Institute for Community Alliances

Gaps Analysis on Permanent Housing Programming and Related Supportive Services

Prepared using data collected through a survey of frontline workers and persons with lived experience within the St. Louis City Continuum of Care

ST.LOUIS CITY Continuum of Care

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This gaps analysis was prepared by the Institute for Community Alliances
for the St. Louis City Continuum of Care.

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About the Report

Purpose

This gaps analysis was prepared to meet the requirement that each Continuum of Care complete an gaps analysis annually as established in the CoC Program Interim Rule.[1] The data to generate this gaps analysis was gathered via a survey of frontline workers and persons with lived experience. In contrast to last year's gaps analysis, which was focused on clients who are in services focused on providing support while homeless, this year's gaps analysis is focused on the CoC's permanent housing programming and related supportive services, as identified through the viewpoints of frontline workers and persons with lived experience.

The primary purpose of the survey was to gather information on gaps to obtaining housing assistance, gaps resulting in returns to homelessness, thoughts about bridge housing programming, and to receive feedback on proposals the System Performance Committee had developed.

Methodology & Limitations

The data used in this analysis was gathered via a survey which was distributed via both the CoC's Basecamp mailing list, as well as in an email to current HMIS users within the CoC. In both the posting in Basecamp as well as the email to current HMIS users, the recipients were asked to help distribute the survey link and information to others who may not have had access to Basecamp and/or been current HMIS users. How widely it was distributed by those recipients to persons who may not have had Basecamp or HMIS access is unknown, therefore it is difficult to estimate a response rate.

The survey was built within the Formstack platform and designed to be compatible with desktop computers, laptop computers, tablets, and smartphones. All survey respondents were required to indicate whether they were a frontline worker, a person with lived experience, or both. Individuals who did not meet either criterion were not eligible to complete the survey. The survey received a total of 101 responses, and all responses were utilized in the analysis. Of the 101 responses, 8 were from persons with lived experience, while 99 were from persons who do frontline work (meaning 6 survey respondents were both persons with lived experience and frontline workers). A full copy of the survey is included in Appendix A.

All level of agreement (Likert-scale) questions used throughout the survey were identically set up, with five options [Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree], plus an option to opt-out [No Opinion/Not Applicable]. In the calculations, the "No Opinion/Not Applicable" responses were excluded entirely.

In this report, results for each section will be compiled individually, and recommendations from the gaps analysis will be presented at the end of the full report.

A Note About Quotes

Throughout this report, there are several quotes from different survey respondents. Many of the quotes are anonymous, as respondents either chose not to provide their name and agency or asked that any

[1] Continuum of Care Program, 24 C.F.R. § 578.7(c)(3), 2017

quotes they provided not be linked to them within the final report. When a respondent's name and agency are mentioned, it is because the respondent gave express permission to use their name and agency when completing the survey. When the name of an agency is mentioned associated with a quote, it does not mean that the agency has endorsed or agrees with the statements made; agency leaders were not consulted by the report author prior to publication.

Additionally, all quotes are included as written without editing. Any respondent who explicitly asked that their responses not be quoted was not quoted in this report.

Acknowledgements

The author would like to thank and acknowledge the support and assistance of those who helped make this gaps analysis possible.

System Performance Committee

Thanks to members of the CoC's System Performance Committee for providing guidance in developing the frontline worker and client survey, as well as acting as a sounding board and providing feedback throughout the development of the survey and the gaps analysis, and ultimately for creating the recommendations found within this report.

Survey Respondents

This gaps analysis would not have been possible without those who were willing to spend their time completing the survey and providing their input.

Report Summary

Survey Sections

The survey was broken into 6 sections (plus an additional section for survey respondent demographics).

- Gaps which Prevent Access to Appropriate Housing Assistance
- Gaps which Result in Returns to Homelessness
- Thoughts about Bridge Housing Programming
- Proposal to Create Sub-Types of Permanent Supportive Housing (PSH)
- Proposal to Create Sub-Types of Rapid Rehousing (RRH)
- Proposal to Formally Incorporate Housing Planning in Coordinated Entry

In general, feedback on the gaps areas was very helpful and indicated that the biggest gap which leads to returns to homelessness being mental health and substance use disorders and indicated that the primary service which is missing to prevent returns to homelessness is more thorough behavioral health services.

Regarding bridge housing programming, respondents were generally in favor and the committee plans to examine, in more depth, the use of bridge housing programming over the next couple months.

For the proposals in the survey, all proposals were strongly favored and have resulted in some of the recommendations below. Other recommendations were developed based on other feedback from survey respondents and/or committee members.

Committee Recommendations

Once the survey results were gathered, the author reviewed both the quantitative and qualitative data pulled by the survey and brought the information to the System Performance Committee so the committee members could assist with the development of recommendations based on the survey results. During the review, the committee developed the following recommendations:

- Formally Define Sub-types of Permanent Supportive Housing (PSH)
- Create PSH Programs for those who are not Chronically Homeless
- Formally Define Sub-types of Rapid Rehousing (RRH)
- Explore the Creation of a Stepping Down Program
- Create a Rapid Resolution System
- Behavioral Health Services
- Housing as Healthcare
- Refocus Coordinated Entry on Each Client's Individualized Housing Needs
- Create Formal, Regular Training for Frontline Workers and Agency Leaders
- Creation of a Public-Facing System-Wide Map

More details about each of these recommendations is available starting on page 31.

Gaps which Prevent Access to Appropriate Housing Assistance

In this section, different but similar questions were asked based on whether the respondent was a frontline worker, a person with lived experience, or both. If the respondent was a frontline worker, they were asked to consider only clients they had worked with who had waited over 6 months for an opportunity for housing assistance through coordinated entry, while those with lived experience were asked to respond only if they themselves had waited at least 6 months for an opportunity for assistance through coordinated entry. If a respondent was both a frontline worker and a person with lived experience, they had the opportunity to answer the questions in both manners.

The 6-month timeframe was utilized because it was determined that the average client in coordinated entry waits approximately 6 months before receiving a housing assistance referral.

Methodology

This section of the survey utilized screening questions to determine whether the respondent had adequate experience to answer the questions about actual experiences, followed by one optional question which was asked of all survey respondents. More details about the wording of these questions can be found in Appendix A.

The results from both questions "Which of the following, if any, do you believe may have contributed to [the client's] inability to receive housing assistance within the 6-month average timeframe?" and "Which of the following, if any, do you believe may have contributed to your inability to receive housing assistance within the 6-month average timeframe?" were combined in Figure 1 due to the low number of responses from persons with lived experience.

Results

In the survey, the most frequently selected gap preventing access to housing assistance for clients was lack of available affordable housing units (70%); followed by an insufficient amount of housing assistance, meaning not enough PSH or RRH vouchers (68%); followed by insufficient types of housing assistance, meaning that neither RRH nor PSH are necessarily a good fit (62%). Full results are shown in Figure 1.

In the follow-up question, respondents were given the opportunity to provide thoughts on what things the CoC can do to shorten the average length of time clients for housing assistance. Some common themes identified include:

- Need for more affordable housing units
- Need for more "right-fit" housing, such as:
  - Units which can house persons on the sex offense registry
  - Units with behavioral health supports
- Need for better or more thorough case management/housing navigation supports, including:
  - More support for clients searching for housing units via housing navigation
  - Better support for clients once they are housed, especially in rapid rehousing

- More focus on providing resources and supports to help clients who are able to do so move on from the housing assistance provided by the CoC

Jaci Pringle, of Gateway Housing First, suggested that we should increase moving-on opportunities and target more resources toward assisting clients prior to gaining housing:

> *Strengthen moving on opportunities with the housing authority to move on families with housing stability, but maybe only receiving SSI and unable to afford an apartment without a subsidy. This allows the targeted programs to be able to serve the higher needs clients. This could be especially helpful with some senior income-based properties, but would only be possible if units were not in concentrated areas of property: why would someone "move on" to an income based unit if it meant a poorer quality of life, the conditions of the property weren't on par with their current situation, and they didn't have the flexibility to relocate if it was a bad fit?*
> *I think we could target more resources to expediting birth certificates, getting IDs, funding outreach-specific activities that allow for diagnosis outside of a lengthy intake process at a behavioral health agency. We could have more "housing navigator" spots where unhoused folks could check in to be updated in HMIS as still being unhoused.*

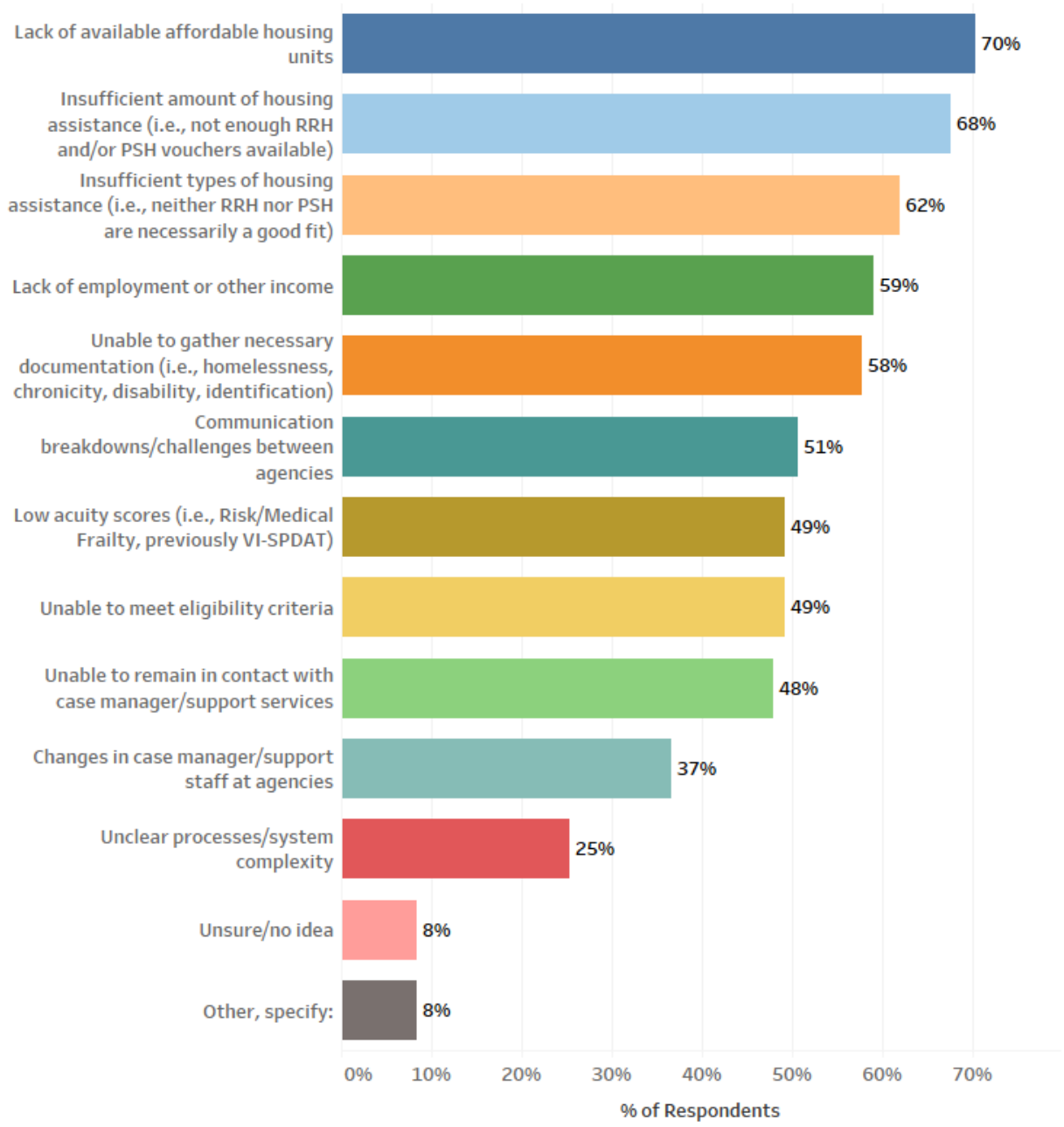
Additionally, some respondents suggested changes which are either not possible or may be difficult to implement, such as expanding client eligibility beyond federal rules, allowing clients who may not qualify as homeless to HUD to be on the prioritization list (i.e., couch surfers who are not youth), or removing documentation requirements. Another suggestion included mandating substance use treatment, which is contrary to the principles of Housing First.[2]

One respondent, who chose to remain anonymous, suggested increased advocacy and cooperation:

> *We can advocate for a rent freeze or some sort of large scale low income housing project that would help get clients on the coordinated entry list housed with supportive services.*
> *We work hard as individual agencies and as a COC, however the issues our clients face deal with a lack of adequate low income housing and rising rent costs for clients paying market rate. We can coordinate with other CoC's in MO to address the MO congress, house of representatives and the governor to discuss the support and resources our clients need.*

[2] "Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry" (U.S. Department of Housing and Urban Development, 2014).

Figure 1. Preventing Access to Housing Assistance – Reasons Identified



Gaps which Result in Returns to Homelessness

In this section, different but similar questions were asked based on whether the respondent was a frontline worker, a person with lived experience, or both. If the respondent was a frontline worker, they were asked to consider only clients they had worked with who, to the best of their knowledge had been housed through CoC or CoC-affiliated programming and then had returned to homelessness, while those with lived experience were asked to respond only if they themselves (to the best of their knowledge) had been housed through CoC or CoC-affiliated programming and then returned to homelessness. If a respondent was both a frontline worker and a person with lived experience, they had the opportunity to answer the questions in both manners.

Methodology

This section of the survey utilized screening questions to determine whether the respondent had adequate experience to answer the questions about actual experiences, followed by one optional question which was asked of all survey respondents. More details about the wording of these questions can be found in Appendix A.

The results from questions “Which of the following, if any, do you believe contributed to [the client’s] return to homelessness?” and “Which of the following, if any, do you believe contributed to your return to homelessness?” were combined in Figure 2 due to the low number of responses from persons with lived experience.

Similarly, the results from questions “What supportive services, if any, do you believe may have allowed these clients to remain housed?” and “What supportive services, if any, do you believe may have allowed you to remain housed?” were combined in Figure 3 due to the low number of responses from persons with lived experience.

Results

The most frequently selected cause of returns to homelessness was Mental Health/Substance Use Disorders (incl. relapses) at 89%, which was nearly twice as many selections as the following, which was for Unemployment or Underemployment and Lack of Affordable Housing which tied in second place at 47%. Full results are shown in Figure 2.

Regarding services which may have prevented returns to homelessness, the most commonly selected option was Behavioral Health Services, at 82%, followed by Financial Assistance at 71%, and Case Management Services at 65%. Full results are shown in Figure 3.

