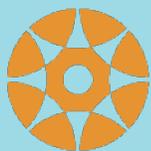# Accessing and Maintaining Long-Term Solutions to Homelessness

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Executive summary

Imagine yourself in someone else's shoes when you are making these policies. Think about if the roles were switched and you were here and I was there. What policies would you want? And if you are not for real about it, don't get involved in it, because it is bigger than you. – Person with lived experience of homelessness

Purpose of the study

The purpose of the study was to learn more about the barriers and challenges that make it difficult for people experiencing homelessness to access and maintain stable housing. The overall goal is to gain a better understanding of what could be changed in the network of services and supports to better help people experiencing homelessness, as well as the priorities for supporting those changes.

Multiple sources inform this report, including:

- A scan of current literature and reports

- An online survey, completed by 239 housing and homeless services providers from Minnesota, including 52% from greater Minnesota and 48% from the 7-county metro area

- Semi-structured telephone and face–to-face interviews with 21 people with lived experience of homelessness, including 17 who are currently housed and 4 who are currently unhoused

A full description of the methodology is in Appendix A of the full report.

Key findings and recommendations

Throughout this study and the review of current literature, the same themes emerged again and again: the problem of homelessness can be addressed, but there need to be significant changes to a complex and under-funded system. In addition, while homelessness is a persistent issue in Minnesota, the overall characteristics of people experiencing homelessness, system complexities, and barriers are not unique to Minnesota.

Minnesota continues to invest in work to end long-term homelessness. The Best Practices in Permanent Supportive Housing report (Yates & Gonzalez, 2020), completed for Minnesota Housing, identified key strengths in Minnesota, including high-level political and systems support, new funding incentives, and strong collaborations between Minnesota Housing and the Minnesota Department of Human Services, county human services, and Continuums of Care (p. 6). Federal pandemic aid packages have also been key to implementing plans to address housing and homelessness in Minnesota.

The federal strategic plan to prevent and end homelessness, All In (USICH, 2022), proposes three key strategies, or pillars, to guide efforts to address homelessness. Many of the federal strategies are applicable to efforts in Minnesota, and are supported by the findings in this study.

SOLUTION PILLARS

Scale Housing and Supports That Meet Demand

Strategies to increase supply of and access to safe, affordable, and accessible housing and tailored supports for people at risk of or experiencing homelessness:

1. Maximize the use of existing federal housing assistance.

2. Expand engagement, resources, and incentives for the creation of new safe, affordable, and accessible housing.

3. Increase the supply and impact of permanent supportive housing for individuals and families with complex service needs—including unaccompanied, pregnant, and parenting youth and young adults.

4. Improve effectiveness of rapid rehousing for individuals and families— including unaccompanied, pregnant, and parenting youth and young adults.

5. Support enforcement of fair housing and combat other forms of housing discrimination that perpetuate disparities in homelessness.

6. Strengthen system capacity to address the needs of people with disabilities and chronic health conditions, including mental health conditions and/or substance use disorders.

7. Maximize current resources that can provide voluntary and trauma-informed supportive services and income supports to people experiencing or at risk of homelessness.

8. Increase the use of practices grounded in evidence in service delivery across all program types.

Improve Effectiveness of Homelessness Response Systems

Strategies to help response systems meet the urgent crisis of homelessness, especially unsheltered homelessness:

1. Spearhead an all-of-government effort to end unsheltered homelessness.

2. Evaluate coordinated entry and provide tools and guidance on effective assessment processes that center equity, remove barriers, streamline access, and divert people from homelessness.

3. Increase availability of and access to emergency shelter—especially non-congregate shelter—and other temporary accommodations.

4. Solidify the relationship between CoCs, public health agencies, and emergency management agencies to improve coordination when future public health emergencies and natural disasters arise.

5. Expand the use of "housing problem-solving" approaches for diversion and rapid exit.

6. Remove and reduce programmatic, regulatory, and other barriers that systematically delay or deny access to housing for households with the highest needs.

Prevent Homelessness

Strategies to reduce the risk of housing instability for households most likely to experience homelessness:

1. Reduce housing instability for households most at risk of experiencing homelessness by increasing availability of and access to meaningful and sustainable employment, education, and other mainstream supportive services, opportunities, and resources.

2. Reduce housing instability for families, youth, and single adults with former involvement with or who are directly exiting from publicly funded institutional systems.

3. Reduce housing instability among older adults and people with disabilities—including people with mental health conditions and/or with substance use disorders—by increasing access to home and community-based services and housing that is affordable, accessible, and integrated.

4. Reduce housing instability for veterans and service members transitioning from military to civilian life.

5. Reduce housing instability for American Indian and Alaska Native communities living on and off tribal lands.

6. Reduce housing instability among youth and young adults.

7. Reduce housing instability among survivors of human trafficking, sexual assault, stalking, and domestic violence, including family and intimate partner violence

From *All in: The federal strategic plan to prevent and end homelessness* (p. 11), by the United States Interagency Council on Homelessness (USICH), 2022, (https://www.usich.gov/All_In.pdf). In the public domain.

The following four findings and recommendations are based on the themes that were most prominent and consistent throughout the study. However, there are additional, interconnected issues that need to be addressed, including those outlined in the Study Findings section of this report.

More resources are needed to help people access and maintain housing.

- A lack of affordable housing is a significant barrier

- Investments in more services and supports would have high impact on results.

> *The nation's homeless services systems do not have enough resources to fully meet the needs of everyone experiencing homelessness* (National Alliance to End Homelessness, 2022).

Recommendation

Find ways to increase overall funding. Develop and maintain affordable housing that meets both demand and people's needs. Address policies and systems that contribute to the gap between income and affordability and availability of housing.

Obviously [we need] more funding, which is the basis for all of these strategies. There's never enough funding or personnel to be able to meet the needs of the people. – Provider

First we need more housing units to actually house literally homeless persons/families; and we need those units to be Housing First, with support services to provide a level of assistance to meet the various needs of the persons receiving the housing; this all takes funding. Establishing more wrap-around systems such as outreach, case management, Coordinated Entry, referral, support services, would decrease the time homeless by increasing the quality of the data in our systems/increasing the success rates of referrals, increasing the ability to maintain communication with homeless persons while in our system until a referral results in housing. – Provider

→ Providers identified a lack of affordable housing (87%) and long waitlists for housing (77%) as significant barriers. They also said that the lack of affordable housing options was a top priority to address (70%).

→ Eighty percent of people with lived experience of homelessness said that finding housing they could afford is a top challenge.

→ According to the 2018 Minnesota Homeless Study, a lack of affordable housing was the most common barrier to housing (identified by 56% of respondents).

→ *All In*, the federal strategic plan to address homelessness, identified a "severe shortage of safe, affordable, and accessible housing" as a key challenge (USICH, 2022, p. 13).

→ The number of Minnesotans who are considered cost-burdened (spending more than 30% of their income on housing) continues to grow; in 2022, this figure was about 550,000 (Minnesota Housing Partnership, 2022).

→ Three-quarters of providers said that expanding permanent supportive housing (75%) and direct assistance or flexible funds (74%) would have a high impact on improving the network of supports and services.

→ Over one-half of providers (51%) said that funding was a significant challenge.

→ Providers most commonly said more funding was needed in order to take action on high-impact strategies, including funding for programs and services, and flexible funding that can be used to address immediate needs.

Finding

The network of services and supports is complex and difficult to navigate.

Recommendation

Create a streamlined, comprehensive, holistic response to homelessness to reduce unnecessary systems complexities.

- Goals include addressing restrictive rules and confusing definitions, improving transparency, reducing barriers, and minimizing complications for the people who are seeking housing.

- This is a key opportunity for providers and other stakeholders to collaborate and develop new strategies.

[Coordinated Entry] is the opposite of an "any door" approach - it creates strict processes, definitions, approved entities, and one size/process does not work for everyone. Instead of having someone who is unsheltered work directly with a housing provider, it creates three or four or more touchpoints the person seeking housing has to go through. It slows down the process, makes it easier to lose people in the system, and creates adversaries between providers.
– Provider

Streamline the process and identify information that is absolutely necessary… Clients get so overwhelmed with the process. – Provider

It was challenging because there was nothing concrete. You didn't know which "end was up" at any given time. Many times I had no idea where I would be the next week. – Person with lived experience

Bring providers and Coordinated Entry to the table to have talks to create a better system. – Provider

→ Providers believe that the Coordinated Entry System is not working as intended. They view it as a complex, rigid, and inconsistent process that limits their ability to do their jobs, and does not ultimately meet people's needs.

→ Challenges identified by providers focused on long wait times, rigid and confusing definitions of homelessness, a lack of clarity about the process of accessing housing and supports, poor quality referrals and matches to appropriate housing and supports, a lack of person-centered responsiveness, and difficulties in reaching people without a permanent address.

→ More than one-half of providers (56%) who work with supportive housing programs said they have vacancies that are not being filled by the people who need housing, due in part to Coordinated Entry, the screening processes, eligibility requirements, and staffing shortages.

→ People with lived experience said that not understanding the timeline or what to expect, and collecting documents they need for public assistance and housing resources were among the biggest challenges for them.

→ Much of the complexity of the system remains invisible to people with lived experience. They rely on staff to help them navigate the system and meet their needs.

Finding

Staff are crucial to helping individuals access housing, but staffing shortages are a challenge.

- Staffing shortages have strained program capacity, as well as the ability of programs to meet the needs of people who are looking for and accessing housing.

Recommendation

Invest in and support the staff who provide critical frontline services. Staff are the backbone of the network of services and supports.

[We have been] understaffed for over a year. It hasn't felt ethical to take on additional clients when we don't have the full capacity to do the level of client care that we believe is our best standard of care. – Provider

The greatest value has been in knowing that somebody was there to help me with this, and that I did not have to figure it out all on my own. It keeps me up to date and there is somebody to explain it all to me. This helps to maintain a continuity of care in the other areas of my life. – Person with lived experience

One of the staff was interested in my story and listened to me and steered me to [program]. They took care of it all and helped me do everything. – Person with lived experience

→ More than one-half of providers (54%) identified staff shortages as a significant challenge.

→ *All In*, the federal strategic plan to address homelessness, identified fatigue and trauma among providers as a key challenge, including strained capacity and high staff turnover (USICH, 2022, p. 13).

→ Most people with lived experience (81%) said they had support from a social worker or case manager.

→ People with lived experience depend on staff to support them; staff support them in ways that help them navigate the system, manage multiple complexities, as well as help them feel they matter and enable them to get their needs met for housing and other services.

Finding

Individuals require person-centered, tailored supports and solutions; historical and systemic barriers are difficult to overcome.

- Prescriptive funding and rigid definitions do not allow providers to effectively respond to unique situations, individuals' needs, and priorities.

- Many current barriers to affordable housing are built on top of past discriminatory policies and historical legacies of bias. BIPOC individuals continue to experience homelessness and lack of access to affordable, quality housing at higher rates.

Recommendation

Develop strategies and solutions that are focused on people and support relationships. Because each person has their own story and changing needs, approaches need to be individualized. Use an equity lens and trauma-informed approach to determine and meet individuals' needs.

Don't put other people through anything you yourself would not want to go through. – Person with lived experience

First, explain to people the steps it will take to get housing. And let people know how long it will take. Keep on talking to them and telling them that it will work; keep on helping with the paperwork and all that. A lot of people just stop unless there is someone to help.
– Person with lived experience

People who have a criminal background should not automatically be denied for housing. Give people a chance through an appeal process and work with them – this would involve the city, the landlord, the case manager, and the individual client all working together to make it work. – Person with lived experience

People are people, not numbers or scores.– Provider

Every individual experiencing homelessness or housing instability comes with their own story. As much as we can, we need to build flexibility into programs to make sure services and supports can be tailored to individuals' unique situation and to increase positive outcomes. – Provider

→ People with lived experiences of homelessness offered many appeals to treat them and others with respect, including giving them a chance to get it right and considering their unique experiences.

→ The perspectives and voice of people with lived experience need to be centered in local and statewide conversations about approaches and policies that affect them. They are the experts, understand changing dynamics, and can give concrete guidance about solutions.

→ Current practices do not always match people with housing that is near the resources they need (50% of providers indicated this) or the places they want to live (65% of providers indicated this).

→ The Minnesota Housing Finance Agency study (Human Services Research Institute, 2020) recommended enhancing choice of housing and services based on tenants' needs and preferences.

→ All providers (100%) identified restrictive or inflexible funding as a challenge for providers and people experiencing homelessness, including more than half (53%) who said it was a significant challenge.

