and functional zero core requirements to the survey instrument
5. Administer the survey in person (at HSN) and by distribution list
6. Collect and review data from non-HMIS providers, especially Emergency Shelter providers, and utilize annual rather than snapshot Point in Time data, ensuring that a procedure for collecting the non-HMIS providers is part of the deliverable for use in future cycles (this *Procedures* document was provided to the CoC in a separate document.)
7. Create an interview format and interview identified persons to create qualitative support review of homeless system, especially resources and eligibility requirements of accessing resources
8. Invite any interested HSN agent to be interviewed as well as core agents (one from front door of entry, one from street outreach, one from ES, TH, and PSI-I, current and former homeless persons, agents from identified core system links (DHS, FLPSS, 2-1-I, et al.)
9. Analyze surveys, interviews, and HMIS data to create Gaps Analysis
10. Create the deliverable ***Gaps and Needs Analysis*** within a six-month timeframe

CPSI therefore begins this Needs and Gaps Analysis with a literature review regarding gap analysis core requirements for HUD, Coordinated Entry, the homeless definition according to HUD, the chronically homeless definition by HUD, and ‘functional zero’ requirements by HUD.

CPSI subcontracted with The Housing Council at PathStone, Inc., which provided the *Procedures* document to reach out to shelters for annual data and a list of core agents for CPSI to interview, which were provided to the CoC in a separate document. The Housing Council at PathStone, Inc. created this *Procedures* document, the core agent list, and also oversaw four focus groups.

CPSI completed the creation of a survey through several iterations to improve it based on the information and feedback gleaned from the focus groups; administered the survey; and interviewed five core agents in the homeless system. All focus groups, surveys, and interviews included homeless and/or formerly homeless participants.

CPSI’s analysis of this collected data follows, including descriptive qualitative analysis and summary quantitative results from the surveys and what they mean. The appendices include the final gap analysis survey instrument, the final gap analysis interview framework, the final gap analysis questionnaire slideshow for the focus groups, and an Excel document link to the raw survey data located on the Dropbox platform noted in Appendix X-4.

### III LITERATURE REVIEW

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#### *Abstract*

*The intent of the literature review is to place the gap analysis in the context of current academic, regulatory, and scholarly relevant work. This literature review will describe what a gap analysis must minimally be comprised of according to HUD; the various definitions of homelessness, including a distinct definition of chronic homelessness; notions of housing stability and how that relates to a needs and gap analysis; Coordinated Entry and what the system should include; and Functional Zero policy.*

#### **Gap Analysis**

The Department of Housing and Urban Development (HUD) offers some basic guidance regarding how a Continuum of Care's Gaps Analysis should be completed. The primary purpose of a gap analysis is the identification of gaps in shelters and services for the homeless so as to facilitate the development of "strategies to deploy new resources or re-deploy existing resources to best assist people who are homeless to obtain and maintain permanent housing and self-sufficiency" (HUD, 1999). Therefore, an effective gaps analysis must be able to provide relevant information that may help to direct policy.

This is advised to be accomplished through the following two processes: 1) the determination of unmet needs within the community; and 2) the determination of gaps and their relative priority through engagement with community members (HUD, 1999). The first of these two processes, the determination of unmet needs, specifically involves determining the proportion of homeless people within a community for which no appropriate beds are available. This determination is to be made for each type of shelter within the community, such as emergency shelters, transitional housing, permanent supportive housing, etc. HUD recommends the usage of data from the Housing Inventory Count (HIC) and the Point-In-Time (PIT), though consultation with local homeless providers is also said to be useful as a means of confirming this data (HUD, 2011). The second process, the determination of gaps and

their relative priority through community engagement, requires that homeless providers and other stakeholders be consulted with in a process that is both “logical and fair” (HUD, 1999). The recommended process of engagement is through multiple community meetings involving the discussion of topics relevant to homelessness within the respective community. Emphasis should be placed on what the relative level of prioritization is that community members place upon different gaps.

### **Definitions of Homelessness**

HUD defines homelessness based upon criteria defined within the McKinney-Vento Act, as it was amended by The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (HUD, 2009), as promulgated by the Interim Rule at 24 CFR Part 578. This definition includes individuals and families who meet one or more of the following criteria: lack of a consistent and adequate home in which to stay at night; residence in a location that is not meant for extended human habitation (including cars, abandoned buildings, train stations, etc.); residence within a shelter designated to provide temporary living arrangements; exiting an institution (such as a jail) and previously lacked a consistent and adequate home or resided in a location not meant for extended human habitation; will soon lose their housing, have no follow-up residence identified, and lack the resources or support necessary to obtain other permanent housing; or are children who have spent a long period without permanent housing, have moved frequently during this same period, and suffer from a physical or non-physical condition or circumstances that may make finding housing more difficult. It includes the further refinement that any individuals fleeing from domestic violence or other potentially dangerous circumstances associated with their home should also be considered homeless in cases where they are unable to obtain alternative housing.

Some studies have also noted multiple categories of homelessness. Different types of homelessness have been defined along three categories which include being without housing, having

only temporary housing, and inadequate housing (Busch-Geertsema, Culhane, & Fitzpatrick, 2016). Being without housing involves sleeping in an area not meant for human habitation, such as a street or in a car, and refers to the non-sheltered homeless population. Temporary housing involves either non-permanent residence in a shelter, facility, or with friends or family. Some studies have referred to this as being marginally housed (Eyrich-Garg, O’Leary, & Cottler, 2008), and include the somewhat elusive “couch-surfers,” or individuals who alternate between the residences of people they know as a place of shelter. Finally, inadequate housing refers to housing that is unsafe for an individual to reside in, potentially due to interpersonal violence or the low quality of living conditions (Busch-Geertsema et al., 2016).

Homelessness itself is associated with various negative factors, such as higher rates of depression (Culhane, Finkel, Henry, Matthews, & Spellman, 2016), poor health (Hodgetts, Radley, Chamberlain, & Hodgetts, 2007), higher rates of substance use (Dickson-Gomez, Convey, Hilario, Corbett, & Weeks, 2007; Weinreb, Rog, & Henderson, 2010) and reduced social supports (Hodgetts et al., 2007). The homeless population has been seen to utilize physical and psychological health services at a high rate (Perlman & Parvensky, 2006; Wood, Flatau, Zaretsky, Foster, Vallesi, & Miscenko, 2016), resulting in high costs for the community. In addition, members of the homeless population tend to face stigma from the general population, resulting in formal responses in the form of regulations and law enforcement responses (Laurenson & Collins, 2007; Simpson, 2015), which can create further barriers to developing social relationships (Hodgetts et al., 2007). As social support may be associated with an individual’s ability to access multiple services (Lam & Rosenheck, 1999), this may be further harmful to a homeless individual’s general health.

## **Chronic Homelessness**

Chronic homelessness is defined by HUD as an individual possessing: 1) a disabling condition(s), including a diagnosable substance abuse disorder, a serious mental illness, a developmental disability, or a chronic physical illness or disability; and 2) chronically homelessness status, which is defined as continuously spending at least one year sleeping in a place not meant for human habitation or within an emergency shelter, or having at least four separate episodes of homelessness in the last three years which together add up to at least a year or more of being homeless and those episodes are each at least a week in duration (HUD, 2012).

Chronically homeless people are often very difficult to find housing for, due to various reasons, including the disabling condition(s) which accompany chronic homelessness. The chronically homeless population is also associated with high usage of various emergency services, including emergency shelters, medical services, substance abuse treatment, psychiatric services, and law enforcement response (Perlman & Parvensky, 2006). Extensive usage of such services can be very costly to local government, making it a high priority for services to target the chronic homeless population.

Housing First has been seen to be effective for addressing the chronically homeless population. Housing First is a policy that originally focused on the idea that stable housing is the highest priority for people with serious mental illness who are homeless. This is addressed through the provision of permanent supportive housing that features no particular requirements to be accessed (Kerman, Curwood, & Sirohi, 2014). Thus there are no expectations of sobriety or of clients being actively engaged in treatment before housing is provided. The program has been seen to be fairly effective at reducing the chronically homeless population's use of emergency services (Perlman & Parvensky, 2006; Srebnik, Connor, & Sylla, 2013) and also at reducing the chronically homeless population itself (Shaffi,

2017), though there is evidence that it may not be applicable to addressing the needs of every homeless subpopulation (Pearson, Locke, Montgomery, & Buron, 2007).

### **Housing Stability**

Housing stability is an important topic to consider when discussing homeless services as individuals placed in housing may struggle to maintain being stably housed, and may soon return to homelessness. Stable housing is also associated with various benefits, including lower rates of depression (Culhane, Finkel, Henry, Matthews, & Spellman, 2016), reduced rates of substance abuse (Fitzpatrick-Lewis, Ganann, Krishnaratne, Ciliska, Kouyoumdjian, & Hwang, 2011), reduced use of health and emergency services (Fitzpatrick-Lewis et al., 2011; Perlman & Parvensky, 2006; Srebnik et al., 2013), and better psychological well-being (Fitzpatrick-Lewis et al., 2011). Many different types of services are utilized for the purposes of assisting clients with maintaining stability, including case management and financial assistance, and the implementation of such programs seems to vary based on location and target population. The relative effectiveness of these services appears to vary as well (Culhane et al., 2016; Fitzpatrick-Lewis et al., 2011). Promising practices here may include the use of housing subsidies, the provision of supportive services coupled with permanent housing, mediation in housing courts, and cash assistance with rent (Burt, Pearson, & Montgomery, 2007). Access to client services is another important consideration, as informal policies related to finite resources, such as caseworker practices, limited outreach efforts, and determination of eligibility, can limit access to valuable services (Dickson-Gomez et al., 2007).

### **Coordinated Entry**

Coordinated entry is a process advocated by HUD that involves the coordination of resources and client information for the purposes of prioritizing shelter for people based upon their relative need

for services (HUD, 2015; HUD, 2017). Critical aspects of this process include a well-known and easily accessed method of “entry” to obtaining homeless services, standardized method of assessing the relative needs of individuals who require housing assistance, moving those with the greatest needs (e.g. chronically homeless) to permanent supportive housing, and the incorporation of various additional resources in order to support service providers and enhance their effectiveness, as well as to maximize the resources available to homeless clients. In addition, HUD (2017) recommends the usage of a universal list for clients whose needs have been assessed to facilitate the prioritization process. Standardization in prioritization practices is important to prevent potential problems with favoritism (Dickson-Gomez et al., 2007). It may be important to be transparent with wait times, as previous research has indicated that clients struggle and experience dissatisfaction during long wait times for shelter when they are uncertain of how long it will take to be available (Brown, Mihelicova, Lyons, DeFonzo, Torello, Carrión, & Ponce, 2016). Also, previous research by Burt, Pearson, & Montgomery (2007) found that using this type of dataset as a means of sharing information across agencies was helpful for improving efforts to prevent future homelessness.

### **Functional Zero**

Functional Zero generally refers to the state of homelessness for a particular group or area being such that the number of homeless individuals within an area is less than the average rate at which homeless individuals are placed into permanent housing, though this definition may vary from location to location (Turner, Albanese, & Pakeman, 2017). This would mean that homelessness, when it occurs in an area that has Functional Zero, will be brief, rare, and non-re-occurring (Thompson, Harris, & Cho, 2015). Ideally, this represents an important step towards truly ending homelessness (Turner et al., 2017) and at worst, this can represent a means of obscuring the true degree of homelessness in an area (Erlenbusch, 2015) or giving up on achieving an end to homelessness (Turner et al., 2017). In general,



efforts towards achieving functional zero are characterized by basic goals and relatively vague plans for achieving them, though they typically involve a focus on careful management of a community's resources in respect to the demands of the target population. As preventative practices are an important component of many efforts to achieve Functional Zero (Turner et al., 2017), it may be important to develop more clear goals and a means of carefully monitoring progress towards reaching them, as well as ensuring there is sufficient support within the community such that necessary funding may be obtained (Burt et al., 2007).

## **Conclusion**

The gap analysis requirements listed above can be viewed through the framework of how the Department of Housing and Urban Development (HUD) and others define homelessness and chronic homelessness and the impact definitions might have on the resulting analysis of a community's homeless needs and gaps. Attention should also rest on the impact of systemic responses to needs and gaps such as Coordinated Entry and to the policies that help measure whether a community has succeeded in addressing these gaps such as the HUD and United States Interagency Council on Homelessness (USICH) policy of Functional Zero.

## IV METHODOLOGY

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### IV.1 SURVEY

A survey was designed to identify the perceptions of current homeless shelters and services in Monroe County, Rochester, NY, in the area described by Housing and Urban Development (HUD) as the NY-500 catchment area. The survey was developed based on group discussions and feedback within four separate focus group sessions attended by various core agents with expertise in the field of homeless services. The core agents were identified by an experienced service provider operating in Monroe County, who selected individuals who came from a variety of backgrounds and possessed specific expertise that was considered useful for developing a better understanding of potential gaps in terms of homeless services within Monroe County. These conversations, in addition to information identified within the literature review, were used to develop and frame the questions within the survey.

The survey was distributed to various people with experience working in or with organizations and institutions dedicated to servicing homeless individuals, from September to October 2017. The survey was developed based on findings from prior focus groups and a literature review. Physical copies were distributed in person at the beginning of the Homeless Services Network (HSN) monthly meeting in September 2017; at the *Housing First Symposium* hosted at RIT; and in visits to two of the most populous homeless shelters in Monroe County. Additional surveys were distributed digitally to remaining HSN members using *Qualtrics*, an online platform designed for survey distribution and analysis. There were ultimately 112 separate responses to the survey, though due to its nature, many respondents did not provide an answer to every survey item. That is, some survey respondents skipped questions as they went along, so many of the surveys could have been considered incomplete, however we included the answers they did provide within the results (that is why each of the charts in section IV had different n's). Altogether, 112 surveys were used within the analysis. Therefore, most of the information in this report is based on the responses which were provided. Furthermore, this report focuses on responses given to questions with a fixed set of choices; responses to open-ended questions will be discussed separately. In addition to examining the raw numbers and averages of responses by topic; the report also explores

any apparent meaningful relationships within the data through further analyses such as cross tabulation analysis and thematic grouping from specialized interviews of those topics.

## **Cross Tabulation**

### **IV. 2 ANALYSIS OF DATA TO DISCERN ANY RELATIONSHIPS BETWEEN RESPONSES**

#### *Abstract*

*Cross tabulation analyses were used to determine relationships between survey respondent backgrounds with their responses to various questions in the survey. There was statistically significant variation amongst responses from different groups; however, for the most part their responses did not vary substantially from the general results. Notably, different types of service providers (housing providers, case managers, and leaders) each expressed generally negative views of the intake and prioritization components of the Coordinated Entry system.*

The survey included four questions for the purposes of assessing a respondent's background as well as the degree of experience in homeless services they possessed. Though the survey did not include specific categories of position-related backgrounds for survey respondents, a qualitative analysis was conducted of written responses to the following questions:

- i. What organizations or groups related to homelessness are you affiliated with?
- ii. What work do you do that relates to homelessness? This can include specific employment and/or volunteer work, or other activities related to homelessness.

Through careful reading of responses related to organizational affiliation as well as duties performed, researchers were able to develop a basic understanding of respondent's background experience in the provision of services for homeless clients. Several background categories were developed based on the consistency with which particular backgrounds appeared within responses. An individual could belong to any number of the following categories, with the exception of "none," which was exclusive to itself:

- None: An individual who provided a response within the survey, but their response did not fit any of the other categories

- Service provider: An individual who provides services to homeless individuals, regardless of whether those services are exclusively intended for homeless people. Each of the following categories were also included under the larger category of service provider<sup>2</sup>:
  - Housing provider: An individual who provides housing-specific services to homeless individuals, related to some form of shelter or housing
  - Case manager: An individual who provides case management services to homeless individuals
  - Leader: An individual who is a manager, supervisor, or director of some form of service for homeless individuals
  - Outreach: An individual who engages in street outreach activities

Of the 112 people to respond to the survey, 108 provided answers to basic information questions i. and ii. The number of people who fit into each of these categories is displayed in Figure 1 below. It is important to note that many of the survey respondents fit into several categories, such as in the case of service providers who were case managers and also participated in outreach efforts. The numbers in Figure 1 does not take into account recorded backgrounds and simply displays the total number of respondents who fit each particular category. This means that a respondent who fit into the categories of service provider, case manager, and outreach worker was counted as one in each of those categories.

*Figure 1:*

<b>Background</b>	<b>Number of Respondents</b>	<b>Percent of Total Respondents</b>
<i>Service Provider</i>	99	88.4%
Housing Provider	53	47.3%
Case Manager	19	17%
Leader	21	18.8%
Outreach	10	8.9%
<i>None</i>	9	8%
<i>Missing</i>	4	3.57%

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<sup>2</sup> It is important to note that while every housing provider, case manager, leader, and outreach worker was considered to be a service provider, not every service provider fit into one of these sub-categories

What this information indicates is that the vast majority of respondents to the survey (88.4%) had a background in the provision of services to the homeless, and nearly half (47.3%) had experience in terms of the provision of housing or services therein. This indicates the survey sample was largely composed of individuals with active backgrounds as homeless service providers and therefore could be inferred to possess relevant knowledge to the topics discussed within the survey. Furthermore, additional analysis of question iv., which asked whether or not an individual had ever been homeless, found that eight of the nine responses which fell into the category of “none” and two of the four responses to which information was missing were completed by individuals who were or had previously been homeless. This indicates that even those respondents who were not service providers were likely to have possessed personal knowledge such as an experience of homelessness, related to the questions asked within the survey.

Based on the responses to “Basic Information question iii.” about half of respondents indicated that they had worked with homeless services or shelters for over five years and about 60 percent had worked in the field for at least three years, indicating that the majority of respondents have had notable experience in regards to the field. It may also indicate that respondents were in general less transient with their employment and for whatever reason preferred to work in this particular field. The responses to “Basic Information question iv.” indicate that the majority of respondents (71.4%) had never been homeless.

Survey responses were further analyzed based on the backgrounds of survey respondents, in order to see if the experience of the respondents had any impact upon their answers to the other questions within the survey. Cross-tabulation analyses were conducted on each non-open-ended question to determine if any statistically significant relationships existed between background type and survey responses. Analyses were conducted on housing provider, case worker, leader, outreach, and

homeless backgrounds. All the results discussed in this document were found to be statistically significant at the  $p < .05$  level, meaning that there is a 95 percent chance that a relationship was not the result of random chance, though the sheer number of analyses conducted may have resulted in some spuriousness in the results. This may limit the value of some of the reported results due to the possibility that some of the results appeared to be significant as a result of chance.

## **Specialized Interviews**

### **IV.3 INTERVIEWEE RESPONSES AND CONSISTENT THEMES**

Five in-depth interviews were conducted with core agents in the local homelessness services response system in the NY-500 catchment area over the course of about five weeks. The first was held on November 1<sup>st</sup> and the last was held on December 7<sup>th</sup>. The interview participants were chosen from a list of core agents in the Rochester/Monroe County area. In general, all core agents had specific expertise in the field and were able to better explore the nuance beneath the Survey responses to create a deeper understanding of the needs and gaps in the homeless system in NY-500. Some of them also had an experience of present or past homelessness.

#### *Summary of Interviewed Persons*

Each interviewed agent also had the following characteristics, and their interview questionnaires reflected these attributes to focus on discrete areas to explore.

- Interviewed person 1: This person had a wide area of expertise across the system of homelessness, as it fit in a wider context of poverty response and crisis intervention, as well as specific expertise in the area of hospitality, and communication to people in the community of available resources.

- Interviewee 2: This person had a focused level of experience especially related to Department of Human Services/ Department of Social Services. This person had more than 15 years' experience there in line staff, management, and governance roles, as well as street outreach and New York State's Code Blue regulation expertise.
- Interviewee 3: This person had a wide range of experience from a homeless shelter agency and the Veterans Administration. This person had line experience, management expertise, and maintains a level of personal knowledge about homeless people served, by name and by story, as well as a sophisticated understanding of HUD regulations, and the ability to transmit those regulations simply to a wide audience. They also possessed state, local policy, and media relations, advocacy expertise.
- Interviewee 4: This person was formerly homeless. Their experience is valuable because this individual has lived in poverty for such an extended length of time that they learned to navigate social support systems, obtain resources, and advocate for themselves and others experiencing homelessness. This person now intends to begin a nonprofit agency and although poverty is still a concern, they are no longer focused only on survival.
- Interviewee 5: This person has over 15 years' experience as a service provider, a manager of a housing and services program, and direct and supervisory case management experience in the field. This individual has a sophisticated understanding of HUD voucher requirements and working with various agencies to permanently house homeless persons, as well as landlord contacts, and the negotiation and education training expertise, that tie together with those housing providers. This individual was the focus group facilitator and provider of Core Agent list of contacts for the purposes of this needs and gaps analysis. That Core Agent list was the basis for the focus group participant list and the source of the interviewee choices.

Each interview was scheduled to be conducted over the course of an hour, though several participants were willing to talk further, extending the interview up to an additional 30 minutes of time. Four of the interviews were conducted in-person and one was conducted over the phone. Each of the interviews was structured to prioritize questions to which the interviewee would be able to provide the most information, though various questions were reused across multiple interviews. In addition, researchers used a semi-structured interview design, allowing for additional questions to be added midway through the interview in order to further explore, probe, or clarify any themes or ideas which may have emerged during the conversation.

### **Consistent Themes**

Several common themes emerged within the interviews which may be relevant to an analysis of needs and gaps within the local homeless services and shelters system. Discussed in the interview results are consistent themes that emerged related to sanctions and hospitality, shelters reporting availability of beds, staffing and training, coordinated entry, and funding. These themes are discussed in greater detail in Difficulty Finding Housing (including sanctions); Housing Information and Availability of Beds; Service Provider Staffing and Training; Coordinated Entry; and Leadership and Organizational Concerns.



