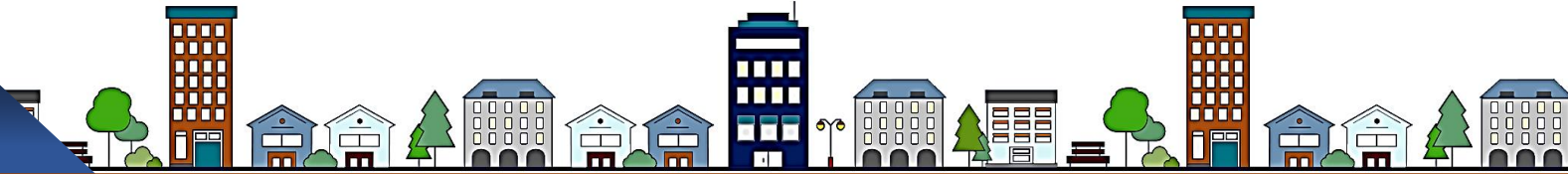


AFFORDABLE HOUSING ADVISORY COUNCIL

# Continuum of Care Committee



**MEETING INFORMATION: APRIL 13, 2022 | 2:00 P.M. – 3:30 P.M. | GOVERNMENT CENTER, CONFERENCE ROOMS 232**

## AGENDA

- 1) Call to Order, Roll Call, Approve Minutes
- 2) Regional Racial Equity Analysis
- 3) Gaps Analysis
- 4) Strategic Plan
- 5) HUD CoC Program Awards & Coc Operations Policy
- 6) Bi-Annual CoC Meeting planning
- 7) Announcements
  - ☐ Goal for affordable housing
  - ☐ QPID hotels
  - ☐ End of hypothermia program
- 8) Adjourn



Fairfax County is committed to a policy of nondiscrimination in all County programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations, call 703-246-5000 (select menu option 8), or TTY 711. Equal Housing/Equal Opportunity Employer.

# Continuum of Care Committee



## AGENDA

- 1) CALL TO ORDER,  
ROLL CALL,  
APPROVE MINUTES
- 2) REGIONAL RACIAL  
EQUITY ANALYSIS
- 3) GAPS ANALYSIS
- 4) STRATEGIC PLAN
- 5) HUD COC  
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- ☐ **Call to order** this public meeting of the Continuum of Care Committee on April 13, 2022, at 2:00 p.m. and the Government Center, Conference Rooms 232.
- ☐ **Roll Call.** Please state your name for the record (virtual participants also state location).  
**MOTION 1:** *Motion to certify for the record that each CoC Committee Member's voice may be adequately heard by each other CoC Committee Member.*
- ☐ **Minutes.** Approve minutes from March 4, 2022.  
**MOTION 2:** *Motion to approve the minutes*