→ Providers and people with lived experience noted that people with substance use disorders and mental health issues may need additional supports to access and maintain housing.

→ Existing barriers can be magnified by the circumstances of specific populations. For example, due to rules and preferences about renting to people with criminal backgrounds or evictions, it is more difficult for people with this background to access housing. In addition, providers and people with lived experience report bias based on race, immigrant status, and family size.

> *While simplification is important, it is also important that in the name of simplification, we don't try to create a one-size-fits-all approach. We need age appropriate services, we need services that fit for folks culturally and intersectionally.* – Provider

→ People with criminal histories are considered to be high risk and often face additional barriers in accessing housing. However, a recent study in Minnesota found that many criminal offense categories have no significant effect on housing outcomes once someone is housed (Warren, 2019).

→ Housing assessments and screening tools have been found to reinforce racial inequities and often are not trauma-informed (Wilkey et al., 2019).

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Background and introduction

Purpose of the study

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Contents of the report

Multiple sources inform this report, including:

- A scan of current literature and reports

- An online survey with 239 providers from Minnesota, including 52% who were in greater Minnesota and 48% who were in the 7-county metro area

- Semi-structured telephone and face-to-face interviews with 21 people with lived experience of homelessness, including 17 who are currently housed and 4 who are currently unhoused

The report covers the following main topics: background information and data on homelessness in Minnesota; perspectives of providers and people with lived experiences on barriers and challenges, and priority areas; and summary findings and recommendations.

A complete description of the methodology is located in Appendix A. Detailed data tables are located in Appendix B.

Key definitions

Federal definition of homelessness

The federal definition of homelessness, according to the U.S. Department of Housing and Urban Development's (HUD) criteria for literally homeless, states that:

"A homeless person is an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;

(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution."

Source: U.S. Department of Housing and Urban Development, n.d.

Coordinated Entry System

HUD requires Continuum of Care programs to operate a coordinated system to assess and match people experiencing homelessness, as quickly as possible, with available housing and services that meet their needs. The Coordinated Entry System is intended to prioritize needs, offer fair and equitable access, and connect people with a range of housing models, including emergency shelter, rapid-rehousing, transitional housing, permanent supportive housing, and vouchers for scattered-site programs (U.S. Department of Housing and Urban Development, 2017). A completed assessment is not a guarantee for housing referral.

Supportive housing

Supportive housing programs combine affordable housing assistance with a broad array of services and supports, which are offered to help people and families experiencing homelessness maintain stable housing. Intensive case management and services support participants with their mental health, physical health, employment status, and other areas as determined by participants, and are not time-limited (Supportive Housing 101, Corporation for Supportive Housing (2022b).

Study limitations

There are several limitations of this study that need to be considered. These limitations require caution when generalizing or extrapolating from the study findings.

- This report includes information from literature and reports from before and during the height of the global COVID-19 pandemic. The impact of the pandemic on individuals and families and the services and supports needed for people with lived experiences of homelessness has yet to be fully realized.

- The providers who completed the online survey include staff who work directly with people who are unhoused and housed, as well as other staff responsible for aspects of supportive housing programs. Their responses may be influenced by their role in the network of services and supports.

- The people with lived experience of homelessness who completed interviews were recruited through providers. As such, these individuals are more likely to be connected to providers and have the time and access to engage in an interview.

Homelessness in Minnesota

Counts and estimates

The 2022 January Point-In-Time (PIT) count conducted for the U.S. Department of Housing and Urban Development (HUD) by each Continuum of Care (CoC) region in Minnesota recorded 7,917 individuals who were experiencing homelessness in Minnesota[1] (HUD, 2022; See Appendix Figure B1). The 2022 numbers are nearly the same as the 2020 HUD PIT count (7,940 individuals; HUD, 2020), and up somewhat from 2018 HUD PIT count (7,243 individuals; HUD, 2018b).

In 2018, the Minnesota Homeless Study counted 11,371 people experiencing homelessness across the state. The variation in counts can be the result of differences in methodology (i.e., the Minnesota Homeless Study includes individuals who are temporarily doubled-up or couch hopping), time of year, and outreach activities (Pittman et al., 2020). However, the COVID-19 pandemic also created uncertain conditions and accurate trend data is not available.

Homelessness statewide increased by 10% between 2015 and 2018. In addition, the 2018 study counted a 62% increase over the 2015 study in adults experiencing homelessness who were not in shelter on the night of the study. Because shelter capacity has remained flat, the increase in homeless adults counted in non-shelter locations is primarily responsible for this 10% increase in the overall homeless population between 2015 and 2018 (Pittman et al., 2020).

Any point-in-time count will underrepresent the total number of people experiencing homelessness, since many people living outside of the shelter system are not found on the night of the study. This can be especially true in suburban locations and greater Minnesota where there are fewer shelters and people often couch-hop or find other temporary places to stay.

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[1] The 2022 figure cannot be compared to 2021 because the HUD PIT count was affected by the COVID-19 pandemic and most regions of the state did not conduct an unsheltered count.

1. One night study counts of people experiencing homelessness

Total count including American Indian reservations

● **11,371**

● **10,233**
Total count

3,079

889

● **3,265**
Children with parents

1991   2018
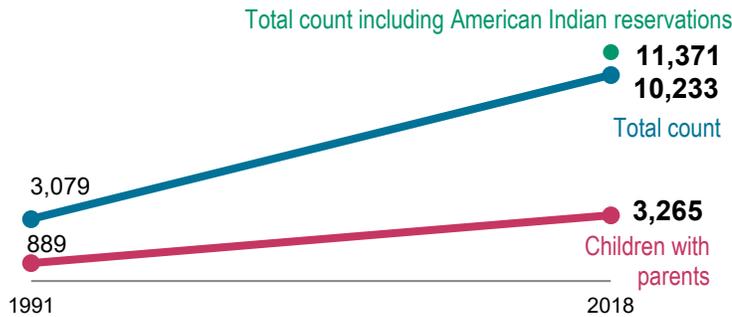
Using 2018 Minnesota Homeless Study data and other estimating techniques, Wilder Research estimates that there were approximately 19,600 people experiencing homelessness on any given night in 2018, and approximately 50,600 people who experienced homelessness in Minnesota over the course of a year (Pittman et al., 2020).

Key characteristics of individuals experiencing homelessness

All information included here, unless otherwise noted, is from the Homelessness in Minnesota: Detailed Findings from the 2018 Minnesota Homeless Study, published by Wilder Research (Pittman et al., 2020). Note: The most recently available data on homelessness from Wilder Research is from 2018. The study is the most comprehensive source of descriptive information about adults, youth, and children experiencing homelessness in the state.

Adults experiencing homelessness in Minnesota have a diverse set of backgrounds, experiences, and identities.

Racial and ethnic background

Racial disparities are persistent in the population of Minnesotans experiencing homelessness, and they occur among persons of all age groups, genders, and geographic locations. Discrimination in housing and other historical trauma are some of the factors that have led to the overrepresentation of people of color in Minnesota's homeless population.

Two-thirds (66%) of homeless adults surveyed in 2018 were people of color or Indigenous while only 17% of the overall Minnesota population are people of color or Indigenous. The racial disparities are most prevalent among African American and American Indian populations. More than one-third (37%) of adults experiencing homelessness identify as African American, but only 6% of adults in the overall Minnesota population identify as African American. Similarly, 12% of the homeless adult population identifies as American

Indian while only 1% of the Minnesota adult population identifies as American Indian (Figure 2). [2]

2. **Race of adults experiencing homelessness (18 and older), compared to representation in Minnesota population**

Race	Minnesota adult population	Homeless Study adult population
Black or African American	6%	37%
White	83%	34%
American Indian	1%	12%
Hispanic	4%	8%
Asian	5%	2%
Multiracial or another group	1%	7%
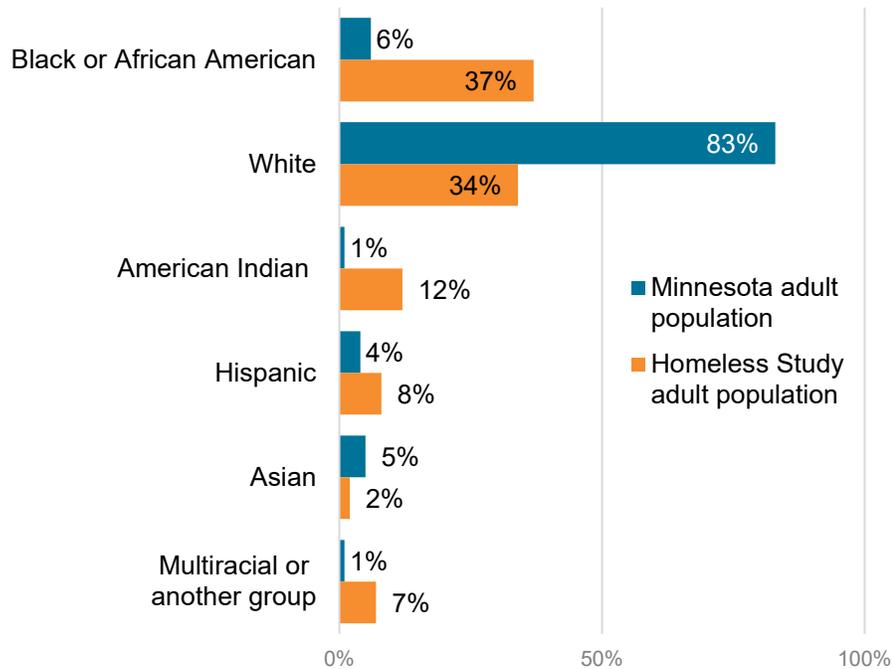
Source: Vintage 2018 Population Estimates, U.S. Census Bureau. From Minnesota Homeless Study, 2018.

[2]   This does not include the 1,138 adults experiencing homelessness who the study counted on six American Indian reservations that share geography with Minnesota.

Chronic health conditions

Most adults experiencing homelessness (81%) have a serious mental illness (64%), chronic physical health condition (57%), or substance use disorder (24%), and 50% have co-occurrences of these conditions (Figure 3).

3. Mental, physical, and chemical health conditions among homeless adults

Serious mental illness 64%

Chronic physical health conditions 57%

Substance use disorder 24%

19% report **no conditions**

50% report **multiple conditions**
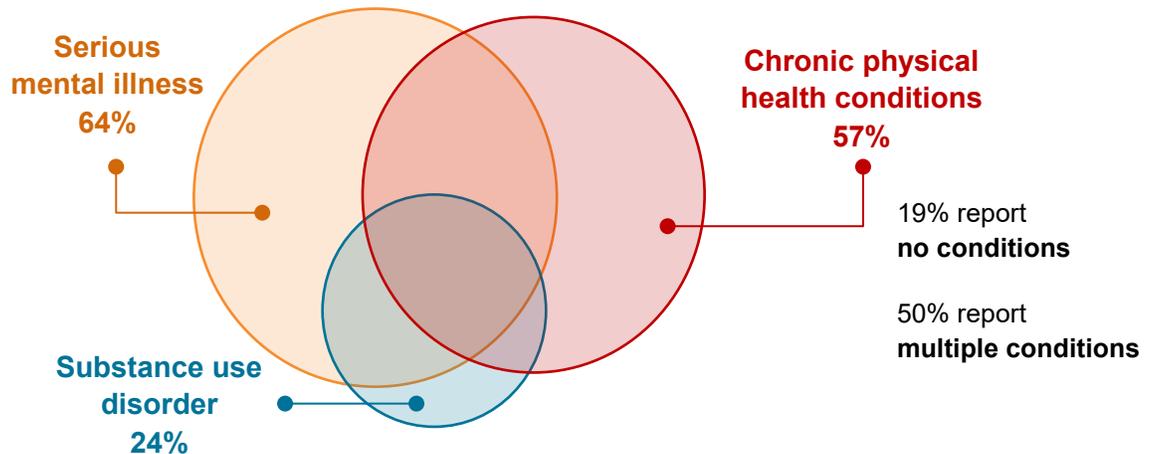
These conditions create additional barriers to finding and keeping stable housing and economic opportunity. Having health issues while homeless makes it more difficult to get out of homelessness and worsens the health issues themselves.

Employment and education

Employment and income can be stabilizing influences for people struggling with homelessness, but unemployment and lack of income also represent one of the biggest barriers to finding stable housing. Experiencing homelessness also represents a significant barrier to getting and keeping gainful employment.