## V RESULTS: COMMUNITY'S PERCEPTIONS

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As has been discussed, the primary two components of a Gap Analysis are, the information learned from stakeholders and community members to help guide priorities and make decisions about resources which are best for the community. The Unmet Needs formula is the other component of the Gap Analysis. The HUD Unmet Needs section follows the eight Community Perception themes. Eight topics in the following pages summarize and structure the community perceptions about the homeless needs and gaps in the NY-500. These topics are:

- 1) Difficulty in finding housing (including sanctions);
- 2) Housing information and availability;
- 3) Leadership and organizational concerns;
- 4) Coordinated entry;
- 5) Point in Time homeless count;
- 6) Services available to homeless individuals;
- 7) Service provider staffing and training;
- 8) The definition of homelessness<sup>3</sup>

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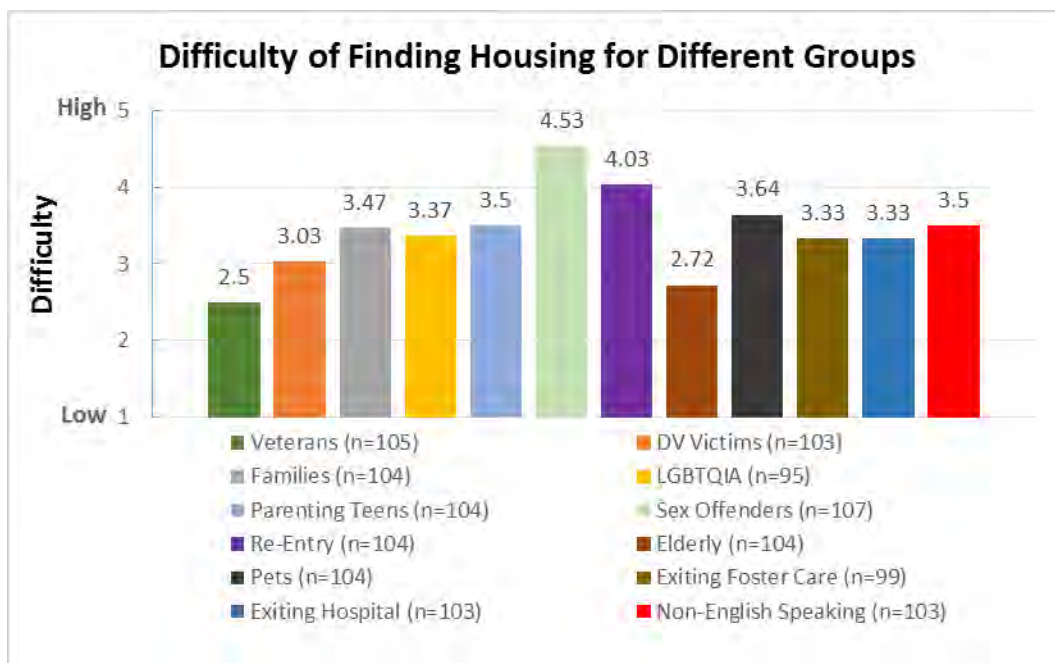
<sup>3</sup> Note that this section was included because it was discussed at length at every focus group and each interview and because different definitions of homelessness creates various philosophies in how to address homelessness. Such philosophies could affect how resources and services are distributed and who are eligible for them.

## DIFFICULTY IN FINDING HOUSING

### General Results

The basic analysis of the survey results shows in general participants believed that veterans and, to a lesser extent, the elderly, were somewhat easier to house. In terms of veterans, this was consistent with the discussion from one of the focus groups, where it was speculated that veterans may be viewed more favorably than other homeless individuals. On the other hand, the groups perceived as most difficult to house were sex offenders and the re-entry population. This may be due to the stigma associated with these groups, as well as potentially greater difficulty finding employment and more limited options in terms of housing.

*Figure 1:*

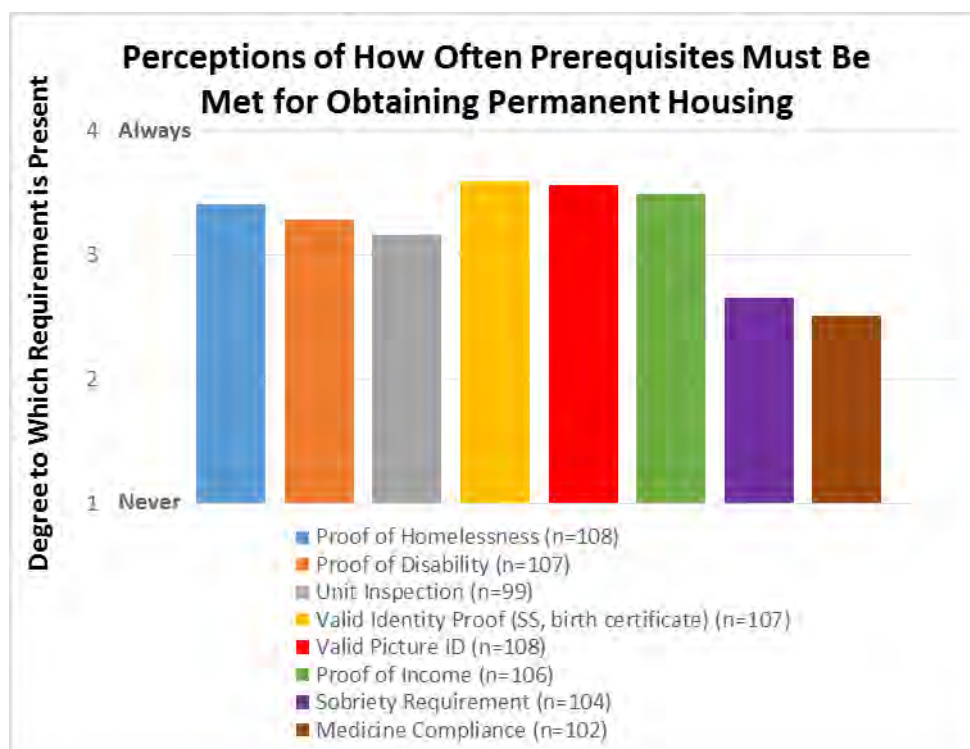


Prerequisites for obtaining permanent housing also contribute to difficulty in finding housing. In general, as can be seen in Figure 2, respondents indicated that they believed most of the prerequisites listed in the survey to be relatively common, with the possible exceptions of sobriety requirements and medicine compliance, which

were met with mixed responses. The lower frequency of these two prerequisites being required to access housing is interesting, as neither is required for housing programs that follow Housing First policy. This may indicate that Housing First has had a notable impact on the diminishing presence of these barriers to access housing.

Additional questions solicited further information about services to assist homeless individuals with these requirements. In general, 64.4% of 101 respondents indicated that services to assist with these prerequisites were available more often than not, though most (55.4 percent of 101 respondents) answered that they were “available often” compared to those who answered that they were “always available” (8.9 percent). The effectiveness of services was viewed favorably for the most part, as 79.8% of the 104 respondents who answered this question indicated they were effective. However, it is important to note that the majority of respondents indicated that they were “somewhat effective” (65.4% of 104) compared with those who thought they were “very effective” (14.4%).

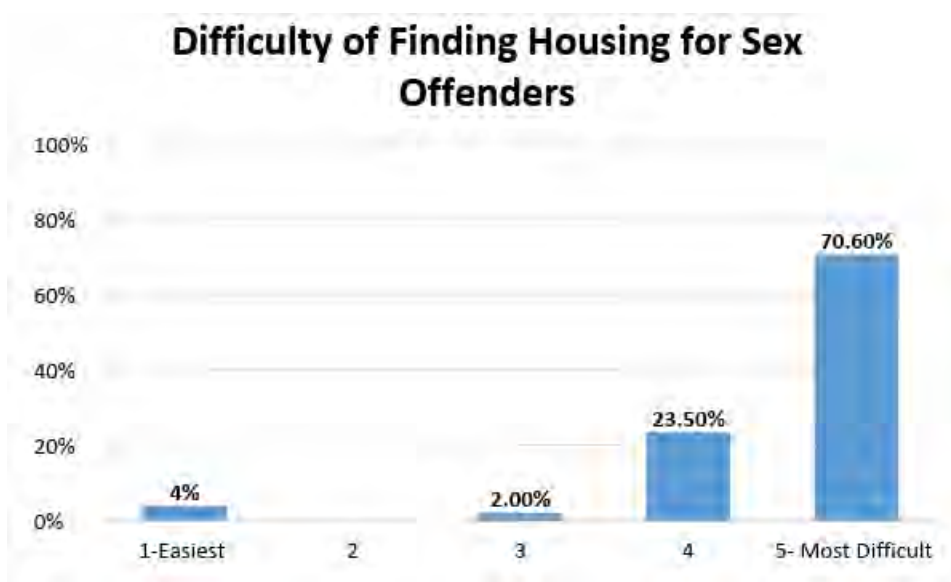
Figure 2:



### Cross Tabulation Results

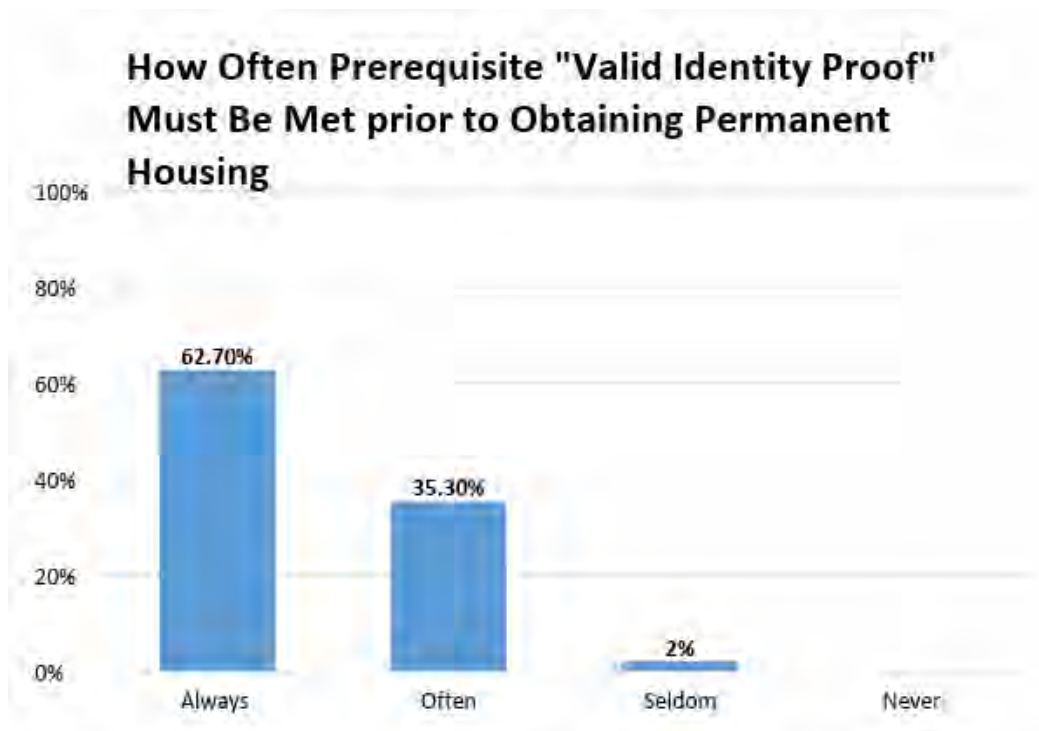
A statically significant finding was that 70.6% of respondents who were identified as housing providers found housing for sex offenders most difficult (See Figure 3). This was largely consistent with, and likely helped shape, the overall findings of the survey that sex offenders were the most difficult to house. This information may be especially useful as housing providers often deal directly with these clients, and therefore may be more knowledgeable about the resolution of the difficulty of finding housing for these clients.

Figure 3:



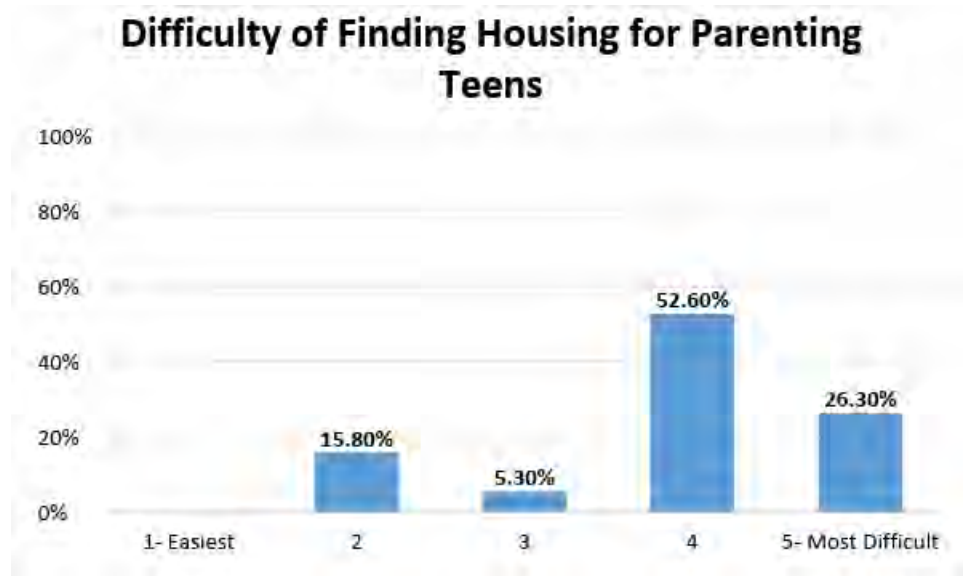
62.7% of all housing providers in the sample perceived that a valid means of proving identity (such as a birth certificate) was always a prerequisite for obtaining permanent housing (See Figure 4). This was also consistent with the general results of the survey, which found that a valid proof of identity was among the prerequisites perceived to be most commonly present. The answers given by housing providers may be especially informative here due to their direct involvement clients, as well as the fact that many of the housing providers were involved in different housing programs or worked to assist clients within shelters to find housing.

Figure 4:



For 52.6% of respondents who identified themselves as case managers, parenting teens were rated a 4 in terms of difficulty to house (See Figure 5). This indicates that case managers believed finding housing for parenting teens to be somewhat more difficult than the average survey respondent. It is possible that case managers have greater experience working with this population than other survey respondents, affecting their perceptions.

Figure 5:



72.2% of case managers believed unit inspections were often a requirement before an individual could be permanently housed (See Figure 6) and 72.2% of case managers reported that medicine compliance was seldom required (See Figure 7). The perceptions of unit inspections were largely consistent with that of the average survey respondent. However, perceptions regarding the presence of medicine compliance as a prerequisite was notably different, with case managers believing it to be less common in comparison to other survey respondents. This may be notable due to the active involvement of case managers in assisting clients with services and finding more permanent housing. It may also be indicative of the increased availability of housing that follows the Housing First model, which does not require compliance with standards of medicine intake.

Figure 6:

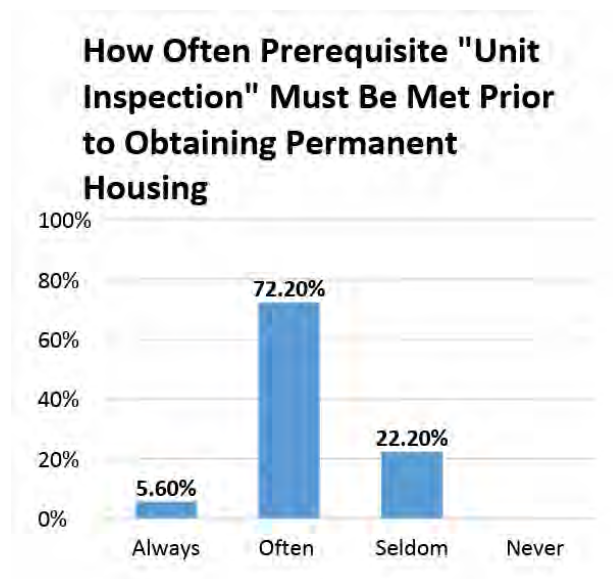
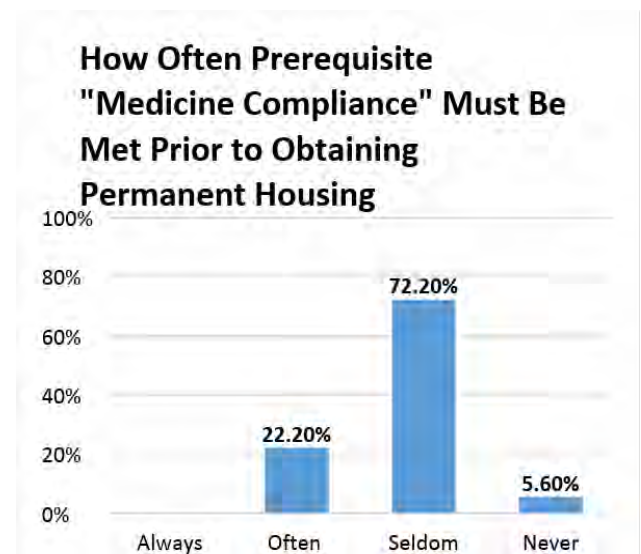
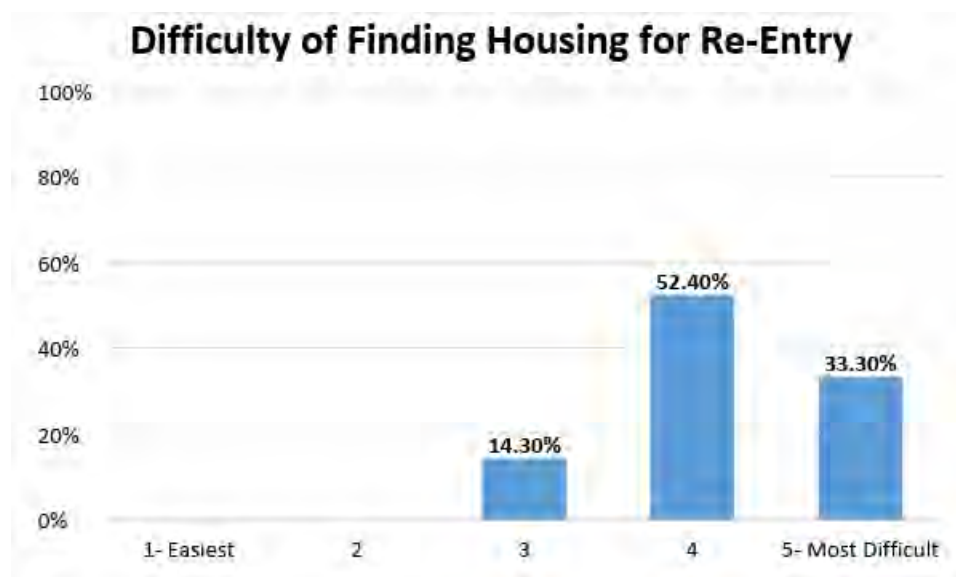


Figure 7:



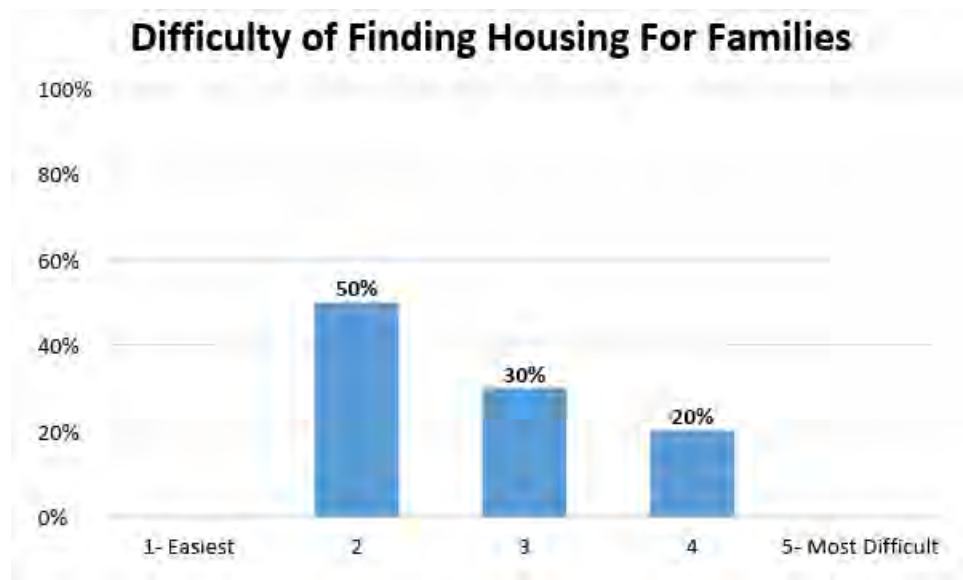
For 54% of the individuals identified as holding a position of leadership, re-entry was rated a 4 in terms of difficulty to house (See Figure 8). This was largely consistent with the general results of the survey, which indicated that the re-entry population was fairly difficult to find housing for.

Figure 8:



The cross-tabulation results showed that 50% of outreach workers rated families as a 2 in terms of difficulty to be housed, indicating that they believed families to be notably easier to house than the average respondent did (See Figure 9). This could potentially be due to the outreach-involved respondents having greater success with helping families find housing than other respondents, or that outreach workers were not in contact with families as often as DHS or 2-1-1 case managers were, and answered without the personal experience that other types of respondents possessed; however the reasons for this are not clear based on the survey responses alone.

*Figure 9:*



For difficulty of finding housing for families, individuals who reported ever being homeless were split, with 29.6% providing a rating of 3 and another 29.6% providing a rating of 4 in terms of difficulty (See Figure 10). However, 37% (See Figure 11) of respondents that had been homeless rated re-entry as a 5 for difficulty of finding housing. Figure 12 shows that 46.2% of respondents who have ever been homeless rated people exiting foster care as a 3 for difficulty of finding housing. Finally, 32.1% of individuals who responded as ever being homeless rated finding housing for non-English-speaking



individuals as a 5 (See Figure 13). Altogether, these perceptions were not substantially different from those of the general population.