Generally, feedback from survey respondents on ways to reduce returns to homelessness focused on on-site supportive services and educating both clients and properly owners. For example, Jamie Holmes, of Places for People, wrote:

> *Many clients need supported housing where there is staff on site to help with meds, ensuring building safety etc (not a group home) but instead are given vouchers for apartments. This can lead to eviction or homelessness due to substance abuse, not paying bills, issues with neighbors etc*

Another respondent, who chose to remain anonymous, noted:

> *Extended support services for things like behavioral/physical health, substance use, budgeting etc. They would benefit from mentors to guide them through this transition so when they encounter problems, they have a specific person to turn to.*

One respondent, who chose to remain anonymous, pointed out the importance of helping clients understand how to care for a home:

> *Occupational Therapy with client once they're housed. Someone who has lived on the street or in shelters for many years often do not know how to care for a home. They don't know what normal wear and tear is on an apartment. They don't know not to put chicken bones down the garbage disposal or not to flush condoms down the toile, or that you can't leave a bag of trash by the back door. because it attracts mice and rats. This happens and the landlord has to keep repairing the property and at lease renewal, they ask the client to move on to another apartment.*

Lauren Carmack, of St. Patrick Center, expressed similar concerns:

> *Supportive services are absolutely essential for clients to maintain housing. Rental assistance is by far, the most needed service to keep our clients housed. If someone is housed through an organization in a RRH or Shelter Plus Care program, we have to have consistent case management services. They may have never had their own home before. They might not know how to file for eligible benefits, or how to pay bills or budget. They may be struggling with substance abuse or a mental illness. If we don't know what is going on in our clients' lives and get them connected to resources, it could very well be the difference that keeps our clients successfully housed.*

Other respondents provided suggestions including having programs regularly meet with property owners to identify issues early on, ensuring transfers between programs within the CoC can be as seamless as possible, and ensuring financial assistance is available. Some respondents also made suggestions which do not follow housing first principles, such as mandating substance use or mental health treatment.

Figure 2. Returns to Homelessness – Causes Identified

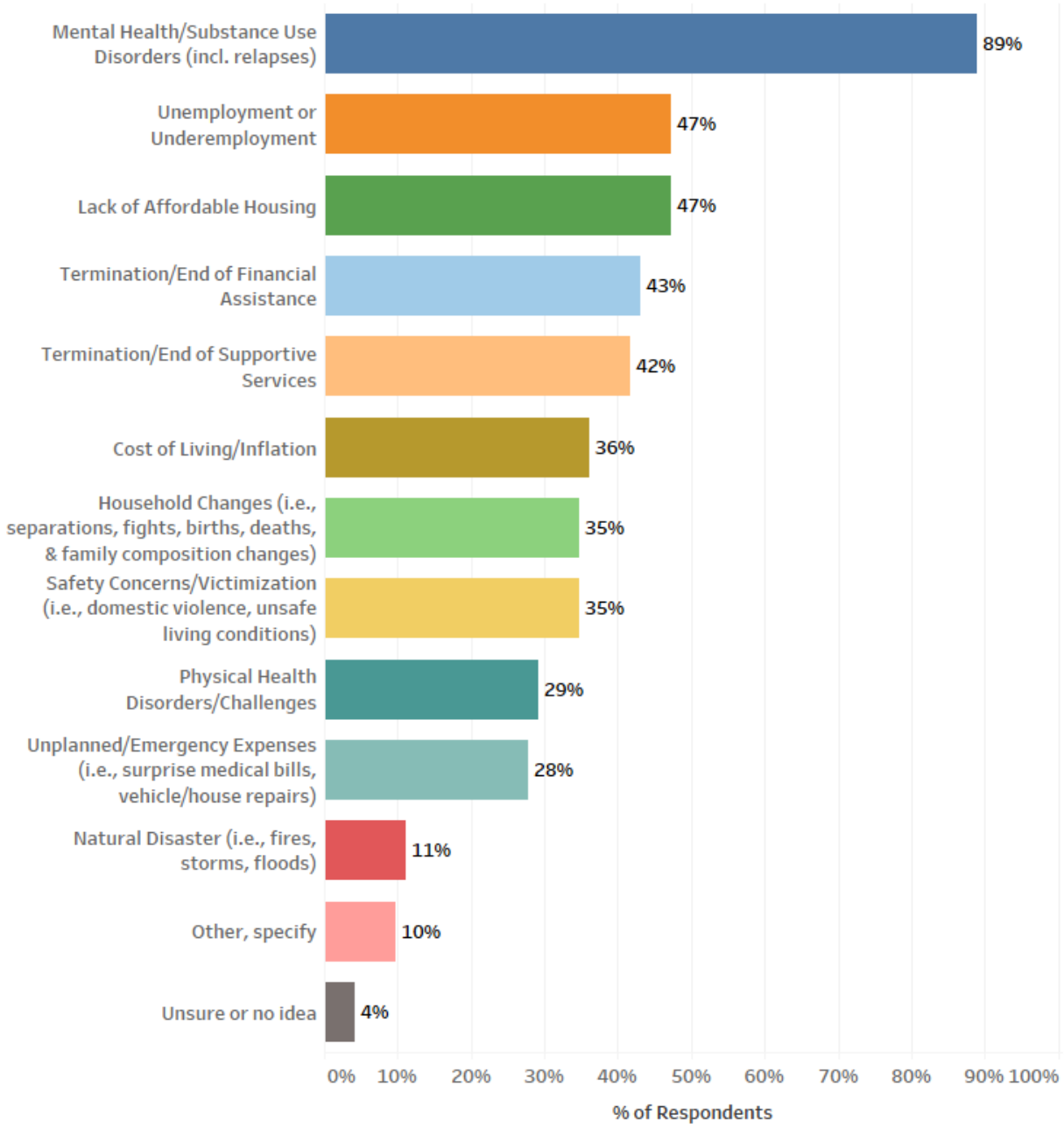
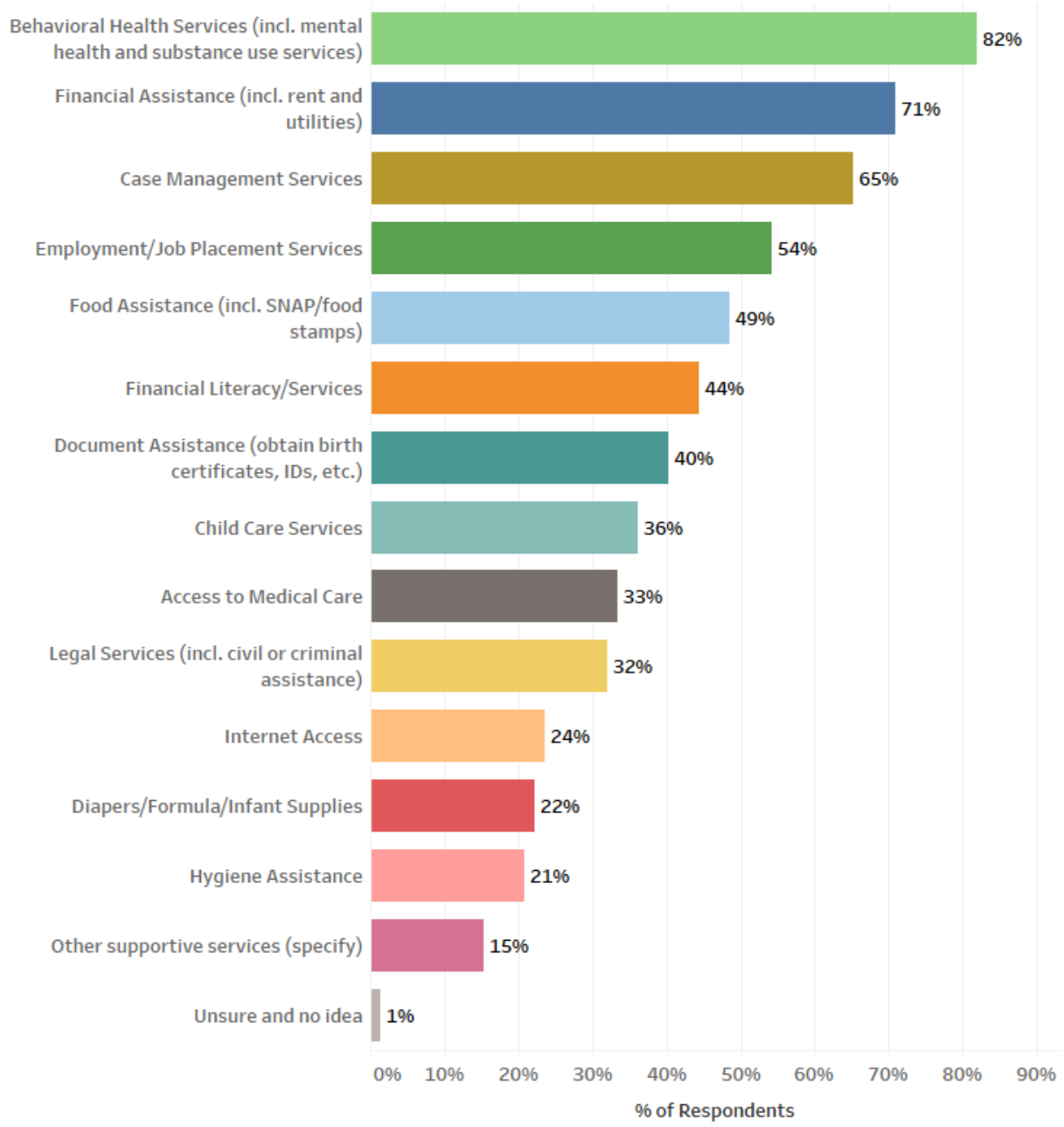


Figure 3. Returns to Homelessness – Services to Prevent Returns



Thoughts about Bridge Housing Programming

In this section, all respondents were asked to provide feedback about the idea of bridge housing programming. The survey was worded in a manner to try to clearly differentiate between bridge housing (where shelter/temporary lodging are provided by a permanent housing project while searching for a permanent housing unit) and housing-focused shelter programming (where a shelter requires clients work to create and follow a housing plan to remain eligible for shelter).

Methodology

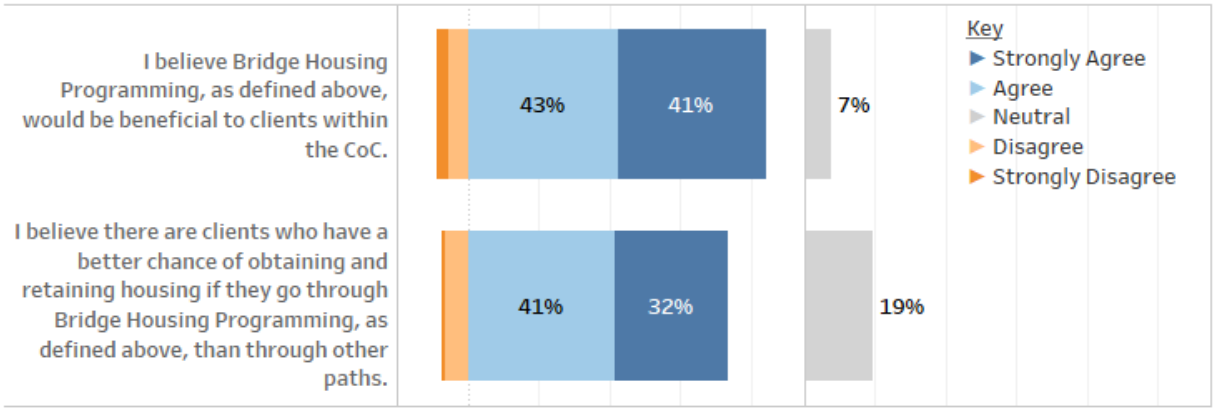
This section of the survey contained two level of agreement questions to gauge beliefs about bridge housing programming, a multiselect question where respondents could select the types of bridge housing they felt the CoC should look into creating or expanding, if any, and an optional text space for other general thoughts, feedback or drawbacks of bridge housing programming. All questions in this section of the survey were open to all respondents. More details about the wording of these questions can be found in Appendix A.

Results

For the level of agreement questions, the survey found generally that a majority of respondents agreed with the statements, as shown in Figure 4. In response to the question "I believe Bridge Housing Programming, as defined above, would be beneficial to clients within the CoC," 84% of respondents either agreed or strongly agreed, while 8% disagreed or strongly disagreed. Seven percent (7%) of respondents indicated they were neutral.

In response to the question "I believe there are clients who have a better chance of obtaining and retaining housing if they go through Bridge Housing Programming, as defined above, than through other paths," overall respondents still agreed, but less strongly. Seventy-three percent (73%) of respondents either agreed or strongly agreed, while 7% of respondents disagreed or strongly disagreed. Nineteen percent (19%) of respondents indicated they were neutral.

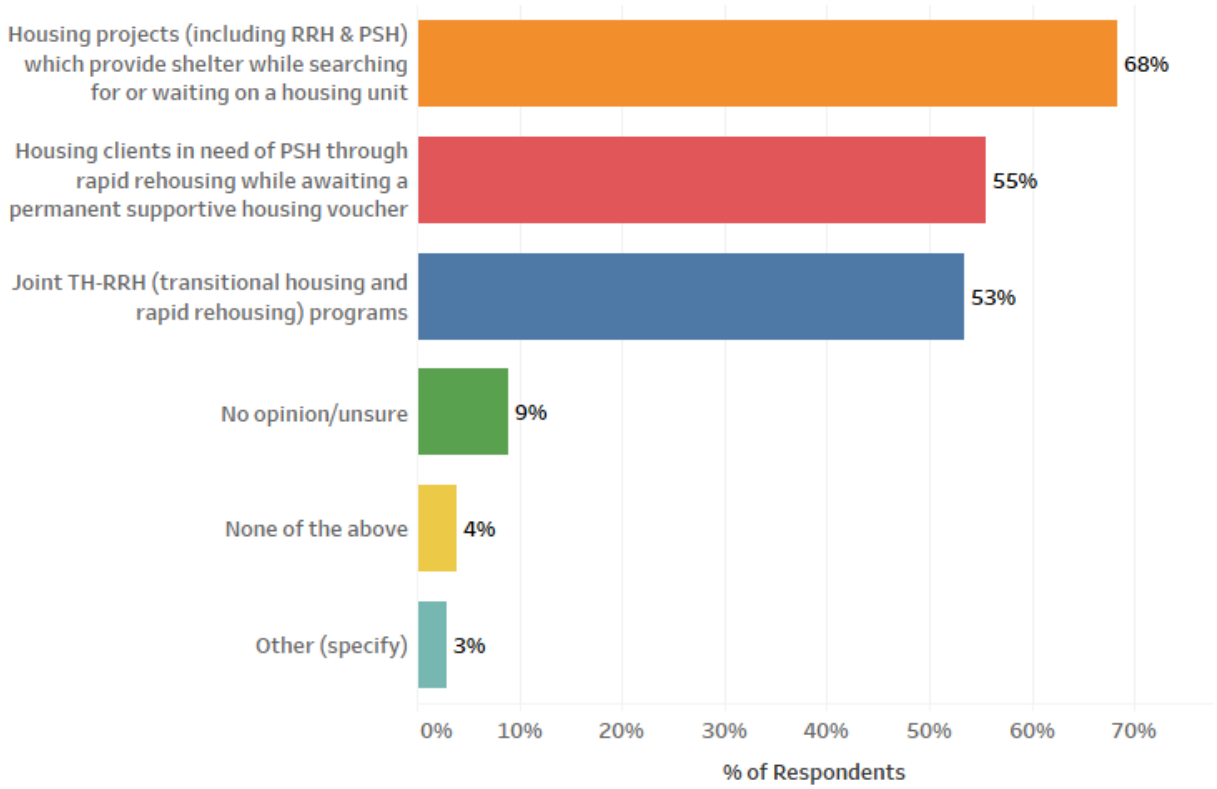
Figure 4. Bridge Housing Programming – Level of Agreement Questions



When asked about which types of Bridge Housing the CoC should consider creating or expanding, 68% of survey respondents selected "Housing projects (including RRH & PSH) which provide shelter while

searching for or waiting on a housing unit", while 55% of respondents selected "Housing clients in need of PSH through rapid rehousing while awaiting a permanent supportive housing voucher," and 53% indicated "Joint TH-RRH (transitional housing and rapid rehousing) programs." Only 4% of respondents selected "None of the above." Full results are available in Figure 5.