# AFFORDABLE HOUSING ADVISORY COUNCIL

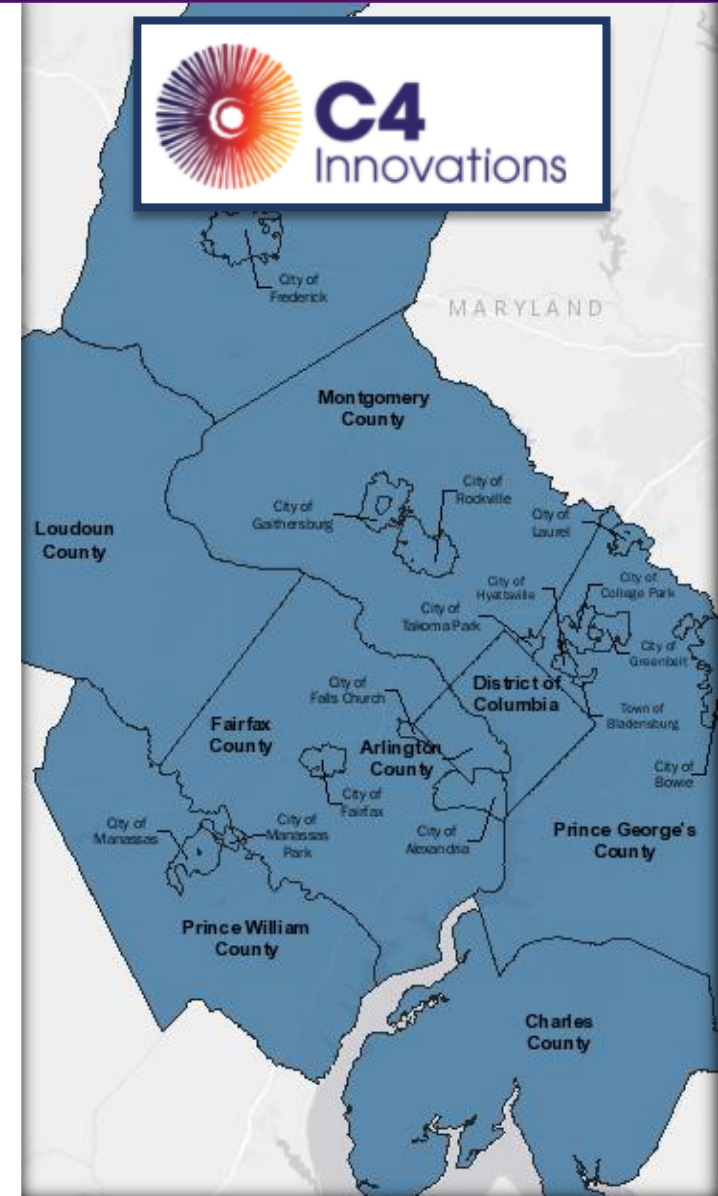
## Continuum of Care Committee

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### REAC (Regional Equity Action Council) Updates.

- ☐ Listening Sessions
- ☐ Stakeholder Surveys
- ☐ Gaps Analysis



AFFORDABLE HOUSING ADVISORY COUNCIL

# Continuum of Care Committee



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**Gaps analysis purpose.** Quantify and prioritize unmet needs (calculation between the estimated amount of need and the current capacity).

### Summary of gaps analysis discussion from March 4, 2022, meeting.

AREA	DETAIL
<b>Approach</b>	<input type="checkbox"/> Apply an Equity Lens <input type="checkbox"/> Pursue a consultant <input type="checkbox"/> Incorporate stakeholder feedback
<b>Project Types</b>	<input type="checkbox"/> Prevention (reduce number of people becoming homeless)
<b>Population</b>	<input type="checkbox"/> Consider populations already known to be vulnerable <ul style="list-style-type: none"><li>○ People who are undocumented</li><li>○ Elderly, aging population with extreme medical needs</li><li>○ Individuals with disabilities</li><li>○ LGBTQ+</li><li>○ Victims of Domestic Violence</li></ul>
<b>Resources</b>	<input type="checkbox"/> Identify the funding available <input type="checkbox"/> Housing resources, including the availability of vouchers as a move-on strategy from permanent supportive housing <input type="checkbox"/> Service capacity to support successful housing placements <input type="checkbox"/> Availability of mental health services
<b>Additional Considerations</b>	<input type="checkbox"/> Trauma-Informed Care <input type="checkbox"/> Legislation related to homelessness/housing

# Continuum of Care Committee



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**HOME-ARP Background.** Fairfax County was awarded \$7.9 million dollars of HOME-ARP funding through the [American Rescue Plan \(ARP\)](#) to assist individuals or households who are:

- ☐ Homeless,
- ☐ At risk of homelessness,
- ☐ Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, or
- ☐ Other Populations where providing supportive services or assistance would prevent the family's homelessness or would serve those at greatest risk of housing instability.

by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability across the country.

**Scope of Work for the [HOME-ARP](#) Gaps Analysis & Needs Assessment (focusing on qualifying populations above), Virginia Center for Housing Research (VCHR), Virginia Tech**

- ☐ *Data Compilation and Analysis.* VCHR will use 2014-2018 Comprehensive Housing Affordability Data (CHAS), 2019 American Community Survey (ACS), 2021 Point-in-Time Count (PIT Count) or other data provided by the county to assess the unmet needs of HOME-ARP qualifying populations. VCHR will provide the analytical basis for the needs assessment and gap analysis for HOME-ARP qualified populations.
- ☐ *Review.* VCHR will present the methodology and findings to county staff and solicit feedback.
- ☐ *Consultation.* VCHR will help facilitate communication with stakeholders as well as gather information to diagnose and improve programs.
- ☐ *Deliverables.* VCHR will work with county staff to develop a HOME-ARP Allocation Plan document.