Figure 10:

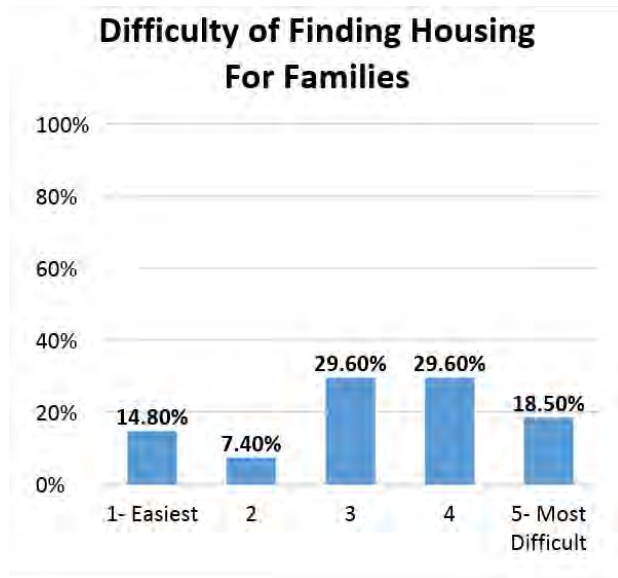


Figure 11:

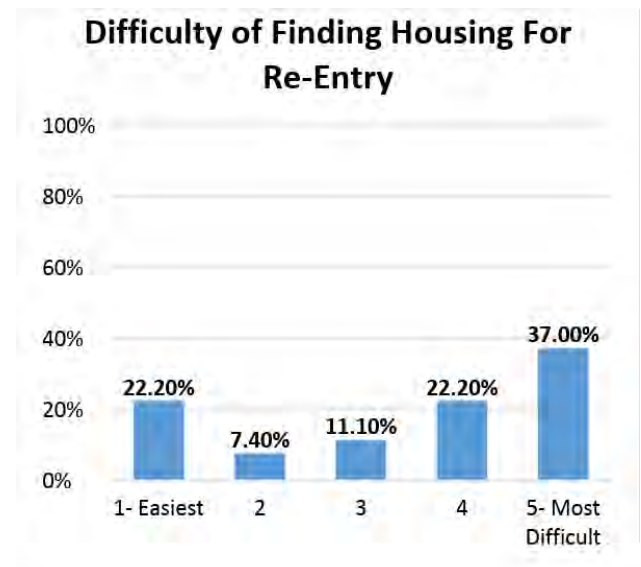


Figure 12:

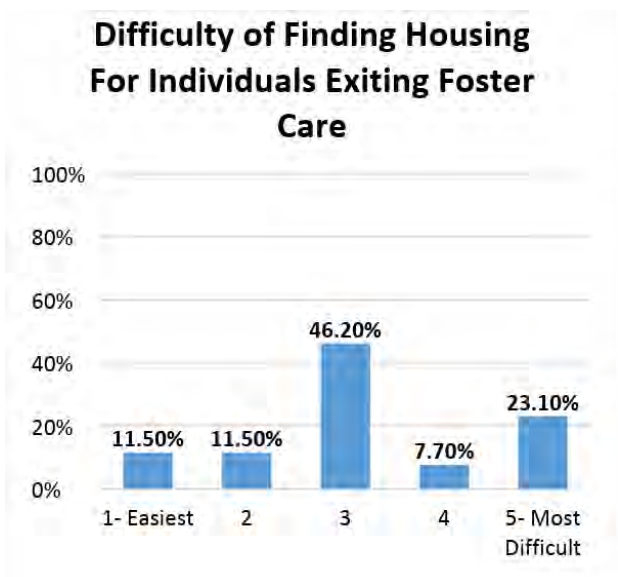
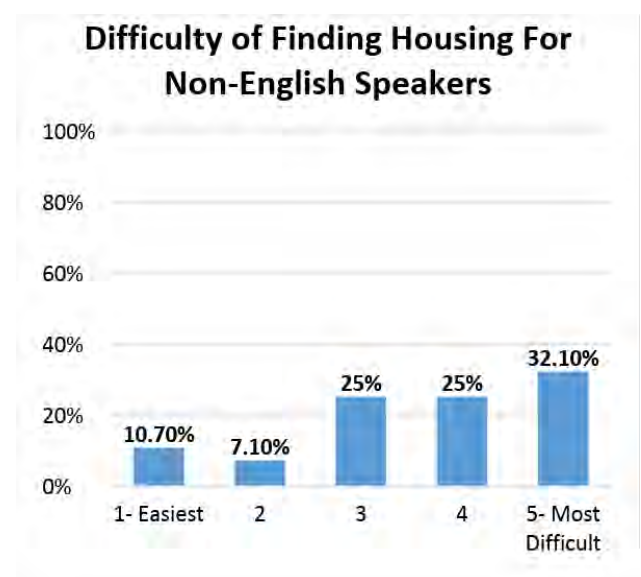


Figure 13:



For the participants that reported being currently or previously homeless, 37.9% perceived sobriety requirement as often being a prerequisite for obtaining permanent housing, though many respondents also believed it to “always” or “seldom” be a requirement (See Figure 14). When it came to medicine compliance as a prerequisite for obtaining permanent housing, responses were generally divided between medicine compliance “always” (27.6%), “often” (27.6%), and “seldom” (27.6%) being a prerequisite (See Figure 15). In terms of aggregate responses, these results are fairly similar to those of the average respondent, however the variation that exists in responses within this specific population of survey participants is worth noting: neither of these prerequisites are required by shelters which follow a Housing First policy. Outside of shelters which follow Housing First policy, however, these prerequisites tend to be difficult for many homeless individuals to meet. The variation in responses, therefore, may be indicative of varied first or second-hand experiences in terms of how common these prerequisites tend to be present, though very few expressed the belief that these requirements were never present. Interestingly, the responses here regarding medicine compliance are fairly different from those of case managers, who generally perceived that prerequisite to seldom be present, though it is not apparent what the reason for this difference might be.

Figure 14:

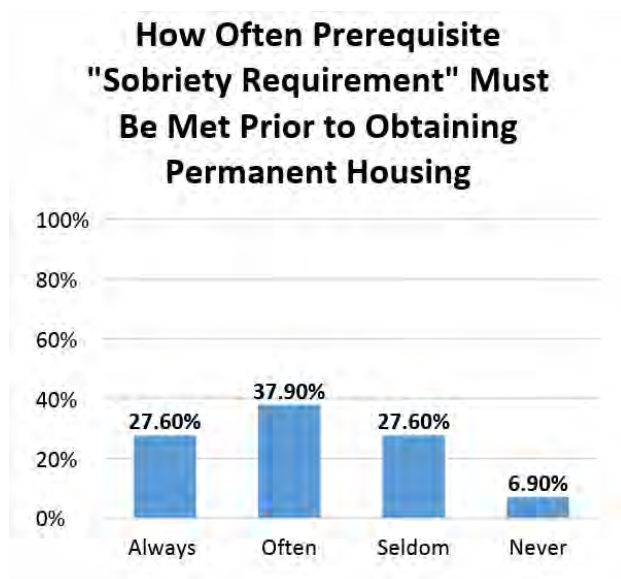


Figure 15:



## Interviews Results

### Sanctions & Hospitality

A common theme that emerged from the interviews that affect difficulty in finding housing were ‘sanctions’ and ‘hospitality’. Sanctions placed upon homeless individuals by the Department of Social Services were consistently referred to as a major obstacle to placing people in shelter. This analysis defines Sanctions as follows: sanctions are conditions that mean a person is no longer eligible to be funded by the County Department of Social Services/Department of Human Services for a homeless shelter stay. This makes individuals with sanctions more difficult to house since shelters need some form of income in order to stay operational. Though some shelters within the area benefit from donations, state and federal grant support, or support from larger organizations, many rely on financial reimbursement from the County as a source of financial support. The issue of sanctions may be especially pronounced for clients who have mental health and substance abuse problems, due to the intensive process associated with medication adherence or maintaining sobriety. These requirements are

often exacerbated because substance use may be a coping mechanism for homelessness and sobriety and medicine adherence may be difficult for clients to consistently meet. This may be problematic should sanctions be used to address non-compliant behaviors (e.g. failing a urine test at a DHS intake), or other behaviors influenced by a lack of adherence to these requirements (e.g. behavioral problems at a shelter).

Sanctioned individuals are however able to access shelters that offer ‘hospitality’ beds, or beds which are allowed to be used by people who are not eligible for reimbursement from the County. Nearly all of the interviewees noted the distribution of hospitality beds within Monroe County as a major problem for the local homeless services and shelters system. Common criticisms included that the burden of hospitality was not shared fairly amongst shelters and that there were not enough hospitality beds to properly serve the community. Funding was consistently cited as a major reason for these problems with hospitality, in that shelters require the reimbursement from the County in order to stay open and that for every bed filled on hospitality, there is one less potential source of income. As one interviewee noted, providing shelter is expensive even with reimbursement from the County, as the finances provided are notably less than the actual cost to house someone, especially in the case of children, so there is little incentive to offer it for free. This problem may be further compounded by preferences among the homeless population for certain shelters within the area that are purely donation-funded, take all hospitality clients, and do not accept County bed payments. A large distribution of the DHS-eligible homeless clients may prefer staying within these shelters, taking the funding accompanying them away from other shelters that may need it in order to stay operational.

It should be noted that one interviewee explained that sanctions are not as large an issue as commonly believed, and that a sample of hospitality placements that had been done showed that many individuals accessing hospitality believed that they were sanctioned, but were not. It should also be

noted that sanctions are not the same as “ineligible” for services (not homeless, income too high). This may indicate that this problem is further compounded by a lack of effective communication with homeless clients as to the nature of their status as well as ability to access services, which was mentioned as a problem in several of the interviews.

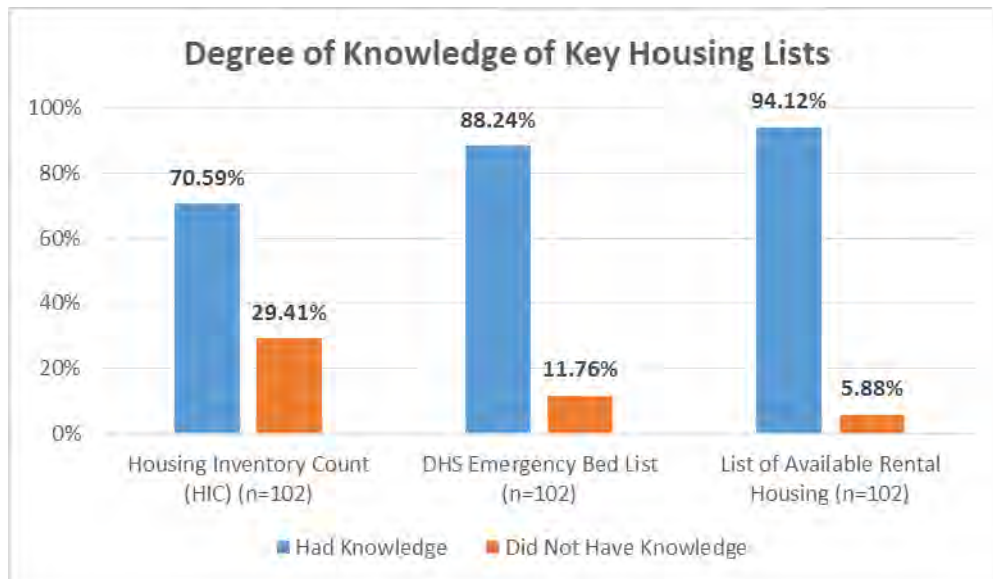
# HOUSING INFORMATION AND AVAILABILITY

## General Results

### Housing Lists

Regarding knowledge of housing lists, the majority of respondents were aware of the lists mentioned in the survey (See Figure 1). Notably, however, nearly 30 percent of the 102 individuals who took the survey said that they had no knowledge of the Housing Inventory Count (HIC). In contrast, nearly 90 percent of survey participants stated that they had knowledge of the DHS Emergency Bed List and about 95 percent had knowledge of a list of available rental housing. This may indicate that the HIC may be viewed as less useful in the day-to-day operation of homeless service work compared to the other lists and therefore may not have been as well known to survey respondents.

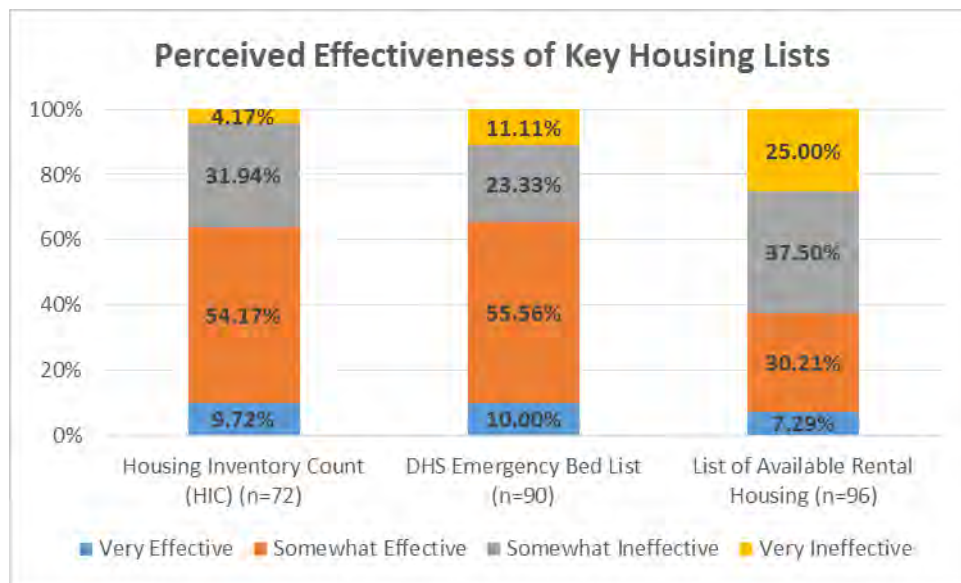
*Figure 1:*



Of those respondents who indicated that they possessed some knowledge of the lists, the majority of survey respondents perceived the Housing Inventory Count (HIC) and the DHS Emergency

Bed List as effective, though a slightly larger proportion of respondents believed the DHS Emergency Bed List to be very ineffective than they did with the HIC (See Figure 2). In contrast, the majority of respondents believed that the list(s) of available rental housing that they were aware of were ineffective, with 25 percent stating it was very ineffective.

*Figure 2:*

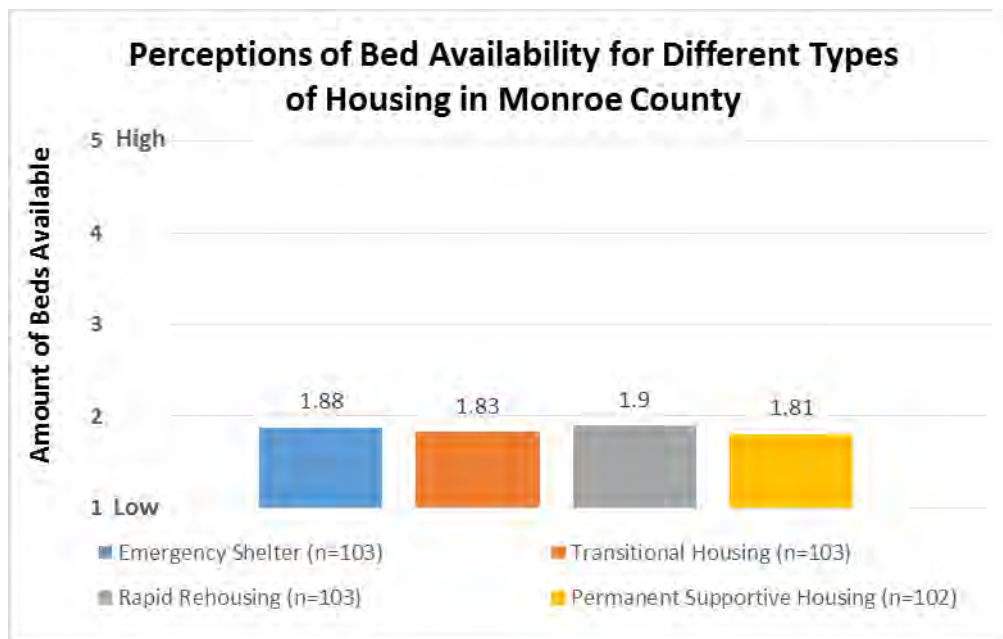


### Amount of Housing

In terms of the amount of beds available for emergency shelters, rapid rehousing, transitional housing, and permanent supportive housing, respondents almost universally reported that the number of beds were fairly low (See Figure 3). This was consistent with responses as to the amount of beds in the community as a whole, which had an average response of 1.91 on the response scale.

In general, this indicates that the current amount of available beds in Monroe County is insufficient for meeting the needs of the resident homeless population.

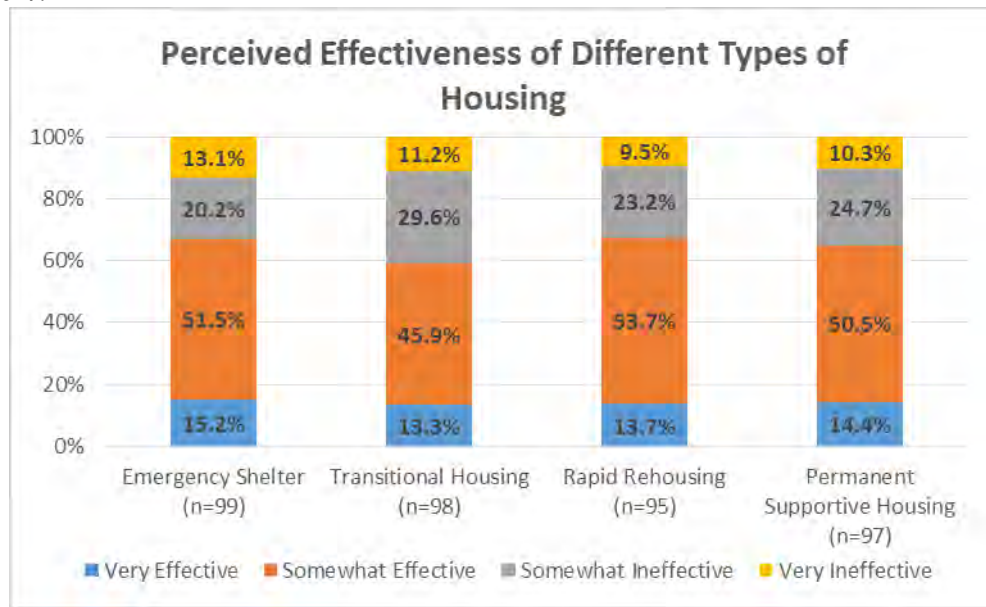
Figure 3:



This apparent lack of housing is interesting when exploring perceptions of how effective the different types of housing were (See Figure 4). Average perceptions of the actual effectiveness of the different types of housing tended to be positive, ranging from 59.2 percent, in the case of transitional housing, to 67.4 percent, in the case of rapid rehousing, of respondents expressing favorable views of effectiveness. This may indicate that the quality of shelters and the degree to which they are utilized is fairly good, but there is simply insufficient housing to handle the current size of the homeless population.



Figure 4:



### Information about Hospitality Beds

The financial problems associated with hospitality beds (beds not paid for by the County for various reasons) may also be problematic in terms of the number of available beds reported within the system (to DHS or 2-1-1) when an emergency bed is required. Information on bed availability is obtained directly from shelters, giving them control over information related to the amount of space for clients that is currently open, whether funded or not. On one hand, the budgetary concerns with hospitality, that is, the need to hire more staff to overlook more utilized clients using beds, may lead to shelters under-reporting the number of hospitality beds they have available on a given night. In contrast, other shelters within the area that are heavily committed to ensuring people are housed at any cost, may not report being at overcapacity, in order to both serve the population and to avoid potential punishment from state agencies that have staffing and safety regulatory authority over them. Still, the majority of people interviewed expressed the belief that overall, (for the raw number of beds, including hospitality beds) there are sufficient emergency shelter beds within Monroe County to serve the homeless population, if they are being used correctly.

# LEADERSHIP AND ORGANIZATIONAL CONCERNS

## **General Results**

### Leadership/Policy Drivers

In terms of participants' perceptions of the degree to which homeless shelter and service leaders agree on best policies and practices, responses were generally divided. Of the 92 participants who answered the survey question, 46.7 percent of respondents indicated that leaders agreed more often than not while the remaining 53.3 percent believed that leaders generally did not agree with one another. Due to a slightly larger number of responses indicating that leaders always agreed in comparison to responses indicating that they never agreed, the average response fell directly in the middle of the frequency scale. This may indicate that there is a lack of a uniform understanding or perception of homeless shelter and service leaders within the community.

## **Interviews Results**

### Funding

Funding was a critical topic from an organizational standpoint discussed within all of the interviews. A consistent theme within the conversations was that funding was limited throughout the entire homeless services and shelters system. Of particular note, was the perception that this problem appears to be getting worse over time, due to a lack of change in the amount of incoming funding available. Tax revenue for social services has been unchanged due to local political objectives of maintaining low taxes; therefore the influx of money for programs serving the homeless has not increased over the years. Furthermore, the amount of funding that programs receive annually from HUD has not changed over the years, despite monetary devaluation due to factors such as inflation. In sum, it appears that funding for homeless services have been becoming increasingly limited over time, with little support for increasing funding from the local government.