Figure 5. Bridge Housing Programming - Types to Create/Expand



Looking at the feedback provided in the bridge section, the feelings were generally mixed. Some support the use of rapid rehousing as a bridge to permanent supportive housing, while others do not. Questions were also raised about whether using rapid rehousing as bridge reduces the opportunities for clients for whom rapid rehousing is a good fit, and others expressed concerns about what happens if a client is in a rapid rehousing to permanent supportive housing bridge program and no permanent supportive housing opening becomes available.

One respondent, who chose to remain anonymous, noted:

> *Since PSH program take a while for clients to get into I do not suggest putting clients in RRH program until a space opens up because that timeline is not definite. Across the board, we need more funding and vouches for PSH programs so we are accurately placing clients in the programs they will be most sucessful in. Putting a PSH eligible client in RRH programs sets them up for failure if they get exited from a RRH program because they are stably housed.*

Another anonymous respondent mentioned concerns about how clients may become too comfortable in hotels/motels or apartments:

In my experience, bridge has not beneficial. Most of the clients get comfortable in hotels or transitional housing. They become more stable and enjoy living rent free in a hotel/transitional housing. Whereas the streets or living in crisis, motivates them to find housing. In some cases, they become picker or not as desperate to find housing. I believe it enables the client to not face the consequences of lack of participation when working with the housing navigator.

In addition, some respondents took the opportunity to make suggestions about shelter environments and staffing:

Sarah Sunseri, of Places for People: *Actually, having more shelter beds and shelters that folks don't feel bad in would be helpful as well. Because people spend so much time waiting on housing help/programs, we have to have places for our folks to be in the meantime while they're waiting. It doesn't help a lot of the folks I work with though, if the place they're waiting takes away their homelessness status or chronic status. This is sometimes how folks return to homelessness - they need more than a temporary program.*

Anonymous respondent: *Shelters would need to be staffed with people able to answer questions and help clients find housing while they wait for PSH/apartment openings. Shelters would also need to have behavioral health professionals in the building. Clients who have reported that they discontinued contact with shelters usually do so because they had problems with other clients or felt unhelped/unwelcomed by staff.*

Proposal to Create Sub-types of Permanent Supportive Housing

In this section, all respondents were asked to provide feedback about the idea of creating 3 sub-types of Permanent Supportive Housing (PSH) with varied levels of supportive services as provided by the PSH project: limited, moderate, and intensive supports.

The proposal, as outlined in the survey, is as follows:

The Proposal

In this proposal, existing and new PSH projects would be categorized into one (or more) of the following three categories based upon the level(s) of support the PSH project can provide *on its own*. It is assumed that all PSH clients will need support, but the level of support listed here is specific to support that the PSH project can directly provide. It is understood that clients may also receive support from other external entities (i.e., behavioral health agencies).

Note: As a reminder, PSH projects, by definition, require a disabling condition and current homelessness in order to be eligible. Most PSH projects within the St. Louis City CoC also require clients qualify as chronically homeless. PSH projects, assuming the client continues to remain eligible and demonstrates continued need for support, can potentially provide housing for the rest of the client's life. This proposal, if implemented, would not change these requirements or standard practices.

Note: Some PSH projects are also known as "Shelter Plus Care" within our CoC.

PSH with Intensive Support

These projects can provide check-ins or supports multiple times a week to the majority of their clients, if needed, in order to ensure their needs are met and they remain housed. The majority of these projects would likely be site-based PSH projects with on-site staff 24/7, though some other projects may meet these criteria. These projects would be best suited for clients who need substantial support to remain housed and who do not have other sufficient support systems, such as a behavioral health agency, in place.

PSH with Moderate Support

These are PSH projects which can provide check-ins or supports multiple times a month to the majority of their clients, but do not have the staffing/resources to provide check-ins or support more frequently. This would be best suited for clients who only need a light amount of support to remain housed or for clients who have most of the support they need provided by another entity, such as a behavioral health agency.

PSH with Limited Support

These are PSH projects which can provide check-ins or supports around once a month or less to the majority of their clients because they do not have sufficient staffing/resources to provide check-ins or support more frequently. This would be best suited for clients who receive sufficient support through another separate entity, such as a behavioral health agency.

Methodology

This section of the survey contained two level of agreement questions to gauge initial reactions to the concept of creating three levels of PSH, space to provide recommendations on how to distribute vouchers and units between the different sub-types and an optional text space for other general thoughts, feedback or drawbacks of creating sub-types of PSH. All questions in this section of the survey were open to all respondents. More details about the wording of these questions can be found in Appendix A.

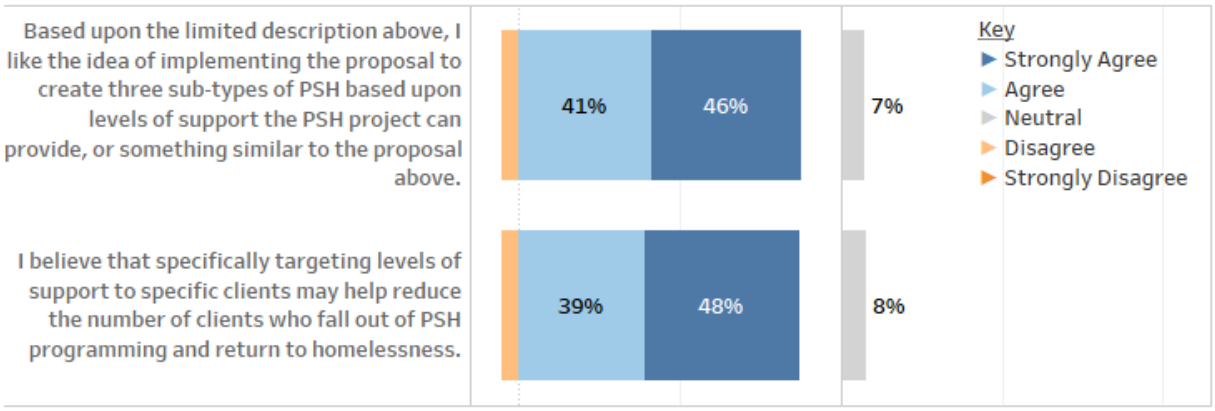
On the questions focused on ideal distribution, while respondents were asked to make their distribution total 100%, a portion did not. With this in mind, the distribution estimate developed was completed by totaling up the answers provided in each of the three sub-types and determining the percent of total across the three types.

Results

In the first level of agreement question, which asked about whether respondents like the idea of implementing a proposal to create sub-types of PSH, 87% of respondents either agreed or strongly agreed, while 5% of respondents disagreed. No respondents indicated that they strongly disagreed, and 7% indicated that they were neutral. Full results are available in Figure 6.

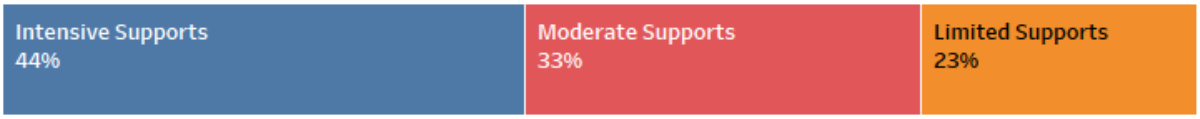
In the second level of agreement question, which asked respondents whether they believe that specifically targeted levels of support within PSH may help reduce the number of clients who fall out of PSH and return to homelessness, the same percent of respondents (87%) either agreed or strongly agreed, while 5% indicated that they disagreed. No respondents indicated that they strongly disagreed, and 8% indicated that they were neutral. Full results are available in Figure 6.

Figure 6. Proposal to Create Sub-types of PSH – Level of Agreement



As shown in Figure 7, respondents felt that 44% of vouchers/units for PSH should be reserved for clients who need intensive support from their PSH program, while 33% of vouchers/units should be reserved for clients who need moderate support from their PSH program, and finally, 23% of vouchers/units should be reserved for clients who need limited support from their PSH program. A follow-up to this survey is planned to identify the current spread of available units in our CoC, as well.

Figure 7. Proposal to Create Sub-types of PSH - Ideal Unit/Voucher Distribution



When reviewing the open-ended feedback, we find that most comments are generally favoring development of such options, though there are some concerns. In the area of respondents who liked these ideas, we found some quotes which we believe illustrate the need clearly. Jamie Holmes, of Places for People, wrote:

> *People often need on-site, low or mid-level supports. Everyone does not need or want an apartment nor is ready for an apartment (due to upkeep, sub abuse, issues getting along with neighbors and following rules of unit without staff there to mitigate etc).*

Another respondent, Sam, of Covenant House Missouri, wrote about the need for PSH projects to be more flexible and understanding:

> *A big drawback I've seen cause a return to homelessness is drug use (off campus of PSH) and not following curfew. These are whole individuals and they should be allowed to be individuals- mistakes and unwholsome beahavior included- without losing their housing.*

One anonymous respondent wrote:

> *I definitely agree that implementing levels of supportive services will help decrease the number of clients that return to homelessness. Meeting the clients where they are and evaluating how intense their services need to be in order for them to be placed appropriately.*

Some suggestions that were provided to make PSH with different sub-types more likely to succeed include:

- ➔ Ensuring staff of "intensive" and "moderate" support PSH projects have adequate staffing (including reasonable staff to client ratios) and appropriate training
- ➔ Ensuring all support staff are paid adequately
- ➔ Creating flexible supports which can change when client needs change

In the area of concerns, the primary concern which was raised was that establishing such levels/sub-types may create more bureaucracy and complexity in an already complex system, and that the so-called "limited" support programs may have communication challenges and barriers when working with external agencies. One anonymous respondent noted a particular concern that has arisen previously:

> *If PSH with limited support was implemented their could be issues with communication between the PSH program and outside agencies. If a client is in PSH because of disabling conditions which caused chronic homelessness for reasons other then work/monetary means, having more frequent check ins specifically by the housing agency would be more helpful. I currently am working with a client who is in what would be qualified as a limited support PSH (no case management unless client requests it). The client is unable to work due to disabilities but is able*

to take care of themself and preform day to day tasks with out difficulty. The client was recently evicted illegally and a case manager from a partner agency who was unable to prevent the eviction and did not inform the PSH program. The client told me (behavioral health worker) after he was evicted; the PSH is now aware (they were not informed by the housing property or other case manager) and is attempting to assist but client has been street homeless for 2+ weeks and has lost all of their belongings. If clients PSH agency had checked 1-2 times a month they could have intervened with the eviction sooner or informed client of their rights.

Another anonymous respondent suggested loosening the requirements for chronicity for PSH programming, as well as making it possible for clients to move between the levels:

The requirement of chronic homelessness can exclude people who would really benefit from this type of programming. By allowing clients who meet other criteria access to these services, we could head off the number of chronically homeless individuals in the city. It could also be beneficial for clients who can to be able to move through the different categories and eventually be able to maintain by themselves. Some will need intensive support in the beginning, but over time are able to maintain by themselves.

Proposal to Create Sub-types of Rapid Rehousing

In this section, all respondents were asked to provide feedback about the idea of creating 3 sub-types of Rapid Rehousing (RRH) with varied lengths of financial assistance as provided by the PSH project: rapid resolution (one-time), short-term (2-6 months), medium-term (7-13 months) and long-term (13-24 months).

The proposal, as outlined in the survey, is as follows:

The Proposal

In this proposal, the current HUD-defined category of rapid rehousing would be split into four levels. Projects which provide these varied lengths of support already exist within the CoC, so this proposal is effectively determining whether to formalize these differences and use them more explicitly when matching clients to housing openings. Some RRH projects may be able to provide multiple options below and would be able to indicate that.

Note: As a reminder, rapid rehousing requires proof of homelessness prior to entry, and is capped at 24 months. This proposal, if adopted, would not change this requirement.

RRH with Long-term Assistance (13-24 months)

Projects designed to provide homeless clients with rental and other assistance for between 13 and 24 months. Projects in this category may sometimes need to work to transition clients to other services, such as permanent supportive housing or low-income housing if they are unable to sustain housing after 24 months. This may be best suited for clients who are able to work but have not worked for a significant period of time or for whom other temporary barriers to stable income exist.

RRH with Medium-term Assistance (7-12 months)

Projects designed to provide homeless clients with rental and other assistance for between 7 and 12 months. Projects in this category may sometimes provide assistance beyond 12 months if extenuating or unexpected circumstances arise. This may be best suited for clients who are underemployed or have limited income with the strong potential for growing or stabilizing their income within the next few months.

RRH with Short-term Assistance (2-6 months)

Projects designed to provide homeless clients with rental and other assistance for between 2 and 6 months. Projects in this category may sometimes provide assistance beyond 6 months if extenuating or unexpected circumstances arise. This type of assistance may be best suited for clients who are recently employed and need assistance achieving stability.

Rapid Resolution Assistance (one-time support)

This type of RRH project would be designed to help move clients with the least need out of shelter and off the streets quickly, with the goal of opening up those shelter beds and outreach services to those who have previously been unable to access them. These projects are designed to provide one-time support to get the household off the streets or out of shelter quickly. Projects of this type generally would require that the household already has sufficient income to maintain housing but is unable to pay for initial or back costs such as deposits or arrears.

Methodology

This section of the survey contained three level of agreement questions to gauge initial reactions to the concept of creating four levels of RRH, space to provide recommendations on how to distribute vouchers between the different sub-types and an optional text space for other general thoughts, feedback or drawbacks of creating sub-types of RRH. All questions in this section of the survey were open to all respondents. More details about the wording of these questions can be found in Appendix A.

On the questions focused on ideal distribution, while respondents were asked to make their distribution total 100%, a portion did not. With this in mind, the distribution estimate developed was completed by totaling up the answers provided in each of the three sub-types and determining the percent of total across the three types.

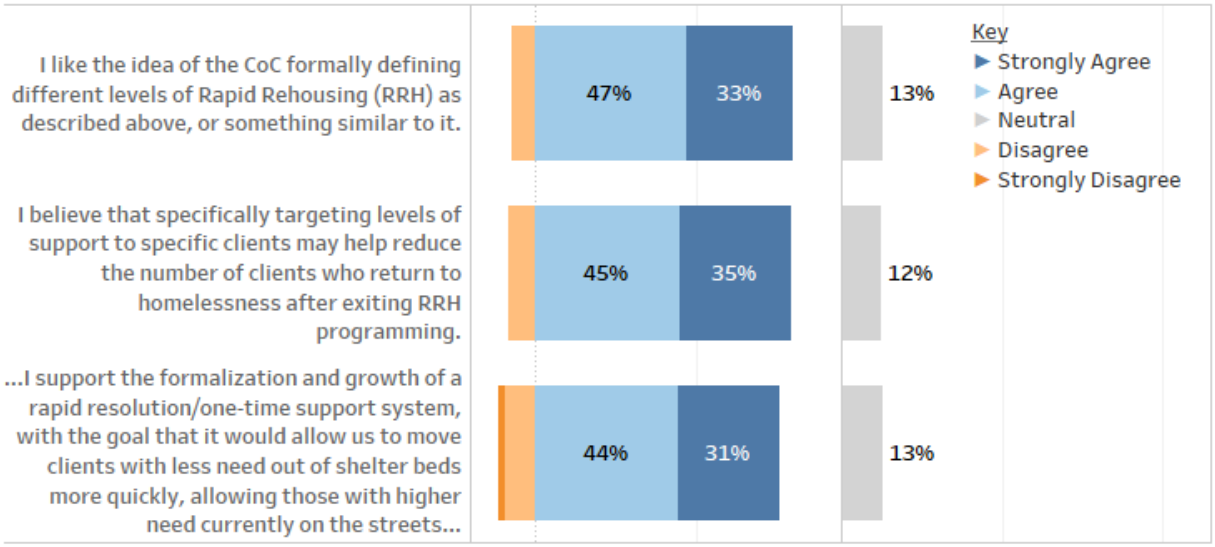
Results

In the first level of agreement question, which asked about whether respondents like the idea of implementing a proposal to create sub-types of RRH, 80% of respondents either agreed or strongly agreed, while 7% of respondents disagreed. No respondents indicated that they strongly disagreed, and 13% indicated that they were neutral. Full results are available in Figure 8.