AFFORDABLE HOUSING ADVISORY COUNCIL

# Continuum of Care Committee



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### Summary of strategic planning discussion from March 4, 2022, meeting.

AREA	DETAIL
Approach	<ul style="list-style-type: none"><li><input type="checkbox"/> Apply an Equity Lens</li><li><input type="checkbox"/> Pursue a consultant</li><li><input type="checkbox"/> Incorporate stakeholder feedback<ul style="list-style-type: none"><li>○ Include perspectives from persons with lived experience</li><li>○ Identify stakeholder gaps (faith community, Community Services Board, Neighborhood and Community Services, New Hope Housing, The Lamb Center)</li></ul></li><li><input type="checkbox"/> Use existing data and data systems to inform the process (Housing Blueprint, Built for Zero, Regional Racial Equity Analysis)</li></ul>
Revisit the Vision and Values	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Vision:</b> Every person in our community will access and maintain decent, safe, affordable housing.</li><li><input type="checkbox"/> <b>Statement of Values:</b> These values inform and guide us as we move toward achieving our vision...</li></ul>
Structure	<ul style="list-style-type: none"><li><input type="checkbox"/> Goal</li><li><input type="checkbox"/> Action Steps</li><li><input type="checkbox"/> Timeline (3–5-year strategic plan)</li></ul>
Additional Considerations	<ul style="list-style-type: none"><li><input type="checkbox"/> Panhandling</li><li><input type="checkbox"/> Encampments (Unsheltered homelessness)</li><li><input type="checkbox"/> Multigenerational homelessness</li><li><input type="checkbox"/> Housing First and then what (workforce housing, paths to home ownership)</li></ul>





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## Community Solutions.

Four changes that can help every community end homelessness:



### 1. Create accountability and a shared aim

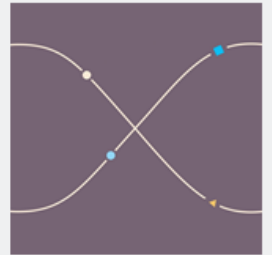
The antidote is a shared aim: zero homelessness, with equally good and racially equitable outcomes for everyone.

There may be dozens of groups that all touch homelessness in some way in your community, but it's usually no one person's job to make sure it all adds up to something.

### 2. Establish a feedback loop

Homelessness changes every day, but most communities only measure it once a year.

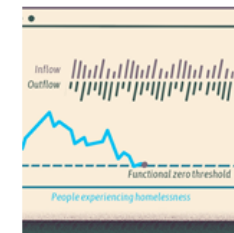
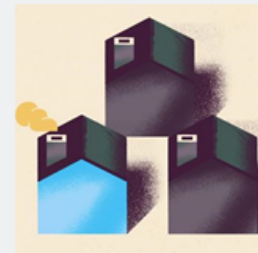
Nearly all Built for Zero communities are now measuring homelessness comprehensively and in real time, allowing them to see whether all those programs are adding up to a result. And if they're not, they have quality information that can help them decide what to do about it.



### 4. Use flexible resources strategically

Without a shared aim, a reliable housing process, and regular data to help monitor progress and course-correct, it's basically impossible to implement resources effectively.

We can't just pump more money into a bad system and expect different results.



### 3. Develop a rapid response discipline

Data can show all kinds of problems, allowing us to zoom in to the most important leverage point for getting to zero.

Most often, better data reveals problems with the housing process itself. Being able to see the system allows us to improve it.



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## Strategic Planning

### ☐ Who.

- CoC Committee Membership – Nomination Workgroup

CURRENT	TYPE
	Government – Community Services Board
X	Government – Department of Family Services
X	Government – Health Services
X	Persons with lived experience of homelessness
X	Public and Private Housing Service Providers – Nonprofits
	Public and Private Housing Service Providers – Healthcare
	Public and Private Housing Service Providers – Faith Community
X	Public and Private Housing Service Providers – Schools
	Public and Private Housing Service Providers – Criminal Justice System
	Public and Private Housing Service Providers – Training & Employment