## COORDINATED ENTRY

Coordinated entry is a process advocated by HUD that involves the coordination of resources and client information for the purposes of prioritizing shelter for people based upon their relative need for services (HUD, 2015; HUD, 2017). Critical aspects of this process include a well-known and easily accessed method of “entry” to obtaining homeless services, standardized method of assessing the relative needs of individuals who require housing assistance, moving those with the greatest needs (e.g. chronically homeless) to permanent supportive housing, and the incorporation of various additional resources in order to support service providers and enhance their effectiveness, as well as to maximize the resources available to homeless clients. In addition, HUD (2017) recommends the usage of a universal list for clients whose needs have been assessed to facilitate the prioritization process.

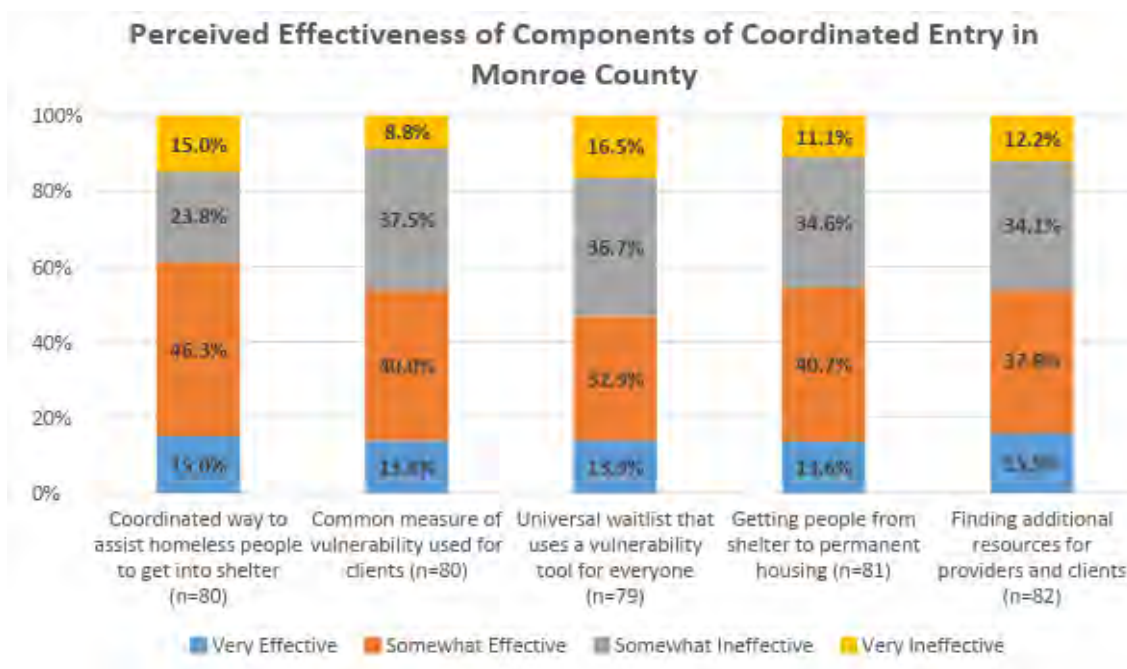
It is important to note that Coordinated Entry within Monroe County was in the process of being re-developed at the same time as the data used in this analysis was being collected. Early work group meetings to discuss how it might be more substantially implemented began in August, 2017. An initial pilot of a Prioritization List began on November 11, 2017, and the formal start date of the program was December 8, 2017. The majority of survey responses were collected within the second half of September, 2017 and the remainder was collected within October, 2017. Interviews were conducted between November 1, 2017 and December 7, 2017. Therefore, the following information is based upon the views of community members as they pertained to impressions of what was called 'Coordinated Access' or 'Coordinated Entry' in the community, but which did not include every element currently in place, such as a universal single Prioritization List. A criticism of the analysis may be that even addressing the topic of the coordinated entry system before it was fully implemented may be only weakly inferential to inform future discussion of the CoC’s needs, gaps, and subsequent priorities.

Further analysis in this topic area should be done by the recommended strategic action workgroup to address this criticism (*see Action Item 5, page 8*).

## General Results

The majority of participants (65.3 percent of 98 respondents) indicated that they were aware of the Coordinated Entry system. In terms of the effectiveness of the different components of Coordinated Entry perceptions were, for the most part, evenly divided between them being effective and ineffective (See Figure 1). Notably, the exception to this was the system component involving a coordinated way to assist homeless people to get into shelter, for which perceptions of effectiveness were generally favorable. It is important to note that the Coordinated Entry system for Monroe County, especially the Prioritization List component, was in the process of being implemented at the time the survey was administered, so these results may be subject to change after the implementation of the program is complete.

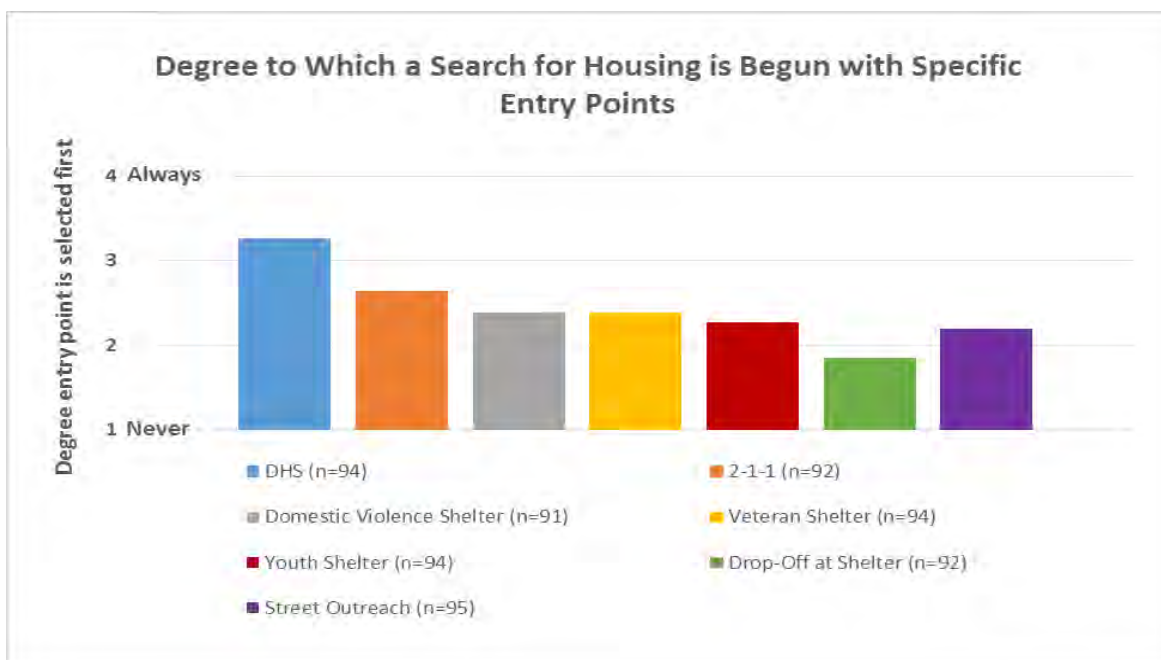
*Figure 1:*



## Finding Housing

Unsurprisingly, due to the nature of the population surveyed, the vast majority of respondents (90.4 percent of 94) stated that at some point they had had to find housing for themselves or someone else who was homeless. When attempting to find housing, respondents indicated mixed responses in terms of how often they used the seven entry points provided within the survey design, with the notable exceptions of the Department of Health and Human Services (DHS) and dropping someone off at a shelter (See Figure 2). On average, respondents indicated that they often began a search for housing with DHS. DHS is, along with 2-1-1, the front door of entry to homeless services in Monroe County, or the designated point that homeless people may enter the system for the purpose of coordinating services for a particular person, a component of coordinated entry. This may indicate that this system is being actively utilized by the community, a finding which is consistent with the perceptions of coordinated entry. Dropping an individual off at a shelter, in contrast, was the entry point that was, on average, said to be least often used as the beginning point in a search for housing.

*Figure 2:*



## Cross Tabulations Results

In terms of the effectiveness of the different components of the Coordinated Entry system within Monroe County, 41% of housing providers believed there was a somewhat effective coordinated way to assist homeless people to get into shelter (See Figure 3). For a common measure of vulnerability used for clients, 62.5% of housing providers believed it be somewhat ineffective (See Figure 4). Furthermore 50% of housing providers believed the component involving a universal waitlist was somewhat ineffective (See Figure 5). Altogether, these responses indicated generally more negative views of Coordinated Entry processes from housing providers compared to other survey respondents. This may be notable in that these three components of Coordinated Entry are tied to housing and shelter placement, which is directly related to the work of housing providers. This may indicate that aspects of Coordinated Entry related to placement and prioritization may require additional attention in order to ensure that the system is able to function more effectively.

Figure 3:

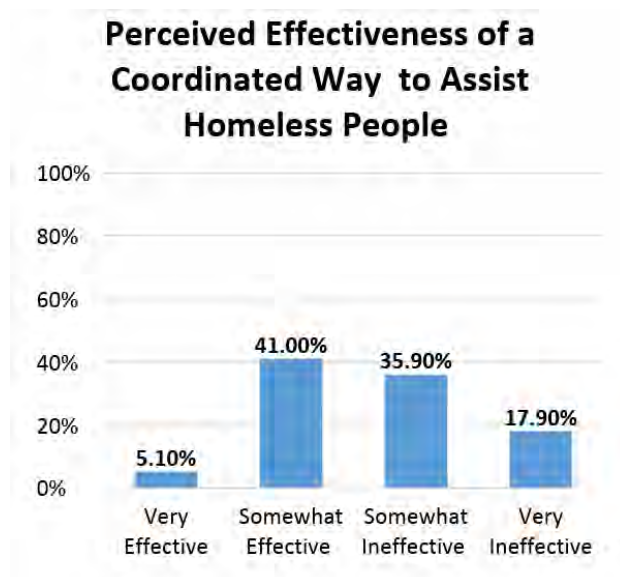


Figure 4:

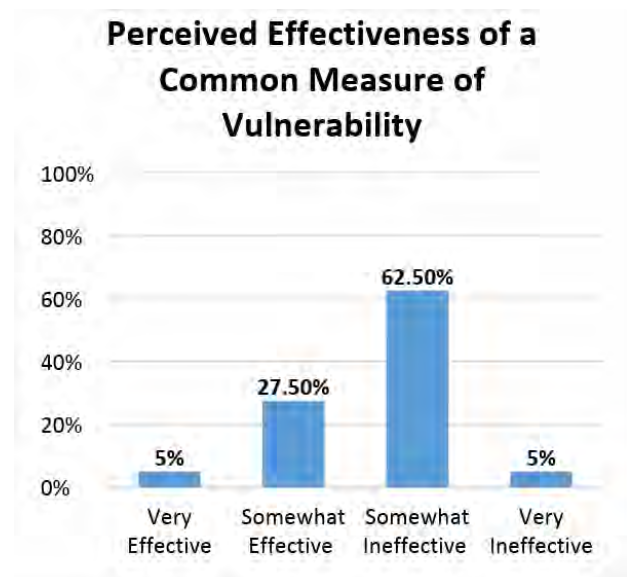
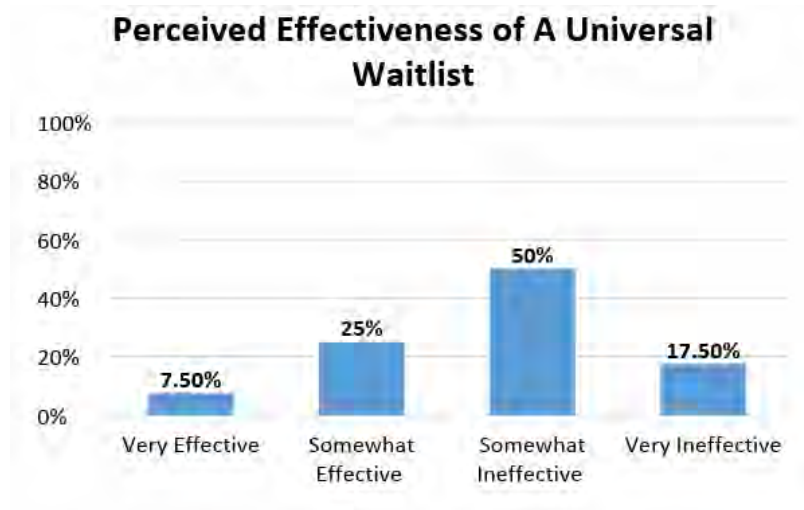
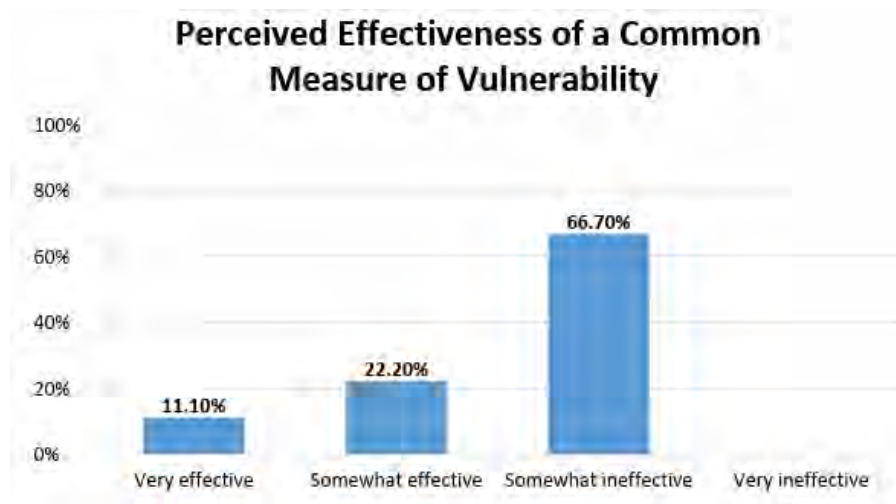


Figure 5:



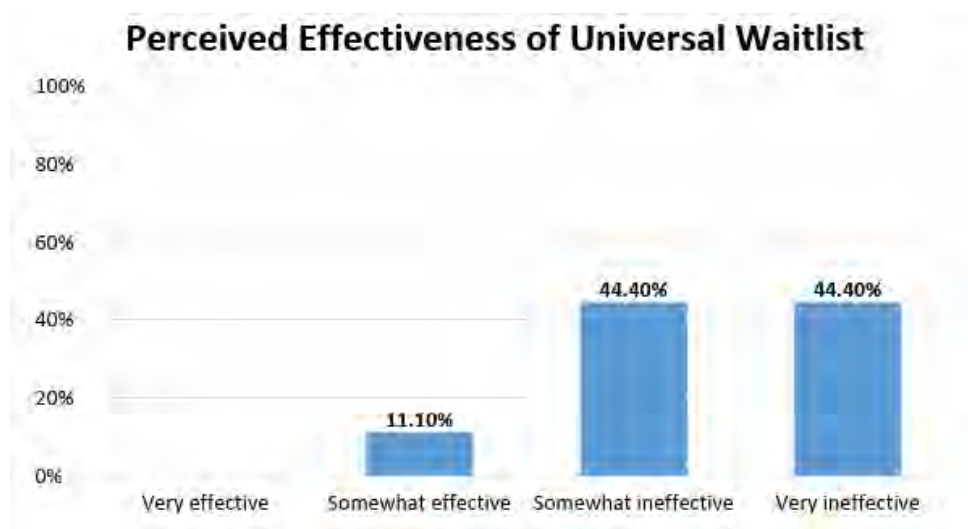
In terms of Coordinated Entry system components, 66.7% of leaders believed that a common measure of vulnerability used for clients was somewhat ineffective (See Figure 6). This indicates individuals identified to be in positions of leadership held notably more negative views of this component of Coordinated Entry than the average respondent, and held generally similar views to that of housing providers. This may be tied to larger problems with the tool used to assess client vulnerability, possibly related to how consistently it is used or how familiar lower-ranking personnel are with it.

Figure 6:



A combined 88.8% of outreach-involved respondents believed that the universal waitlist component of Coordinated Entry within the area was somewhat or very ineffective (See Figure 7).<sup>4</sup> These general perceptions were notably more negative than that of the average respondent. This may be due to outreach workers being exposed to more direct interactions with and feedback from homeless individuals, or potentially having more concerns regarding how prioritization on such a waitlist might be determined, especially considering how outreach workers may play a vital role in adding unsheltered, street homeless individuals to the prioritization list.

*Figure 7:*



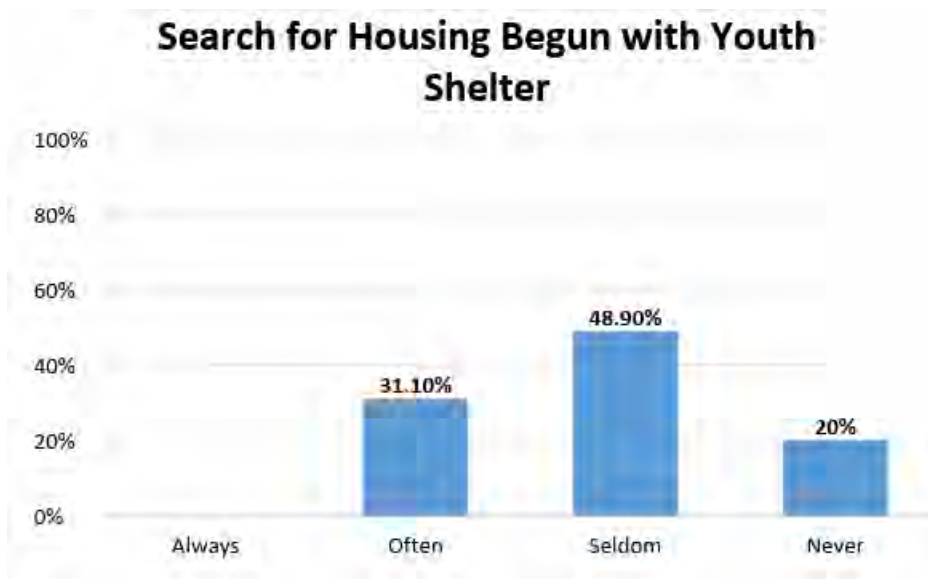
48.9% of service providers who completed a survey indicated that they seldom began a search for housing with a youth shelter (See Figure 8). This response was fairly consistent with general survey responses.

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<sup>4</sup> An obvious reason that a universal waitlist was perceived to be ineffective by many respondents was the timeline of when it was implemented for the CoC, which was by and large after the survey was distributed.



Figure 8:



Half of the leaders identified reported always using DHS as an initial entry point (See Figure 9). Leaders appear to use DHS at the beginning of a search for housing at a rate that is generally consistent with that of the average respondent. As leaders may be responsible for setting the standards which other service providers must follow, this finding seems appropriate.

Figure 9:



## Cross Tabulation

For the most part, different levels of workers within the Monroe County homeless services and shelters system share many common views of the needs and gaps related to their work. Notably, however, housing providers, leaders, and outreach workers and volunteers expressed negative views of some of the components of the local Coordinated Entry system that related to intake and client prioritization. It is important to again note that the Coordinated Entry system was still in an early stage of development at the time of the survey, however these negative views may indicate that these components of the system will need to be developed carefully and with input from the providers, leaders, and outreach workers and volunteers, in order to ensure that the system works as intended and is accepted favorably by the community.

## **Interviews Results**

Coordinated Entry, also known locally as Coordinated Access, is a system that was mandated by HUD to be implemented by January 23, 2018. Though the system was under development at the time of the interviews, the interviewees were able to provide some input on its state as well as some of the early problems with it that may need to be addressed. An important aspect of Coordinated Entry is that it should be an entry point that is easily accessed. In Monroe County, DHS and 2-1-1 represent this entry point, with 2-1-1 acting as the primary entry point at night. However, 2-1-1 was struggling at the time of the interviews due to the increasingly high volume of people in need of assistance and due to insufficient funding for its staff. In addition, 2-1-1 lacked specialized personnel to assist people with sanctions, limiting their ability to serve some of the individuals with the highest needs. Further, a Prioritization List was still in the process of being populated and was unable to be accessed by 2-1-1 in order to determine where clients were present on the list. As one interviewee explained, this left the “entry” aspect of the

coordinated entry system in disarray. Three of the interview participants noted potential problems with the need for increased usage of HMIS for reporting, with one noting that many people in the area were unfamiliar with accessing it, making it a priority need to familiarize the community with HMIS usage. Another interview participant relayed the opinions of shelter workers regarding the associated HMIS training: they felt that the trainers themselves lacked expertise. This may indicate that more steps will need to be taken in order to ensure service providers and HMIS trainers within the area are familiar with HMIS usage as it relates to Coordinated Entry.

In general, none of the participants expressed the belief that implementing Coordinated Entry would be easy. Two of the interviewees noted that this was not the first local attempt at designing and implementing a centralized intake system, with previous attempts failing due to lack of initiative and insufficient funding for placements. As far as the system itself, three of the interviewees expressed a belief that it would be implemented by the January 2018 deadline, however they were skeptical about whether it would be in a finalized state, with the problems regarding entry alone being estimated to take around a year to be properly addressed.