In the second level of agreement question, which asked respondents whether they believe that specifically targeted levels of financial assistance within RRH may help reduce the number of clients who fall out of RRH and return to homelessness, 80% of respondents either agreed or strongly agreed, while 8% indicated that they disagreed. No respondents indicated that they strongly disagreed, and 12% indicated that they were neutral. Full results are available in Figure 8.

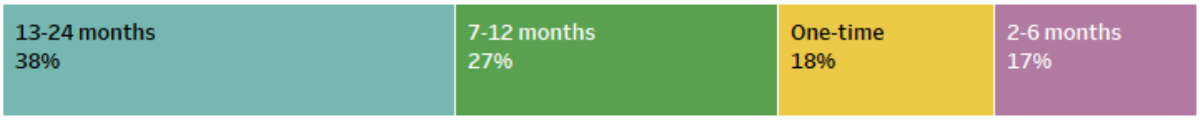
In the third level of agreement question, which asked respondents whether they supported the formalization of a rapid resolution/one-time support system, a slightly lower percent (75%) of respondents either agreed or strongly agreed, while 11% either disagreed or strongly disagreed, and 13% indicated that they were neutral. Full results are available in Figure 8.

Figure 8. Proposal to Create Sub-types of RRH – Level of Agreement



As shown in Figure 9, respondents felt that 38% of vouchers for RRH should be reserved for clients who need long-term financial assistance from their RRH program, while 27% of vouchers should be reserved for clients who need medium-term financial assistance from their RRH program, 18% need one-time financial assistance from their RRH program, and finally, 17% of vouchers should be reserved for clients who need short-term financial assistance from their RRH program.

Figure 9. Proposal to Create Sub-types of RRH - Ideal Voucher Distribution



Looking at the feedback and thoughts provided, we find comments are generally favorable and provided suggestions on making rapid rehousing across the system more successful.

Sarah Sunseri, of Places for People, wrote:

> *I think this is a great idea, mostly b/c it will cut down on confusion for clients and support staff at other agencies. All of the RRH programs are so different, and we really need to know what they are to know whether they will work well for a client or not. E.g. some just provide basically deposit asst and then they're done, whereas others really do stick with their clients for 2 years if needed. Some don't know about transferring their folks if needed.*

An anonymous respondent noted the importance of ensuring clients can be transferred and supported to ensure sustainability in the long run:

> *Being able to move clients to a higher level of support would be important. Additionally, I am not sure how many one time assistance programs are currently active but making sure clients were*

only placed in that program if they had sustainable income and were low need (non severe mental health, in maintenance stages of recovery) would be important to make sure clients did not end up homeless again.

Another anonymous respondent pointed out the need to ensure case workers are fairly compensated:

You must find the case managers who provide support with salaries that fairly compensate the workers. These are vey hard jobs, working with a difficult demographic, that also require a high amount of schooling. We should be compensated accordingly.

One anonymous respondent pointed out the necessity of ensuring that the programs be widely accessible:

If instituted, these programs should be available to people without disabling conditions, and should be accessible to all unhoused persons via any shelter. (Essentially, I am talking about a more active and effective interface between small shelters (who may not be connected to HMIS) and their guests, and the larger RRH system, which is not really currently accessible to such shelters (or their guests, unless those guests go to another location or person to access services. (More parterships, formal and informal, among agencies!)

Very importantly, Teka Childress, of Gateway Housing First, pointed out that any rapid resolution programming would need to be targeted very specifically:

It would seem to me that the only people needing short or rapid resolution are those who fell into being unhoused due to a medical issue or domestic violence but have a long history of being stabling housed and employed.

Proposal to Formally Incorporate Housing Planning in C.E.

In this section, respondents were asked to provide feedback about ideas of modifying the CoC's coordinated entry system, first on whether to implement a formal housing plan within the coordinated entry system, and if so, whether to include other types of housing in the coordinated entry system.

The proposal, as outlined in the survey, is as follows:

Proposal to Formally Incorporate Housing Planning into Coordinated Entry

Previously, when the CoC utilized the VI-SPDAT to determine level of need for each household, clients were generally categorized as needing one of three levels of support based upon their VI-SPDAT score: permanent supportive housing (PSH), rapid rehousing (RRH), or housing navigation services only. With the CoC's decision to stop utilizing the VI-SPDAT due to its identified biases in the areas of gender, race, and veteran status; there is no longer a potential start to a housing plan. In addition, the CoC no longer has the ability to provide an estimated number of households which need each level of support to end their housing crisis.

In this section, we'd like you to consider a proposal to build upon current practices and formally include housing planning as part of being in coordinated entry (a.k.a. being on the prioritization list). If this proposal were adopted, case managers would work with clients, using resources and training the CoC would generate, to facilitate a discussion with their clients about what housing intervention(s) would best meet their needs (i.e., PSH, RRH, or housing navigation only). The outcome of such a discussion would then be recorded in their coordinated entry record within HMIS (or the separate system for victim service providers).

We want to get your feedback, including potential benefits and drawbacks of formally adding a housing plan to the coordinated entry system. We believe that many case managers already work with their clients to develop a housing plan prior to or while enrolled in coordinated entry, but also know that there are likely others who do not yet do so and for whom such a requirement may be a substantial increase in workload.

Expansion of Housing Types

In addition to the potential plan to formally incorporate housing planning into coordinated entry, the System Performance Committee is interested in gathering feedback about expanding the types of housing opportunities with which the CoC works. The committee acknowledges that we are faced with some major limitations:

- ➔ There is not enough funding for Permanent Supportive Housing or Rapid Rehousing to house all clients experiencing homelessness
- ➔ Permanent Supportive Housing and Rapid Rehousing, even if the previously proposed sub-types are adopted, are not always going to be the best fit for persons experiencing homelessness

While the funding opportunities for permanent housing through the federal government are likely to remain limited to permanent supportive housing and rapid rehousing, the CoC could make a concerted effort to work jointly with other housing providers to make a wider range of housing opportunities available to clients experiencing homelessness. With this in mind, the committee would like to gather your input and thoughts about the CoC working with other housing types as well. Below, you'll see a list

of potential options, including PSH and RRH, which might be included as potential housing plans if such a proposal were adopted. This list is intended to encourage you to think about the possibilities of what an expanded list could contain and is not intended to be a final list:

- Permanent Supportive Housing (incl. proposed sub-types, if adopted)
- Rapid Rehousing (incl. proposed sub-types, if adopted)
- Other Permanent Housing (incl. Transition-in-Place)
- Affordable/Low-Income Housing (incl. Emergency Housing Vouchers/Housing Choice Voucher/Section 8)
- Residential Care Facility/Nursing Home
- Assisted Living/Senior Housing
- Supervised Housing (incl. group housing)
- Sober/Recovery Housing (i.e., Oxford Houses, NARR)
- Shared Housing (i.e., having roommates, boarding houses)
- Homeownership Programs (i.e., downpayment assistance, Habitat for Humanity)

If this portion of the proposal were adopted in addition to the previous proposal to formally incorporate a housing plan into coordinated entry, the list of potential housing plans could look similar to the list above (instead of just PSH, RRH, and housing navigation only), and case managers who assist clients with gaining access to coordinated entry would be expected to work with their clients to determine which of the listed housing interventions would be most appropriate to resolve their homelessness and keep them housed. The data gathered in HMIS would then be able to be utilized, if desired, for purposes of raising awareness and fundraising across the CoC, as well as allowing the CoC to look into future areas for expanded cooperation with other housing providers with the goal of making homelessness rare, brief, and non-recurring.

Methodology

This section of the survey contained four level of agreement questions to gauge initial reactions to the concepts of making changes to the coordinated entry system, space to provide recommendations on how to handle one potential change, and an optional text space for other general thoughts, feedback or drawbacks of these potential changes to the coordinated entry system. All questions in this section of the survey were open to all respondents. More details about the wording of these questions can be found in Appendix A.

Results

As shown in Figure 10, 78% of respondents indicated they agreed or strongly agreed with the idea of formally incorporating housing planning into coordinated entry, while 5% disagreed or strongly disagreed, and 16% were neutral. In Figure 11, when asked how such a plan would be incorporated, 41% indicated they felt it should be required for enrollment to coordinated entry, 37% indicated it should only be encouraged, 20% said it should be required after some set period of time in coordinated entry, and 2% said other. None of these responses technically reached the majority (50%) threshold, so there is not a strong single direction provided.

Figure 10. Proposal for Housing Planning in C.E. – Level of Agreement on Housing Planning

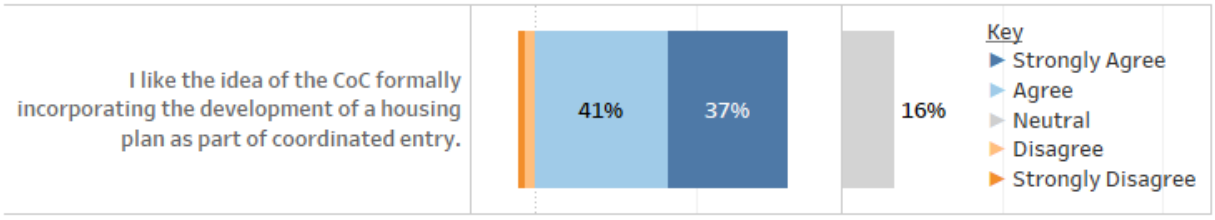


Figure 11. Proposal for Housing Planning in C.E. - Required/Encouraged

Comments and feedback about the idea of incorporating housing planning was mixed, with some respondents in support, while others had serious concerns. These comments and concerns ultimately led the committee to modify the original proposal, as was found in the survey, which was focused on housing planning, to a new recommendation, which is to focus on housing needs assessments.

Sarah Sunseri, of Places for People, pointed out both positives and negatives:

> *We do need some sort of system to know what folks' needs are. I worry about adding anything to CE enrollment. I'm not sure what all to say here because it would really matter what this looked like in practice.*
> *I'm worried this will put a lot more work onto the plate of folks placing someone on CE. Also, although some people being put onto CE are well known by their caseworkers, a substantial amount of folks are not well known.*
> *I mostly would want to make sure that anything added wouldn't make things more confusing for the clients or for caseworkers putting folks onto CE. Could this be done in a way that a person wouldn't think they are further along in the process than they are?*
> *Some drawbacks about using more questions/planning: The clients already have to answer a lot of questions that don't actually go anywhere. For example, we don't really get folks hooked up to other services. And clients already have to answer so many personal questions over and over again that it can be a lot. The process takes such a long time and it isn't even close to guaranteed that a client would get help from it, so it feels bad to ask folks to complete a lot up front when there are still so many steps along the way.*

Another respondent, who chose to remain anonymous, supported making housing planning encouraged:

> *Having conversations about housing should be offered. Many clients i've met with want to have these conversations and are helped by getting feed back from a professional who understands the housing process. It should not be enforced as some clients are able to navigate housing on their own but just need assistance with one time/few month payments.*

While another anonymous respondent pointed out that a housing plan doesn't really make sense:

> *Including a housing plan doesn't make sense for most folks when their housing plan is simply determined by what is available to them in terms of both housing and vouchers. If they are punished for not adhering to the plan, I think the program has missed the mark.*

This comment from an anonymous respondent led the author to consider suggesting to the committee that the proposal be modified to look at housing needs and wants instead of a specific housing plan, and ultimately shaped one of the recommendations that will be noted later in this report.

> *Formally incorporating a housing plan into the process of coordinated entry will give us a better idea of what unhoused folx believe of as "being housed" vs. the HUD definition of homelessness. This will help us better identify clients who will never be long-term in a HUD homeless situation (lvl 1) and therefore fall on and off coordinated entry but MAY end their unstable housing through other assistance (such as the rapid funds mentioned earlier that are not tied to rapid rehousing).*
> *Also, having clients name a housing plan helps clients to address barriers early and formulate savings plans. It assists the client in maintaining responsibility in updating the case manager about the housing plan that they wish to pursue & the limitations of coordinated entry if that housing plan were to change/a better option appears.*

This comment, from an anonymous respondent, also led the committee to modify the proposal as mentioned above:

> *I use to work in CE, clients get misinformation all the time from peers, other agencies etc. because of this I believe that having clients complete a housing plan at CE intake would do more harm than good. The prioritization list is not guaranteed housing, because of this using a housing plan as a first line of defense would cause confusion, possible anger with the system we are trying to improve and keep people in lingo. I believe best practice would be to conduct an assessment with clients once they are pulled from the housing list into a program or if they get into transitional housing before getting a place of their own.*

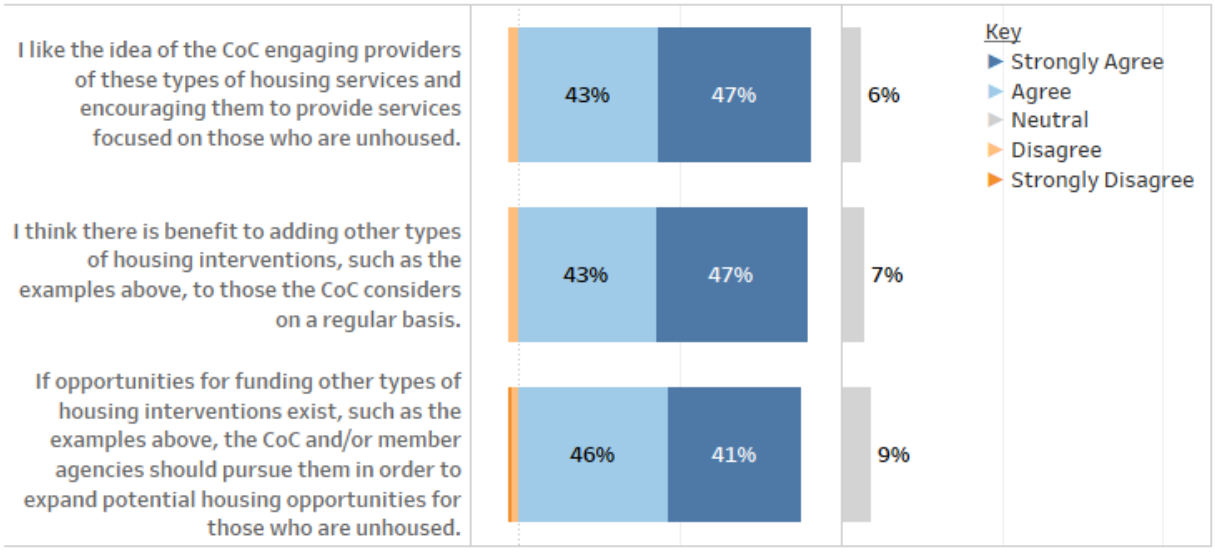
When reviewing the questions about expanding the types of housing which are considered by coordinated entry housing navigators, there was overall strong support, as shown in Figure 12.