- Engagement outside of the CoC Committee

### ☐ When. Timeline



# Continuum of Care Committee



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- ❑ [HUD CoC Program Awards](#). The U.S. Department of Housing and Urban Development (HUD) announced the awards from the HUD CoC Program Competition awards on March 14, 2022.
  - Fairfax County's Continuum of Care received a total of **\$10,080,294** in project funding, which is a **9% (\$842,143) increase** from the previous year.
  - All 19 existing projects, as well as the planning grant, were fully funded.
  - The increase is largely attributed to the award of Shelter House's Domestic Violence Bonus Project Expansion, which brings **\$772,730 in new HUD CoC Program funding for victims of domestic violence**.
- ❑ [Continuum of Care Operations Policy](#).
  - CoC Membership Overview / Invitation and Outreach
  - CoC Meetings (Bi-Annual CoC Meetings)
  - CoC & HMIS Lead Agency
  - HUD CoC Program: Monitoring & Evaluation
  - HUD CoC Program: Reallocation
  - HUD CoC Program: Significant Project Changes
  - HUD CoC Program: New Funding Opportunities
  - HUD CoC Program: Priority List
  - Emergency Solutions Grant
  - Virginia Homeless Solutions Grant

# Continuum of Care Committee



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### ❑ Selection & Ranking Subcommittee responsibilities include:

- 1) Review proposals for new bonus funding opportunities via an evaluation tool and select the new project(s) to move forward in the CoC's collaborative application for HUD CoC Program funding, and
- 2) Rank all projects.

### ❑ Selection & Ranking Subcommittee proposed membership:

- Lesley Abashian (Human Services Director, City of Fairfax)
- Hilary Chapman (Housing Program Manager, Metropolitan Washington Council of Governments)
- Jennifer Hope (Former CoC Manager, Loudoun County)
- Oliver Reid (Human Services Program Manager, Prince William County)
- Dipti Pidikiti-Smith (Deputy Director of Advocacy, Legal Services of Northern Virginia)
- Anna Shermeyer (Government Grants Manager, Northern Virginia Family Service)
- Gerry Williams (Faith Community)

**MOTION 3:** *Motion to approve the proposed 2022 membership of the Selection & Ranking Subcommittee.*

# Continuum of Care Committee



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- ❑ **Goal.** The goal of the Bi-Annual Continuum of Care Meeting is to connect partners in the Fairfax-Falls Church Community to build and strengthen common understanding of homeless system initiatives and performance outcomes.
- ❑ **Recent CoC Meetings.** <https://www.fairfaxcounty.gov/homeless/coc-meetings>
- ❑ **Agenda for Bi-Annual CoC Meeting in summer 2021.**
  - 1) Point-in-Time Count & System Performance Measures
  - 2) Homeless Services System Updates
    - Built for Zero
    - Emergency Housing Vouchers & Federal Funding Overview
    - Regional Racial Equity Initiative
  - 3) CoC Governance
    - 10 Year Plan to Present
    - CoC committee structure
    - Responsibilities
    - Initial membership and upcoming projects
    - Longer term membership goals

# Continuum of Care Committee



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- ☐ **Goal for affordable housing.** [Fairfax County Board of Supervisors Doubles Affordable Housing Production Goal](#): On March 22, the Fairfax County Board of Supervisors officially raised the bar for affordable housing by announcing they were doubling their goal from producing a minimum of 5,000 units by 2034 to creating 10,000 net new units affordable to households earning up to 60 percent area median income.
- ☐ **QPID Hotels.**
- ☐ **End of hypothermia program.**