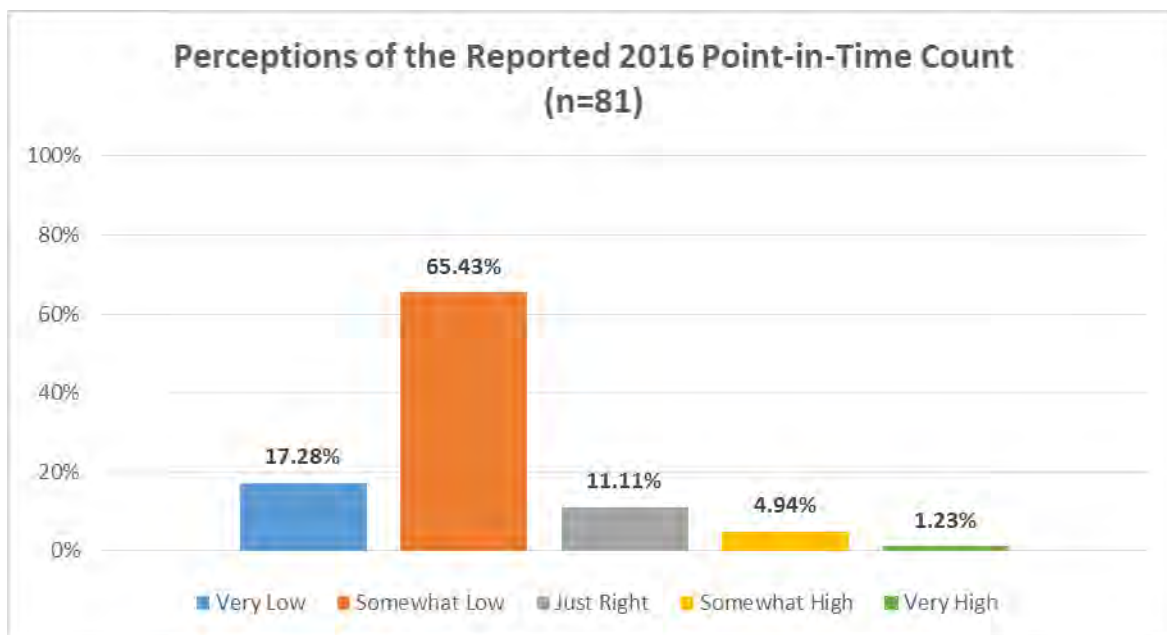
# POINT IN TIME

## General Results

### PIT Count

Many participants (76.2 percent of 101 respondents) indicated that they had prior knowledge of the Point-in-Time (PIT) count and about half (49.5 percent of 101 respondents) stated that they had previously participated in it. In regards to the degree to which the PIT is able to capture the homeless population, most indicated that the number it reflects is low, though more leaned towards it being somewhat low compared to very low (See Figure 1). These views may potentially reflect the difficulty of capturing the full homeless population due to the relatively transient or hidden nature of unsheltered homeless persons.

*Figure 1:*



## Cross Tabulations Results

Amongst respondents who identified themselves as being currently or previously homeless, 51.9% knew of the PIT count and 47.4% believed that the reported PIT count of 2016 was somewhat low (See Figures 2 and 3). This finding may seem somewhat alarming in that half of respondents who reported having experience with being homeless were unaware of the survey used to count the homeless population, possibly indicating that a previous PIT survey had failed to count them. It is possible, however, that some of the respondents had become homeless only recently, or had experienced homelessness at a separate time from the single date in January in which it is conducted and, therefore, would be less likely to have knowledge of the count. Interestingly, in terms of perceptions of the numbers recorded within the count itself, individuals who had experienced homelessness were somewhat more likely to view the PIT count as being high, though they generally held similar views to that of the average respondent.

Figure 2:

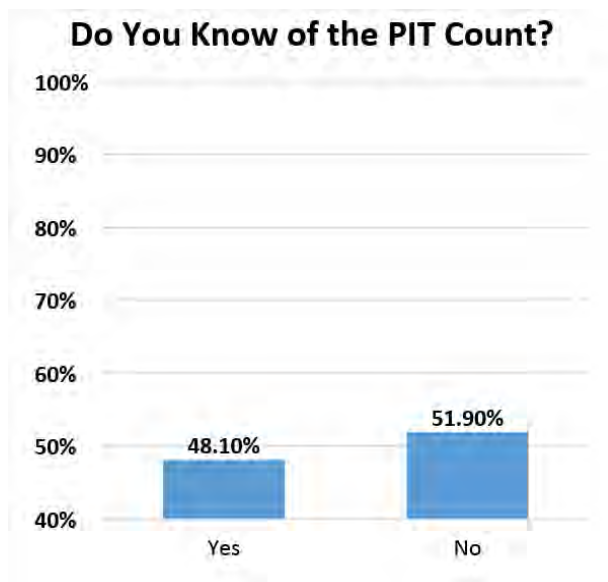
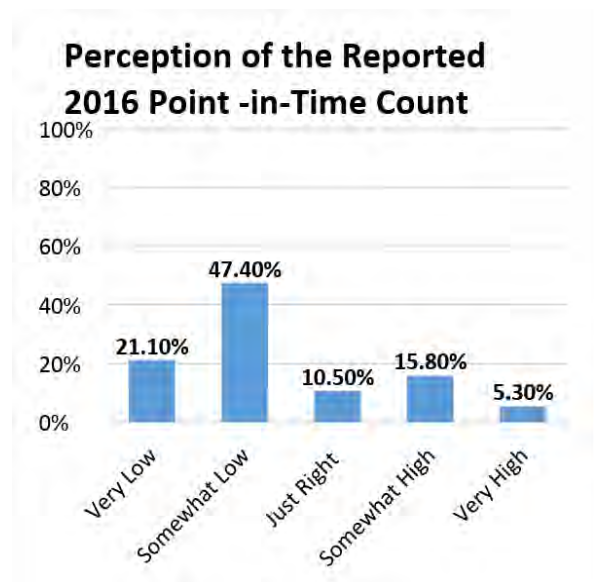


Figure 3:



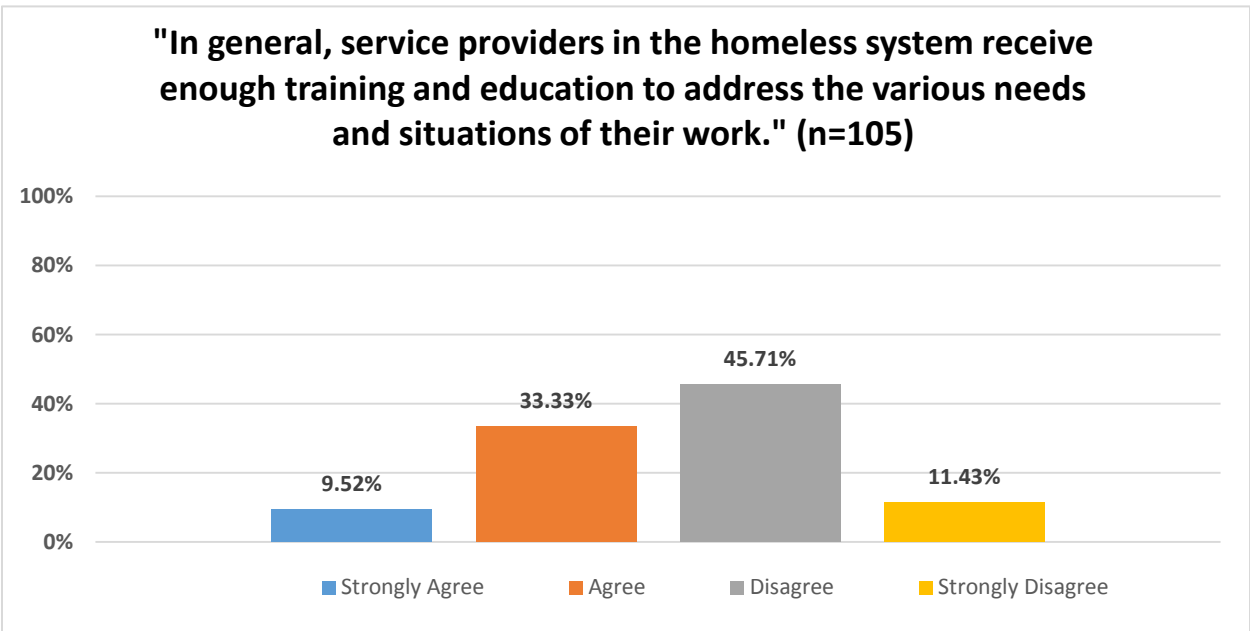
# SERVICE PROVIDER STAFFING AND TRAINING

## General Results

### Staffing

In terms of the training given to service providers, participants seemed largely divided in terms of whether or not they agreed that service providers received sufficient training and education to handle the various demands of their work (See Figure 1). Though the majority of responses leaned towards disagreement (57.14 percent), this was not a large majority and the average response sat between agreement and disagreement.

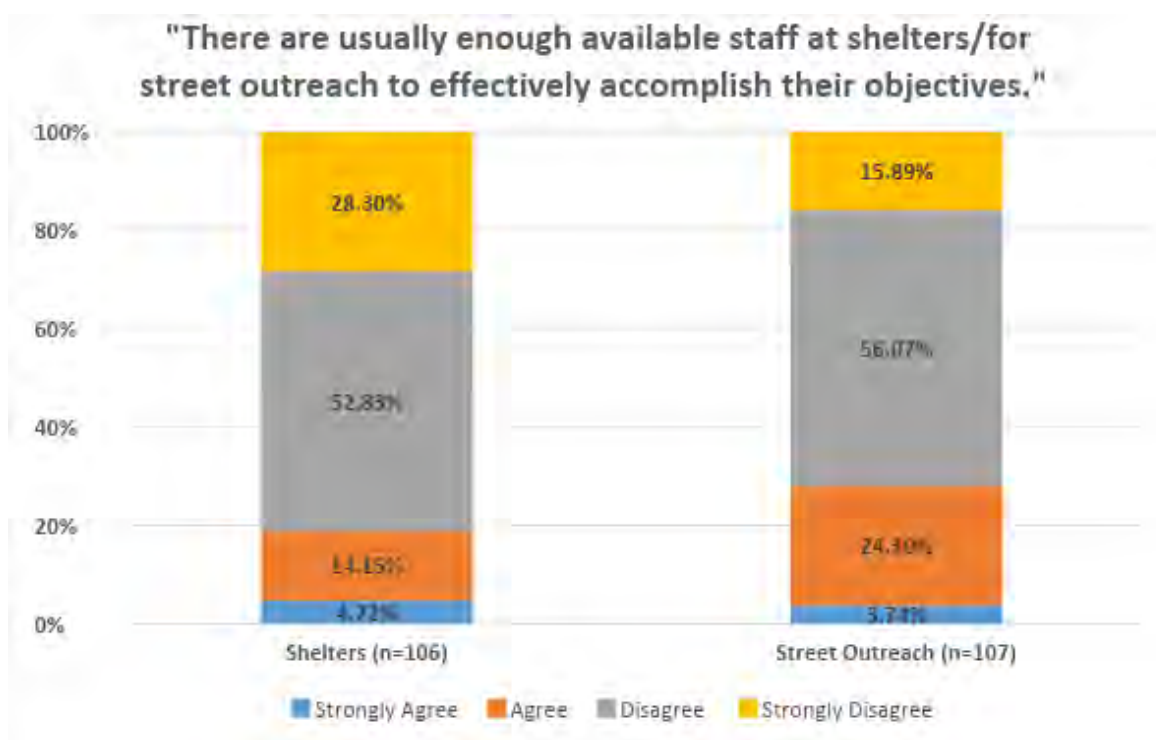
Figure 1:



The survey also asked respondents whether they agreed that there was sufficient staffing available to shelters and outreach to accomplish their objectives, the results of which may be seen in Figure 2. Staffing for shelters was generally perceived to be lacking, with 81.13% of respondents expressing such views, with over a quarter of respondents indicating that shelters were strongly lacking

in terms of staffing. Similarly, 71.96% of respondents also believed that staffing for street outreach was insufficient, though a much smaller proportion of responses expressed strong beliefs regarding this compared to staffing for shelters. Taken altogether, these responses indicate that there is a problem with staffing for shelters and street outreach and this may be impeding their ability to provide adequate services to the homeless population.

*Figure 2:*



## Cross Tabulations Results

In general, 55.1% of the housing providers disagreed that service providers receive enough training and education to address the various needs and situations of their work (See Figure 3). For the most part, these results are consistent with that of the general survey population, though they are comparably somewhat more negative perceptions for the degree of training provided. This may indicate

that insufficient training is more pronounced for housing providers, which may be potentially related to the apparent problems with staffing in shelters.

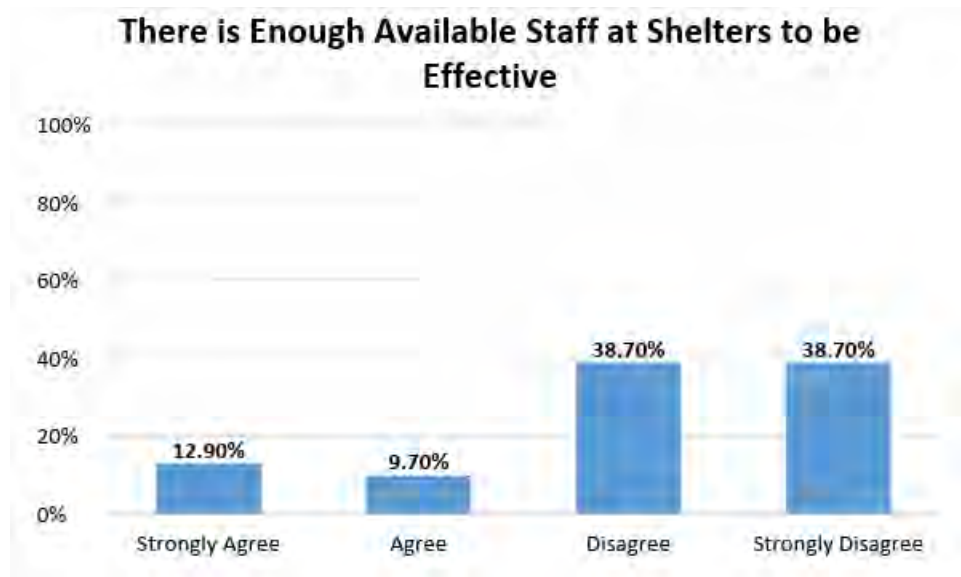
*Figure 3:*



In terms of shelter effectiveness, a combined 77.4% of individuals who reported ever being homeless disagreed or strongly disagreed that shelters have sufficient available staff to be effective (See Figure 4). These results were similar to that of the overall survey. However, respondents who identified themselves as having been homeless were slightly more likely to have extreme views regarding shelter staffing, with a comparatively higher proportion of responses indicating strong disagreement and strong agreement with this statement. This may potentially be a result of respondents basing their answers on experiences with different shelters, possibly indicating that staffing is a more substantial issue in some shelters compared to others.



Figure 4:



## **Interviews Results**

### Service Provider Staffing & Training

An important theme that appeared in some of the interviews was related to problems with staffing. Specifically, interviewees mentioned that shelter line workers as well as case managers had high turnover rates. This was cited as being due to the relatively low pay associated with these positions along with the intense and sometimes traumatic nature of the work. As one of the interview participants put it after describing how a worker was recently bitten by a youth resident at a shelter: “Is that what you want to do for twelve dollars an hour?” In addition, some key services, such as 2-1-1, along with various shelters and service providers, are simply understaffed due to insufficient funding. This can potentially impair their effectiveness, especially at times when service demand is high. Therefore, it may be important for additional funding to be put towards ensuring adequate staffing, as well as to ensure that workers providing direct services to clients are able to receive the support they may need to cope with the rigors of their work, both financially and psychologically.

Training for service providers was another important theme, with discussions centering on training generally being inadequate. Due to the problems associated with staffing, oftentimes new employees are forced to jump into their positions with minimal training, and are often limited in terms of additional training opportunities while working for similar reasons. This may result in many service providers having limited knowledge of policies or resources outside of their specific focus, which may impair their ability to serve homeless clients with special needs or to direct them to the proper services. It may be valuable to develop more centralized options for educating service providers and to create more opportunities for service providers to communicate and build relationships that allow for greater sharing of knowledge as well as resources.

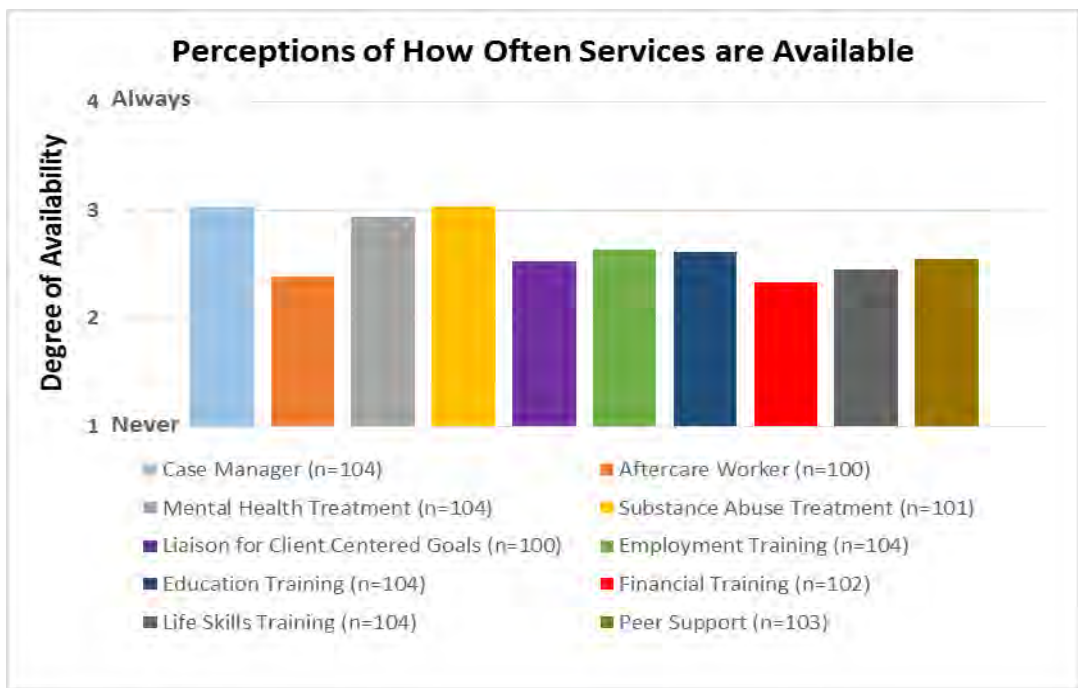
# SERVICES AVAILABLE TO HOMELESS INDIVIDUALS

## General Results

### Services Available

Perceptions regarding how often different types of services were available for homeless individuals were largely mixed, with the exception of the following services: case managers, mental health treatment, and substance abuse treatment, which were on average perceived to be available fairly often (See Figure 1). Respondents, on average, held somewhat favorable views of how effective these services were, with 60 percent of the 100 respondents who answered the question expressing favorable views while 40 percent expressed unfavorable views.

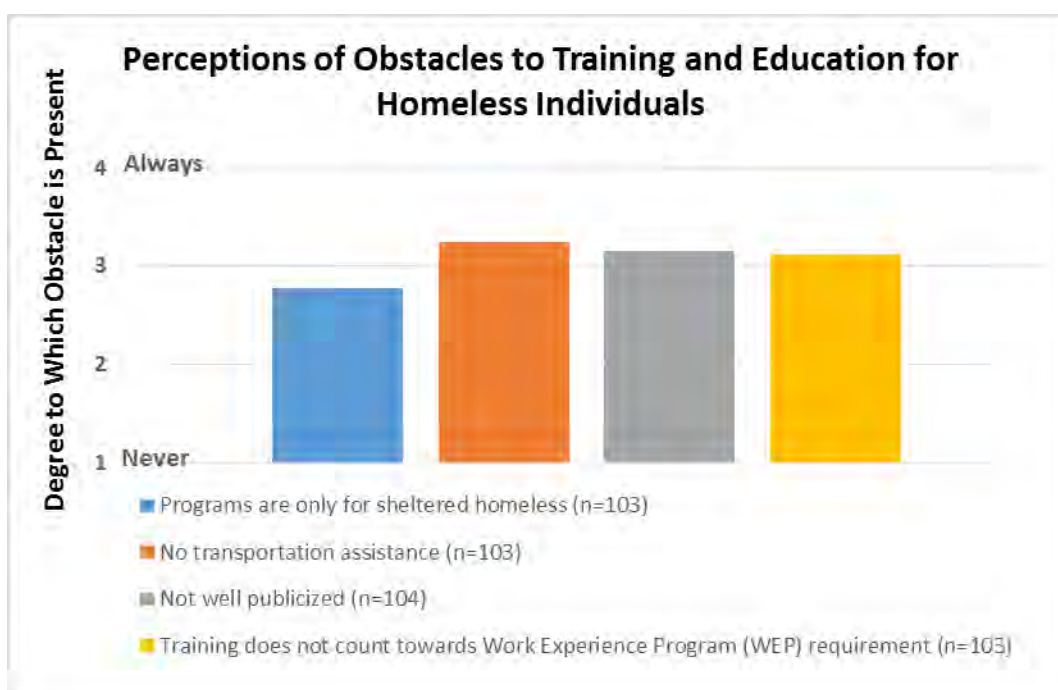
*Figure 1:*



On average, respondents believed that the four obstacles to training and education services listed in the survey appeared often (See Figure 2). There was also generally little variation in terms of how

often these obstacles were believed to be present, with the exception of the obstacle of “programs being available only for sheltered homeless.” This particular obstacle featured a greater proportion of respondents (26.2% of 103 respondents) indicating that the obstacle seldom occurred, though the majority of respondents still indicated that it was a generally common impediment to training and education services.

*Figure 2:*



## Cross Tabulations Results

In terms of services available to help a formerly homeless person maintain housing, 72.3% (See Figure 3) of housing providers perceived that after-care worker services were seldom available. In addition, 51% of housing providers perceived mental health services (See Figure 4) as often being available and 57.4% of housing providers believed liaisons for client-centered goals services (See Figure 5) were seldom available. For employment training services, responses were fairly evenly split between

44.9% of housing providers perceiving these services as often available and 42.9% of housing providers perceiving these services to be seldom available (See Figure 6). For education training services, 49% of housing provided perceived these services to be seldom available (See Figure 7). 64.6% of housing providers believed that financial training services were seldom available (See Figure 8), 55.1 % of housing providers believed life skill training to be seldom available (See Figure 9), and 53.1% of service providers perceived peer support services to be seldom available (See Figure 10). Most of these results were consistent with the findings of the overall survey, which may be appropriate due to the experience many shelters have with providing these services as well as the direct interactions many housing service providers have with homeless clients.