- 30% of adults experiencing homelessness were employed, and 13% worked at least 35 hours per week

- The most commonly reported barriers to employment include physical health issues (29%), insufficient transportation (26%), mental or chemical health issues (23%), and issues related to lack of stable housing (18%)

- Most (79%) of adults experiencing homelessness completed high school or received their GED

Length of time without housing

Over one-half (59%) of adults surveyed for the 2018 Minnesota Homeless Study (Pittman et al., 2020) reported being homeless for at least one year. This was a slight increase from 54% in 2015, and is the highest the study has ever recorded (Figure 4).

4. Length of time homeless, 2000-2018
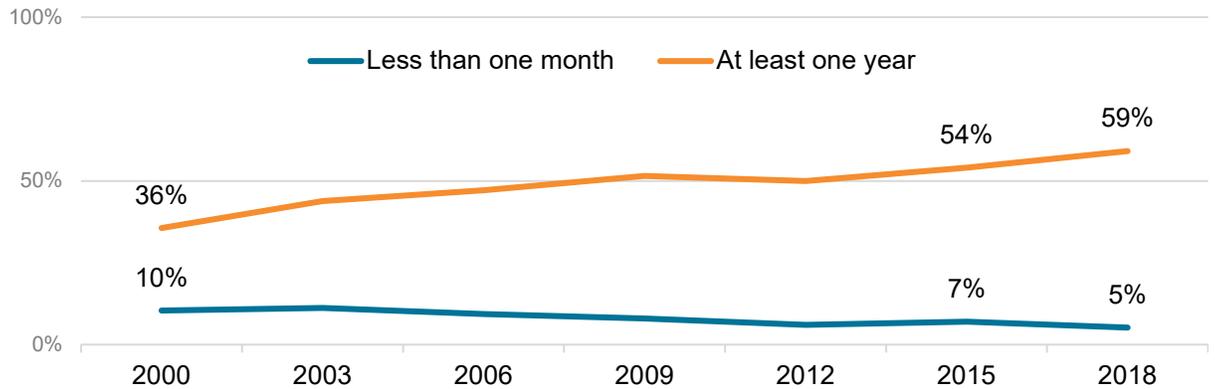
Source: Minnesota Homeless Study, 2018

Housing and affordability in Minnesota

The issue of affordable housing is complex and related to both an individual's ability to pay for the housing and availability of the physical housing that fits within a person's means. In Minnesota, there is a significant gap between the incomes of people experiencing homelessness and the affordability and availability of rental units.

Affordability of housing in Minnesota

Adults experiencing homelessness reported a median income of $550 during the month of the 2018 Minnesota Homeless Study ($600 in the Twin Cities metro area and $500 in greater Minnesota) (Pittman et al., 2020). This is less than the fair market rent of $864 per month for a one-bedroom apartment in the Twin Cities and $576 per month in greater Minnesota (U.S. Department of Housing and Urban Development, 2018a).

[In 2022,] "550,000 Minnesotans pay more than 30% of their income on housing (also known as "cost burdened")—a number that continues to escalate. These families are forced to choose between paying for housing and other necessities such as food, medical care, transportation, and clothing. Rising housing insecurity, which disproportionately affects Black, Indigenous, and other households of color (BIPOC), often results in eviction, substandard living conditions, the lack of choice in one's housing, and even homelessness. There aren't enough homes Minnesotans can afford, and we are losing affordable homes at an alarming rate. Proven effective solutions do exist, but need sufficient funding to ensure everyone—every child, every elder, every person with a disability—has a stable place to come home to." (Minnesota Housing Partnership, 2022, p. 1)

Even once in housing, an inability to pay rent can also result in evictions, which may further complicate the ability to access housing. Furthermore, according to Minnesota Housing Partnership (2022), Minnesota is losing more affordable homes than are being built, for an average loss of 6,500 units per year.

An article by the Bipartisan Policy Institute (Torres, 2023), also referencing Colburn and Aldern's book Homelessness is a Housing Problem, notes that homelessness is, simply put, a function of a disconnect between population growth and the inability of housing construction to meet demand. When vacancy rates fall, rents increase. Ultimately, people who may already be more vulnerable due to a low-income status (in addition to circumstances such as mental health or substance use disorders, physical health conditions, criminal histories, or demographic characteristics such as race or gender identity), may be further jeopardized or destabilized and at risk of homelessness.

The effectiveness of supportive housing as an intervention

In Minnesota and in other states in the U.S., studies have demonstrated that supportive housing can be an effective long-term solution to homelessness (Corporation for Supportive Housing, 2022a). A combination of affordable housing with individualized support services (supportive housing) is good for people—their housing stability, health, well-being—and good for government with reduced costs to public systems like health care, emergency shelters, and corrections facilities.

> *Supportive housing is an innovative and proven solution to some of communities'*
> *toughest problems. It combines affordable housing with services that help people*
> *who face the most complex challenges to live with stability, autonomy, and dignity.*
> – Supportive Housing 101, Corporation for Supportive Housing (2022b).

Research and data from the Corporation for Supportive Housing demonstrate three key outcomes for supportive housing, based on studies in six locations in the United States:

- **Supportive Housing Improves Lives** Research has shown that supportive housing has positive effects on housing stability, employment, mental and physical health, and school attendance. People in supportive housing live more stable and productive lives.

- **Supportive Housing Generates Significant Cost Savings to Public Systems** Cost studies in six different states and cities found that supportive housing results in tenants' decreased use of shelters, hospitals, emergency rooms, jails and prisons.

- **Supportive Housing Benefits Communities** Further evidence shows that supportive housing benefits communities by improving the safety of neighborhoods, beautifying city blocks with new or rehabilitated properties, and increasing or stabilizing property values over time." (2022a, "Evidence and Research" section).

A study conducted in Minnesota by the National Center on Family Homelessness (funded by The Robert Wood Johnson Foundation) reached a similar conclusion about supportive housing. It found that people participating in a supportive housing program had "fewer mental health symptoms, reduced use of alcohol and/or drugs, a greater sense of safety, and improved quality of life" (p. 3). Furthermore, the study documented the potential for significant savings in public costs for each person who participated in the supportive housing program (p. 3).

The Corporation for Supportive Housing also reports that 15,375 people in Minnesota currently need supportive housing. These are individuals who live in extreme poverty and need supports to access and maintain housing (2022a, "Supportive Housing Need in the United States" section).

Study findings

Overview

> *The nation's homeless services systems do not have enough resources to fully meet the needs of everyone experiencing homelessness.*
> *– National Alliance to End Homelessness, 2022*

The literature and perspectives of providers, people with lived experience, and other key experts agree on many of the barriers and challenges that make it difficult for people experiencing homelessness to access and maintain stable housing. Many of these challenges have been highlighted consistently over many years in literature and reports.

This section is organized by the two main data sources—providers and people with lived experience—and includes findings from other information sources, when relevant.

Providers

A total of 239 providers completed an online survey seeking their perspectives about barriers and challenges for people experiencing homelessness. Of the 239 respondents, 52% of the providers were in greater Minnesota and 48% were in the 7-county metro area. (See Appendix Figure B2.) The overall response from providers was robust and exceeded the expected number of responses by nearly four times. Differences between these two groups are noted when they vary by at least 10 percentage points. Providers' comments provide further details about the challenges they face in their work, as well as how they view the challenges of the people with lived experience with whom they work.

Providers' perspectives on barriers and challenges for people experiencing homelessness

Providers were asked the extent to which a list of factors created challenges for providers and/or people experiencing homelessness in helping them access and sustain stable housing. The two factors most commonly identified by providers as a significant challenge were:

■ Not enough affordable housing options (87%)

■ Long waitlists for housing (77%)

Other factors identified by at least half of providers as a significant challenge include:

■ Not enough affordable housing options <u>where people want to live</u> (65%)

■ Not enough affordable housing options located <u>near necessary resources</u> (50%)

■ Provider staff shortages (54%)

- Restrictive or inflexible funding for providers to use (53%)
- Not enough funding for supportive services outside of housing (51%)

Providers identified many of these same issues as top priorities to address in order to improve the process of helping people access and maintain stable housing (Figure 5). Of providers who identified the factors as significant challenges, 70% said the lack of affordable housing options was a priority; 39% said that long waitlists for housing were a priority. About one-third each also noted that specific kinds of affordable housing options were priorities—affordable housing options located near necessary resources (34%) and affordable housing in locations people wanted to live (33%). About 30% each also identified provider staff shortages (31%), a lack of housing or services that were tailored to individuals (30%), and restrictive or inflexible funding (30%) as priorities. Full results are in Appendix Figures B3 and B4.

5. Barriers identified by providers as top priorities

Barrier	Percentage identifying factor as a significant challenge	Percentage identifying the challenging factor as a top priority
Not enough affordable housing options	87%	70%
Long waitlists for housing	77%	39%
Not enough affordable housing options located near necessary resources	50%	34%
Not enough affordable housing options where people want to live	65%	33%
Provider staff shortages	54%	31%
Lack of housing or services that are tailored to individuals' needs or circumstances	46%	30%
Restrictive or inflexible funding for providers to use	53%	30%
Not enough funding for supportive services outside of housing	51%	28%
Complex rules about things like funding or qualifications	48%	26%
Difficulties for providers to stay in contact with people who are waiting for housing	44%	17%

Geographic differences in priorities

There are some notable differences in top priorities reported by providers, based on their geographic location. Of the factors providers identified as significant challenges, providers in greater Minnesota more frequently identified the following as top priorities compared to providers in the 7-county metro area:

■ Time limits for supports and services (29% of providers in greater Minnesota vs. 7% of providers in the 7-county metro area)

■ Problems for individuals with collecting or completing paperwork or other documents for housing (28% vs. 5% of providers in the 7-county metro area)

■ Difficulties for providers to stay in contact with people who are waiting for housing (27% vs. 10% of providers in the metro area)

Providers in the 7-county metro area more frequently identified the following significant challenges as top priorities compared to providers in greater Minnesota:

■ Long waitlists for housing (46% vs. 36% of providers in greater Minnesota)

■ Restrictive or inflexible funding for providers to use (40% vs. 18% of providers in greater Minnesota)

■ Not enough supportive services outside of housing (38% vs. 24% of providers in greater Minnesota)

■ Complex rules about things like funding or qualifications (33% vs. 20% of providers in greater Minnesota)

■ Discriminatory policies and practices/structural racism (31% vs. 17% of providers in greater Minnesota)

■ Not knowing where to start or lacking information about how to start looking for housing (24% vs. 11% of providers in greater Minnesota)

Full results are located in Appendix Figure B5.

In their survey of supportive housing providers and property owners, Minnesota Housing Finance Agency (2021) found the following:

● **30%** of respondents indicated that eligibility requirements make it challenging to fill units

● **27%** of respondents indicated that screening practices are a barrier for tenants to access supportive housing (p.4)

The Heading Home Minnesota Funders Collaborative report (National Innovation Service Center for Housing Justice, 2021) summarized the need for housing options that meet people's needs and preferences:

> *[There is a] mismatch between where services are located and where a person may choose to live based on housing availability, employment, and social ties. People experiencing homelessness must often make complex choices on where to live based on where they can access needed services and affordable housing, many times making sacrifices in one area of need to meet the other area of need. (p.27)*

Investments in affordable housing in Minneapolis

A Minneapolis StarTribune article (Orrick, February 15, 2023) illustrates the complexities involved with a surge in investment and construction to meet an urgent need for affordable housing units.

> *The record-setting pace of discounted housing for those struggling to make ends meet— and those on the edge of homelessness—is the result of hundreds of millions of dollars of taxpayer money, as well as what one developer calls "almost infinite" demand amid skyrocketing rents and home prices. (para. 2)*

The number of "deeply affordable" units, with income caps of 30% of local median income, saw a six-fold increase from 2011-2018 to 2022, which has been made possible by City of Minneapolis and federal funding. While the investment in affordable housing is critically important, housing advocates note that this is still insufficient to meet the need and that costs of rent continue to keep affordable housing, in general, out of reach for many people.

Providers' perspectives on populations with unique barriers

Providers were asked to rate the degree of difficulty faced by specific populations of people experiencing homelessness in accessing housing. The four groups reported most often by providers as having *a lot of difficulties* include:

- People with a criminal history (88%)

- People with recent evictions (81%)

- People in correctional institutions (75%)

- People with large families (62%)

Full results are located in Appendix Figure B6.