AFFORDABLE HOUSING ADVISORY COUNCIL

# Continuum of Care Committee



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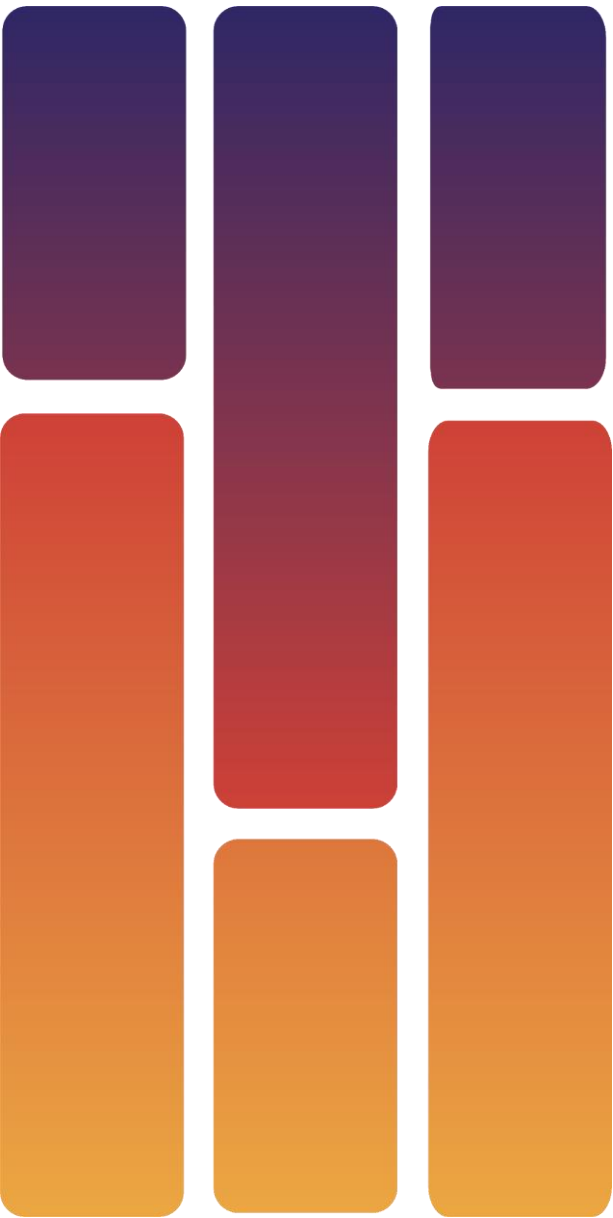
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**NEXT MEETING INFORMATION:** JULY 13, 2022 | 2:00 P.M. – 3:30 P.M. | LOCATION: TBD

## AGENDA

- 1) Call to Order, Roll Call, Approve Minutes
- 2) Regional racial equity analysis
- 3) Gaps Analysis
- 4) Strategic Plan
- 5) Review Data (LSA, SPM, PIT)
- 6) Announcements
  - ☐
  - ☐
- 7) Adjourn

**MOTION 4:** *Motion to adjourn the meeting*



# MWCOG Qualitative Findings

*Caty Wilkey & Effy Donovan*

*January 6, 2022*

The purpose of these listening sessions was to assess both progress to-date toward building an equity infrastructure and the current needs of the CoC to build sustainable equity strategies going forward.

We conducted five listening sessions with folks across all communities: two with direct service providers and three with people with lived expertise, including one with individuals, one with youth, and one with multi-living households with minor children. All groups were racially and ethnically diverse. Most listening sessions had one representative from each community; in some cases, not all communities were represented. Readers of this report should consider how the limitations of minimal or no representation may influence the content of listening sessions and should not overrepresent these findings in interpretation. Participants agreed to be recorded, and two C4 staff were present to facilitate and take notes. Listening sessions were conducted virtually, and information was collected verbally and through the chat function. Two members of the C4 research team analyzed the data in aggregate by identifying overarching themes, coding text, cross-referencing with each other, and synthesizing findings.

Findings are organized into the following categories:

1. Equity and Perception of Equity Across the System, which includes overarching perceptions, understanding, and comments regarding racial equity in the housing/homelessness system and the C4 team's read on readiness to discuss racial equity issues.
2. System Barriers to Equity and Services, which includes what's working and not working both within the housing/homelessness system and in adjacent systems.
3. Organizational Issues, Including Staff and Leadership, which includes observations on organizational issues such as policies, practices, or programs that may be contributing to inequities, as well as observations on staff, leadership, and workforce dynamics that may need improvement.

### **Equity and Perception of Equity Across the System**

For people with lived expertise, equity issues are related to income (especially when folks make too much to be eligible for services), discrimination (by private landlords in particular) against folks with criminal justice or eviction histories or children, and some racial discrimination from frontline staff, especially in wondering if white clients experienced similar barriers to services or scrutiny during assessment/eligibility activities. Some participants reported having experienced racial discrimination, and youth participants in particular found it easy to imagine discrimination based on race, sexual identity, and citizenship status was happening based on personal experience and stories they had heard.