Figure 3:

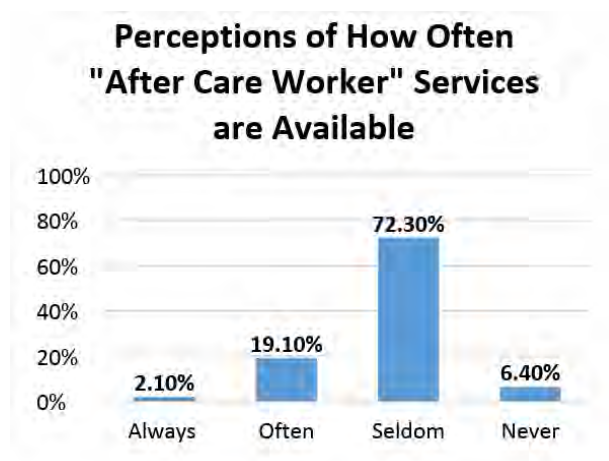


Figure 4

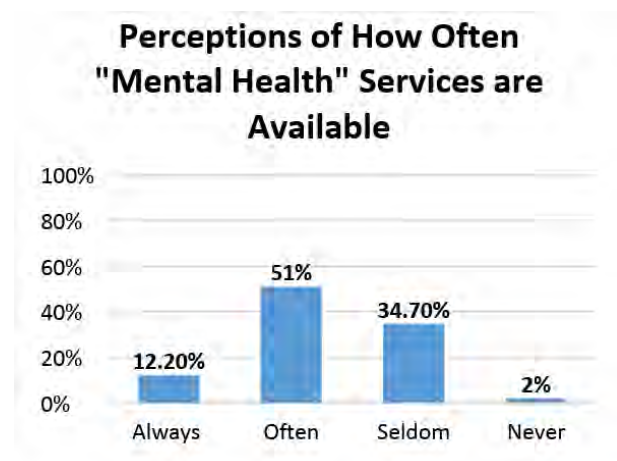


Figure 5:



Figure 6:

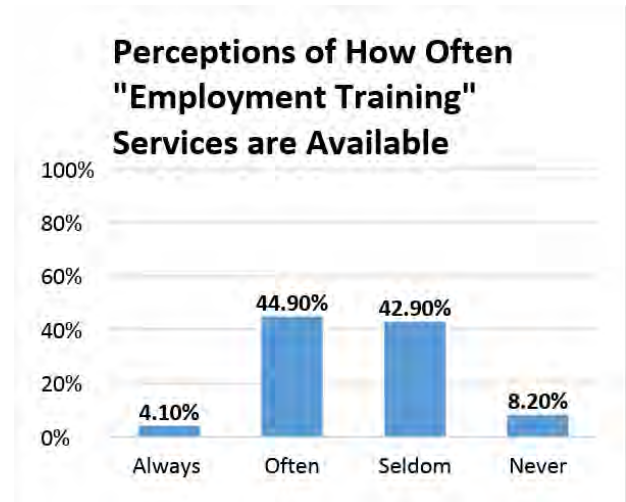


Figure 7:

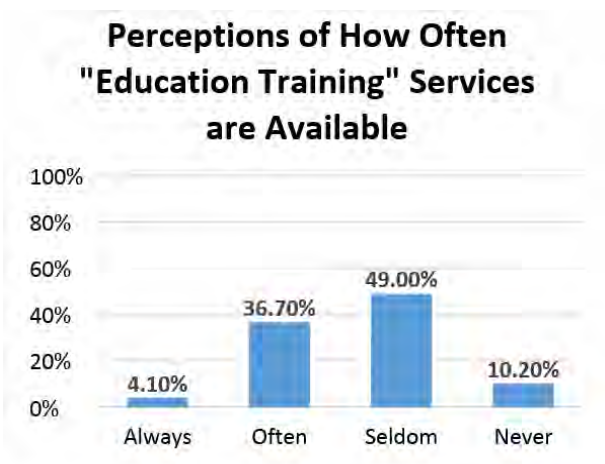


Figure 8:



Figure 9:

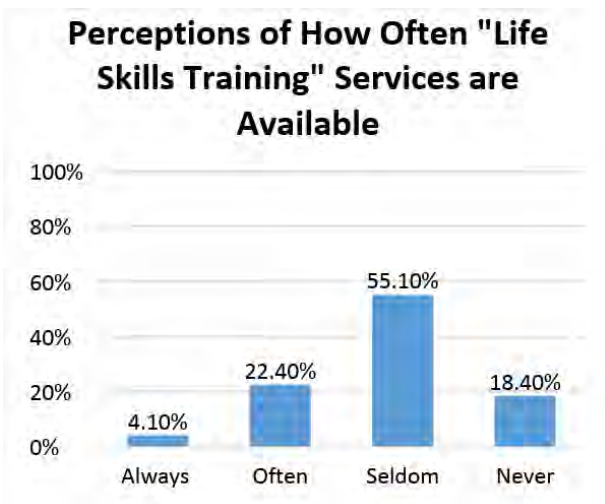
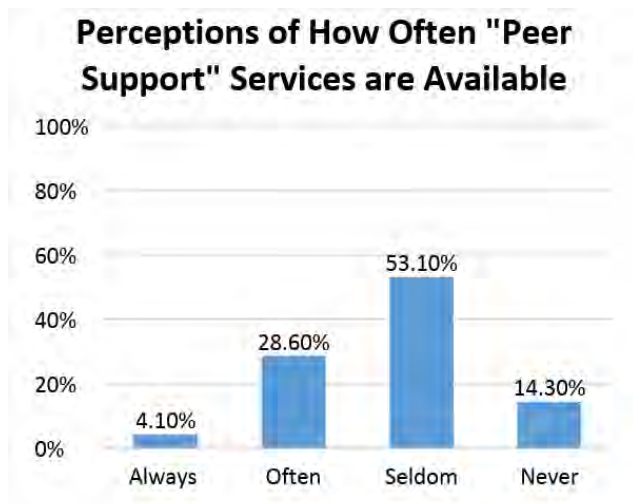


Figure 10:



As for how often services were available to help for a formerly homeless person, 73.7% of the leaders reported that case manager services were often available (See Figure 11). Furthermore, 57.9% of leadership reported that employment training was often available (See Figure 12). These perceptions regarding case management were generally consistent with those of the average survey respondent but could be notable due to many of the leaders in this sample being supervisors of other service providers, including case managers, such that many of them may have direct knowledge of the number of case managers working within their organization or shelter. Similarly, the views of employment training were also consistent with those of the average respondent.

Figure 11:

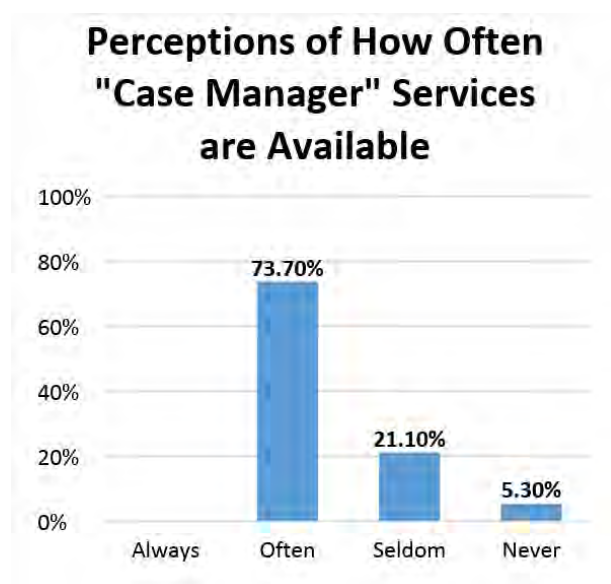
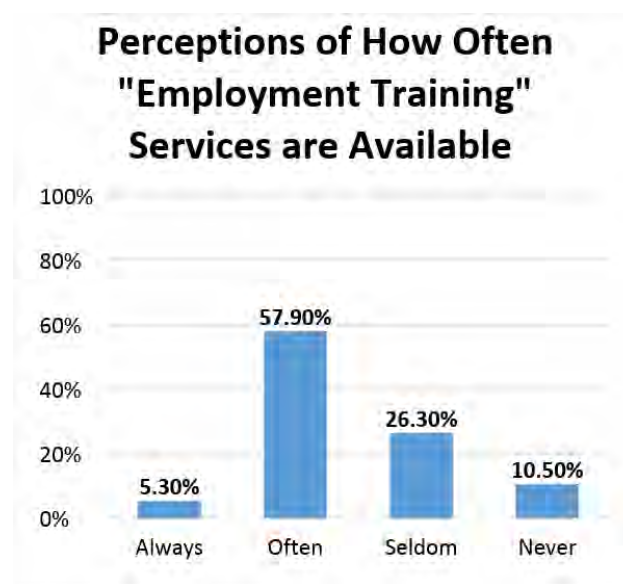


Figure 12:

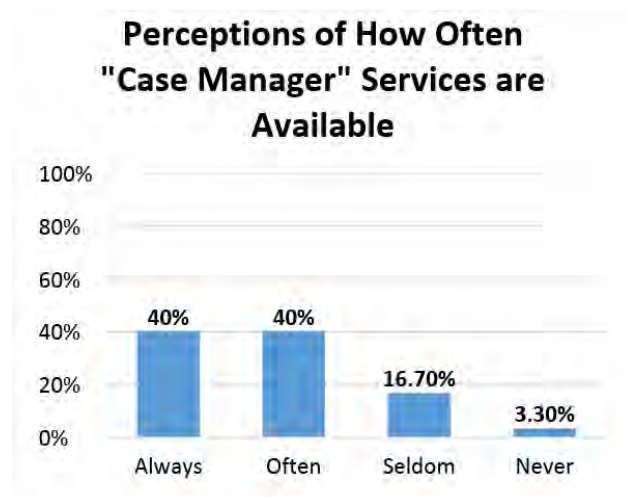


Of the formerly and presently homeless respondents, 40% perceived that case manager services were always available and another 40% perceived them to often be available (See Figure 13). Similarly, 40% perceived mental health services as often being available and 36.7% believed mental health services to always be available (See Figure 14). However, 56.7% of individuals who reported ever being



homeless perceived that liaisons for client-centered goals to seldom be available (See Figure 15) and 35.5% believed education training services were seldom available (See Figure 16). These results indicate that individuals who identified themselves as possessing experience with being homeless held somewhat more favorable views of how often case manager and mental health services were available, while perceptions of liaison and education training service availability were fairly consistent with the mixed responses of the larger survey results. These results are notable in that they may be able to provide first or second-hand context in terms of how individuals who make use of these services view their relative availability. Notably, this group of respondents expressed more favorable views of mental health treatment availability than did housing providers. In addition, individuals who have experienced homelessness possessed more favorable views of how often case manager services were available than did leaders, possibly due to leaders viewing the question in a more broad and organizationally-based manner.

*Figure 13:*



*Figure 14:*

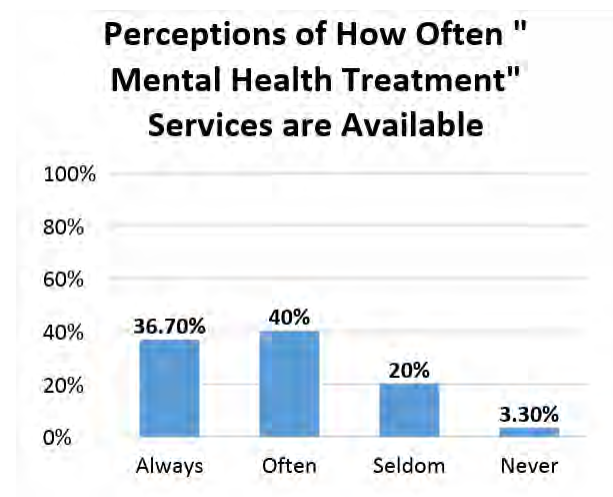
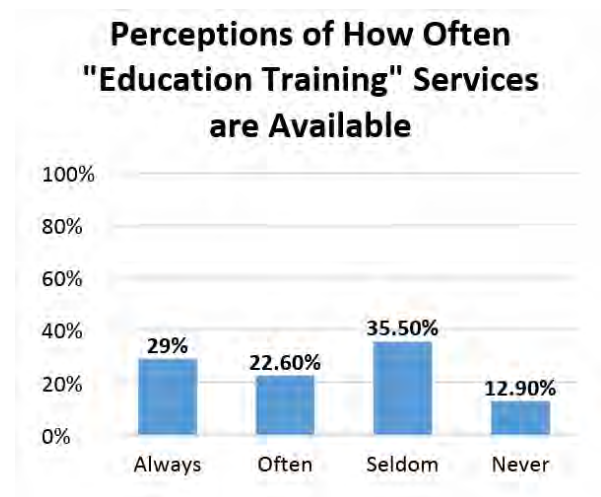




Figure 15:

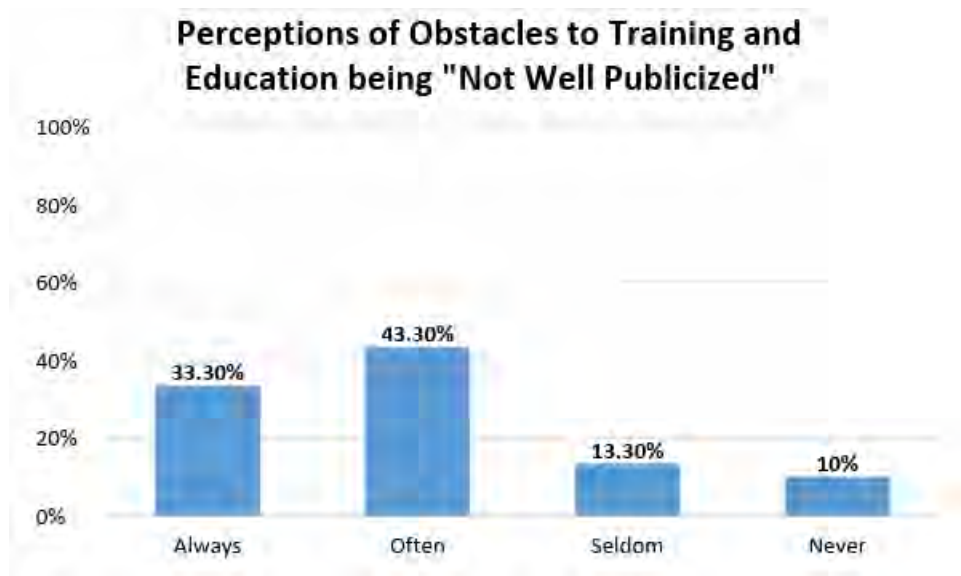


Figure 16:



For individuals who reported ever being homeless, 43.3% believed an obstacle for a homeless individual to access training or education programs was that these programs are often not well publicized (See Figure 17). This perception was fairly consistent with general survey responses; however it is notable in that individuals who have experienced homelessness may logically have greater awareness of how well such services are advertised to the homeless population.

Figure 17:



# DEFINING HOMELESSNESS

## General Results

### Defining Homelessness

#### *Abstract*

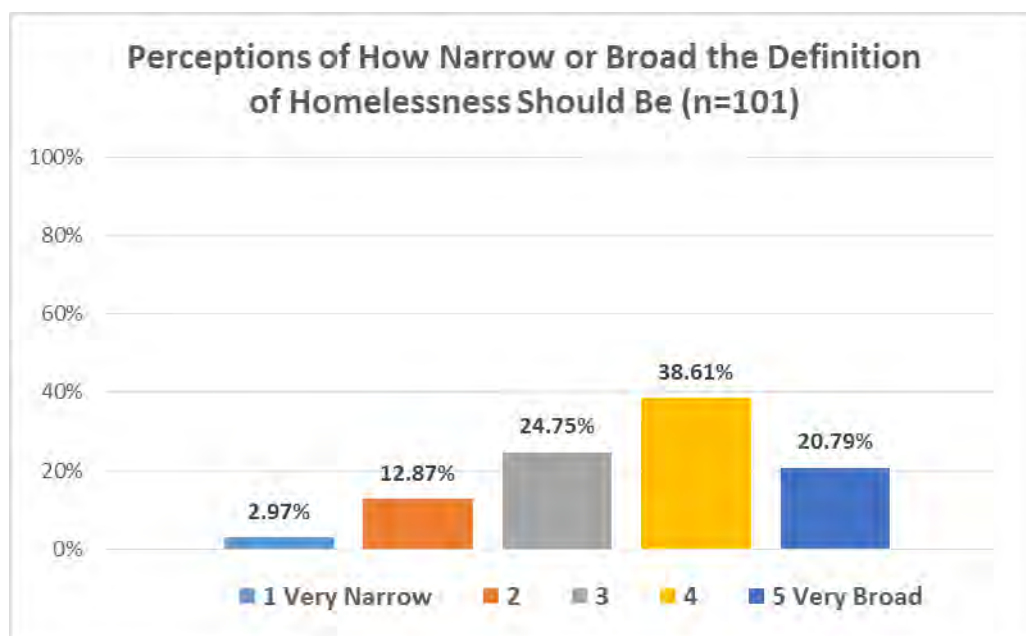
The Department of Housing and Urban Development (HUD) provides a homeless definition that is used by all homeless service providers that accept HUD funding, and must be adhered to for HUD funding purposes; however, a common theme that emerged from the project interviews and focus groups was that there is a gap in philosophy regarding how to help the homeless and that this difference in philosophy can be seen even from the various ways people choose to define homelessness. This also implies that people see different ways of ideally addressing homelessness. Exploring the definition of homelessness is important because not all resources are reliant on HUD's definition of homelessness. For example, the McKinney Vento Act, which schools use to define homelessness, has a more broad definition than HUD. Foundations and private funders as well as HHP, OTDA and other New York State funders, also may use a more broad definition than the HEARTH Act (as promulgated by HUD's Interim Rule) employs.

#### *Methods*

This section of the Gap Analysis will focus on the qualitative results collected of how the participants of the survey defined homelessness. For this report, content analysis was used. Content analysis is a procedure for the categorization of qualitative data for purposes of classification, summarization, and tabulation (Hsieh, H., & Shannon, S. E., 2005). The qualitative data collected can be used to understand the various ways the participants of this project defined homelessness and identify potential gaps that may affect their overall response to homelessness.

Respondents were asked whether homelessness should be defined narrowly or broadly, where a 1 signified very narrow, and a 5 was very broad. Respondents varied in their answers (See Figure 1). As can be seen in the chart provided below, responses generally leaned more towards a somewhat more broad definition, with the average of the responses being 3.61. While only a small proportion of respondents favored a more narrow definition, nearly a quarter of those who responded favored a more balanced definition.

*Figure 1:*



#### **THEMES IN HOMELESSNESS DEFINITION FROM DIFFERENT SURVEY RESPONDENTS**

The initial task of three separate focus groups was to develop the content areas of a survey instrument that would be used to gather community perceptions for the Homeless Needs and Gaps Analysis. One thing that emerged in initial focus groups in the early stages of the project was that participants expressed their focus on homelessness differently from each other. This finding prompted researchers to ask on the Gap Analysis survey two questions regarding how homelessness should be defined. Question one was, “How do you define homelessness?” and question two was, “Do you think the definition of homelessness is most effective when it is defined narrowly or when it is defined more

broadly?” The first question was an open response question where survey participants wrote in their responses. The second question contained multiple choice options which asked respondents to rank on a "1 - 5" (1 - very narrow, 5 - very broad) scale.

For this report to gauge what the gaps were between respondents' definitions of homelessness, the qualitative data was categorized using content analysis. There are two levels of content analysis: manifest level and latent level analysis. Manifest analysis is a basic level analysis in which description of the data is simply tallied based on the frequency with no context or theory. The second level analysis is the latent analysis, which is a higher level interpretive analysis concerning the context of the data as well as what may be inferred or implied from it (Hsieh, 2005). First, basic analysis was performed on the responses; this provided a foundation of the key words or phrases to focus on for the following latent analysis, which then placed the responses into categories.

After the development of categories of the qualitative data, a crosstab analysis was performed. By utilizing cross-tabulation analysis, survey responses between these two variables can be compared. Crosstab analysis can show how respondents who defined homelessness in the same category tended to rate how narrowly or broadly the homelessness definition should be, to be effective. This is important because not everyone perceived the needs and gaps in the homeless service to be the same, their difference in perceptions stem from what the idea of homelessness mean in the first place.

### Defining Homelessness

According to Webster's Dictionary, homelessness refers to "having no home or permanent place of residence". Drawing from various literature, the underlying concept of homelessness is living in severely inadequate housing due to a lack of access to minimally adequate housing (Busch-Geetsema, Culhane, & Fitzpatrick, 2016). Two principal ideas extend the definition of homelessness: literal

homelessness and marginally housed. The literal homelessness concept includes the definition of homelessness being individuals sleeping on the street, in cars, abandoned buildings, and other similar places (Eyrich-Garg, O’Leary, & Cottler, 2008). Marginally housed people are individuals staying in a transitional program or with a family member/friend (Cottler, 2008).

Homelessness definitions can be separated into three subcategories "people without accommodation," "people living in temporary accommodations," and "people living with inadequate accommodation" (Busch - Geetsema, 2016). People without accommodations are individuals who may be sleeping on the street, open spaces, under bridges, in cars, etc.... People in temporary accommodations are living in a shelter, transitional housing, or staying with a family member. People living with inadequate/insecure accommodation extends to the "safety and security" domain such that individuals may be in situations that threaten their safety such as crowded living conditions, domestic violence, human rights violations, or any other conditions that may compromise a person’s wellbeing. In considering categories for content analysis, results were used from the initial focus groups’ feedback as well as the literature on the homelessness definition. The researcher found eight different categories that emerged from the Gap analysis respondent’s definition of homelessness.