In the area of the CoC engaging providers of other types of housing services, 90% of respondents were in favor of the CoC encouraging them to provide services focused upon those who are unhoused, while 3% disagreed. No respondents strongly disagreed, and 6% were neutral.

When asked if there is benefit to considering other types of housing interventions, 90% of respondents agreed or strongly agreed, while 3% disagreed. No respondents strongly disagreed, and 7% were neutral.

Finally, when asked if the CoC and/or member agencies should pursue funding for other opportunities such as those listed in the survey, 87% agreed or strongly agreed, while 3% disagreed or strongly disagreed. Nine percent (9%) were neutral.

Figure 12. Proposal for Housing Planning in C.E. – Level of Agreement on Expansion of Housing Types



Subsequently, respondents were asked to provide input on what training would be needed for frontline workers if they were to need to develop a housing plan with each client. Some comments included:

> Anonymous respondent: *Must have training on different program options & requirements for program enrollment. Must have prepared, comprehensive checksheet to approve client eligibility into programs - in HMIS would be super helpful - i.e. fill in list and get result of "client may be eligible for these programs" - sort of a bit of triaging rather than a panic of trying to find any resource.*
>
> Anonymous respondent: *The CoC system continues to be confusing to many of my staff, and the lack of a formalized training CoC resource is ridiculous. I want to be able to send new staff to the CoC for training on how these processes work, but that's not an option.*
>
> Anonymous respondent: *Its important to include income and ways to increase income during the housing plan especially with short term programs. If clients do not have adequate income helping them apply for SSI, SSA, VA disability, retrieving 401ks etc. Also a money management class or program for clients to participate in so they gain additional tools to maintain housing after being exited from a program.*
>
> Lauren Carmack, of St. Patrick Center: *Motivational interviewing, creating effective housing plans, client-driven practice, trauma-informed care, basic housing law, list of resources available to meet client needs*

Recommendations from the Committee

Overall, there was overwhelming support for the proposals found within the survey, and incredibly useful feedback and thoughts throughout. Based upon the information gathered in this survey, including comments provided by respondents, the committee is making recommendations in the following areas, listed in no particular order. After the planned discussion session with members of the CoC during which time additional feedback will be gathered, the committee will then work to prioritize these recommendations.

Formally Define Sub-types of Permanent Supportive Housing (PSH)

Gather a group of providers and persons with lived experience to review the results of the survey and formally define sub-types of Permanent Supportive Housing, whether using the exact sub-types described in the survey (limited, moderate, or intensive support) or another set, for use across the CoC.

Create PSH Programs for those who are not Chronically Homeless

Work to develop PSH (or PSH-like) programs which do not have a requirement for chronicity for those clients who do not meet the official chronic definition but are less likely to remain housed with less support than provided by PSH programs.

Formally Define Sub-types of Rapid Rehousing (RRH)

Gather a group of providers and persons with lived experience to review the results of the survey and formally define sub-types of Rapid Rehousing, whether using the exact sub-types described in the survey (short-term, medium-term, or long-term) or another set, for use across the CoC.

Explore the Creation of a Stepping Down Program

Explore the possibility of developing an RRH (or RRH-like) program which can support clients who are currently in PSH but are interested in transitioning to independence over a several month period with the support of an RRH or RRH-like program.

Create a Rapid Resolution System

Gather a group of providers and persons with lived experience to create a Rapid Resolution system, funded without CoC or ESG dollars (in order to ensure maximum flexibility of the programming), which is intended to provide a one-time burst of financial assistance with a couple months of case management to clients with lower levels of need.

Clients would be eligible for Rapid Resolution only if they are literally homeless or imminently becoming homeless (i.e., expected to become homeless within 14 days), and financial assistance could be used for nearly any purposes to restore the household to housing stability. Examples of financial assistance may include: rent or rental arrears payment, mortgage or mortgage arrears payments, utility or utility arrears payments, car repair or transportation expenses, medical expenses, unplanned/emergency bills, and other appropriate situations as determined by the group of providers and persons with lived experience who defines the program.

To be eligible for Rapid Resolution, clients would need to have stable finances which can support housing and other costs in the long run, and who have a demonstrated, recent history of maintaining stability independent of the crisis in which they find themselves. The goal of Rapid Resolution would be to quickly move street & shelter homeless clients into housing and to prevent imminently homeless clients from entering into shelter or street homelessness.

Behavioral Health Services

Encourage all providers throughout the CoC to provide behavioral health services within their programs and/or to establish partnerships with agencies who do provide behavioral health services so that clients can receive the behavioral health support they need not only while receiving assistance from the agency, but after exiting from the agency's services, since behavioral health disorders were identified in the survey as the leading cause of returns to homelessness.

Housing as Healthcare

Encourage providers in the community (not just the CoC) to recognize the link between housing and health, including working to increase availability of healthcare services to clients currently experiencing homelessness, as well as looking into utilizing healthcare dollars (such as Medicaid) to pay for housing support-related costs (i.e., case management).

Refocus Coordinated Entry on Each Client's Individualized Housing Needs

While the survey asked respondents for feedback on formally incorporating housing planning into coordinated entry, some of the comments in the survey brought the committee to a different option. Instead of formalizing the requirement for a housing plan, the committee recommends incorporating a formal client-based housing needs assessment as part of entering into coordinated entry, with regular reviews and updates to the plan.

In the housing needs assessment, which would be completed through conversations with the client, information would be gathered about what type of housing the client ultimately wants and what types of services they feel they need to obtain and remain housed. For example, determining whether the client is interested in having their own apartment or would prefer to have roommates, how many bedrooms are needed for the household, whether they'd like a standard apartment in the community, or one with on-site supports. If they might be interested in specialized housing, such as senior/disabled housing, sober living, or even a residential care facility. This information would be used not only to determine which type(s) of housing may fit the client best, but also to allow the CoC to provide a CoC-wide estimate of housing needs at any given time.

Create Formal, Regular Training for Frontline Workers and Agency Leaders

The CoC needs to establish regular, formalized trainings on topics for case managers, housing navigators, and agency leadership to ensure the same quality of services is provided by all CoC agencies. This includes, but is not limited to, coordinated entry, cultural competency, trainings on housing first, trauma-informed care, motivational interviewing, connecting clients with mainstream benefits, moving-on assistance, helping clients with behavioral health needs, and more.

Creation of a Public-Facing System-Wide Map

Create a public-facing, system-wide map of the CoC which can help both clients and general members of the community to understand how the CoC works, especially with any new or modified programming developed because of the recommendations this gaps analysis.

Next Steps

An important part of any gaps analysis is ensuring that recommendations are discussed, and desired steps taken. In this area, we also review some current works in progress which focus on analyzing and/or visualizing the CoC's work as a whole, plus some potential future analyses and projects. Suggestions for other next steps, future analyses or projects may be directed to the System Performance Committee.

Review and Implement Recommendations

First, the author will present these recommendations at a hybrid discussion session, to which both CoC members and the public will be invited. During the discussion session, attendees will have the opportunity to provide feedback. The System Performance Committee will then bring each recommendation, along with additional feedback gathered, to the appropriate committee(s) or workgroup(s) for further discussion. Committees and workgroups will then determine which of the recommendations, if any, to further develop and/or implement.

Works in Progress

CoC Performance Dashboard

This dashboard, currently awaiting approval from the CoC board, includes information about all projects using HMIS within the CoC, broken down by program type. While subject to change, the draft of the dashboard contains information for the following program types:

- Access Points (i.e., Coordinated Entry projects except for the Housing Prioritization List)
- Emergency Shelter
- Homelessness Prevention
- Housing Prioritization List
- Other Permanent Housing
- Other Services
- Permanent Supportive Housing
- Rapid Rehousing
- Street Outreach
- Transitional Housing

For each program type, information about demographics and outcomes is included in the dashboard. If/when approved by the CoC board, the dashboard will be publicly available and updated monthly alongside other applicable dashboards.

Review Recommendations from Previous Analyses

This project includes reviewing previous analyses conducted on behalf of the CoC, whether by ICA or other entities, to determine whether recommendations made in those reports have been discussed and/or implemented. For any recommendations that have not been discussed and/or implemented, discussions will be held at the System Performance Committee to determine whether to implement those recommendations.

Coordinated Entry Dashboard

This project, which started recently, is to revise the current coordinated entry dashboard to ensure it includes the data most effective in ensuring the operation of the coordinated entry system, including increasing the amount of demographic data (in an aggregated manner) to identify disparities and inequities within the coordinated entry system. It is expected that this dashboard will be presented to the CoC board for review and approval by the end of the calendar year.

Revision of the Risk/Medical Frailty Score

Thanks to an analysis conducted by Mastercard's Social Impact & Client Services teams earlier in 2023, the author is facilitating discussions to revise the Risk/Medical Frailty Score in order to try to minimize racial biases that were identified in the tool.

Analysis on Effectiveness of the Housing Surge

This analysis, currently in its final stages, focuses on the outcomes of the Housing Surge, in particular determining whether clients in the Surge were able to be housed and retain housing at a similar rate as clients who were not in the Surge. The analysis also includes lessons learned which can be used both in general work of housing clients and in potential future Housing Surges. This analysis is currently expected to be finalized, in partnership with Mastercard's Social Impact & Client Services teams, in October 2023.

Planned & Potential Future Analyses and Projects

Here we discuss planned and potential future analyses and projects. These potential analyses and projects build off the findings from this analysis as well as discussions with the CoC. Prioritization of these potential analyses and projects will be conducted jointly with the System Performance Committee.

Analysis of Current Rapid Rehousing and Permanent Supportive Housing Programs

If the proposals in this report to create sub-types of rapid rehousing and permanent supportive housing are adopted, another study would likely begin to identify clearly where the existing programs within the CoC currently fall. This would allow more targeting of resources toward program growth.

Analysis of Characteristics of Chronically Homeless Individuals and Families

This analysis would focus on determining the characteristics of those who are chronically homeless within the CoC to determine what services, both inside and outside of the CoC, are needed to assist individuals and families experiencing chronic homelessness in becoming and remaining stably housed, such as permanent supportive housing with specific on-site supports. The data from this analysis could then assist the CoC in determining priorities for future funding opportunities or reallocations to make the greatest impact for those most in need.

Appendix A. The Survey

This appendix shows the full contents of the original survey. The original survey was hosted on the Formstack platform and used conditional logic to show/hide applicable questions. All questions are shown here, with notes in purple text explaining conditional logic.

Logic: None, the following question was shown to all respondents:

St. Louis City CoC – Frontline Worker & Client Survey

This survey is being conducted to gather input from those who do work directly with individuals experiencing homelessness and/or who have lived experience of homelessness within the St. Louis City CoC's geographic area. Through this survey, we hope to more clearly identify gaps in specific areas of the homeless services system, as well as to gather feedback on some proposals to modify substantial parts of the system. Please be aware that this survey is designed with the assumption that you are familiar with homeless services in general. If you are not, but would still like to participate, we encourage you to take the survey alongside someone who is knowledgeable and can provide context, or to send questions to the email address below.

The St. Louis City CoC's System Performance Committee, which is responsible for identifying gaps within the CoC at least once a year, has decided to make this year's gaps analysis focus on multiple related inter-related parts as listed below. Please note that at the bottom of each page there is a "Save and Resume Later" button which you can use at any time. The sections include:

- ➔ Gaps which Prevent Access to Appropriate Housing Interventions
- ➔ Gaps which Result in Returns to Homelessness
- ➔ Thoughts about Bridge Housing Programming
- ➔ Proposal to Create Sub-types of Permanent Supportive Housing
- ➔ Proposal to Create Sub-types of Rapid Rehousing
- ➔ Proposal to Formally Incorporate Housing Planning into Coordinated Entry
- ➔ Respondent Demographics, Feedback & Optional Contact Information

Note: Full survey results, including any contact information you provide at the end (if any), will be available to Institute for Community Alliances (ICA) staff (both as HMIS lead agency and agency leading this analysis), House Everyone STL staff (as the CoC's collaborative applicant and lead agency), and members of the CoC's System Performance Committee. Full or partial results may also be shared with the CoC's Board of Directors and other committees. If you wish to remain unidentified to one or more of these groups, you may opt out of providing contact information at the end of the survey. Aggregated results will be included in the final Gaps Analysis report to the CoC as a whole.

Questions about the survey may be directed to Isaac Fox-Poulsen, Data Analyst with ICA, at isaac.fox-poulsen@icalliances.org or by call/text to 314-412-8186.

Please indicate which of the following criteria you meet: (select all that apply)

☐ Frontline worker (i.e., you are staff or volunteer working directly with those who are experiencing homelessness)
☐ Person with lived experience of homelessness (i.e., you are currently or have been homeless)

Logic: If both options above are selected, the following message displayed:

Note: Since you have indicated that you are both a person with lived experience of homelessness and a frontline worker, there are two sections of this survey that will ask you two sets of nearly identical questions but will specify that we are either looking specifically for your own experience or the experience of clients with whom you work. We appreciate your time answering both sets of questions where applicable.

Logic: If "frontline worker" is selected above, the following are displayed:

Frontline Worker

Your feedback as an individual who works directly with clients who are unhoused is extremely valuable as we work to identify and address gaps within our CoC, and we want to make sure you have the opportunity to submit your thoughts. We appreciate you taking the time to complete this survey and provide your thoughts.

Please indicate the type(s) of frontline work you do (whether as staff or volunteer) within the CoC's geographic area, even if unaffiliated with the CoC, before completing the survey. Please also consider passing along the link to complete this survey to others you know who do frontline work with persons experiencing homelessness within the St. Louis City CoC's geographic area so that we can get as many responses as possible.

Which of the following best describe the type of frontline work you do on a regular basis? (select all that apply)

☐ Provide street and/or other outreach to individuals experiencing homelessness
☐ Work in an emergency shelter or transitional housing program
☐ Help connect clients experiencing homelessness to services which may be able to help them obtain permanent housing, including assessing clients for coordinated entry purposes
☐ Provide case management and/or housing navigation services to clients experiencing homelessness who are searching for housing (including staff of permanent housing programs)
☐ Provide supportive services targeted toward persons experiencing homelessness (or who are formerly homeless), such as behavioral health services, legal services, and employment services
☐ Provide services available to the public which are frequented by individuals experiencing homelessness, such as, but not limited to: soup kitchens and meal centers, food pantries, severe weather shelters, public libraries, and medical centers

Logic: If "person with lived experience of homelessness" is selected above, the following are displayed:

Person with Lived Experience

Your feedback as an individual who has experienced homelessness is extremely valuable as we work to identify and address gaps within our CoC, and we want to make sure you have the opportunity to submit your thoughts. We appreciate you taking the time to complete this survey and provide your thoughts.

Please indicate which of the following best describes your experience of homelessness before completing the survey. If you have had more than one episode of homelessness, please select the option that matches your most recent experience. Please also consider passing along the link to complete this survey to others you know who experienced homelessness within the St. Louis City CoC's geographic area so that we can get as many responses as possible.

Which of the following best describes your current housing situation?

- ○ Currently homeless (i.e., in shelter, transitional housing, or living on streets)
- ○ Currently housed and have one or more episode(s) of homelessness in the past
- ○ I don't know
- ○ I prefer not to answer

Logic: If "currently housed and have one or more episode(s) of homelessness in the past" is selected above, the following is displayed:

How long ago was your episode of homelessness?