*"At one organization, their level of questioning was way too much for what I needed. ... I'm like I don't even know why you ask all these questions. And if I were white, would you have asked those same questions for those resources?... I didn't feel it was the same across the board."*

*"In my experience, race did play a factor. Landlords discriminate and help some over others... I'm black and have a history of violence...It's hard, being black, and having bad mental health."*



Providers were reticent to discuss race explicitly; when asked about equity, providers answered broadly, and race was not a readily mentioned factor until probed specifically. Providers believed the system to be equitable but appeared to conceptualize this mostly in terms of eligibility for programs (e.g., not in terms of outreach/access, interpersonal discrimination, or outcomes). There was acknowledgement of a lack of needed resources and housing to address the needs of *everybody in the system* but a reluctance to drill down into how resource allocation tools decision making processes can perpetuate racial inequities. As with PWLE, the link between income and race was recognized as a factor perpetuating inequity: *“Affordable housing is also an issue in DC, pretty sure there is a direct correlation between affordable housing and the racial makeup of people experiencing homelessness.”*

The link between family size and race was also recognized as a factor contributing to discriminatory housing policies, landlord discrimination, and location preference, particularly for Latinx families. Documentation (related to citizenship) and lack of materials in non-English languages and general language barriers were also cited as a barrier to equity. Providers reported seeing Hispanic/Latinx populations distrust services, especially if undocumented, and the need for better collaboration with community services to serve this population. Trans, femme, and elderly folks, as well as those with a criminal justice history were listed as other groups who may be experiencing discriminatory practices, whether in eligibility for services, treatment by the system, or outcomes. Providers also discussed the issue of disproportionate interactions with police, especially for people of color experiencing homelessness, combined with the criminalization of homelessness in the form of trespassing or loitering charges as contributors of inequity. Importantly, the presence of staff bias was also cited as a contributing factor for inequities across the service spectrum.

### **System Barriers to Equity & Services**

People with lived expertise had mixed but generally positive feelings about programs and services: participants recognized and valued the support they have received while articulating areas for improvement in service access and system barriers. Some participants cited experiences with services that were transformational in rebuilding their life (for example, getting a car, rebuilding credit), while maintaining that navigation of services remains difficult due to general bureaucracy related to wait time, documentation (described as a “spinning hamster wheel”) and the difficult and lengthy processes required to access basic support services, and having to repeatedly tell one’s story of homelessness. Not surprisingly, participants agreed that issues arising from the COVID-19 pandemic have compounded some of these issues. Again, participants homed in on income as a barrier for services:

*“There were organizations that shut the door on me because I “should have known better”. I ended up in a hotel/ car with my kids because shelters were overcrowded. I made too much money income wise.”*

*“You make too much, or you don’t make enough. It’s really hard.”*

For people with lived expertise, barriers to housing and service access included (private) landlord discrimination and negligence, eviction histories, credit, criminal justice history, having children (including occupancy policies), lack of quality, affordable housing, and gentrification were all barriers to housing. Some participants cited experiences with inappropriate and/or unsuccessful services, such as rapid re-housing followed by another episode of homelessness, or Section 8 not accommodating a disability. Experience with location preference was mixed.

*“It’s hard—bad mental health, Black, and homeless. With rapid rehousing, it’s just a revolving door.”*

Participants with lived expertise articulated additional major system issues, including poor system level collaboration and communication across agencies, insufficient data to be able to provide the best services, insufficient staff training, and limited knowledge and communication of available services. Additionally, specific recommended improvements included same day emergency shelters, places to put people immediately, shelter programs that keep families and couples together, accommodations for mental health and other disabilities, and understanding or treating the whole person, with customized services for everyone’s specific needs.

Provider respondents could readily state which programs, policies, and processes are working well, including new, more streamlined processes under COVID, master leasing, inclusive eligibility, offering multiple programs and services under one roof, cross-sector/system collaboration, wraparound services, and low-barrier services.

*“Emergency Housing Vouchers have opened up a lot of opportunities for people who wouldn’t have been eligible (due to background or poor credit). They are helping to eliminate some of the poverty issues.”*

Providers cited credit, criminal background checks, lack of language access lines or funding to support non-English materials, and gentrification as major system issues. Providers stated that policies around affordable housing and what developers can do need to be reevaluated, and that discriminatory and restrictive landlord practices are trickling into staff practices. Additionally, the continued criminalization of homelessness perpetuates inequities. It was recommended that “ban the box” initiatives should expand to include credit history or other items that create barriers, and that the system should help people buy a home rather than rent, which keeps people in poverty, prevents them from building wealth, and disproportionately impacts BIPOC. Providers also recommended allocating more funds towards crisis teams to help limit police interactions, which can compromise client trust.