1. Homelessness is more than an individual
2. Not having a physical place/address
3. Unstable/temporary/transitional accommodations
4. Unsafe/unprotected/uninhabitable conditions
5. Lack of ownership, private space
6. Regulation, government, policy-driven
7. A place to store stuff or perform personal tasks
8. Not having a place to stay

### Homeless is more than an individual

Some respondents specifically included words such as “family” or “household” in their definition. Although the literature does not mention there being a distinction in the homeless definition, there were several responses that included this when defining homelessness. This implies there is some specific focus on family or group-level homelessness, among people in the homeless shelter and services system.

### Not having a physical place/address

More than a few responses mentioned that homelessness included not having a physical address for mailing, or fiscal activity. In addition, the lack of physical housing structure for people to reside in. Having a physical address or mailing address for formerly homeless people could be beneficial for workers in the system to track and continue to deliver services to that individual. The lack of an address for many homeless individuals limits their ability to enjoy benefits such as receiving mail and could also prevent individuals from partaking in common activities associated with having an address such as voting ,which could be crucial in getting services and information. For this reason, defining homelessness in this matter makes sense for operational purposes.

### Temporary accommodations

A relatively large number of participant responses defined homelessness as any accommodation that was not permanent. Couch surfing, transitional housing programs, and staying in shelters or with a family member are all unstable circumstances that the participants mentioned being a part of homelessness. There are no guarantees in these situations of permanent long-term housing, making it difficult for the individual to establish social connections, job security, and a social support structure.

### Unsafe/uninhabitable conditions

Compared to temporary accommodation, a relatively large number of responses included unsafe conditions in their definition. Many people believe homelessness includes having shelter that is not adequate to protect against outside elements. In addition, poor housing qualities such as places that are rodent infested, moldy, or structurally deficient should be taken into consideration. Included in this category were also social elements that could contribute to homelessness. Respondents included domestic violence, sudden loss of job/income, having no food or family support, and being hospitalized or imprisoned as a part of the homelessness definition. The hardship experienced by the individuals in these conditions can make it difficult for providers to help. Many people may not consider elements in this category as being homeless, however, many of the participants of this study did, as it was the most frequently mentioned of the eight identified themes. It is a clear gap if policies and resources are not directed to housing and services that address persons in unsafe/uninhabitable conditions if providers considered such conditions as an important issue.

### Not having a place to stay

Not having any place to go and spend some period of time in, being on the street and no place to live, were cited as parts of the definition of homeless. For individuals who are defined as street homeless, frequently moving, and changing location to find a warm place, there may be an implication that there is a consequent need in how to assist homeless persons because it is difficult for service providers and homeless workers to locate and track these individuals to be able to help them.

### Lack of ownership, private space

Homelessness was also defined by some as not having a name on a lease or property, a place to call "your home." Also, when a person is in an environment where they do not have any private space, a

private bathroom, or sleeping area, especially if the person desires one, this can be important because a sense of ownership can inspire a person to maintain and seek help to maintain those premises to preserve their space. Consequently, if an individual does not desire their own space or property it could become a barrier for homeless service providers to help, especially if their philosophy on how to help differs from the individual's point of view.

### Regulation or government definition

Several respondents listed homelessness as defined by the U.S Department of Housing and Urban Development (HUD). Others mentioned that different types of funding may have an additional definition to adhere to. One participant specifically pointed out the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act as their guiding definition.<sup>5</sup> The mention of a governmental definition driving several actors' in the homeless shelter and services system definitions of homelessness is good in terms of not having a gap between policy and perception of need. However, a relatively low portion of participants cited this as a definition of homelessness, meaning there is a potential gap between the ideal system definition of homelessness as identified by HUD and the ideal system definition as identified by persons working in the field and/or having an experience of former/current homelessness.

### No place to store personal items or perform personal tasks

A small portion of respondents believed a person could be considered homeless if they do not have a place to prepare their meal, store food, and use utilities. Also, not having a place to store a

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<sup>5</sup> Note that the HEARTH Act is what HUD's definition of homelessness is based on, promulgated by the *Interim Rule*, at 24 CFR Part 578.3 Definitions, which can be accessed online at [https://www.hudexchange.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) and found at page 55 and 56.



person's belongings and be secure in knowing that they are safe was cited as a definition of homeless.

See *Table 1* to see complete results of how often the concepts were mentioned among the participants' responses.

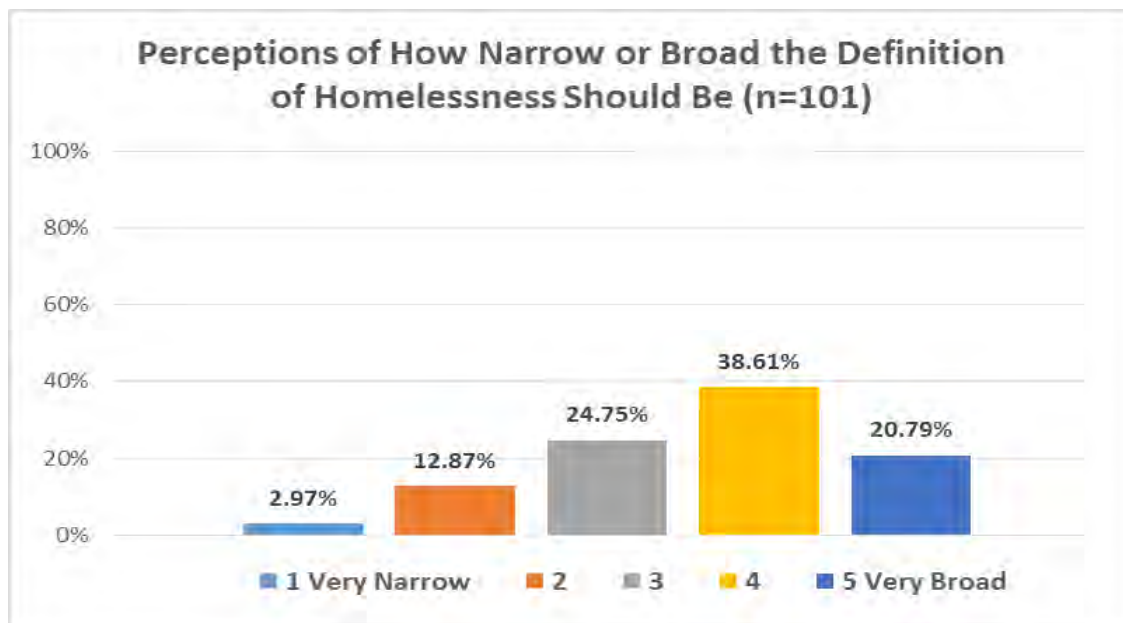
Frequencies are not mutually exclusive; an individual's response could contain multiple categories in their definition.

*Table 1: Frequency Table of Homelessness definition*

<b>Categories</b>	<b>Frequency (n=85)</b>
Homeless is more than an individual	8
Not having a physical place/address	5
Unstable/ temporary/transitional accommodations	43
Unsafe/unprotected/uninhabitable	44
Ownership, private space	15
Regulation, government, policy-driven	6
No place to store stuff or perform personal tasks.	5
Not having a place to stay	13

Overall, the participants when asked whether homelessness should be defined narrowly or broadly, answered on the spectrum toward the definition needing to be broader in order to be effective. Less than 15% of participant replied with a rank 2 or 1 on the spectrum in favor the definition being defined more narrowly. See Figure 2 for results.

*Figure 2:*



### Cross Tabulation Results

Utilizing crosstab analysis, a comparison can be made between the response that defined homelessness and how those respondents answered whether the definition of homelessness should be defined narrowly or broadly. The responses were ranked on a scale on 1 to 5 (1 being narrowly, 5 being broad), the averages ranking on the scale was taken to display on which end of the spectrum each category fell toward.

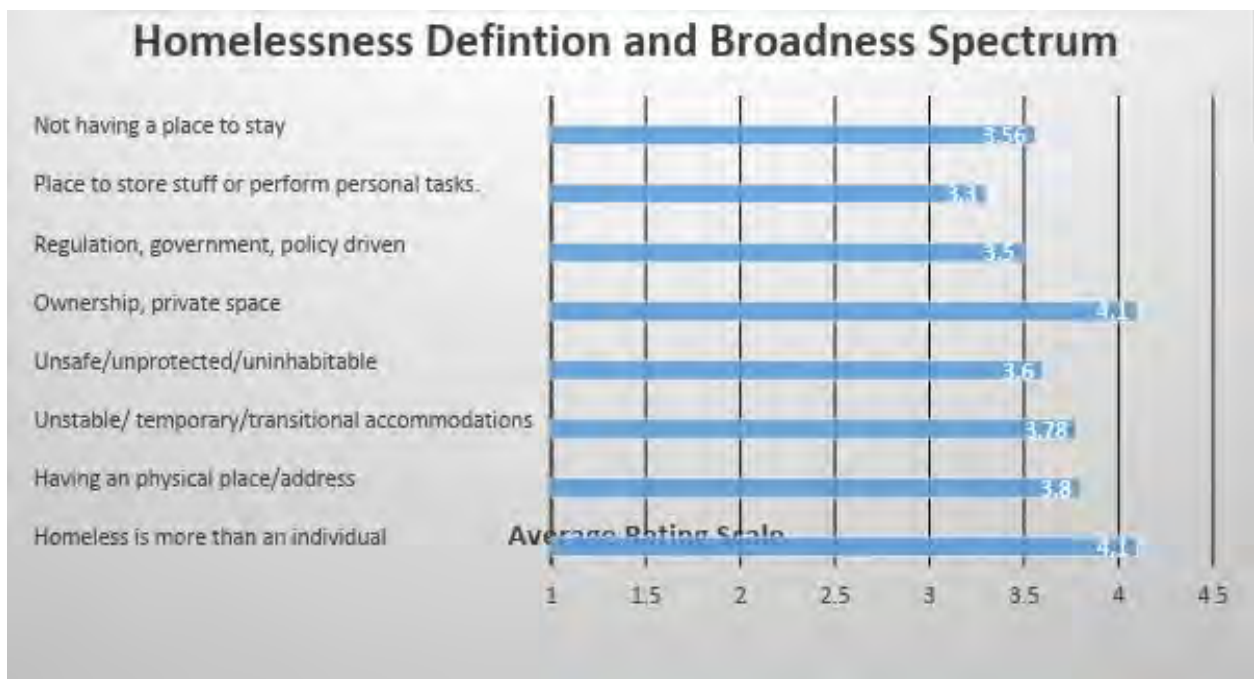
- “A person or family that do not have a place to stay” Participants who defined homelessness as not having a place to stay on average rated the broadness question 3.56 out of 5.

- “Homelessness is when individual doesn't have a place to keep belonging and a key to a door.” Respondents defined homelessness as not having a place to store personal stuff. They had an average rating on the question of broadness of 3.3 out of 5.
- “I refer to HUD definition...” Participants who defined homelessness as a government definition or regulation averaged a 3.5 out of 5 rating on the question on broadness.
- “If it is not “their” housing with their name or parent’s name on the lease or mortgage I consider them homeless.” Individuals who defined homelessness as lack of ownership or private space had an average rating of 4.1 out of 5 on the broadness question.
- “Homelessness is the lack of shelter. Living in inhabitable conditions that are unsafe, risk to health and safety of individual” Participants who defined homelessness as unsafe or uninhabitable conditions average rating on the broadness question was 3.6 out of 5.
- “An individual who has no shelter or who is couch surfing or staying with family, using hospital for a place to stay the night.” Some respondents defined homelessness as any temporary accommodations and their average rating on the broadness question was 3.78 out of 5.
- “Anyone not having a fiscal address” For the participants who defined homelessness as not having an address, their average rating for the broadness question was 3.8 out of 5.
- “A person (family) that is not housing stable...” Participants who defined homelessness as more than an individual had an average rating of 4.1 on the broadness question.

The highest average rating on the broadness question was a 4.1 which was carried by two categories “Homelessness is more than an individual” and “Lack of ownership”. These results highlight that there are gaps in the current definition of homelessness used by HUD, which is experienced by individuals who may fall into these two groups. Modern family dynamics are complicated, families can consist of a couple married or unmarried, single parent, adopted family members, etc. Service providers

may desire a broad definition in these situations, so services can be all encompassing to all no matter the specifics of the family structure. In situations where an individual may not have ownership or control over the space resided in, there could be a risk of losing their housing at a moment's notice. Even though these individuals may be physically housed, their circumstances may mean they are in a precarious situation and that housing instability is why preventative services may be called for to ensure they do not become literally homeless per HUD definition. Workers in the homeless services community can provide prevention services rather than only response services to homelessness, which would be one explanation of why service providers would desire a broad definition in this category. See Figure 2 for the averages in each category.

*Figure 3:*



## Conclusion

Regardless of how survey participants defined homelessness, there was a consistent desire in the follow-up answers to whether the definition of homelessness should be defined narrowly or broadly,

toward the notion that a broad definition of homelessness is more effective. The most prominent response to defining homelessness was: any accommodations that are only temporary and transitional, including shelters, transitional, housing, couch surfing, staying with family or friend. Nearly equally as prevalent was: any conditions that placed a person in harm, whether this is a physical structure (rodent infested building) or a safety and security issues such as domestic violence. Both categorical findings were consistent with the literature related to defining homelessness. The data here and the literature are supportive of a broad definition for effectively serving the homeless population, which could be used to inform policy as these data are the perceptions of people who work closely with homeless individuals and families or are formerly and currently homeless themselves. Local leaders may not have the ability to alter the federal HUD definition, however local leaders may still tailor resources toward local needs based on how the community defines the problem. While the official definition itself may not be changed from HUD's, the development of policies designed to get at reducing or ending homelessness may benefit from this input (i.e. preventative policies aim to catch people before they become homeless). Other resources can fill the gap where HUD definitions may create them. For example, domestic violence victims and youth who are not HUD-“literal” homeless but are doubled-up, couch surfing, and unstable; or unrelated persons who consider themselves families even when HUD does not, may create gaps where non-HUD resources can be targeted.

## VI UNMET NEEDS ANALYSIS

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### METHODS

An **unmet needs calculation** is the first of two requirements for every gap analysis per HUD guidance for Continuums of Care (CoC) throughout the country. This calculation is the same for every CoC, which allows the Table of Unmet Need to be compared across communities nationwide.

HUD advises the use of data from the Point-In-Time (PIT) and the Housing Inventory Count (HIC) to compare the number of homeless individuals in the area with the amount of beds within the area (HUD, 2011). Through this process, unmet needs may be described through the equation:

***Unmet needs* = (the number of sheltered and unsheltered homeless individuals in need of housing) – (the number of beds currently available or in use, and the number of beds under development)**

This equation may be further broken down to address the specific number of homeless individuals in need of a certain type of housing, including: emergency shelter, transitional housing, permanent supportive housing, safe haven, and rapid-rehousing. The amount of housing is quantified based on the number of beds available or currently in use, as well as the number under development as they will contribute to the overall number of beds once their development is complete.

In theory, this formula should result in a simple set of numbers describing how many additional beds for each type of housing may be needed in order to meet the needs of the homeless population, which may represent a critical gap in terms of homeless services.

However, there are limitations in the formula itself. Note, below, that when a person has been counted during the Point in Time (PIT) Count on a single night in January, that snapshot number is considered only once as it bears to the number of beds in the community's Housing Inventory Count. For instance, if a person is sheltered in an emergency bed during the PIT, there is no separate count

showing that they may also require a permanent supportive housing bed in addition to that emergency bed they are housed in. This seems to suggest affordable housing is the next step for everyone in emergency or transitional shelter.

Additionally, if the beds during the PIT Count and Housing Inventory Count were under development, but were not literally available on that night in January, the beds are still counted in the category of total beds in the community as per HUD formula.

To show the actual number of beds available at the moment of the PIT Count, the Unmet Needs Table below has two extra columns added to the one that HUD requires. The extra columns are shaded in **green**.

*Figure 1:*

Type of Housing	Homeless Individuals	Number of Beds Under Development	Number of Beds Available	Total Number of Beds	HUD Unmet Needs	LOCAL Unmet Need
Emergency Shelter	613	0	488	488	125	125
Transitional Housing	128	0	137	137	9	9
Permanent Supportive Housing	1840	155	1985	2140	300	145
Rapid Rehousing	398	58	398	456	58	0
Safe Haven	11	0	12	12	1	1
Total	3055*	213	3020	3233	178	35

\*65 unsheltered homeless individuals counted in the PIT were included here

For the purposes of this gap analysis, unmet needs for the Monroe County homeless population were determined using figures from the 2017 HIC as well as the 2017 PIT, both of which were obtained from HUDHdx (See Figure 1). The total number of homeless individuals using each type of housing was used to calculate the number of homeless individuals in need of that particular type of housing.

The unmet need data indicates that for HUD Unmet Need formulation, there is an adequate amount of housing within the Monroe County area for each type of housing other than emergency shelters, for which there was an unmet need of 125 individuals without beds. However, it is important to

note that neither transitional housing nor safe haven beds featured a notable excess of beds (nine and one extra beds, respectively), and the 58 unoccupied rapid re-housing beds were all under development at the time of the count, again this means that on the night of the PIT Count, they were not yet available.

It is possible that HUD requires inclusion of beds under development because the critical gap they are trying to understand across communities has to do with availability of resources and correct allocation of limited supply of those resources. So, beds under development should be included in the total bed count, because funding will not be required for them twice (once while under development, and again when they are available). However, the HUD formula of Unmet Need alone may not accurately assess or reflect the local community's needs, priorities, or perceptions; making it crucial to examine the second distinct portion of a complete Homeless Gap Analysis, that is, the input of the local homeless service provider community and their perception of priorities, needs, and gaps in the local homeless system.

#### Discussion: HUD Unmet Needs vs. Perceptions in the local community

In the instance of the large number of individuals reported in emergency shelters, this may have been tied to current New York State executive policy, which requires that all people be housed once temperatures fall below 32 degrees Fahrenheit. As the Point-In-Time is conducted in January, this policy was in effect at the time that data was collected. Emergency shelters may be among the most simple and direct types of housing to enter, therefore many clients may have gathered in these particular locations to obtain basic short-term shelter. However, many of them may have been appropriate candidates for the other types of shelter listed here, such as rapid re-housing, which was at capacity at the time of the count, or transitional housing, which was very close to capacity, or permanent supportive housing. Follow-up with a representative from an organization which offers permanent supportive housing services indicated that many of the permanent supportive housing beds were being filled fairly



quickly following the completion of their development in the latter half of 2017. This may reconcile the apparent conflict between the official figures of low unmet need and the views of service providers, of high unmet need, in that emergency shelters may not have enough beds to handle large, short-term influxes of homeless individuals during periods of high demand, while other types of housing struggle at or close to, capacity, with newly developed housing filling up very quickly.

Another consideration here of the apparent conflict between the official Unmet Need numbers and the perceptions of the community of service providers and homeless individuals who know the system here, is that HUD's formula to determine Unmet Need does not allow movement between various types of housing. That is, a person who is unsheltered or in emergency shelter may often need both emergency shelter and at least one other type of housing (transitional, permanent supportive, or rapid rehousing). The present calculation assumes everyone will move from emergency shelter directly to affordable housing (self-support). Self-support following a shelter stay could be difficult because underlying issues that may not have been resolved while in emergency shelter, such as poverty, lack of social capital, health problems, disability, lack of employment, eviction history, loss of identity documentation and cash resources, and may otherwise be exacerbated by homelessness. For all these reasons, many of those in emergency shelter may more accurately be counted twice in "unmet need": once in a filled emergency shelter bed or the PIT unsheltered count, and a second time in the count of all persons who need more permanent housing placements of some kind.

Additionally, it is possible that this divide between perceptions in the community and the numbers listed in Figure 1, is indicative of internal communication problems in regard to hospitality housing in the area. A common theme which emerged in interviews, specifically with two experienced service provider leaders, was that there was a problem with housing service providers accurately communicating the number of available hospitality beds in shelters. Several of the interviewees

expressed a belief that there was sufficient space within local emergency shelters to be able to address the needs of the homeless population, though many of them noted concerns as to whether the shelter beds were being fully utilized. To be more specific, shelters may underreport the number of hospitality beds they have available on a particular night to 2-1-1 or DHS to avoid the additional costs associated with them. Hospitality beds are not paid for by the County, forcing housing service providers to shoulder the additional costs of taking on an additional client as well as needing to hire additional line workers should a certain number of clients be staying in their shelter at any one time. This problem with hospitality beds would not be reflected within the HIC, but it may have been considered by survey respondents when reporting their perceptions of emergency housing availability.

In addition, the majority of survey respondents perceived the prior PIT count as being at least somewhat low. This was supported by discussion within the focus groups, which indicated that it was difficult to consistently count unsheltered homeless people due to various reasons, especially in it being difficult to locate them in the first place, or that different surveyors for the PIT survey interpreting responses differently than one another, or asking (or neglecting to ask) different questions from one another. These methodological problems with the administration of the survey may result in problems with the accuracy, precision, and reliability of the results.

Overall, this makes the value of the data in the HIC as well as the data collected by the PIT potentially weak, at least insofar as it could be used to determine the degree of unmet needs in the Monroe County area. Thus, the focus on determining unmet needs may be more accurately captured upon the findings from the survey, focus groups, and interviews. Though these means of data collection were not designed to obtain exact counts in terms of needs, they are able to fulfill the second recommended component of a gaps analysis by providing guidance on where the gaps in the homeless shelter and service system are located and the general degree to which each gap is problematic.