Most criminal offenses have little to no impact on housing outcomes

A 2019 study completed for four Minnesota nonprofit affordable housing developers investigated the impact of a criminal offense (i.e., felony or non-traffic misdemeanor) on housing outcomes such as lease violations, leaving without notice, and non-payment of rent. Many property owners and managers consider people with a criminal background to be high risk or unlikely to be successfully housed, and are reluctant to rent to them. The study concluded that 11 of 15 criminal offense categories (e.g., marijuana possession, other minor drug offenses, prostitution, alcohol-related offenses, minor public order offenses) have no significant effect on housing outcomes. Furthermore, the impact of a criminal background on housing outcomes fades over time, with the impact of a misdemeanor becoming insignificant after two years, and a felony becoming insignificant after five years (Warren, 2019).

Restrictions on housing based on criminal convictions may violate the Fair Housing Act

"In recent years, there has been substantial momentum to address the link between criminal background and difficulty in accessing housing, particularly in the rental market. In 2016, the U.S. Department of Housing and Urban Development (HUD) released its Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions. The guidance recognized that nearly one-third of the US population has a criminal record of some sort, but that 'many formerly incarcerated individuals, as well as individuals who were convicted but not incarcerated, encounter significant barriers to securing housing, including public and other federally-subsidized housing because of their criminal history.'"

The HUD guidance directed that a blanket restriction on criminal convictions could be a violation of Fair Housing standards when this practice has a disparate impact on people of color. This violation occurs when the housing provider is unable to show that there is well-founded or evidence-based justification for restricting people with criminal convictions to the housing. The 2016 HUD guidance has led to increased review of specific criminal conviction criteria by landlords and housing providers and efforts in cities throughout the country, including Minneapolis and Saint Paul, to mandate less restrictive housing screening criteria." (Pittman et al., 2020, p. 48)

A small number of providers also mentioned several additional populations they believed had difficulties in accessing housing, including people with chemical dependency, people experiencing mental illness, and people experiencing domestic violence.

In addition to the systemic and historical exclusions based on personal backgrounds, such as criminal histories, evictions, racism and identity-related discrimination, reasons cited by providers for these difficulties include:

- Limited housing to meet the needs of people (e.g., affordable, with supportive services)

- Lack of general supportive resources in the community (e.g., legal services, counseling, trauma- or culturally-informed services)

- Health problems, such as mental illness, substance use, or physical disabilities that may limit appropriate options or their ability to maintain housing

- A complex system with multiple barriers related to criteria and eligibility, and difficult processes

CARES Act funding helped reduce complexity in Ramsey County

The COVID-19 pandemic underscored the need to address homelessness. Ramsey County (2021) responded using CARES Act funding to support a collaborative effort of navigators, county staff, and housing providers who delivered intensive, on-site, hands-on navigation services in shelters to people who were experiencing homelessness. The evaluation found that this approach reduced time delays for people between intake and housing, as well as allowed for a more streamlined approach that reduced overall complexity for staff and people in the shelters.

Providers' perspectives on Coordinated Entry

Providers were asked to share their perspectives on the Coordinated Entry System and to what extent it provided support or challenges to people seeking housing. Sixty percent of providers said that the Coordinated Entry System is a challenge for people, including about one-quarter (23%) who said it is a significant challenge. Forty percent of providers said it is a support. Providers in greater Minnesota more frequently reported that they saw the Coordinated Entry System as a challenge (65% vs. 52% of providers in the 7-county metro area. (Appendix Figure B7).

Coordinated Entry System

Continuum of Care programs are required by the U.S. Department of Housing and Urban Development (HUD) to operate a coordinated system to assess and match people experiencing homelessness, as quickly as possible, with available housing and services that meet their needs. The Coordinated Entry System is intended to prioritize needs, offer fair and equitable access, and connect people with a range of housing models, including emergency shelter, rapid-rehousing, transitional housing, permanent supportive housing, and vouchers for scattered-site programs (U.S. Department of Housing and Urban Development, 2017).

Once they have completed a Coordinated Entry assessment, many people experiencing homelessness believe that they are on a wait list for housing, and after waiting, they will be referred for housing. A lack of clarity about the function of this list, as well as variations in terminology about the list for prioritization and matching, may contribute to ongoing confusion for people experiencing homelessness and providers. Some Continuum of Care regions in Minnesota refer to a wait list, while others refer to a priority list; HUD does not provide guidance for nomenclature. Some people experiencing homelessness will complete the assessment and never be referred. One Coordinated Entry website illustrates the confusion with the following example:

- "There is not enough housing, so having an assessment does not guarantee housing.

- The system does not work like a traditional "waiting list" as vacancies are matched to individuals based on a priority (it's a priority list). If and when a referral might be received cannot be predicted" (Hennepin County, 2022, p.1).

One provider described Coordinated Entry in the following way:

> *I find it has ONLY created more barriers for people experiencing homelessness. The lack of staffing within Coordinated Entry is one major barrier. Other barriers include: poor communication with clients; the false messaging about what Coordinated Entry is (i.e., "that's where you go to find housing") ONLY creates false hope for people considering that Coordinated Entry is just a waitlist and a very long one as a matter of fact; Coordinated Entry staff do not have trusting relationships established with clients; there are very few options for people that do not qualify and often times they are turned away with little or no supports or direction.*

Challenges

Fifty-four providers said coordinated entry was a significant challenge. Many of the reasons providers gave for why they view Coordinated Entry as a significant challenge focused largely on problems related to a process they view as complex, rigid, and inconsistent that ultimately does not meet people's needs (See Appendix Figure B8). The most commonly mentioned reasons include:

- Long wait times or a process that takes too long

- Rigid definitions of homelessness and a lack of flexibility in screening standards

- Lack of clarity or transparency for people experiencing homelessness about how the system or process works

- Poor quality referrals or an inadequate/faulty matching process

- Process that is unresponsive to immediate needs or not person-centered

- Inadequate communication with people on the waitlists or not keeping track of people

- Tool that is clumsy, confusing, not trauma-informed, and/or biased

- Lack of system coordination or consistent use by providers

- Staff shortages or overworked providers

Two comments that summarize providers' perspectives include the following:

> *[Coordinated Entry] is the opposite of an "any door" approach - it creates strict processes, definitions, and approved entities, and one size/process does not work for everyone. Instead of having someone who is unsheltered work directly with a housing provider, it creates three or four or more touchpoints the person seeking housing has to go through. It slows down the process, makes it easier to lose people in the system, and creates adversaries between providers.*

People need help right away, and for those who do come to us with housing options we are unable to help them if they are not pulled from Coordinated Entry (CE). You must pull from CE for specific funding and you can't change it if you realize the customers don't qualify i.e,. [meeting the] HUD [defintion of] homeless. They may have been HUD homeless when they went on CE, but then winter comes and they end up couch hopping or doubling up but it's not a good situation.

Results from three additional studies correspond to the findings in the current study:

- While limited to the metro area CoCs, the Heading Home Minnesota Funders Collaborative report (National Innovation Service Center for Housing Justice, 2021) found that siloed Coordinated Entry systems limit the ability of providers to help people experiencing homelessness in person-centered and trauma-informed ways, which is a key component for finding connections to housing and supports they need in communities they choose (p. 34).

- The length of time to fill vacancies with Coordinated Entry was the most frequently identified concern in the survey of service providers and property owners completed by Minnesota Housing in 2021 (p. 2).

- Stakeholders and program providers who contributed to the Runaway and Homeless Youth Legislative Report (Office of Economic Opportunity, 2022) noted that, as it currently operates, the Coordinated Entry System is not responsive to the needs of youth experiencing homelessness. Complex definitions and requirements limit how and when they can access supports, and the current approach is not responsive to their varied needs and circumstances (p. 9).

In greater Minnesota, these issues are often compounded by basic availability of housing options, limited funds, and infrastructure challenges:

In Greater MN, housing our homeless customers in a motel until they can be pulled from Coordinated Entry isn't helpful. We simply do not have the funds for all of the demands. There are two shelters open to the public (not a DV shelter) in a [many] square mile radius. We were housing customers for upwards of two weeks until housing or other options opened up. We couldn't afford to keep doing that, so we now can only motel them for a week. And even at that we will be out of funding by March.

People sit on the list too long [in rural areas] because there are no housing options.

In areas of the state where there aren't enough shelters, people tend to double up. Which makes them ineligible for HUD funding. [Family Homeless Prevention and Assistance Program] funds are relatively flexible, again if they are doubled-up we end up having to use FHPAP Prevention funds, which we don't receive enough of. We also are lacking in housing stock.

Please remember that those of us in rural Minnesota (outside of the 7-county metro area, Duluth, Rochester) have different barriers to client service. Fewer programs, fewer mental health facilities, larger service areas, and longer distances to travel.

Coordinated Entry in Rural Areas of Minnesota

A 2020 report for the Minnesota Housing Finance Agency had the following to say about the use of Coordinated Entry in rural areas:

> *"Shifting to coordinated entry as a primary referral mechanism may pose particular challenges in rural communities across the state, where people experiencing homelessness may be less likely to engage with the Coordinated Entry system, or may be couch surfing, doubled-up, or living in other situations that make them ineligible for many mainstream homeless services." (Human Services Research Institute, p. 80)*

Providers' recommended solutions for Coordinated Entry

The greatest number of providers offered broad suggestions for reducing the challenges they identified that are associated with the Coordinated Entry System. In addition to eight providers who suggested that an entirely new program should replace the current Coordinated Entry System, other providers shared the following general ideas for solutions:

- Improve the ability of providers to complete assessments and use funds to meet people's needs

- Simplify and streamline the documentation/screening process

- Reduce the time and complexity of the process

- Hire more staff/provide adequate training for staff

- Provide more housing and more funding

- Refine or eliminate the use of VI-SPDAT (Vulnerability-Index Service Prioritization Decision Assistance Tool)

- Improve referrals and quality of matches

- Improve transparency and communication

- Strengthen case management for people with lived experience

- Address diversity, equity, and inclusion and better serve people with diverse needs and backgrounds

Full results are in Appendix Table B9.

Examples of the range of comments include the following:

> *Streamline the process and identify information that is absolutely necessary…Clients get so overwhelmed with the process.*
>
> *We need more housing available, and more types of housing to match needs.*

Allow the direct service providers to use their own personal assessments of a situation to determine if the person or family is truly in need of housing and of what the client thinks in terms of what would be best for them going forward.

I think the VI-SPDAT assessment is a disaster. There needs to be a quicker and less invasive way to assess a person's homelessness.

Align and broaden the definition of homelessness (emergency, short-term, long-term, supportive) and align the state of Minnesota and HUD's and other outside definitions of homelessness and make them all the same in addition to broadening the definition. Eliminating criteria around prioritization and when someone is added to the list that they all are prioritized. Having a case worker/housing advocate assigned to the client from time of assessment to getting housed. They would help with getting the client tapped into other resources while they are waiting to be housed.

"Missed Opportunities" in the Pathway from Referral to Housing

A study completed for Hennepin County Office to End Homelessness, by the University of Minnesota (Barthel, et al., 2020), analyzed the Coordinated Entry System in Hennepin County "to determine its ability to successfully place clients, serve them in a timely fashion, and avoid disparities in service between various demographic groups" (p. 3). The study found that Coordinated Entry does function as intended for many clients, but revealed shortcomings that resulted in two recommendations (of four) that are similar to the suggestions of providers surveyed for this study:

Increase supportive services and the use of case management in each stage of Coordinated Entry as well as after a client accesses housing.

Increase clarity and transparency about the level of documentation required to access housing and determine county-specific barriers in documentation that could be eliminated (p.4).

Coordinated Entry System and racial inequities

In response to concerns about ways in which the Coordinated Entry System may contribute to, reinforce, and perpetuate racial inequities for BIPOC individuals accessing housing resources, a 2019 study analyzed racial equity within the coordinated entry systems, nationally. In particular, the primary assessment tool, the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool), has been criticized for a lack of validity and reliability for assessing vulnerability. The study concluded that the assessment tool perpetuates racial inequities in the supports available to people who are experiencing homelessness, with scores that deem White people more vulnerable than people who identify as BIPOC. As a result, White people may receive priority access to Permanent Supportive Housing/Housing First programs, even though BIPOC individuals are overrepresented in the homeless population (Wilkey et al., 2019).

Other studies have found similar results. In response, many Minnesota CoCs have eliminated the VI-SPDAT from their current practices (personal communication with Hearth Connection staff, 2023; Heading Home Hennepin, 2020). CoCs in other regions of the United States also report developing customized vulnerability assessment tools that reflect communities' particular vulnerabilities (National Health Care for the Homeless Council, 2020).

Providers' perspectives on vacancies in supportive housing programs

Supportive housing programs provide affordable, permanent housing for people experiencing homelessness, and are designed to provide services that help to improve people's well-being and stability. In this study, over one-half (56%) of providers who work with supportive housing programs said they have vacancies (Appendix Figure B10). The reasons they cited for the vacancies are complex; many overlap with each other and converge to create conditions where there are both open units and people needing housing. Many of the comments mirror those shared by providers regarding the Coordinated Entry System.