- ○ Within the last 12 months
- ○ Between 12 months and 7 years ago
- ○ 7 years ago or longer
- ○ I don't know
- ○ I prefer not to answer

Logic: None, the following question was shown to all respondents:

Gaps which Prevent Access to Appropriate Housing Assistance

This first part of the survey focuses on identifying barriers faced by those waiting longer than average for housing assistance within our CoC. For the purpose of this section of the survey, the following definitions are used:

- Housing Assistance: Being offered the opportunity to enroll in a housing program (i.e., rapid rehousing, permanent supportive housing, or other permanent housing) which will work with the client to identify appropriate housing and provide financial assistance to obtain housing.
- Average Length of Time: For those who received housing assistance referrals/opportunities between July 2022 and June 2023, they waited an average of 193 days (or over 6 months) while enrolled in coordinated entry before receiving their first referral. With this in mind, we are defining an average length of time between enrollment and referral to be 6 months.

The goal of this section is to try to identify characteristics of those clients who wait longer than average for a housing assistance referral to identify which issues you consider to be the biggest barriers to receiving housing assistance for these clients.

Logic: If "frontline worker" is selected in the first section of the survey, the following are displayed:

Frontline Worker

For the purpose of this section of the survey, please think only about clients who meet one of the following criteria:

- Clients you currently work with who are unhoused and who have been enrolled in coordinated entry for at least 6 months and have not received a housing assistance referral.
- Clients you currently work with or have worked with within the last year or so who were enrolled in coordinated entry for at least 6 months before receiving a housing assistance referral.
- Clients you have worked with within the last year or so who were enrolled in coordinated entry for at least 6 months but never received a housing assistance referral.

To the best of your knowledge, do you/have you worked with clients who waited over 6 months for opportunities for housing assistance through coordinated entry?

- ○ Yes
- ○ No
- ○ Unsure/Not Applicable

Logic: If "yes" was selected immediately above, the following question was shown:

Which of the following, if any, do you believe may have contributed to their inability to receive housing assistance within the 6-month average timeframe?

☐ Unable to gather necessary documentation (i.e., homelessness, chronicity, disability, identification)
☐ Unable to remain in contact with case manager/support services
☐ Unable to meet eligibility criteria
☐ Lack of available affordable housing units
☐ Lack of employment or other income
☐ Changes in case manager/support staff at agencies
☐ Communication breakdowns/challenges between agencies
☐ Low acuity scores (i.e., Risk/Medical Frailty, previously VI-SPDAT)
☐ Insufficient amount of housing assistance (i.e., not enough RRH and/or PSH vouchers available)
☐ Insufficient types of housing assistance (i.e., neither RRH nor PSH are necessarily a good fit)
☐ Unclear processes/system complexity
☐ Unsure/no idea
☐ Other: _____

Logic: If "person with lived experience of homelessness" was selected in the first section of the survey, the following was displayed:

Person with Lived Experience

For the purpose of this section of the survey, please think only about your own experience of homelessness:

To the best of your knowledge, are/were you enrolled in coordinated entry (also called "the prioritization list" or "the housing list")?

○ Yes
○ No
○ Unsure/Not Applicable

Logic: If "yes" is selected immediately above, the following question was shown:

To the best of your knowledge, did you receive a housing assistance referral through coordinated entry?

○ Yes
○ No
○ Unsure/Not Applicable

Logic: If "yes" is selected immediately above, the following question was shown:

To the best of your knowledge, how long did it take to get that housing assistance referral?

○ 6 months or less
○ More than 6 months
○ Unsure/not applicable

Logic: If "More than 6 months" is selected immediately above or "no" is selected for the prior question, the following question was shown:

Which of the following, if any, do you believe may have contributed to your inability to receive housing assistance within the 6-month average timeframe?

☐ Unable to gather necessary documentation (i.e., homelessness, chronicity, disability, identification)
☐ Unable to remain in contact with case manager/support services
☐ Unable to meet eligibility criteria
☐ Lack of available affordable housing units
☐ Lack of employment or other income
☐ Changes in case manager/support staff at agencies
☐ Communication breakdowns/challenges between agencies
☐ Low acuity scores (i.e., Risk/Medical Frailty, previously VI-SPDAT)
☐ Insufficient amount of housing assistance (i.e., not enough RRH and/or PSH vouchers available)
☐ Insufficient types of housing assistance (i.e., neither RRH nor PSH are necessarily a good fit)
☐ Unclear processes/system complexity
☐ Unsure/no idea
☐ Other: _____

Logic: None, the following question was shown to all respondents:

Thinking more generally, please provide any thoughts you have, if any, on things the CoC can do to shorten the average length of time that clients wait for housing assistance (optional)

[Free text box]

Gaps which Result in Returns to Homelessness

This section of the survey focuses on clients who were housed through CoC or CoC-affiliated programs (i.e., CoC, ESG, SSVF, MHTF, ARPA), but who returned to homelessness.

Logic: If "frontline worker" was selected in the first section of the survey, the following was displayed:

Frontline Worker

In this section, we want you to think about clients you are currently working with, or have worked with within the last year or so, who have returned to homelessness after having been housed through CoC or CoC-affiliated housing projects. The goal of this section is to try to identify the most frequent causes of those clients who had previously been housed by CoC or CoC-affiliated projects returning to homelessness, as well as steps the CoC can take to reduce the chance of clients returning to homelessness in the future.

For this section, please do not include clients who had been homeless, became housed without financial support (i.e., self-resolved) of the CoC or CoC-affiliated housing projects, and returned to homelessness.

To the best of your knowledge, have you worked with any clients who were housed through CoC or CoC-affiliated projects, but then returned to homelessness?

- ○ Yes
- ○ No
- ○ Unsure/Not Applicable

Logic: If "yes" is selected immediately above, the following questions were shown:

Which of the following, if any, do you believe contributed to their return to homelessness?

- ☐ Cost of Living/Inflation
- ☐ Lack of Affordable Housing
- ☐ Household Changes (i.e., separations, fights, births, deaths, & family composition changes)
- ☐ Unplanned/Emergency Expenses (i.e., surprise medical bills, vehicle/house repairs)
- ☐ Safety Concerns/Victimization (i.e., domestic violence, unsafe living conditions)
- ☐ Natural Disaster (i.e., fire, storms, floods)
- ☐ Unemployment or Underemployment
- ☐ Mental Health/Substance Use Disorders (incl. relapses)
- ☐ Physical Health Disorders/Challenges
- ☐ Termination/End of Financial Assistance
- ☐ Termination/End of Supportive Services
- ☐ Unsure/no idea
- ☐ Other: _____

What supportive services, if any, do you believe may have allowed these clients to remain housed?

- ☐ Financial Assistance (incl. rent and utilities)
- ☐ Food Assistance (incl. SNAP/food stamps)
- ☐ Financial Literacy/Services
- ☐ Internet Access
- ☐ Employment/Job Placement Services
- ☐ Behavioral Health Services (incl. mental health and substance use services)
- ☐ Case Management Services
- ☐ Legal Services (incl. civil or criminal assistance)
- ☐ Document Assistance (obtain birth certificates, IDs, etc.)
- ☐ Child Care Services
- ☐ Diapers/Formula/Infant Supplies
- ☐ Hygiene Assistance
- ☐ Access to Medical Care
- ☐ Unsure/no idea
- ☐ Other: _____

Logic: If "person with lived experience" was selected in the first section of the survey, the following was displayed:

Person with Lived Experience

For the purpose of this section of the survey, please think only about your own experience of homelessness. In addition, please only include situations in which your own experience of homelessness was resolved (at least in part) due to financial support you received from the CoC or CoC-affiliated programs.

To the best of your knowledge, have you been housed through CoC or CoC-affiliated projects, and then returned to homelessness?

- ○ Yes
- ○ No
- ○ Unsure/Not Applicable

Logic: If "yes" is selected immediately above, the following questions were shown:

Which of the following, if any, do you believe contributed to your return to homelessness?

☐ Cost of Living/Inflation
☐ Lack of Affordable Housing
☐ Household Changes (i.e., separations, fights, births, deaths, & family composition changes)
☐ Unplanned/Emergency Expenses (i.e., surprise medical bills, vehicle/house repairs)
☐ Safety Concerns/Victimization (i.e., domestic violence, unsafe living conditions)
☐ Natural Disaster (i.e., fire, storms, floods)
☐ Unemployment or Underemployment
☐ Mental Health/Substance Use Disorders (incl. relapses)
☐ Physical Health Disorders/Challenges
☐ Termination/End of Financial Assistance
☐ Termination/End of Supportive Services
☐ Unsure/no idea
☐ Other: _____

What supportive services, if any, do you believe may have allowed you to remain housed?

☐ Financial Assistance (incl. rent and utilities)
☐ Food Assistance (incl. SNAP/food stamps)
☐ Financial Literacy/Services
☐ Internet Access
☐ Employment/Job Placement Services
☐ Behavioral Health Services (incl. mental health and substance use services)
☐ Case Management Services
☐ Legal Services (incl. civil or criminal assistance)
☐ Document Assistance (obtain birth certificates, IDs, etc.)
☐ Child Care Services
☐ Diapers/Formula/Infant Supplies
☐ Hygiene Assistance
☐ Access to Medical Care
☐ Unsure/no idea
☐ Other: _____

Logic: None, the following question was shown to all respondents:

Thinking more generally, please provide any thoughts you have, if any, on things the CoC can do to minimize the number of clients who return to homelessness after exiting CoC or CoC-affiliated housing programming (optional)

[Free text box]

Thoughts about Bridge Housing Programming

In this section, the committee wants to gather feedback about the idea of bridge housing programming. For the purpose of this survey, bridge housing refers to shelter or temporary housing provided through permanent housing programming (rather than independent of permanent housing programming, as is more common in our CoC). Some examples include:

- Joint TH-RRH (transitional housing and rapid rehousing) programs
- Housing projects (including RRH & PSH) which provide shelter or hotel/motel vouchers while searching for or waiting on a housing unit
- Housing clients in need of PSH through RRH while awaiting a PSH voucher/opening

Please note that Bridge Housing Programming is different from things like housing-focused shelter programming, where clients are encouraged/expected to develop and follow a housing plan to remain in the shelter program. This section of the survey does not focus on housing-focused shelter programming.

I believe Bridge Housing Programming, as defined above, would be beneficial to clients within the CoC.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

I believe there are clients who have a better chance of obtaining and retaining housing if they go through Bridge Housing Programming, as defined above, than through other paths.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

Which of the following types of Bridge Housing Programming, if any, do you think the CoC should look into creating/expanding in our CoC?

- ☐ Joint TH-RRH (transitional housing and rapid rehousing) programs
- ☐ Housing projects (including RRH & PSH) which provide shelter while searching for or waiting on a housing unit
- ☐ Housing clients in need of PSH through rapid rehousing while awaiting a permanent supportive housing voucher
- ☐ Other
- ☐ No opinion/unsure
- ☐ None of the above

Logic: If "Other" is selected immediately above, the following question was shown:

Specify other type(s) of Bridge Housing Programming:

[Free text box]

Logic: None, the following question was shown to all respondents:

Please use this space to provide additional thoughts, feedback, or drawbacks of bridge housing programming (optional)

[Free text box]

Logic: None, the following question was shown to all respondents:

Proposal to Create Sub-types of Permanent Supportive Housing (PSH)

One of the concerns that has been brought to the attention of the System Performance Committee is that some clients, despite being enrolled in permanent supportive housing (PSH), end up falling out of PSH programming and return to homelessness because they did not receive the right type or amount of supportive services for their needs.

A suggestion has been made that the CoC could potentially reduce the chance of clients falling out of PSH and returning to homelessness if the CoC did a better job targeting specific levels of supportive services to specific clients. From this suggestion, the following proposal to make three sub-types of PSH, with varied levels of support, was developed.

In this section, we are looking for feedback to help us determine whether implementing this, or a similar proposal, may be worthwhile for our CoC.

The Proposal

In this proposal, existing and new PSH projects would be categorized into one (or more) of the following three categories based upon the level(s) of support the PSH project can provide *on its own*. It is assumed that all PSH clients will need support, but the level of support listed here is specific to support that the PSH project can directly provide. It is understood that clients may also receive support from other external entities (i.e., behavioral health agencies).

Note: As a reminder, PSH projects, by definition, require a disabling condition and current homelessness in order to be eligible. Most PSH projects within the St. Louis City CoC also require clients qualify as chronically homeless. PSH projects, assuming the client continues to remain eligible and demonstrates continued need for support, can potentially provide housing for the rest of the client's life. This proposal, if implemented, would not change these requirements or standard practices.

Note: Some PSH projects are also known as "Shelter Plus Care" within our CoC.

PSH with Intensive Support

These projects can provide check-ins or supports multiple times a week to the majority of their clients, if needed, in order to ensure their needs are met and they remain housed. The majority of these projects would likely be site-based PSH projects with on-site staff 24/7, though some other projects may meet these criteria. These projects would be best suited for clients who need substantial support to remain housed and who do not have other sufficient support systems, such as a behavioral health agency, in place.

PSH with Moderate Support

These are PSH projects which can provide check-ins or supports multiple times a month to the majority of their clients, but do not have the staffing/resources to provide check-ins or support more frequently. This would be best suited for clients who only need a light amount of support to remain housed or for clients who have most of the support they need provided by another entity, such as a behavioral health agency.

PSH with Limited Support

These are PSH projects which can provide check-ins or supports around once a month or less to the majority of their clients because they do not have sufficient staffing/resources to provide check-ins or

support more frequently. This would be best suited for clients who receive sufficient support through another separate entity, such as a behavioral health agency.

Based upon the limited description above, I like the idea of implementing the proposal to create three sub-types of PSH based upon levels of support the PSH project can provide, or something similar to the proposal above.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

I believe that specifically targeting levels of support to specific clients may help reduce the number of clients who fall out of PSH programming and return to homelessness.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

Please provide any additional thoughts, feedback or drawbacks you have on the proposal to create sub-types of PSH above (optional)

[Free text box]

Logic: If "frontline worker" was selected in the first section of the survey, and "person with lived experience of homelessness" was NOT selected, the following was displayed:

Ideal PSH Voucher Distribution

In this next area, we'd like you to think about what portion of permanent supportive housing (PSH) vouchers you'd recommend be distributed in each of these sub-types if this proposal were adopted, based upon the clients with whom you currently or recently worked who would (to the best of your knowledge) be a good match for permanent supportive housing. Please try to have the total of the next three fields add up to 100. You may also skip this section if you wish.

Logic: If "frontline worker" was NOT selected in the first section of the survey, but "person with lived experience of homelessness was selected, the following was displayed:

Ideal PSH Voucher Distribution

In this next area, we'd like you to think about what portion of permanent supportive housing (PSH) vouchers you'd recommend be distributed in each of these sub-types if this proposal were adopted, based upon your own experience and the experiences of other individuals you know who are experiencing homelessness or have experienced homelessness who would (to the best of your knowledge) be a good match for permanent supportive housing. Please try to have the total of the next three fields add up to 100. You may also skip this section if you wish.