Per the HUD Formula of Unmet Need, though, in this community, over half of the extra permanent supportive housing beds (155) were under development at the time of the count. The number of unsheltered homeless captured by the PIT was 65. This number is fairly low and if it were an accurate depiction of those in need of housing, it would likely not have a substantial impact on any type of housing's capacity to house people in need, with the exception of emergency shelter. There is capacity for the 65 homeless unsheltered persons if these 65 individuals are able to access rapid rehousing or permanent supportive housing directly. If a homeless individual begin their journey to housing in emergency shelter then they wait in line for an available emergency bed vacancy, where associated case management exists to assist him or her to complete the various requirements to access permanent housing. In general, however, this data indicates that, in aggregate, there were sufficient beds within the community to address the volume of the homeless population, though it is not clear whether they would be able to address the specific needs of the subpopulations therein.

### Conclusion

The unmet needs formula, on its own, stands in apparent contrast to rest of the findings in this gap analysis. When actors within the homeless shelter and service system were surveyed as to whether there were sufficient beds within the community to meet the needs of the homeless population, they generally expressed the belief that there were insufficient beds, both concerning individual types of housing as well as in terms of housing overall. This indicates a divide between the official data regarding homelessness and what experienced individuals involved with homeless shelters and services perceive these numbers to be.

The raw number of beds within Monroe County may be just sufficient for addressing the raw official count of homeless individuals; however, additional information from service providers indicates

two things: 1) that consideration of factors not represented within the official data counts imply that there is, in fact, an insufficient amount of housing across every housing type within the community; and 2) the official data itself may be inconsistent with the assumptions survey respondents had; such as how to define homelessness or the amount of people who are actually unsheltered in a snapshot count. Both of these conclusions may represent important gaps within the local homeless services and shelters system that are important to address. Furthermore, the more complex unresolved gap that the formula downplays is that housing that is available or in development could be less easy for individuals to access directly, since much of it is only available via the route of emergency beds placement and connection to case management that connects the homeless individual to more permanent housing options.

## VII FINAL CONCLUSION

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### **PRIORITIES AND RECOMMENDATIONS**

The homeless services and shelters system within Monroe County faces some obstacles on the path to ending local homelessness. The most apparent gaps include:

1. Difficulty placing homeless individuals who have been previously imprisoned or are sex offenders,
2. The common presence of numerous prerequisites that must be met prior to obtaining permanent housing,
3. Inadequate staffing in shelters,
4. Insufficient training for service providers,
5. Early problems with the intake and prioritization components of the local Coordinated Entry system prior to October 2017,
6. Differing definitions of homelessness between HUD and local service providers that impact community perceptions on the best way to prioritize resources and shape policy,
7. Limited hospitality beds,
8. Increasingly limited resources for services,
9. Limited emergency and supportive housing,
10. Potential inaccuracies in communicating available hospitality beds;
11. HUD's Unmet Needs formula highlights one gap (that there are not enough emergency shelter beds in the community,
12. HUD's Unmet Needs formula masks a second gap (that permanent housing and rapid rehousing placements are often only accessible via emergency shelter bed placements and therefore often require a waiting period before they are available to individuals and families.

As an analysis of gaps within the Monroe County homeless shelter and services system, the primary focus of this research has been on the areas in which the local service community has struggled, however this should not discount the knowledge and dedication of the many service providers within the area. General survey responses indicated that the various types of emergency and supportive housing within the area was perceived to be effective, and in nearly every interview with core agents, praise was directed at the degree of care and commitment that many local service providers exhibit. Even the potential gaps in hospitality bed communication seems to be tied to noble intentions: shelters who underreport the number of filled hospitality beds may be attempting to provide assistance to more individuals than official policy allows, whereas over-reporting shelters may be doing so in order to remain open and therefore assist more people in the long-run.

Many of the gaps identified from this research are surmountable. In the case of prerequisites to housing, it is possible that low barrier housing models, such as Housing First, have already shown some success in assisting clients to more easily obtain housing. Some of the early problems with intake and prioritization for Coordinated Entry may be potentially resolved through different training practices and making the prioritization list more accessible to service providers throughout the community as a means of sharing information. Some of this has begun to be addressed through a Prioritization List at the CoC, and regular meetings with providers regarding that list and coordinated entry. Previous research indicates a universal and accessible prioritization list is associated with more effective preventative responses (Burt, Pearson, & Montgomery, 2007). Other gaps identified, such as lack of funding, can be overcome by structuring available resources around the most obvious gaps and needs noted in this analysis (see 1-12 priorities above) via the unified work of community group entities such as the local Rochester/Monroe County Homeless Continuum of Care and its committees, including the Homeless

Services Network, to achieve unified and concerted policy, funding, and community homeless response system goals.

Recommended next steps for addressing the gaps discussed within this report include the following:

- Assemble a planning committee from the CoC Board and the Homeless Services Network committee of the CoC to closely review the report and plan a response.
- Circulate the report widely across the homeless service community and solicit responses
- Plan to review the report at local and national conferences
- Have the planning committee assemble a larger working group to identify key issues in the report and develop a strategic plan to address them.
- Have the planning and/or working group develop an agenda for further research based on the report.

The goals of the Gap Analysis are not to highlight all the strengths of the system but to focus exclusively on areas in which to focus policy, to have a more vital and efficient impact on ending homelessness locally and create the ideal system to do so. Therefore, the above action steps are recommended in order to fully utilize the Gap Analysis to benefit the community as much as possible.

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## VIII APPENDICES

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## VIII.1 APPENDIX X-1: NY-500 HOMELESS NEEDS AND GAPS ANALYSIS SURVEY



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This survey is designed to capture the needs and gaps of the current homeless response system in Monroe County. It was developed with the assistance of four focus groups made up of people in the community at various points of experience and institutional knowledge, including formerly homeless individuals.

Your personal knowledge and experience will be valuable to help us understand the system as it is. Your answers will provide the basis to analyze the system in place and inform what the ideal system would look like. Your answers will be kept anonymous. The results of the survey and the resulting Needs and Gap Analysis will be available by early 2018.

**Directions:** Please answer the following questions to the best of your ability. If we are missing anything or you have any suggestions, there is space at the end of the survey for your comments.

Your feedback is very important. Thank you!

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### Basic Information

- i. What organizations or groups related to homelessness are you affiliated with?

- ii. What work do you do that relates to homelessness? This can include specific employment and/or volunteer work, or other activities related to homelessness.

- iii. How long have you worked in this field? (circle one)

**Less than 1 year**

**1-3 years**

**3-5 years**

**Over 5 years**

- iv. Have you ever been homeless? **Yes/No**

### Housing for Different Groups

1. How easily do you think that homeless people from each of the following groups are able to find housing, with 1 being easiest to house and 5 being most difficult to house.

Group	Housing Difficulty				
	1 Easiest	2	3	4	5

					<b>Most Difficult</b>
<b>Veterans</b>					
<b>Domestic violence victims</b>					
<b>Families</b>					
<b>LGBTQIA</b>					
<b>Parenting Teens</b>					
<b>Sex offenders</b>					
<b>Re-entry (including jail or prison)</b>					
<b>Elderly</b>					
<b>People with pets</b>					
<b>Exiting from foster care</b>					
<b>Exiting from hospitals</b>					
<b>Non-English speaking</b>					

a. Can you think of any other groups of homeless individuals that are easier or more difficult to house? (Please provide a brief description in the space below)

<b>Group</b>	<b>Description</b>

### Requirements for Housing

2. Sometimes a homeless person must meet certain requirements before being *permanently* housed. In general, how often are homeless people required to meet each of the following prerequisites?

<b>Prerequisite</b>	<b>How Often Prerequisite is Required</b>			
	<b>Always</b>	<b>Often</b>	<b>Seldom</b>	<b>Never</b>
<b>Proof of homelessness</b>				
<b>Proof of disability</b>				
<b>Unit inspection</b>				
<b>Valid identity proof (SS, birth certificate)</b>				
<b>Valid picture ID</b>				



<b>Proof of income</b>				
<b>Sobriety requirement</b>				
<b>Medicine compliance</b>				

- a. Can you think of any other prerequisites to *permanent* housing? (Please provide a brief description in the space below)

<b>Prerequisite</b>	<b>Description</b>

3. In general, how **often** can homeless individuals get assistance with the prerequisites listed above?

**Always**

**Often**

**Seldom**

**Never**

4. In general, how **effective** are services in the community that help clients to get assistance with the prerequisites listed above?

**Very Effective**

**Somewhat Effective**

**Somewhat Ineffective**

**Very Ineffective**

### **Housing Stability**

5. There are many services that can help a formerly homeless person to avoid eviction and maintain stable housing. How often are the following services available?

<b>Service</b>	<b>How Often Service is Available</b>			
	<b>Always</b>	<b>Often</b>	<b>Seldom</b>	<b>Never</b>
<b>Case Manager</b>				
<b>Aftercare Worker</b>				
<b>Mental Health Treatment</b>				
<b>Substance Abuse Treatment</b>				

<b>Liaison for Client Centered Goals</b>				
<b>Employment Training</b>				
<b>Education training</b>				
<b>Financial Training</b>				
<b>Life Skills Training</b>				
<b>Peer Support</b>				

- a. Can you think of any other services that help homeless individuals keep stable housing? (Please provide a brief description in the space below)

<b>Service</b>	<b>Description</b>

6. In general, how **effective** are services in the community that help clients to keep their housing and avoid eviction?

**Very Effective**

**Somewhat Effective**

**Somewhat Ineffective**

**Very Ineffective**

### **Social Bonds and Socialization**

7. The experience of extended homelessness can lead to behavior that is harmful to maintaining housing. Can you name any programs, services, or activities that help develop successful housing habits?


### Obstacles to Training & Education

Training and education can be helpful to stabilize clients into permanent housing and independent living.

8. There can be obstacle that make it more difficult for homeless individuals to access training or educational programs. How often do you think the following obstacles limit access to training and education?

Obstacle	How Often Obstacle is Present			
	Always	Often	Seldom	Never
Programs are only for sheltered homeless				
No transportation assistance				
Not well publicized				
Training does not count towards Work Experience Program (WEP) requirement				

- a. Can you think of any other barriers that make it more difficult for homeless individuals to access training? (Please provide a brief description in the space below)

Barriers	Description

### Service Provider Training & Education

9. How much do you agree with the following statement? “In general, *service providers* in the homeless system receive enough training and education to address the various needs and situations of their work.”

**Strongly agree**

**Agree**

**Disagree**

**Strongly disagree**

### Staffing

How much do you agree with the following statements?

10. There are usually enough available staff at shelters to effectively accomplish shelter objectives.

**Strongly agree**

**Agree**

**Disagree**

**Strongly disagree**

11. There are usually enough available staff/volunteers for street outreach to effectively accomplish street outreach objectives.

**Strongly agree**

**Agree**

**Disagree**

**Strongly disagree**

### Housing Lists

12. How effective are the following lists at capturing the amount of available housing?

<b>List</b>	<b>Very Effective</b>	<b>Somewhat Effective</b>	<b>Somewhat Ineffective</b>	<b>Very Ineffective</b>	<b>No Knowledge of this List</b>
<b>Housing Inventory Count (HIC)</b>					
<b>DHS Emergency Bed List</b>					
<b>List of Available Rental Housing</b>					
<b>Other _____</b>					

### Amount of Housing

According to the HUD Housing Inventory Count, there are 685 Emergency, Safe Haven, and Transitional beds available in the area for homeless individuals (HUD, 2016).

13. Do you think that there are enough beds in this area to shelter everyone experiencing homelessness? (Please choose from the scale below where 1 means there are not enough beds and 5 means that there are more than enough beds)

<b>1</b> <b>Not Enough</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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				<b>More than Enough</b>
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14. Do you think that there are enough beds for the following types of housing?

<b>Type of Housing</b>	<b>Amount of Beds</b>				
	<b>1 Not Enough</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 More than Enough</b>
<b>Emergency shelter beds</b>					
<b>Transitional Housing beds</b>					
<b>Rapid Rehousing beds</b>					
<b>Permanent Supportive Housing beds</b>					

15. Do you think that the number of beds available are being used effectively for the following types of housing?

<b>Type of Housing</b>	<b>Effectiveness of Bed Use</b>			
	<b>Very Effectively</b>	<b>Somewhat Effectively</b>	<b>Somewhat Ineffectively</b>	<b>Very Ineffectively</b>
<b>Emergency shelter beds</b>				
<b>Transitional Housing beds</b>				
<b>Rapid Rehousing beds</b>				
<b>Permanent Supportive Housing beds</b>				

#### **Point in Time**

16. Do you know of the Point-in-Time (PIT), a snapshot count and survey of the homeless population which occurs every year in January? **Yes/No**

17. Have you ever participated in the PIT count? **Yes/No**

18. In January 2016, this area's PIT reported 860 homeless people who were unsheltered or living in an emergency or transitional shelter; of which 69 were reported unsheltered. Do you think that the number reported from the PIT, compared to the true homeless population, is...

**Very Low      Somewhat Low      Just Right      Somewhat High      Very High**

19. Are you aware of any other methods or approaches to determining the size of the homeless population in the community? Please describe.

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### Coordinated Entry

20. Are you familiar with the Coordinated Entry system (sometimes called Coordinated Access) for homeless people? **Yes/No**

21. Please rate the following features of Coordinated Entry in this area:

System Component	Effectiveness			
	Very Effective	Somewhat Effective	Somewhat Ineffective	Very Ineffective
A coordinated way to assist homeless people to get into shelter				
A common measure of vulnerability used for clients				
A universal waitlist that uses a vulnerability tool for everyone				
Getting people from shelter to permanent housing				
Finding additional resources for providers and clients				

### Entry to Shelter

22. Have you ever had to find housing for yourself or someone else who is homeless? **Yes/No**

- a. If yes, how often do you begin your search with the following entry points?

Entry point	Frequency			
	Always	Often	Seldom	Never
Department of Health and Human Services (DHS)				
2-1-1 Call				
Domestic Violence Shelter				

<b>Veteran Shelter</b>				
<b>Youth Shelter</b>				
<b>Drop-off at a Shelter</b>				
<b>Street Outreach</b>				

- a. Can you think of any other entry points that you have made use of to help homeless individuals find housing? (Please provide a brief description in the space below)

<b>Entry Point</b>	<b>Description</b>

### **Leadership/ Policy Drivers**

- 23.** Leaders in the homelessness arena direct resources, define priorities, and drive policy. How often do area leaders agree on what the best policies and practices are for addressing homelessness?

**Always**

**Often**

**Seldom**

**Never**

### **Defining Homelessness**

- 24.** How do you define homelessness?

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- 25.** How we define “homelessness” can change how it is addressed. On the one hand, a *narrow definition* can help focus resources on the most vulnerable people in the population. On the other hand, a *broad definition* can be more inclusive, and help a wider spectrum of people. Do you think the definition of

homelessness is most effective when it is defined narrowly or when it is defined more broadly? (Please choose from the scale below with 1 being a very narrow definition and 5 being a very broad definition.)

<b>1</b> <b>Very Narrow</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> <b>Very Broad</b>
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Are there any topics you think we should add in order to complete an analysis of the Needs and Gaps of the homeless response system? Please describe.

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## End of Survey

**Thank you for taking the time to take this survey. A final report including your answers will be available early 2018.**

**Please contact us if you have any questions or if you would like to contribute further to this Gaps and Needs Analysis:**

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September 19, 2017

## VIII.2 APPENDIX X-2 GAP ANALYSIS INTERVIEW FRAMEWORK FINAL



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## Notes on Interview Design:

These interviews follow a semi-structured interview framework, in which interviewers ask a number of present questions, but, depending on the answers given by participants, follow up with additional questions or probes in order to gather additional information. We will use the tree-and-branch approach and a synchronic framework (Maxfield & Babbie, 2015). Information from the interviews will be collected by researchers through active note taking and will be analyzed based on emerging themes tied to the answers given to each question as well as any subsequent probes. A semi-structured interview format is used so as to better allow for elaboration and digression, which may provide information on topics which the researchers have not considered.

## General

1. What is your position? What do you do?
2. In your opinion, what does the homeless service/shelter system in Monroe County do well?
  - a. What does it need to improve upon the most?
3. In your work, what is the hardest population of homeless to find housing and services for?
  - a. Survey results generally indicate sex offenders and re-entry population as the hardest- why?
  - b. Have you seen any success with these groups? Please describe.
4. What are some of the primary barriers to housing or services that homeless people tend to face?
  - a. Which barriers are the most difficult for homeless people to overcome?
  - b. Are there any services to address this?
    - i. Do they work? How accessible are they? How often are they available? Do homeless people know about them?
    - ii. Funding?
5. What services do you think are the most valuable for homeless people? Why?
  - a. Can you describe how widely used the service is (i.e. how available is it, how many people make use of it, etc.)?
  - b. Which do homeless people value the most (their buy-in is important)? Please describe.
  - c. Funding?
6. Housing stability is an important factor to consider for formerly homeless individuals (a lack of stability can often lead to a return to homelessness). What programs do you think are best for helping homeless people to maintain housing stability?
  - a. How accessible are they? How often are they available? Do homeless know about them?
  - b. Funding?
7. Employment is often thought of as an important step towards economic stability as well as for avoiding/moving out of homelessness, however it is often difficult for homeless people to obtain/maintain employment due to problems such as socialization, mental health, and/or substance abuse. Do you know of any programs that are effective at helping homeless people to obtain and maintain employment?
  - a. How accessible are they? How often are they available? Do homeless know about them?
  - b. What are the limitations of this/these program(s)?

- c. Funding?
8. Service providers often have to balance the demands of their work with the procurement of additional training or education for the purpose of improving service quality. What types of education/training do you think are most beneficial for service providers?
    - a. How often is this type of training/education lacking? How could this affect outcomes?
    - b. How could access to these types of education/training be improved upon?
    - c. Funding?
  9. What is the turnover rate like for line workers at shelters?
    - a. Consequences?
  10. What is the turnover rate like for management/supervisors at shelters?
    - a. Consequences?
  11. What is the turnover rate like for street outreach workers?
    - a. Consequences?
  12. What is the turnover rate like for street outreach managers?
    - a. Consequences?
  13. What are some of the consequences of insufficient staffing at shelters? (Majority of survey responses indicated that there was insufficient staff)
  14. What are some of the consequences of insufficient staffing for street outreach? (Majority of survey responses indicated that there was insufficient staff)
  15. What lists of housing are you aware of? Do any stand out as particularly useful or not?
    - a. If any are useful, then what makes them useful? If not, then what should be done to improve them?
    - b. How about lists of services?
  16. Do you think that there are sufficient available beds (shelters, transitional housing, rapid rehousing, & permanent supportive housing) for everyone experiencing homelessness? Do you think that these beds are being used effectively (i.e. are any empty, are the people who need them most getting them, etc.)? Why or why not?
  17. How is hospitality distributed throughout Monroe County?
    - a. Is it shared equally?
    - b. Do you feel like there is an over or under reliance on hospitality?
  18. How familiar are you with the Point in Time (PIT) count? Do you think that it is an effective way of capturing the homeless population? Why or why not?
    - a. Do you know of any alternatives?
  19. What is your knowledge/understanding of Coordinated Entry/Coordinated Access in Monroe County?
    - a. What does it currently look like?
    - b. What is it planned to look like?
    - c. When do you think that its development will be complete?
  20. To your knowledge/experience, what are the most valuable resources/entry points for finding housing for a homeless person?
  21. Who drives the policies related to homeless shelters and services in Monroe County?
    - a. Anyone other than HUD?
    - b. Do the policy drivers tend to agree amongst themselves on policies and practices?
  22. How do you define homelessness?

- a. What are the advantages/disadvantages of such a definition?
- 23. What are your thoughts on HUD's definition? Do you think that this is a good definition for the purpose of directing funding and resources?

**Food**

- 24. How much food is available/is it enough?
- 25. How is it advertised? Do you think that this has been effective?
- 26. Is it accessible to everyone? If not, then what are some of the barriers?

**Hospitality**

- 27. How is hospitality distributed throughout Monroe County?
  - c. Is it shared equally?
  - d. Do you feel like there is an over or under reliance on hospitality?

**Socialization:**

- 28. A problem that came up in the focus groups as well as some of the literature was that some of the social factors associated with homelessness can make it difficult for homeless people to be placed in housing as well as for formerly homeless people to remain housed. Have you seen any effective ways of addressing this in your work/experience? Please describe.

**Liaisons:**

- 29. How often are you able to work with someone outside of your particular field (i.e. health services or law enforcement) to better coordinate services for a homeless client?
- 30. Has this been useful to you or would it be? Please describe.
- 31. How well do the different service providers for homeless clients communicate with each other and what are some of the impacts of this? Can you provide any personal examples?

### VIII.3 APPENDIX X-3: FOCUS GROUP SLIDESHOW IN POWERPOINT FINAL



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The Focus Group slideshows were prepared with the Housing Council at PathStone, Inc. and used to organize the focus group sessions. Each was similar, but every iteration required adjustments based on the focus group qualitative and feedback received. The fourth Focus group did a draft trial run of the survey and that survey is also included in the list of files.

Thus, three focus group slideshows and the trail survey are available on Dropbox via this link:

<https://www.dropbox.com/sh/47bdz11myhtbxxt/AAA7z-8Hp6dfjonx2rzbm4A9a?dl=0>

**The files can be downloaded and shared.**

#### VIII.4 APPENDIX X-4: SURVEY RAW DATA IN EXCEL FINAL



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The following link contains the raw data for the survey responses.

<https://www.dropbox.com/sh/47bdz11myhtbtxt/AAA7z-8Hp6dfjonx2rzbm4A9a?dl=0>

**The file can be downloaded and shared.**

Notes about survey data:

- Variables labeled Service Provider, Housing Provider, Case Manager, Leadership, Outreach, and None refer to the background of respondents based on qualitative answers found in Basic info i and Basic info ii.
- For “Yes or No” questions, 0 was used to represent “yes” and 1 was used to represent “no”.
- For all categorical questions, such as how long respondents had worked in this field, or questions asking about level of agreement, answers were coded in order, with the first listed option coded as 1, the second listed option as 2, and so on.
- Some of the handwritten responses were difficult for researchers to read, however researchers attempted to record these responses as closely to the original writing as possible.