One provider described the complexities in this way:

> *The location and shared housing are not the chosen priority for people on the list. We are waiting on the paperwork for current applicants and property management for long time periods. People have changed their minds at the last minute. People have had mental health conditions that impact their ability to transition into the housing that's available. A lack of staff in all areas of the process have slowed things down incredibly. A lack of well-matched referrals from 'Entry/and other sources. A high degree of property management eviction due to lack of paying rent following the end of the moratorium of eviction and financial support to renters with extremely low incomes and other disabilities and factors.*

Geographic difference in reported program vacancies

A higher proportion of providers in the 7-county metro area reported that their programs had vacancies (63%) compared to providers in greater Minnesota (51%). Full results are in Appendix Figure B10.

Three main themes emerged from providers' descriptions of the challenges affecting vacancies (more than 20 providers mentioned each):

Difficulties **with referrals that do not match availability and needs.**

Providers shared the following examples to illustrate difficulties with referrals:

> *We've been trying to fill four units now [for many months]. We have had ten times as many referrals from Coordinated Entry. We can't find the person referred or the person referred does not want to live in that county. We've also had several referrals denied by the management company due to criminal history. This has taken an incredible amount of staff time.*

> *Coordinated Entry sends referrals for individuals that are not appropriate for our setting or who do not want to live in our setting.*

> *A lot of clients struggle with follow-through to get us homeless documentation to determine eligibility—we do recognize they want to get this done but they have so much going on that it's often times not in the forefront of their brain. Shelters in our area struggle significantly— do not get back to providers timely, if at all, and definitely do not get back to our clients. They do not use [the Homeless Management Information System] for dates of stay that we could use for homeless documentation so it's nearly impossible to track down a homeless verification from them or have their help in getting ahold of a client who has disappeared.*

Staffing shortages **reduce program capacity**.

Providers had the following to say about staffing shortages:

> *[We have been] understaffed for over a year. It hasn't felt ethical to take on additional clients when we don't have the full capacity to do the level of client care that we believe is our best standard of care.*
>
> *We have staff shortages. We are increasing wages, but with the lack of funding we can't compete with government and private sector on pay. We need to be able to pay staff a lot more to keep them, but our funding is stagnant.*

Rules and definitions **restrict access to supportive housing placements**.

Comments about restrictive rules and definitions include the following:

> *Rules around who qualifies for our program access (i.e., verified mental illness) and how quickly we can admit applicants. Funding rules limit which clients can access financial support to pay for rent at our housing locations.*
>
> *Not enough persons on priority list that can be documented to fit the program. Referrals often are rejected for not meeting the criteria of program and put back on the list.*
>
> *It can take months to move a referral from shelter into housing, between program requirements, paperwork, and landlord requirements.*
>
> *We're not actively getting referrals for our program. Clients don't meet the criteria for their extent of homelessness.*

Full results are in Appendix Figure B11.

Providers' perspectives on the impact of strategies to improve the network of supports and services

Providers were asked to identify the potential impact that would be associated with enhancing or expanding a variety of strategies included on a list, by marking if they would have no impact, low impact, moderate impact, or high impact. The following strategies were identified by about two-thirds or more of providers as having potential for a high impact:

- Permanent supportive housing (75%)

- Direct assistance or flexible funds (74%)

- Mental health care (72%)

- Wrap around services (67%)

- Emergency assistance (65%)

- Shelter capacity or availability (64%)

Full results are located in the Appendix Figure B12.

Providers had many suggestions for what is needed in order to take action on these high impact strategies. Many of their suggestions align with those they shared regarding Coordinated Entry changes and solutions for supportive housing vacancies. (See Appendix Figure B13.)

The most commonly mentioned theme was **funding,** both unspecified and for specific uses:

- General funding/more funding, not further specified
- Funding for programs and services for people experiencing homelessness
- Funding that is flexible and can be used to address immediate needs at individual and local levels
- Funding to hire additional staff

Another common theme was the need for **more resources**, and included:

- More and improved access to services, including mental health and chemical dependency supports
- More housing/affordable housing
- More staff
- More collaboration between providers, systems, and community organizations
- More education and training for staff

Two providers summarized the complexity of the needs in the following ways:

> *Obviously [we need] more funding, which is the basis for all of these strategies. There's never enough funding or personnel to be able to meet the needs of the people.*
>
> *First we need more housing units to actually house literally homeless persons/families; and we need those units to be Housing First, with support services to provide a level of assistance to meet the various needs of the persons receiving the housing; this all takes funding. Establishing more wrap-around systems such as outreach, case management, Coordinated Entry, referral, support services, would decrease the time homeless by increasing the quality of the data in our systems/increasing the success rates of referrals, increasing the ability to maintain communication with homeless persons while in our system until a referral results in housing.*

People with lived experiences of homelessness

A total of 21 individuals who have experienced homelessness completed interviews. Of these, four were currently experiencing homelessness and 17 were formerly unhoused (Appendix Figure B14). Of those who were housed, some had been housed for only months, while others had been housed for years. Each had a unique perspective to share.

Use of resources for housing

People with lived experience of homelessness who completed interviews for this study were asked about specific supports and resources they may have used to help find housing. Of the items on the list, Coordinated Entry assessments were the resource most commonly reported by respondents, with 90% saying they completed one or more assessment. Eighty-one percent said they completed an intake process to get on a waiting list. Another 81% said they had support from a social worker or case manager, and many shared examples about how important this was to them (Appendix Figure B15). Examples of comments include:

> *My angel case manager from [county] came out and found us in the community. I was not going to go to them because we were already ashamed we were homeless and didn't want to hear again that we didn't qualify. We applied and we finally qualified…She has a lot of information and knows all about who to talk to…She goes above and beyond what she would have to do to help me.*
>
> *My community services worker referred me to [program] and to call other places about getting housing support like help with TANF, emergency support services, and SNAP. They also helped by offering household furniture and supplies like hygiene stuff and kitchen utensils.*
>
> *The people helping me were a big help. They really helped advocate for me and explained to people about my situation and helped them see it. I think that's what helped me get my foot in the door.*
>
> *One of the staff was interested in my story and listened to me and steered me to [program]. They took care of it all and helped me do everything.*
>
> *The greatest value has been in knowing that somebody was there to help me with this, and that I did not have to figure it out all on my own. It keeps me up to date and there is somebody to explain it all to me. This helps to maintain a continuity of care in the other areas of my life.*

Another 71% of respondents said they received financial support for rent or deposits. Many explained how that support allowed them to get into their housing or stay where they are. Less than one-half (48%) of respondents said they received help from family, friends, and the community. Those that did receive help most often received it from family members, by way of temporary housing, help paying for things besides housing, and general support.

Respondents also made note of additional supports they received, such as household goods, as well as gift cards, food, and help with transportation.

Respondents' perspectives on barriers and challenges

People with lived experience were asked about how challenging a variety of issues were for them in finding housing. Full results are located in Appendix Figure B16.

The issues identified by the greatest percentage of people as a challenge include uncertainty, collecting documents, and affordability.

Not knowing what the timeline was or what to expect - 86% of people said it was a challenge, including 57% who said this was a big challenge for them.

Three people described their experiences with the timeline in the following way:

> *It's a big challenge because you are always on pins and needles—you want to get your own place and you are always waiting for them to call; if you called, they often didn't answer. So, if you get your hopes up, you want to get that place—you don't want to sit around and wait. Waiting for the landlord to decide if he will take you is very stressful. Just need better communication—like calling you to keep you updated on when you can move. They need to get their ducks in a row and give you the truth.*

> *It was challenging because there was nothing concrete. You didn't know which "end was up" at any given time. Many times I had no idea where I would be the next week.*

> *It was challenging because I have a child. So not having a timeline for when I would be in a place of my own. I didn't want to pull him from his school and start somewhere else, and I didn't want to make any big changes like that for him – wanted stability overall for him.*

Collecting documents, such as IDs, income, disability, homeless history or other proof to meet requirements for other *public assistance resources* **OR** *housing resources* **-** 81% of respondents said collecting documents for *public assistance resources* was a challenge for them. Three-quarters (76%) said collecting documents for *housing resources* was a challenge, including almost one half (48%) who said this was a big challenge.

Comments about challenges associated with collecting documents and paperwork include the following examples:

> *It was challenging to keep a notebook and pen to write down information needed for applications. And hard to do when you are living in a tent. I couldn't keep the information organized and didn't have a safe place to keep IDs and documents. It was also hard not knowing what to put in forms about criminal background.*

> *It was challenging making sure everybody had everything. I didn't always have the right backpack with me that had the documents I needed. It was challenging to always have the right documents and copies I needed everywhere.*

It's very difficult to fill out the forms needed without electronic devices. For health insurance benefits, for example, I have to go the paper trail route, and it will take 30-45 days.

It was hard to gather information for the case workers. When you're homeless it's hard to keep things together. Things get wet. Someone takes your bag.

Finding housing you could afford - 80% of respondents said this was challenging for them.

Representative comments include the following:

Housing is so expensive. A Section 8 voucher cuts a lot of the costs to you, but the problem was that a lot of the areas and places that I wanted to live my voucher didn't cover. And you are not allowed to go over a certain percentage of the voucher.

It was challenging because rents are skyrocketing. The price of rental property up here is pretty high, and what I could afford was below the standard prices.

Findings on barriers from the 2018 Minnesota Homeless Study

Of the adults surveyed as part of the 2018 Minnesota Homeless Study, 56% reported that a lack of affordable housing was a barrier to housing. In addition, being unable to afford rent or house payments was reported by 38% of adults as one of the top reasons for leaving their last housing (Pittman et al., 2020).

According to the Minnesota Homeless Study (2018), 29% of adults experiencing homelessness report a criminal background is a barrier to getting housing (Pittman et al., 2020).

Respondents' perspectives on additional barriers

Respondents shared their perspectives about a variety of challenges that may exist for special populations, including those with a criminal record, accessibility needs, large families, or an immigrant status.

Of the respondents with a **criminal record**, 83% said it was a challenge to find housing that would accept them, including 56% who said it was a big challenge. Respondents described being denied housing because of their records; several mentioned finally finding landlords who were willing to take a chance with them. Forty-four percent of respondents said that they faced challenges related to their **accessibility needs** in finding housing. Two respondents shared the following examples:

When I was dealing with [program], I told staff I needed a ground level housing with a shower or bathtub and was told I did not have the option of being picky – that I needed to take the first thing that came my way. That made me ashamed.

It says on my housing papers that this is an accessible apartment, but actually I don't think it fully accommodates people with accessiblity needs.

Forty-seven percent of respondents said they have found it challenging to find housing that is **big enough for their families**. Two respondents commented further on this and shared examples about the ways inflexible rules limiting the number of bedrooms allowed have not accommodated their unique circumstances.

Just two respondents said they identified as **immigrants**, and both said that that status made it a challenge to find housing. One respondent described it in this way:

> *In Minnesota, there still is a lot of housing discrimination on the part of the landlords. I didn't want to put my immigration status or race on a housing application, because I was afraid of being denied.*

One person who was currently unhoused said they had to clear up some eviction issues before they could be eligible for housing.

Perspectives of people with lived experience on Coordinated Entry

Almost all (90%) of the people with lived experience who completed an interview said that they had completed one or more Coordinated Entry assessments. Many of the respondents remarked that they remember simply answering questions and that the process seemed relatively smooth at the time. Due to the range of time that the people interviewed for this study reported being housed or unhoused, it follows that some may have more distant recall of their experiences. Two respondents described their experience in the following ways:

> *It went ok. I was just a matter of me following directions.*
>
> *It was fine, easy. I don't remember much about it.*

The author of the Housing Stability Community Engagement study (Bell, 2019), confirmed this sentiment and noted that they did <u>not</u> hear numerous complaints about the system from the people with lived experience who contributed to the findings. In fact, the report stated that most people expressed more gratitude than complaints and said the paperwork was easy (p.27).