Logic: If both "frontline worker" and "person with lived experience of homelessness" were selected in the first section of the survey, the following was displayed:

Ideal PSH Voucher Distribution

In this next area, we'd like you to think about what portion of permanent supportive housing (PSH) vouchers you'd recommend be distributed in each of these sub-types if this proposal were adopted, based both upon the clients with whom you currently or recently worked, as well as upon your own experience, who would (to the best of your knowledge) be a good match for permanent supportive housing. Please try to have the total of the next three fields add up to 100. You may also skip this section if you wish.

Logic: None, the following questions are shown to all respondents:

Percent of PSH vouchers which ideally would be dedicated to those who need INTENSIVE support from the PSH Project:

[Number field, with a range of 0-100]

Percent of PSH vouchers which ideally would be dedicated to those who need MODERATE support from the PSH Project:

[Number field, with a range of 0-100]

Percent of PSH vouchers which ideally would be dedicated to those who need LIMITED support from the PSH Project:

[Number field, with a range of 0-100]

Please provide any additional thoughts you have regarding the ideal distribution of PSH vouchers between these three sub-types (optional)

[Free text box]

Proposal to Create Sub-types of Rapid Rehousing (RRH)

The System Performance Committee has learned that some rapid rehousing (RRH) programs offer only short-term support, while others offer longer-term support. This may create a scenario where some clients may be referred to RRH projects which may not be able to meet their needs sufficiently (i.e., clients who need long-term support may be referred to projects offering only short-term support), which is concerning to the committee.

In addition, the committee has been thinking about the need to find ways to ensure shelter is more accessible to clients who are in need of it while simultaneously working to minimize the number of clients who may wait in shelter so long that they become chronically homeless.

With these issues in mind, the committee wants to explore the possibility of formalizing these different lengths of rapid rehousing financial assistance and integrating them into our homeless services system. Based upon this idea, the following proposal to make four sub-types of RRH, with varied lengths of financial assistance, was developed. In this section, we are looking for feedback to help us determine whether implementing this, or a similar proposal, may be worthwhile for our CoC.

The Proposal

In this proposal, the current HUD-defined category of rapid rehousing would be split into four levels. Projects which provide these varied lengths of support already exist within the CoC, so this proposal is effectively determining whether to formalize these differences and use them more explicitly when matching clients to housing openings. Some RRH projects may be able to provide multiple options below and would be able to indicate that.

Note: As a reminder, rapid rehousing requires proof of homelessness prior to entry, and is capped at 24 months. This proposal, if adopted, would not change this requirement.

RRH with Long-term Assistance (13-24 months)

Projects designed to provide homeless clients with rental and other assistance for between 13 and 24 months. Projects in this category may sometimes need to work to transition clients to other services, such as permanent supportive housing or low-income housing if they are unable to sustain housing after 24 months. This may be best suited for clients who are able to work but have not worked for a significant period of time or for whom other temporary barriers to stable income exist.

RRH with Medium-term Assistance (7-12 months)

Projects designed to provide homeless clients with rental and other assistance for between 7 and 12 months. Projects in this category may sometimes provide assistance beyond 12 months if extenuating or unexpected circumstances arise. This may be best suited for clients who are underemployed or have limited income with the strong potential for growing or stabilizing their income within the next few months.

RRH with Short-term Assistance (2-6 months)

Projects designed to provide homeless clients with rental and other assistance for between 2 and 6 months. Projects in this category may sometimes provide assistance beyond 6 months if extenuating or unexpected circumstances arise. This type of assistance may be best suited for clients who are recently employed and need assistance achieving stability.

Rapid Resolution Assistance (one-time support)

This type of RRH project would be designed to help move clients with the least need out of shelter and off the streets quickly, with the goal of opening up those shelter beds and outreach services to those who have previously been unable to access them. These projects are designed to provide one-time support to get the household off the streets or out of shelter quickly. Projects of this type generally would require that the household already has sufficient income to maintain housing but is unable to pay for initial or back costs such as deposits or arrears.

I like the idea of the CoC formally defining different levels of Rapid Rehousing (RRH) as described above, or something similar to it.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

I believe that specifically targeting levels of support to specific clients may help reduce the number of clients who return to homelessness after exiting RRH programming.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

Based upon the limited description above, I support the formalization and growth of a rapid resolution/one-time support system, with the goal that it would allow us to move clients with less need out of shelter beds more quickly, allowing those with higher need currently on the streets to access those shelter beds if desired.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

Please provide any additional thoughts, feedback or drawbacks you have on the proposal to create sub-types of RRH above (optional)

[Free text box]

Logic: If "frontline worker" was selected in the first section of the survey, and "person with lived experience of homelessness" was NOT selected, the following was displayed:

Ideal RRH Voucher Distribution

In this next area, we'd like you to think about what portion of rapid rehousing (RRH) vouchers you'd recommend be distributed in each of these sub-types if this proposal were adopted, based upon the clients with whom you currently or recently worked who would (to the best of your knowledge) be a good match for rapid rehousing. Please try to have the total of the next four fields add up to 100. You may skip this section if you wish.

Logic: If "frontline worker" was NOT selected in the first section of the survey, but "person with lived experience of homelessness was selected, the following was displayed:

Ideal RRH Voucher Distribution

In this next area, we'd like you to think about what portion of rapid rehousing (RRH) vouchers you'd recommend be distributed in each of these sub-types if this proposal were adopted, based upon your experience and the experience of others you know who would (to the best of your knowledge) be a good match for rapid rehousing. Please try to have the total of the next four fields add up to 100. You may skip this section if you wish.

Logic: If both "frontline worker" and "person with lived experience of homelessness" were selected in the first section of the survey, the following was displayed:

Ideal RRH Voucher Distribution

In this next area, we'd like you to think about what portion of rapid rehousing (RRH) vouchers you'd recommend be distributed in each of these sub-types if this proposal were adopted, based upon the clients with whom you currently or recently worked, as well as your own experience, who would (to the best of your knowledge) be a good match for rapid rehousing. Please try to have the total of the next four fields add up to 100. You may skip this section if you wish.

Logic: None, the following questions are shown to all respondents:

Percent of RRH vouchers which ideally would be dedicated to LONG-TERM (13-24 months) assistance:

[Number field, with a range of 0-100]

Percent of RRH vouchers which ideally would be dedicated to MEDIUM-TERM (7-12 months) assistance:

[Number field, with a range of 0-100]

Percent of RRH vouchers which ideally would be dedicated to SHORT-TERM (2-6 months) assistance:

[Number field, with a range of 0-100]

Percent of RRH vouchers which ideally would be dedicated to RAPID RESOLUTION (one-time) assistance:

[Number field, with a range of 0-100]

Please provide any additional thoughts you have regarding the ideal distribution of RRH vouchers between these three sub-types (optional)

[Free text box]

Proposal to Formally Incorporate Housing Planning into Coordinated Entry

Previously, when the CoC utilized the VI-SPDAT to determine level of need for each household, clients were generally categorized as needing one of three levels of support based upon their VI-SPDAT score: permanent supportive housing (PSH), rapid rehousing (RRH), or housing navigation services only. With the CoC's decision to stop utilizing the VI-SPDAT due to its identified biases in the areas of gender, race, and veteran status; there is no longer a potential start to a housing plan. In addition, the CoC no longer has the ability to provide an estimated number of households which need each level of support to end their housing crisis.

In this section, we'd like you to consider a proposal to build upon current practices and formally include housing planning as part of being in coordinated entry (a.k.a. being on the prioritization list). If this proposal were adopted, case managers would work with clients, using resources and training the CoC would generate, to facilitate a discussion with their clients about what housing intervention(s) would best meet their needs (i.e., PSH, RRH, or housing navigation only). The outcome of such a discussion would then be recorded in their coordinated entry record within HMIS (or the separate system for victim service providers).

We want to get your feedback, including potential benefits and drawbacks of formally adding a housing plan to the coordinated entry system. We believe that many case managers already work with their clients to develop a housing plan prior to or while enrolled in coordinated entry, but also know that there are likely others who do not yet do so and for whom such a requirement may be a substantial increase in workload.

I like the idea of the CoC formally incorporating the development of a housing plan as part of coordinated entry.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

If the CoC were to formally incorporate the development of a housing plan as part of coordinated entry, it should be:

- ○ Required in order to be enrolled in CE/placed on the prioritization list
- ○ Required after a set period of time in CE/placement on the prioritization list
- ○ Encouraged as part of CE Enrollment, but not required
- ○ Other
- ○ No Opinion/Not Applicable

Please specify/explain:

[Free text box]

Please use this space to provide additional feedback, thoughts about, and potential drawbacks to formally incorporating a housing plan as part of coordinated entry (optional)

[Free text box]

Logic: If "frontline worker" was selected in the first section of the survey, the following was displayed:

If a plan to formally incorporate the development of a housing plan as part of coordinated entry were adopted by the CoC, what additional training/resources would you need/want as a frontline worker, if any, to facilitate housing plan discussions (optional)

[Free text box]

Logic: If "frontline worker" was selected in the first section of the survey, the following was displayed. NOTE: This logic was accidentally incorrectly programmed. It was supposed to be programmed to show only if "frontline worker" was NOT selected:

If a plan to formally incorporate the development of a housing plan as part of coordinated entry were adopted by the CoC, what training/resources would you want a frontline worker to receive/have to help develop a housing plan?

[Free text box]

Logic: None, the following questions are shown to all respondents:

Expansion of Housing Types

In addition to the potential plan to formally incorporate housing planning into coordinated entry, the System Performance Committee is interested in gathering feedback about expanding the types of housing opportunities with which the CoC works. The committee acknowledges that we are faced with some major limitations:

- There is not enough funding for Permanent Supportive Housing or Rapid Rehousing to house all clients experiencing homelessness
- Permanent Supportive Housing and Rapid Rehousing, even if the previously proposed sub-types are adopted, are not always going to be the best fit for persons experiencing homelessness

While the funding opportunities for permanent housing through the federal government are likely to remain limited to permanent supportive housing and rapid rehousing, the CoC could make a concerted effort to work jointly with other housing providers to make a wider range of housing opportunities available to clients experiencing homelessness. With this in mind, the committee would like to gather your input and thoughts about the CoC working with other housing types as well. Below, you'll see a list of potential options, including PSH and RRH, which might be included as potential housing plans if such a proposal were adopted. This list is intended to encourage you to think about the possibilities of what an expanded list could contain and is not intended to be a final list:

- Permanent Supportive Housing (incl. proposed sub-types, if adopted)
- Rapid Rehousing (incl. proposed sub-types, if adopted)
- Other Permanent Housing (incl. Transition-in-Place)
- Affordable/Low-Income Housing (incl. Emergency Housing Vouchers/Housing Choice Voucher/Section 8)
- Residential Care Facility/Nursing Home
- Assisted Living/Senior Housing
- Supervised Housing (incl. group housing)
- Sober/Recovery Housing (i.e., Oxford Houses, NARR)
- Shared Housing (i.e., having roommates, boarding houses)
- Homeownership Programs (i.e., downpayment assistance, Habitat for Humanity)

If this portion of the proposal were adopted in addition to the previous proposal to formally incorporate a housing plan into coordinated entry, the list of potential housing plans could look similar to the list above (instead of just PSH, RRH, and housing navigation only), and case managers who assist clients with gaining access to coordinated entry would be expected to work with their clients to determine which of the listed housing interventions would be most appropriate to resolve their homelessness and keep them housed. The data gathered in HMIS would then be able to be utilized, if desired, for purposes of raising awareness and fundraising across the CoC, as well as allowing the CoC to look into future areas for expanded cooperation with other housing providers with the goal of making homelessness rare, brief, and non-recurring.

I like the idea of the CoC engaging providers of these types of housing services and encouraging them to provide services focused on those who are unhoused.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

I think there is benefit to adding other types of housing interventions, such as the examples above, to those the CoC considers on a regular basis.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

If opportunities for funding other types of housing interventions exist, such as the examples above, the CoC and/or member agencies should pursue them in order to expand potential housing opportunities for those who are unhoused.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ No Opinion/Not Applicable

Please provide any additional feedback or thoughts you have on the proposal to include other types of housing as potential housing interventions for those who are unhoused (optional)

[Free text box]

If the above proposal were adopted, are there any types of housing that should be listed but aren't, or any that are listed but shouldn't be? (optional)

[Free text box]

Please use this space to list any potential drawbacks of additional housing intervention types and/or provide alternative suggestions (optional)

[Free text box]

Respondent Demographics, Feedback & Optional Contact Information

Thank you for providing valuable feedback on these gaps and proposals. The CoC's System Performance Committee greatly appreciates your time and expertise.

In this section, we'd like to gather some demographic information similar to the information we gather in the HMIS so we can see if the information gathered in this survey varies based upon specific demographics or characteristics of survey respondents. You will also have the opportunity to provide additional feedback, as well as your contact information if you wish.

Your age (if you don't know or prefer not to answer, enter '999')

[Number field, with a range of 0-999]

Your gender identity (select all that apply)

- ☐ Woman (Girl, if child)
- ☐ Man (Boy, if child)
- ☐ Culturally Specific Identity (e.g., Two-Spirit)
- ☐ Transgender
- ☐ Non-Binary
- ☐ Questioning
- ☐ Different Identity
- ☐ I don't know
- ☐ I prefer not to answer

Please specify which different identity:

[Free text line]

Your race and ethnicity (select all that apply)

- ☐ American Indian, Alaska Native, or Indigenous
- ☐ Asian or Asian American
- ☐ Black, African American, or African
- ☐ Hispanic/Latina/e/o
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ I don’t know
- ☐ I prefer not to answer

Do you have a disabling condition?

- ○ Yes
- ○ No
- ○ I don't know
- ○ I prefer not to answer

Definition of "disabling condition" provided below for reference:

For the purpose of this survey, a disabling condition is one or more of the following:

- ➔ A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
  - Is expected to be long-continuing or of indefinite duration;
  - Substantially impedes the individual's ability to live independently; AND
  - Could be improved by the provision of more suitable housing conditions.
- ➔ A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- ➔ The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Copied from the HUD FY2024 HUD Data Standards Manual v1.1, pages 57-58.

Are you a U.S. Military Veteran?

- ○ Yes
- ○ No
- ○ I don't know
- ○ I prefer not to answer

Other Thoughts and Feedback

Please use this space to provide feedback on this survey, if you would like to provide any (optional)

[Free text box]

You may use this space to suggest topics for future analysis by the System Performance Committee, if you would like to suggest any, including gaps you have identified in your work that the CoC should work to address (optional)

[Free text box]

Contact Information

Reminder: Full survey results, including any contact information you provide below (if any), will be available to ICA staff (both as HMIS lead agency and agency leading this analysis), House Everyone STL staff (as the CoC's collaborative applicant and lead agency), and active members of the CoC System Performance Committee. Full or partial results may also be shared with the CoC's Board of Directors and other committees. If you wish to remain unidentified to one or more of these groups, mark the following contact information question as "no." Aggregated results will be included in the final Gaps Analysis report to the CoC as a whole.

Would you like to provide your contact information?

- ○ Yes
- ○ No

Logic: If "No" to "Would you like to provide your contact information?", the following question was displayed:

If we wish to quote your survey response in the final gaps analysis, may we do so?

- ○ Yes, and I understand it will be anonymous since I did not provide contact information
- ○ No, do not use any direct quotes from my survey

Reminder: Full survey results will be available to active members of ICA staff (both as HMIS lead agency and agency leading this analysis), House Everyone STL staff (as the CoC's collaborative applicant and lead agency), and active members of the CoC System Performance Committee. Full or partial results may also be shared with the CoC's Board of Directors and other committees.