### **Organizational Issues, Including Staff and Leadership**

For people with lived expertise, observations on staff and staff interactions were mixed. Participants recognized staff who were passionate about the work and really cared about clients, citing professional, dedicated workers who were knowledgeable and supportive. Negative observations were mostly rooted in the context of recognizing organizational and systemic issues rather than interpersonal shortcomings, such as overworked staff, high

caseloads, and high rates of turnover. Participants cited a need for systems to communicate and collaborate.

*“We need more counselors and counselors with deeper knowledge. If they have more—even peer to peer counselors—that would be nice.”*

*“People have been very kind to me and my child... even watching my child while I eat and giving me a moment’s rest has been helpful.”*

However, there were some interpersonal examples of difference in treatment by staff, calling out African American staff as being more supportive than White staff: “[T]he staff here, like, the African American women, they understand. Like, they get it. They understand. They’re so supportive.” Youth participants cited instances of staff carelessness and not valuing youth’s time. One youth respondent reported having experienced adultism, staff not being youth friendly, and the use of professional jargon when working with case workers. Some noted that staff serving youth do not always know what services are available for youth, so self-advocacy is important.

A major organizational issue identified by people with lived expertise is the presence of serious mental health issues among clients, and the challenges that arise when clients with SMI are mixed with those who do not have MH issues. They described instances where mental health crises take staff attention away from others, creates unsafe situations in shelter spaces, and impacts the mental health of other clients as they navigate the mental health of others. Youth participants observed that the system needs more speaking up about sexual assault, discrimination, and mental health needs, with more mentor relationships, community events, and opportunities for youth to be at the table.

*“I feel like most people have accepted youth homelessness as a thing that exists, but acknowledgement is not the same thing as action.”*

*“When meetings and resources are being held and budgeted for the holding space, youth and young adults need to have access to that meeting and there is no one better to give the feedback on what young adults need. The invite to participate and advocate for themselves.”*

Providers reported that staff are underpaid, undertrained, and experience high rates of turnover. Retention strategies should include better pay and more training, especially in mental health and equity and bias, so that staff can serve clients with higher needs with confidence, as well as clear professional pathways for growth and leadership advancement. Staff also need more support and training to deal with mental health issues and are not prepared or equipped to deal with crisis situations or clients with higher needs. *“Staff do not have the support they need to serve [clients] well and sometimes policies and procedures get in the way.”*

The majority of providers agreed representation of Black, Indigenous, and People of Color at the staff and leadership levels was very poor and needed to be improved, including diversification beyond a focus of only Black and White. *“Most of non-profit frontline staff are*

*people of color, and they are underpaid and overworked and underdeveloped, and this is primarily because we all rely on county contracts to pay our staff.”*

One provider noted an organization where all Black staff were separated in one section. One community did report that leadership was diverse by design and efforts made to ensure representation were recognized.

*“No. Not at all. Never enough minorities – African American, Hispanic – the community doesn’t look like an all-white community. Never enough representation. Not enough ppl who understand working with folks who are homeless. They still don’t understand what we actually do all the time. They don’t know what I do on a day to day basis to help people. Not just housing, but services. They didn’t become homeless in one day – unless it was an accident or emergency – this is stuff that built up over time. So we aren’t going to stabilize them in one day. Boards and supervisors – they have no clue of all the representation that they need.”*

Providers also lamented minimal turnover for people in positions of power and made a call for leadership to come see what “actually goes on in direct service”.

*“Easy for leadership to say that they know what’s going on, but they don’t. They don’t know the clients and they don’t see them, and they don’t understand. They make decisions based on what they think is best for the clients.”*

*“If you have people in leadership who are prejudiced and have some type of disdain against the people they’re trying to help, then that’s where the main problem is. You may have people on the lower level that want to do good, but then you have people at the higher level that don’t want to do it—don’t want to make policy changes that will bring that level of equity that you’re speaking of. And so, when I look at things from a leadership standpoint, sometimes you have to go a little higher up to see why this [effective equity work] is not happening.”*

Providers discussed the issue of organizations not being safe spaces for staff to share lived experience, and recommended improvements for the inclusivity of PWLE in decision making. Most communities have YABs or CABs that are successfully initiating change, but in some areas those groups are struggling to stay supported. Only some communities have mechanisms for front-line staff feedback.