However, two respondents shared detailed memories about their negative experiences with Coordinated Entry:

> *[The intake] was traumatizing for me—having to relive the experiences that I had gone through previously, and to keep explaining that to people, especially people that I did not know— becoming vulnerable—I have a problem with that in the beginning, because it's hard and you don't know how they are going to help. You are in that mode of "I'm not going to get this help right now, so why do I have to answer all these questions." [It would have been easier] maybe if there was someone with lived experience [doing the assessment]. Someone who understands body language and how that looks and can read the uncomfortableness of the person. It depends on where you take the assessment and who is asking the questions.*

> *[The most recent] was bad. You had to have a certain score to qualify as homeless. And they said we didn't score high enough to get housing, even though we were living in a tent. Maybe we needed more proof that we were homeless, but I don't know how. It was obvious we were homeless. That's why we gave up.*

People with lived experience of homelessness also had experiences with the waitlist associated with finding housing. Eighty-one percent of people who completed an interview said that they had completed an intake process to get on a waiting list. Many respondents commented that they waited only briefly for housing, or that there was little to say because they ended up with the housing they needed. One respondent shared the following about their experience with the waiting list:

> *They laid out everything that was important and were well organized and had lots of information. They told me how long the waiting list would be. Everything was well taken care of on their end. I wasn't left feeling uncertain about anything. I only waited a month for my housing – it was actually pretty quick. I had to only have a couple other appointments. I think they did a good job and did everything to help accommodate me, and so I wanted to make it easy for them, too. I made it a point to keep all my appointments and they were nice enough to offer me transportation to all my appointments with them. They really did help a lot. I think that's what really helped to motivate me.*

Other respondents expressed frustration with a long waiting list that forced them to rely on friends for shelter, kept them couch-hopping with young children (wishing there were better places to stay while waiting), or caused delays as they collected necessary documents such as an ID or Social Security cards and proof of income.

Two additional studies reported on **long waits and lack of access to housing subsidies:**

- In the Minnesota Homeless Study (2018), 50% of adults experiencing homelessness were on a waiting list for subsidized housing, and the average wait time was 12 months (Pittman et al., 2020).

- According to Minnesota HMIS data, as reported by the Minnesota Coalition for the Homeless (2021), at the end of September 2020, 8,237 households were waiting for housing placements.

Resources that would be helpful in keeping housing

In response to this question about resources that would help people with lived experience keep their housing, many people emphasized that as long as they continue to receive the numerous supports they currently receive, they would be fine. Others stated that they felt confident that if they needed something, their program would supply that assistance, including ongoing help with paperwork and applications. Specific resources people mentioned that would be helpful include the following supports:

- **Transportation** (other than public transportation) such as help with rides, a driver's license, or access to a car

- **Food and clothing**

- **Rental or income assistance**

Representative comments include:

> *I am doing fine. But if I do need help, I can go to one of those staff workers here and I do have a case manager to help.*
>
> *My housing is pretty stable; all my needs are met.*
>
> *The only thing I need a resource for now is working on getting a car, because everything else is in place for me pretty much.*
>
> *More programs for food and clothing would be helpful with inflation what it is.*

Priorities for helping people experiencing homelessness

People with lived experience were asked what they think the priorities should be for helping people. Rather than examples of system or process changes, many responded with an appeal to treat people experiencing homelessness with respect, including giving them a chance to get it right and considering their unique experiences. Others discussed the importance of addressing problems like mental health and addiction. Finally, several people stressed the importance of having someone to rely on to navigate the system.

Representative comments about respect include the following:

> *We are all people, too, and not all of us are trying to screw the system. You have to give the people who really truly do want to make a change a chance. Treat everybody respectfully and let them show their true colors.*
>
> *Be a little more accepting and maybe provide services to help us get these kinds of [housing] services, like helping us get documentation, referring us out to people who can help us.*
>
> *People who have a criminal background should not automatically be denied for housing. Give people a chance through an appeal process and work with them—this would involve the city, the landlord, the case manager, and the individual client all working together to make it work.*
>
> *If you are homeless, you have got a problem, whether it's due to an addiction, a relationship, finances, drugs, violence, a felony. Need to look at people's <u>real </u>reality. Need to help people with those things. Need to get more involved with homeless people—find better ways to reach out to them. I don't know exactly how to do it, but if someone is on the street, reach out and help them…House people—put them in a hotel room, in a shelter—do whatever it takes to get them off the streets.*

Comments about mental health and addiction include the following:

> *Awareness (raising awareness) that homelessness and instability and insecurity are linked with mental health and addiction.*

> *My heart goes out to the people whose minds are messed up—they need more facilities for people with mental health problems.*

> *Make the resources more available to the people. Try to get people stable earlier (mental health) and get housing sooner. It would be cheaper. Whatever resources they need. Don't put other people through anything you yourself would not want to go through.*

Representative comments about the importance of a knowledgeable advocate include:

> *First, explain to people the steps it will take to get housing. And let people know how long it will take. Keep on talking to them and telling them that it will work; keep on helping with the paperwork and all that. A lot of people just stop unless there is someone to help.*

> *I guess maybe to get [Adult Rehabilitative Mental Health Services] workers to help people like me who don't know how to navigate—or who to talk to. To show people how to navigate the system, because it's hard to do it on your own if you don't know the system. This might be an ARHMS worker, but I think an advocate for sure—something like that would definitely go a long way to help people know what is going on, so people aren't left to wonder, and have a lot of anxiety about what is going to happen. Just like someone you can talk to.*

The importance of relationships

Results from the CARES Act evaluation (Ramsey County, 2021) highlights the importance of relationships with people experiencing homelessness. In addition to reporting a high level of satisfaction with the hotel shelter wrap-around services program due to help they received accessing critical shelter and support services, people experiencing homelessness also emphasized how important their connections with staff were in rating their high levels of satisfaction. They viewed staff as essential to the safety and stability of the shelters and valued being treated with respect.

Summary and recommendations

Throughout this study and the review of current literature, the same themes emerged again and again: the problem of homelessness can be addressed, but there need to be significant changes to a complex and under-funded system. In addition, while homelessness is a persistent issue in Minnesota, the overall characteristics of people experiencing homelessness, system complexities, and barriers are not unique to Minnesota.

Minnesota continues to invest in work to end long-term homelessness. The Best Practices in Permanent Supportive Housing report (Yates & Gonzalez, 2020), completed for Minnesota Housing, identified key strengths in Minnesota, including high-level political and systems support, new funding incentives, and strong collaborations between Minnesota Housing and the Minnesota Department of Human Services, county human services, and Continuums of Care (p. 6). Federal pandemic aid packages have also been key to implementing plans to address housing and homelessness in Minnesota.

The federal strategic plan to prevent and end homelessness, All In (USICH, 2022), proposes three key strategies, or pillars, to guide efforts to address homelessness. Many of the federal strategies are applicable to efforts in Minnesota, and are supported by the findings in this study.

SOLUTION PILLARS		
Scale Housing and Supports That Meet Demand	**Improve Effectiveness of Homelessness Response Systems**	**Prevent Homelessness**
Strategies to increase supply of and access to safe, affordable, and accessible housing and tailored supports for people at risk of or experiencing homelessness:	*Strategies to help response systems meet the urgent crisis of homelessness, especially unsheltered homelessness:*	*Strategies to reduce the risk of housing instability for households most likely to experience homelessness:*
1. Maximize the use of existing federal housing assistance.	1. Spearhead an all-of-government effort to end unsheltered homelessness.	1. Reduce housing instability for households most at risk of experiencing homelessness by increasing availability of and access to meaningful and sustainable employment, education, and other mainstream supportive services, opportunities, and resources.
2. Expand engagement, resources, and incentives for the creation of new safe, affordable, and accessible housing.	2. Evaluate coordinated entry and provide tools and guidance on effective assessment processes that center equity, remove barriers, streamline access, and divert people from homelessness.	2. Reduce housing instability for families, youth, and single adults with former involvement with or who are directly exiting from publicly funded institutional systems.
3. Increase the supply and impact of permanent supportive housing for individuals and families with complex service needs—including unaccompanied, pregnant, and parenting youth and young adults.	3. Increase availability of and access to emergency shelter—especially non-congregate shelter—and other temporary accommodations.	3. Reduce housing instability among older adults and people with disabilities—including people with mental health conditions and/or with substance use disorders—by increasing access to home and community-based services and housing that is affordable, accessible, and integrated.
4. Improve effectiveness of rapid rehousing for individuals and families—including unaccompanied, pregnant, and parenting youth and young adults.	4. Solidify the relationship between CoCs, public health agencies, and emergency management agencies to improve coordination when future public health emergencies and natural disasters arise.	4. Reduce housing instability for veterans and service members transitioning from military to civilian life.
5. Support enforcement of fair housing and combat other forms of housing discrimination that perpetuate disparities in homelessness.	5. Expand the use of "housing problem-solving" approaches for diversion and rapid exit.	5. Reduce housing instability for American Indian and Alaska Native communities living on and off tribal lands.
6. Strengthen system capacity to address the needs of people with disabilities and chronic health conditions, including mental health conditions and/or substance use disorders.	6. Remove and reduce programmatic, regulatory, and other barriers that systematically delay or deny access to housing for households with the highest needs.	6. Reduce housing instability among youth and young adults.
7. Maximize current resources that can provide voluntary and trauma-informed supportive services and income supports to people experiencing or at risk of homelessness.		7. Reduce housing instability among survivors of human trafficking, sexual assault, stalking, and domestic violence, including family and intimate partner violence
8. Increase the use of practices grounded in evidence in service delivery across all program types.		

From *All in: The federal strategic plan to prevent and end homelessness* (p. 11), by the United States Interagency Council on Homelessness (USICH), 2022, (https://www.usich.gov/All_In.pdf). In the public domain.

The following four findings and recommendations are based on the themes that were most prominent and consistent throughout the study. However, there are additional, interconnected issues that need to be addressed, including those outlined in the Study Findings section of this report.

Finding

More resources are needed to help people access and maintain housing.

- A lack of affordable housing is a significant barrier

- Investments in more services and supports would have high impact on results.

> *The nation's homeless services systems do not have enough resources to fully meet the needs of everyone experiencing homelessness* (National Alliance to End Homelessness, 2022).

Recommendation

Find ways to increase overall funding. Develop and maintain affordable housing that meets both demand and people's needs. Address policies and systems that contribute to the gap between income and affordability and availability of housing.

Obviously [we need] more funding, which is the basis for all of these strategies. There's never enough funding or personnel to be able to meet the needs of the people. – Provider

First we need more housing units to actually house literally homeless persons/families; and we need those units to be Housing First, with support services to provide a level of assistance to meet the various needs of the persons receiving the housing; this all takes funding. Establishing more wrap-around systems such as outreach, case management, Coordinated Entry, referral, support services, would decrease the time homeless by increasing the quality of the data in our systems/increasing the success rates of referrals, increasing the ability to maintain communication with homeless persons while in our system until a referral results in housing. – Provider

→ Providers identified a lack of affordable housing (87%) and long waitlists for housing (77%) as significant barriers. They also said that the lack of affordable housing options was a top priority to address (70%).

→ Eighty percent of people with lived experience of homelessness said that finding housing they could afford is a top challenge.

→ According to the 2018 Minnesota Homeless Study, a lack of affordable housing was the most common barrier to housing (identified by 56% of respondents).

→ *All In*, the federal strategic plan to address homelessness, identified a "severe shortage of safe, affordable, and accessible housing" as a key challenge (USICH, 2022, p. 13).

→ The number of Minnesotans who are considered cost-burdened (spending more than 30% of their income on housing) continues to grow; in 2022, this figure was about 550,000 (Minnesota Housing Partnership, 2022).

→ Three-quarters of providers said that expanding permanent supportive housing (75%) and direct assistance or flexible funds (74%) would have a high impact on improving the network of supports and services.

→ Over one-half of providers (51%) said that funding was a significant challenge.

→ Providers most commonly said more funding was needed in order to take action on high-impact strategies, including funding for programs and services, and flexible funding that can be used to address immediate needs.

Finding

The network of services and supports is complex and difficult to navigate.

Recommendation

Create a streamlined, comprehensive, holistic response to homelessness to reduce unnecessary systems complexities.

- Goals include addressing restrictive rules and confusing definitions, improving transparency, reducing barriers, and minimizing complications for the people who are seeking housing.

- This is a key opportunity for providers and other stakeholders to collaborate and develop new strategies.

[Coordinated Entry] is the opposite of an "any door" approach - it creates strict processes, definitions, approved entities, and one size/process does not work for everyone. Instead of having someone who is unsheltered work directly with a housing provider, it creates three or four or more touchpoints the person seeking housing has to go through. It slows down the process, makes it easier to lose people in the system, and creates adversaries between providers.
– Provider

Streamline the process and identify information that is absolutely necessary… Clients get so overwhelmed with the process. – Provider

It was challenging because there was nothing concrete. You didn't know which "end was up" at any given time. Many times I had no idea where I would be the next week. – Person with lived experience

Bring providers and Coordinated Entry to the table to have talks to create a better system. – Provider

➔ Providers believe that the Coordinated Entry System is not working as intended. They view it as a complex, rigid, and inconsistent process that limits their ability to do their jobs, and does not ultimately meet people's needs.