Logic: If "Yes" to "Would you like to provide your contact information?", the following questions were displayed:

Please select your follow-up preference

- ○ Please follow-up with me if possible
- ○ I'm open to follow-up if ICA, HESTL, or committee members would like to do so
- ○ I'd rather not be contacted about my survey

Note: We are unable to guarantee a follow-up to all who request it, but will make efforts to reach out to the greatest extent possible based upon staff availability.

If we wish to quote your survey response in the final gaps analysis, may we do so?

- ○ Yes, with my name and agency (if provided)
- ○ Yes, but without my name or agency (i.e., anonymously)
- ○ Please contact me first with the potential quote(s), and I'll decide then
- ○ No, do not use any direct quotes from my survey

Reminder: Full survey results, including any contact information you provide below (if any), will be available to active members of ICA staff (both as HMIS lead agency and agency leading this analysis), House Everyone STL staff (as the CoC's collaborative applicant and lead agency), and active members of the CoC System Performance Committee. Full or partial results may also be shared with the CoC's Board of Directors and other committees.

Name

[first name box] [last name box]

Email (required)

[email text box] [confirm email text box]

Phone (optional)

[phone number box]

Agency (optional)

[picklist of agencies within CoC from HMIS records]

Logic: If "Other" to "Agency (optional)", the following questions were displayed:

Specify:

[Free text box]

Appendix B. Survey Respondents

Figure 13. Respondent Type

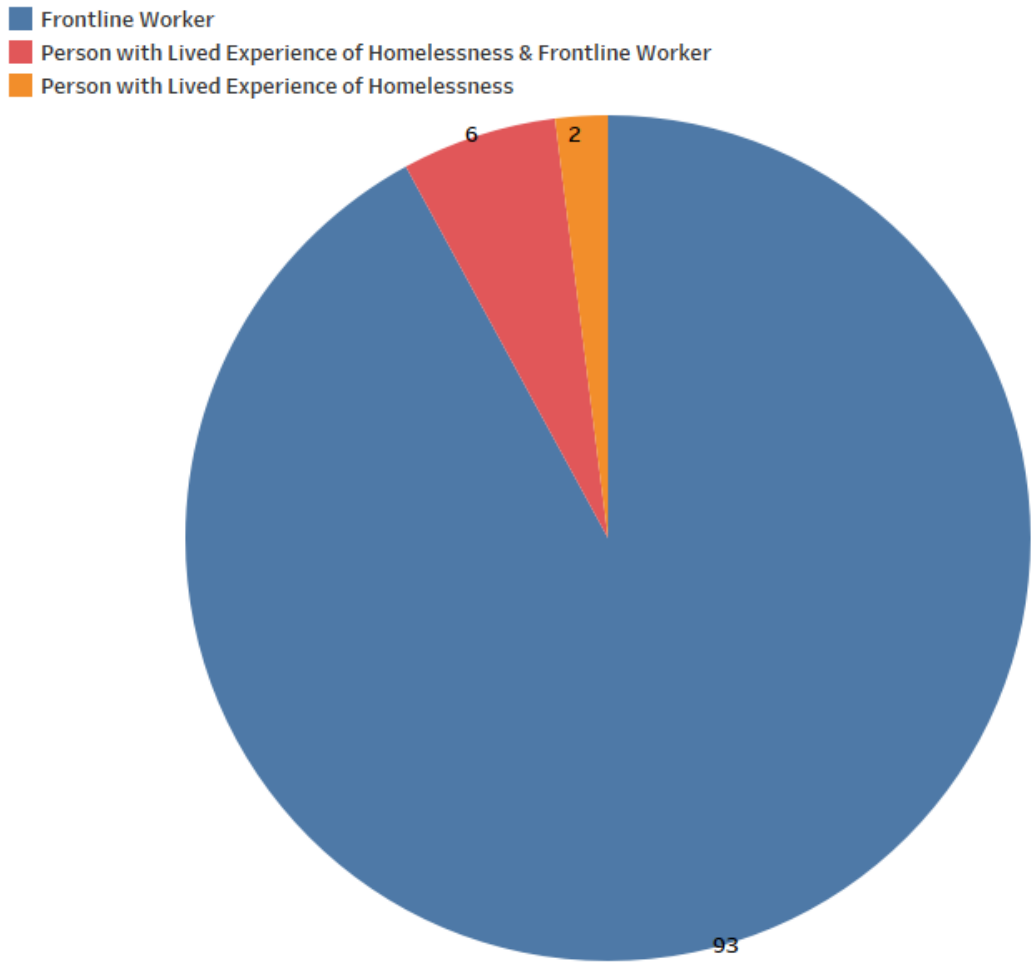


Figure 14. Respondent Age Ranges

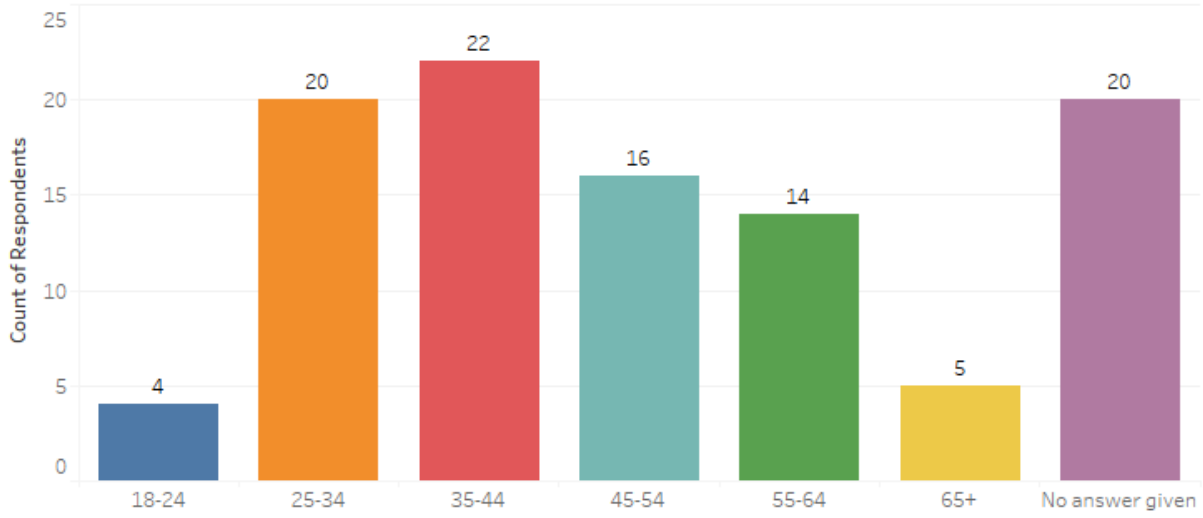


Figure 15. Respondent Gender Identity(ies)

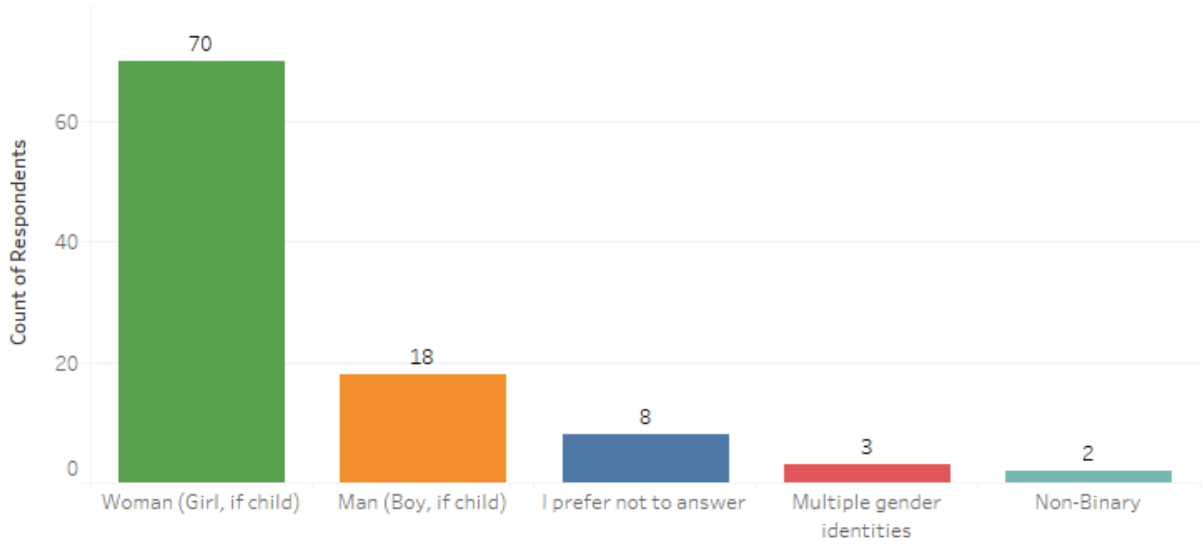


Figure 16. Respondent Race(s) & Ethnicity(ies)

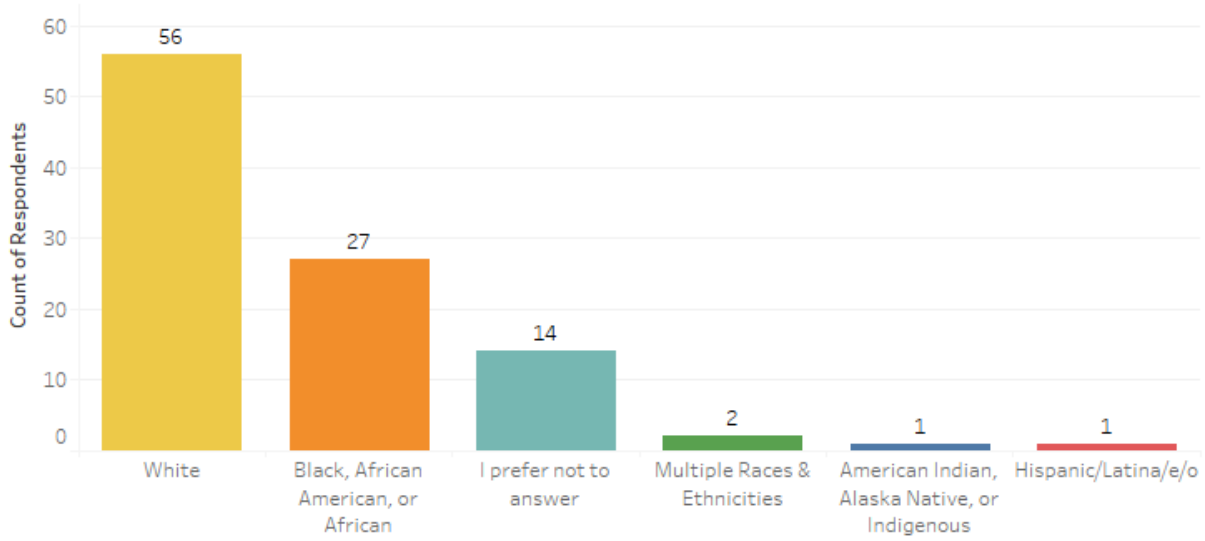


Figure 17. Respondent Disability Status

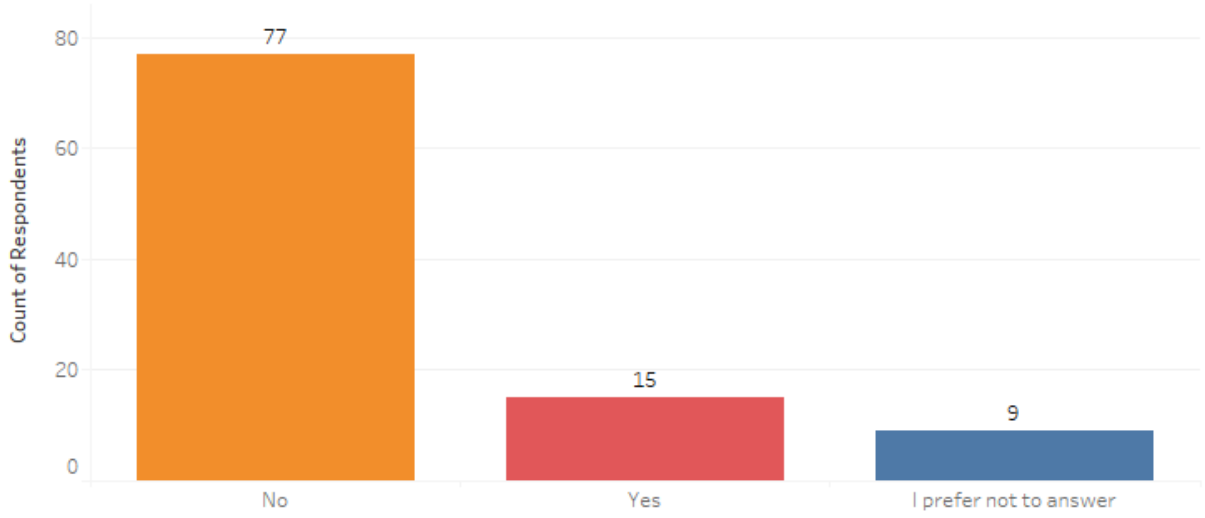
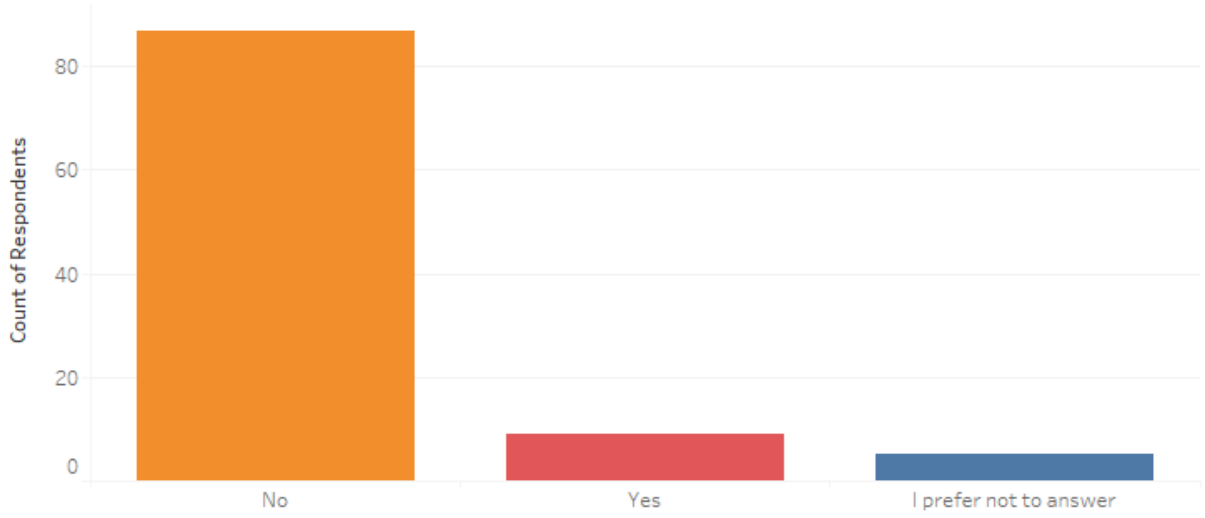


Figure 18. Respondent Veteran Status



Appendix C. References

Continuum of Care Program, 24 C.F.R. § 578.7(c)(3). (2017, April 1). Retrieved from https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml

U.S. Department of Housing and Urban Development. (2014, July). *Housing First in Permanent Supportive Housing Brief.* Retrieved from HUD Exchange: https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/

Appendix D. Index of Figures