*“Lack of representation for people with lived experience. It doesn’t make sense that people with lived experience are saying that I am the expert when I’ve never lived in a shelter. Clients and people with lived experience should be making decisions for their safety. They know it best. We don’t. We don’t have the experience to.”*



# MWCOG Regional Stakeholder Survey

*Summary of Findings from Open-Ended Questions*

As part of the MWCOG Stakeholder Survey, C4 Innovations included two open-ended questions that asked the following:

1. What are the challenges/barriers to advancing racial equity in your CoC/HRS?
2. What supports are needed to successfully advance racial equity in your CoC/HRS?

Open-ended questions are designed to complement quantitative survey questions and to offer respondents a chance to provide unstructured input on challenges and supports needed to advance racial equity. The following summary of responses should be considered alongside other MWCOG Stakeholder Survey data and other racial equity data and information for the region.

Notably, CoCs should continue to offer opportunities to staff at all levels to provide input on racial equity. These responses demonstrate that the majority of staff have nuanced perspectives on how to advance racial equity in their organizations and CoC, and the depth and breadth of responses highlight the importance of those in leadership and decision-making positions to hold listening sessions, administer surveys, and provide other opportunities for staff to share their perspectives.

### **What are the challenges/barriers to advancing racial equity in your CoC/HRS?**

Responses fell into three categories: Practice-Level Challenges, Organizational-Level Challenges, and System-Level Challenges.

#### *Practice-Level Challenges:*

- Outreach efforts need to be improved as providers and messages may not be reaching people of color.
- Language and translation services are a major concern, specifically a lack of translated materials for the Spanish-speaking population.
- There is a need for better, deeper data work, including focus groups with sub-populations among people of color experiencing homelessness, and using data to develop specific strategies to improve racial equity.
- Lack of housing providers who accept undocumented folks in their programs.
- Elderly and disabled folks continue to be a population of concern.

#### *Organizational-Level Challenges:*

- There is a lack of funding and billable time to engage in long-term transformational equity work.
- Staff bandwidth is limited, and capacity for long-term work is diminished when teams are in crisis response mode, which is reinforced by leadership.
- Racial equity trainings and principles have been rudimentary without a practicable application or clear path for operationalizing racial equity transformation. Strategy sessions stay at the discussion stage, with minimal follow-up or enforcement of values and improved practices.
- Leadership may say things about advancing racial equity but not know how to operationalize or demonstrate racial equity in action.

- Diversity is lacking at the leadership and policy-making level; better representation is needed. There is also a lack of staff representation of people with lived expertise.
- Overall, there may be a lack of staff buy-in for racial equity.
- There is limited opportunity for input from case workers and direct service workers; staff feel uncomfortable having conversations around racial equity and need shared language and safe spaces to discuss racial equity and share power.

#### *System-Level Challenges:*

- Agencies are operating in silos with poor inter-agency communication and collaboration.
- There may be a general feeling of content with the status quo.
- Without increased government funding and policy change, transformation is elusive.
- The system is using unfair, biased tools to select clients for housing opportunities.
- Homeless services intersect with numerous racist systems that share responsibility and authority in decision making.

#### **What supports are needed to successfully advance racial equity in your CoC/HRS?**

- There should be broadened partnerships and better collaborations and accountability beyond the CoC/HRS for upstream solutions with concrete measures in place; a “collective impact” approach should be taken.
- Additional training on racial equity should establish a shared language, have action steps, and develop strategies for operationalizing racial equity in communities.
- Organizations need to have better representation of different cultures and languages on staff, at all levels but especially at the leadership level.
- There is a need for staff positions that are dedicated to racial equity, as well as a need for (executive level) subcommittees to keep the work on track.
- Writing language into future contracts that requires a focus on equity will help to concretize and enforce equity action steps.
- Building local and regional collaborations that are broadly inclusive and focused on achieving racial equity will create wider, system-level change.
- CoCs and organizations would benefit from third party consultation and support for racial equity work, including strategic planning and training.
- More funding should be directed to community involvement in equity work, affordable housing, outreach and education, nonprofits and low-barrier accessible housing across the county, translators and interpreters, and better, more inclusive language access, and funds to allocate for direct racial equity action work.
- There should be more emphasis on formal equity assessments and continuous quality improvement using data, with open forums and town halls held for reviewing, discussing, and addressing inequities in the county.
- Organizations and CoCs should create opportunities for staff to examine, discuss, and address racial equity issues openly and without fear of repercussions.