➔ Challenges identified by providers focused on long wait times, rigid and confusing definitions of homelessness, a lack of clarity about the process of accessing housing and supports, poor quality referrals and matches to appropriate housing and supports, a lack of person-centered responsiveness, and difficulties in reaching people without a permanent address.

➔ More than one-half of providers (56%) who work with supportive housing programs said they have vacancies that are not being filled by the people who need housing, due in part to Coordinated Entry, the screening processes, eligibility requirements, and staffing shortages.

➔ People with lived experience said that not understanding the timeline or what to expect, and collecting documents they need for public assistance and housing resources were among the biggest challenges for them.

➔ Much of the complexity of the system remains invisible to people with lived experience. They rely on staff to help them navigate the system and meet their needs.

Finding

Staff are crucial to helping individuals access housing, but staffing shortages are a challenge.

■ Staffing shortages have strained program capacity, as well as the ability of programs to meet the needs of people who are looking for and accessing housing.

Recommendation

Invest in and support the staff who provide critical frontline services. Staff are the backbone of the network of services and supports.

[We have been] understaffed for over a year. It hasn't felt ethical to take on additional clients when we don't have the full capacity to do the level of client care that we believe is our best standard of care. – Provider

The greatest value has been in knowing that somebody was there to help me with this, and that I did not have to figure it out all on my own. It keeps me up to date and there is somebody to explain it all to me. This helps to maintain a continuity of care in the other areas of my life. – Person with lived experience

One of the staff was interested in my story and listened to me and steered me to [program]. They took care of it all and helped me do everything. – Person with lived experience

➔ More than one-half of providers (54%) identified staff shortages as a significant challenge.

➔ *All In*, the federal strategic plan to address homelessness, identified fatigue and trauma among providers as a key challenge, including strained capacity and high staff turnover (USICH, 2022, p. 13).

➔ Most people with lived experience (81%) said they had support from a social worker or case manager.

➔ People with lived experience depend on staff to support them; staff support them in ways that help them navigate the system, manage multiple complexities, as well as help them feel they matter and enable them to get their needs met for housing and other services.

Finding

Individuals require person-centered, tailored supports and solutions; historical and systemic barriers are difficult to overcome.

- Prescriptive funding and rigid definitions do not allow providers to effectively respond to unique situations, individuals' needs, and priorities.

- Many current barriers to affordable housing are built on top of past discriminatory policies and historical legacies of bias. BIPOC individuals continue to experience homelessness and lack of access to affordable, quality housing at higher rates.

Recommendation

Develop strategies and solutions that are focused on people and support relationships. Because each person has their own story and changing needs, approaches need to be individualized. Use an equity lens and trauma-informed approach to determine and meet individuals' needs.

Don't put other people through anything you yourself would not want to go through. – Person with lived experience

First, explain to people the steps it will take to get housing. And let people know how long it will take. Keep on talking to them and telling them that it will work; keep on helping with the paperwork and all that. A lot of people just stop unless there is someone to help. – Person with lived experience

People who have a criminal background should not automatically be denied for housing. Give people a chance through an appeal process and work with them – this would involve the city, the landlord, the case manager, and the individual client all working together to make it work. – Person with lived experience

People are people, not numbers or scores. – Provider

➔ People with lived experiences of homelessness offered many appeals to treat them and others with respect, including giving them a chance to get it right and considering their unique experiences.

➔ The perspectives and voice of people with lived experience need to be centered in local and statewide conversations about approaches and policies that affect them. They are the experts, understand changing dynamics, and can give concrete guidance about solutions.

➔ Current practices do not always match people with housing that is near the resources they need (50% of providers indicated this) or the places they want to live (65% of providers indicated this).

➔ The Minnesota Housing Finance Agency study (Human Services Research Institute, 2020) recommended enhancing choice of housing and services based on tenants' needs and preferences.

➔ All providers (100%) identified restrictive or inflexible funding as a challenge for providers and people experiencing homelessness, including more than half (53%) who said it was a significant challenge.

➔ Providers and people with lived experience noted that people with substance use disorders and mental health issues may need additional supports to access and maintain housing.

Every individual experiencing homelessness or housing instability comes with their own story. As much as we can, we need to build flexibility into programs to make sure services and supports can be tailored to individuals' unique situation and to increase positive outcomes. – Provider

While simplification is important, it is also important that in the name of simplification, we don't try to create a one-size-fits-all approach. We need age appropriate services, we need services that fit for folks culturally and intersectionally. – Provider

➔ Existing barriers can be magnified by the circumstances of specific populations. For example, due to rules and preferences about renting to people with criminal backgrounds or evictions, it is more difficult for people with this background to access housing. In addition, providers and people with lived experience report bias based on race, immigrant status, and family size.

➔ People with criminal histories are considered to be high risk and often face additional barriers in accessing housing. However, a recent study in Minnesota found that many criminal offense categories have no significant effect on housing outcomes once someone is housed (Warren, 2019).

➔ Housing assessments and screening tools have been found to reinforce racial inequities and often are not trauma-informed (Wilkey et al., 2019).

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Appendix

A: Methodology

This Appendix outlines and describes the multiple methods used to collect information for this report. Sources for information included:

- A scan of current literature and reports for background information and context

- An online survey completed by supportive housing providers

- Interviews with people with lived experience of homelessness

Wilder Research reviewed relevant articles and reports. The goal of this review was to summarize current information about:

- Population characteristics

- Existing services and supports to address homelessness

- Barriers within the network of services and supports

- Strategies and recommendations for priority efforts

The survey and interview questions included a mix of items with Likert scales and opportunities to share open-ended responses. The open-ended questions allowed respondents the option of providing information over and above what they shared through responses to the scaled questions. Themes from the provider survey and interviews with people with lived experience that are discussed throughout the report are also included in the Appendix B tables with full results. The counts of the number of times a theme was mentioned should be treated as estimates. Due to the nature of surveys and interviews, a person may not mention a concept, but that idea may still be relevant to them.

Online provider survey

Wilder Research developed an online survey for distribution to supportive housing providers and other key contacts. Hearth Connection staff informed providers across the state about the survey and requested their participation. Wilder sent a unique electronic link to supportive housing providers who work directly with Hearth Connection, and they received two reminders requesting follow-up. To allow for broader distribution and additional input, the same survey was distributed as an electronic, opt-in link to other providers and contacts, including administrators from Continuum of Care regions and counties.

Providers and other contacts were asked to respond to questions about:

- Factors that make it difficult for individuals to move from unsheltered or unhoused to housed

- Factors that are a priority to address

- The role and challenges of the Coordinated Entry System

- Populations that may experience more pronounced barriers or difficulties in accessing housing

- Priority strategies for improving the network of supports and services

- Observations and recommendations for simplifying the system or network of services and supports

A total of 239 providers completed the survey, with 52% of the respondents saying they were from greater Minnesota and 48% saying they were from the 7-county metro area. Where applicable, the report includes information about notable differences in providers' responses, based on their geographic location. Wilder Research generally considers percentages with a difference of 10 points or more to be noteworthy.

Interviews with people with lived experience

In order to hear directly from people with lived experience—including those who are currently unhoused and previously unhoused—Wilder staff completed semi-structured interviews with 21 individuals. Three of the 21 requested an in-person interview; the remaining 18 interviews were completed by telephone. After the interviews, each participant received a $20 gift card to thank them for their time.

Potential participants were identified by providers who had been asked to assist in this process. The providers were selected to reflect a range of services and supports offered to individuals, as well as a variety of geographic locations in Minnesota. Wilder staff then worked with providers and potential participants to schedule the interviews. Participants had the option of calling the interviewer at the scheduled time or being called by the interviewer, according to their preferences.

Topics covered in the interviews included:

- Supports or resources they have used to help them look for or find housing, as well as their experiences with those supports

- Issues that may have been challenging for them in looking for or finding housing, including reasons for the challenges

- Recommendations for supports or resources that would be helpful in finding or maintaining housing

Characteristics of respondents

- Of those who were housed, respondents reported being housed for a range of 2 months to 10 years

- Respondents reported a range of housing arrangements, including permanent supportive, subsidized housing, and private-pay

- Two respondents currently experiencing homelessness said they were doubled up with family; two others said they were living in shelters

- People with lived experience of homelessness who completed interviews were referred by providers in both greater Minnesota (11 individuals), including two from American Indian reservations, and the 7-county metro area (10 individuals)

B: Data tables

B1. Continuum of Care Data – People experiencing homelessness

CoC Name	CoC category	Overall count of people experiencing homelessness, 2022
Minneapolis/Hennepin County CoC	Major City CoC	2,678
Saint Paul/Ramsey County CoC	Other Largely Urban CoC	1,713
St. Cloud/Central Minnesota CoC	Largely Rural CoC	916
Dakota, Anoka, Washington, Scott, Carver Counties	Largely Suburban CoC	746
Duluth/St. Louis County CoC	Largely Rural CoC	555
Rochester/Southeast Minnesota CoC	Largely Rural CoC	485
Northwest Minnesota CoC	Largely Rural CoC	285
Moorhead/West Central Minnesota CoC	Largely Rural CoC	253
Southwest Minnesota CoC	Largely Rural CoC	173
Northeast Minnesota CoC	Largely Rural CoC	113
Total		**7,917**

Source: 2022 AHAR: Part 1 – PIT Estimates of Homelessness in the U.S., 2007-2002 Point-In-Time Estimates by CoC

Provider survey data tables

B2. Location of providers who responded

Location of providers who responded	Percentage (N=213)
Outside the 7-county metro area	52%
7-county metro area	48%

B3. In your experience, please identify to what extent each of the following factors creates challenges (e.g., delays, bottlenecks, inefficiencies) for providers and/or people experiencing homelessness in helping them access and sustain stable housing. (N=233-239)

Factors	Significant challenge	Moderate challenge	Small challenge	Not a challenge	Mean
Not enough affordable housing options	87%	12%	1%	0	3.9
Long waitlists for housing	77%	17%	5%	1%	3.7
Not enough affordable housing options where people want to live	65%	29%	6%	<1%	3.6
Provider staff shortages	54%	31%	15%	1%	3.4
Restrictive or inflexible funding for providers to use	53%	32%	15%	0%	3.4
Not enough funding for supportive services outside of housing	51%	37%	11%	1%	3.4
Not enough affordable housing options located near necessary resources (e.g., transportation, medical clinic, pharmacy, grocery, childcare)	50%	38%	11%	1%	3.4
Complex rules about things like funding or qualifications	48%	38%	13%	<1%	3.3
Lack of housing or services that are tailored to individuals' needs or circumstances	46%	40%	13%	2%	3.3
Difficulties for providers to stay in contact with people who are waiting for housing	44%	41%	13%	3%	3.3
Problems for individuals with collecting or completing paperwork or other documents for housing	40%	44%	15%	1%	3.2
Not enough supportive services outside of housing (e.g., case management, mental health care, chemical dependency treatment)	40%	41%	18%	1%	3.2
Restrictive definitions about who qualifies as homeless	37%	39%	18%	6%	3.1
Problems for individuals with collecting or completing paperwork or other documents for public assistance benefits	32%	48%	19%	1%	3.1
Discriminatory policies and practices/structural racism	33%	31%	25%	11%	2.9
Time limits for supports and services	26%	40%	28%	6%	2.9
Not knowing where to start or lacking information about how to start looking for housing	25%	35%	32%	7%	2.8
Local laws that screen out applicants	24%	34%	30%	12%	2.7
Something else that should be on this list (N=10)	100%	0%	0%	0%	--[a]
Other: Comments about financial resources	6	0	0	0	--
Other: Comments about general complexities	4	0	0	0	--

[a] Too few respondents for a meaningful mean score

Note: Percentages may not total 100 due to rounding

Responses were on a scale of 1-4: not a challenge, small challenge, moderate challenge, significant challenge

B4. Thinking about the factors that you identified as significant challenges, which do you think should be the <u>priorities</u> to address to improve the process of helping people find and maintain stable housing? (Check up to 3)

Factors	Top 3 priority
Not enough affordable housing options (N=208)	70%
Long waitlists for housing (N=180)	39%
Not enough affordable housing options located near necessary resources (e.g., transportation, medical clinic, pharmacy, grocery, childcare) (N=118)	34%
Not enough affordable housing options where people want to live (N=153)	33%
Provider staff shortages (N=127)	31%
Lack of housing or services that are tailored to individuals' needs or circumstances (N=109)	30%
Restrictive or inflexible funding for providers to use (N=125)	30%
Restrictive definitions about who qualifies as homeless (N=88)	30%
Not enough supportive services outside of housing (e.g., case management, mental health care, chemical dependency treatment) (N=95)	28%
Complex rules about things like funding or qualifications (N=115)	26%
Discriminatory policies and practices/structural racism (N=77)	23%
Not enough funding for supportive services outside of housing (N=122)	24%
Problems for individuals with collecting or completing paperwork or other documents for housing (N=95)	18%
Time limits for supports and services (N=62)	18%
Difficulties for providers to stay in contact with people who are waiting for housing (N=103)	17%
Not knowing where to start or lacking information about how to start looking for housing (N=60)	17%
Local laws that screen out applicants (N=57)	12%
Problems for individuals with collecting or completing paperwork or other documents for public assistance benefits (N=76)	11%
Other: Comments about resources (N=6)	--[a]
Other: Comments about general complexities (N=4)	--[a]

[a] Too few respondents for a meaningful percentage

Note: Percentages for priority factors were calculated based on the number of providers who also identified the factor as a significant challenge. Multiple responses possible.

B5. Factors that were identified as significant challenges <u>and</u> top 3 priority factors by geographic location

Factors	Greater MN (N=22-98)	7-County metro (N=21-86)	Total (N=57-208)a
Not enough affordable housing options	74%	69%	70%
Long waitlists for housing	36%	46%	39%
Not enough affordable housing options located near necessary resources (e.g., transportation, medical clinic, pharmacy, grocery, childcare)	31%	38%	34%
Not enough affordable housing options where people want to live	32%	36%	33%
Provider staff shortages	36%	30%	31%
Lack of housing or services that are tailored to individuals' needs or circumstances	29%	33%	31%
Restrictive or inflexible funding for providers to use	18%	40%	30%
Restrictive definitions about who qualifies as homeless	32%	38%	30%
Not enough supportive services outside of housing (e.g., case management, mental health care, chemical dependency treatment)	24%	38%	29%
Complex rules about things like funding or qualifications	20%	33%	27%
Discriminatory policies and practices/structural racism	17%	31%	25%
Not enough funding for supportive services outside of housing	22%	29%	24%
Problems for individuals with collecting or completing paperwork or other documents for housing	28%	5%	18%
Time limits for supports and services	29%	7%	18%
Difficulties for providers to stay in contact with people who are waiting for housing	27%	10%	17%
Not knowing where to start or lacking information about how to start looking for housing	11%	24%	17%
Local laws that screen out applicants	14%	14%	12%
Problems for individuals with collecting or completing paperwork or other documents for public assistance benefits	6%	12%	11%

a Total is greater than the number of respondents by location; not all respondents answered the question about their location.

Note: Percentages for priority factors were calculated based on the number of providers who also identified the factor as a significant challenge. Multiple responses possible.

B6. Please identify to what extent the following populations of people experience difficulties in accessing and sustaining stable housing? (N=205-225)

Populations	A lot of difficulties	Some difficulties	Very few difficulties	No difficulties	Mean
People with disabilities	48%	43%	9%	<1%	3.4
People with a criminal history	88%	12%	1%	0	3.9
People in institutions (hospitals, nursing homes, residential treatment)	36%	52%	11%	1%	3.2
People in correctional institutions	75%	23%	1%	<1%	3.7
Youth exiting foster care	41%	47%	10%	2%	3.3
People with large families	62%	34%	3%	1%	3.6
People with recent evictions	81%	17%	2%	0	3.8
People with unmet health needs	30%	59%	10%	1%	3.2
People with earned income	14%	57%	26%	3%	2.8
People who are recent immigrants or whose first language is something other than English	33%	50%	13%	4%	3.1
People who identify as BIPOC	28%	49%	18%	5%	3.0
People who identify as LGBTQIA+	16%	56%	22%	7%	2.8
Unaccompanied youth age 18-24	43%	48%	8%	1%	3.3
Adults over age 55	21%	62%	14%	3%	3.0
Other: People with substance use disorders (N=11)[a]	100%	0	0	0	--[b]
Other: People with mental illness (N=9) [a]	100%	0	0	0	-- [b]
Other: People in domestic violence situations (N=2)[a]	50%	50%	0	0	-- [b]

[a] Categories added as "other"

[b] Too few respondents for a meaningful mean score

Note: Percentages may not total 100 due to rounding

Responses were on a scale of 1-4: no difficulties, very few difficulties, some difficulties, a lot of difficulties

B7. How do you view the role of the Coordinated Entry System as it currently functions in helping people move from unhoused to housed?

	Significant support	Moderate support	Moderate challenge	Significant challenge	Mean
Greater MN (N=111)	5%	30%	40%	25%	2.9
7-county metro area (N=101)	14%	33%	33%	19%	2.6
Total (N=236ᵃ)	9%	31%	37%	23%	2.8

ᵃ Total is greater than the number of respondents by location; not all respondents answered the question about their location

Note: Percentages may not total 100 due to rounding. Responses were on a scale of 1-4: significant support, moderate support, moderate challenge, significant challenge

B8. Why is coordinated entry a significant challenge? (N=54)

Reasons	Number of times mentioned
Long wait times or a process that takes too long	28
Rigid definitions of homelessness and a lack of flexibility in screening standards	27
Lack of clarity or transparency for people experiencing homelessness about how the system or process works	25
Poor quality referrals or an inadequate/faulty matching process	25
Process that is unresponsive to immediate needs or not person-centered	23
Inadequate communication with people on the waitlists or not keeping track of people	23
Tool that is clumsy, confusing, not trauma-informed, and/or biased	17
Lack of system coordination or consistent use by providers	13
Staff shortages or overworked providers	11

Note: Open-ended questions allowed respondents the option of providing information over and above what they shared through responses to the scaled questions. Counts of the number of times particular themes were mentioned should be considered estimates; a person may not mention a concept, but that idea may still be relevant to them.

B9. What suggestions do you have for reducing challenges associated with coordinated entry? (N=102)

Suggestions	Number of times mentioned
Improve the ability of providers to complete assessments and use funds to meet people's needs	20
Simplify and streamline the documentation/screening process	18
Reduce the time and complexity of the process	16
Hire more staff/provide adequate training for staff	14
Provide more housing and more funding	13
Refine or eliminate the use of VI-SPDAT (Vulnerability-Index Service Prioritization Decision Assistance Tool)	12
Improve referrals and quality of matches	11
Improve transparency and communication	11
Strengthen case management for people with lived experience	10
Address diversity, equity, and inclusion and better serve people with diverse needs and backgrounds	8

Note: Open-ended questions allowed respondents the option of providing information over and above what they shared through responses to the scaled questions. Counts of the number of times particular themes were mentioned should be considered estimates; a person may not mention a concept, but that idea may still be relevant to them.

B10. Do you have vacancies in your supportive housing program?

Location	Status of vacancies[a]	
	Yes	No
Greater MN (N=68)	51%	49%
7-county metro area (N=62)	63%	37%
Total (N=140[b,c])	56%	44%

[a] Percentages reported here reflect responses from providers for whom this question was applicable.

[b] 39% of all respondents said this question was not applicable to them.

[c] Total is greater than the number of respondents by location; not all respondents answered the question about their location

Note: Percentages may not total 100 due to rounding

B11. What are the reasons for the vacancies? (N=73)

Reasons	Number of times mentioned
Difficulties with referrals that do not match availability and needs	32
Staffing shortages reduce program capacity	28
Rules and definitions restrict access to supportive housing placements	21
General transitions/changes in programs and staffing	16
General lack of units and resources	11
General inefficiencies in the system	11
General challenges with property management	11

Note: Open-ended questions allowed respondents the option of providing information over and above what they shared through responses to the scaled questions. Counts of the number of times particular themes were mentioned should be considered estimates; a person may not mention a concept, but that idea may still be relevant to them.

B12. If any of the following strategies were enhanced or expanded, how great would the impact be on improving the network of supports and services? (N=193-210)

Strategies	No impact	Low impact	Moderate impact	High impact	Mean
Permanent supportive housing	<1%	3%	21%	75%	3.7
Direct assistance/flexible funds	0%	2%	25%	74%	3.7
Mental health care	1%	2%	26%	72%	3.7
Wrap-around services	0%	5%	29%	67%	3.6
Emergency assistance	1%	3%	31%	65%	3.6
Shelter capacity or availability	1%	8%	27%	64%	3.5
Emergency Services Program	1%	8%	31%	61%	3.5
Housing Infrastructure Bond or other federal resources	1%	6%	31%	61%	3.5
Crisis services	1%	4%	36%	59%	3.5
Services supporting income and employment	0%	8%	35%	57%	3.5
Case management	1%	6%	37%	57%	3.5
Substance use disorder care	1%	8%	36%	56%	3.5
Housing navigators	2%	10%	31%	57%	3.4
Collaboration between providers and partners	1%	9%	38%	53%	3.4
Rehabilitating public housing	1%	10%	36%	53%	3.4
Housing First services	1%	10%	37%	52%	3.4
Transitional housing	1%	6%	42%	51%	3.4
Street and shelter outreach	0%	11%	40%	50%	3.4
Benefits navigators	2%	14%	35%	49%	3.3
Culturally-specific services	1%	13%	45%	42%	3.3
Medical care	1%	12%	51%	37%	3.3
Continuums of care	1%	17%	49%	35%	3.2
Coordinated Entry System	2%	18%	44%	36%	3.2
Provider and program administrator training	3%	16%	45%	36%	3.1
MovingOn options	2%	18%	47%	34%	3.1
Collecting data, such as HMIS	7%	40%	42%	12%	2.6
Other: Comments about housing in general (N=6)	0%	0%	0%	100%	--[a]
Other: Comments about bias (N=3)	0%	0%	0%	100%	--[a]
Other: Comments about providers (N=3)	0%	0%	33%	67%	--[a]
Other: Comments about new approach (N=2)	0%	0%	0%	100%	--[a]

[a] Too few respondents for a meaningful mean score

Note: Percentages may not total 100 due to rounding

Responses were on a scale of 1-4: no impact, low impact, moderate impact, high impact

B13. What suggestions do you have for what is needed to take action on the high impact strategies? (N=116)

Reasons	Number of times mentioned
General funding/more funding, not further specified	35
Funding for programs and services for people experiencing homelessness	20
Funding that is flexible and can be used to address immediate needs at individual and local levels	16
More and improved access to services, including mental health and chemical dependency supports	16
More housing/affordable housing	14
Funding to hire additional staff	13
More staff	13
More collaboration between providers, systems, and community organizations	12
More education and training for staff	10

Note: Open-ended questions allowed respondents the option of providing information over and above what they shared through responses to the scaled questions. Counts of the number of times particular themes were mentioned should be considered estimates; a person may not mention a concept, but that idea may still be relevant to them.

Interviews with people with lived experience data tables

Results presented in Figures B15 and B16 for people with lived experiences of homelessness reflect combined answers for housed and unhoused respondents, in order to protect the confidentiality of the small number of unhoused respondents.

B14. Location and status of people with lived experience of homelessness (N=21)

	Housing status	
Location of respondents	Number housed	Number unhoused
Outside the 7-county metro area	10	1
7-county metro area	7	3

B15. Did you use any of the following supports or resources to help you get your housing? In the last 12 months, have you used any of the following supports or resources to try to help you get housing? (N=21)

Supports or resources	Yes	No
One or more Coordinated Entry assessments	90%	10%
Intake process to get on waitlist	81%	19%
Support from worker/case manage/social worker	81%	19%
Financial support/rent/damage deposits	71%	29%
Other supports or resources[a] (N=17)	59%	41%
Help from family, friends, community	48%	52%

[a] Question was asked of people who were housed only

Note: Percentages may not total 100 due to rounding

B16. When you were trying to find housing, how challenging was each issue for you? As you have been trying to find housing, how challenging has each issue been for you? (N=21)

Issues	Big challenge	Little challenge	Not a challenge	Not applicable[a]	Mean
Not knowing what the timeline was or what to expect	57%	29%	14%	0	2.4
Finding housing that would accept you because of a criminal history	33%	14%	10%	43%	2.4
Finding housing you could afford	45%	35%	20%	5%	2.3
Collecting documents, such as IDs, income, disability, homeless history or other proof to meet requirements for housing resources.	48%	29%	24%	0	2.2
Collecting documents, such as IDs, income, disability, homeless history or other proof to meet requirements for other public assistance resources.	43%	38%	19%	0	2.2
Finding housing that you feel safe and comfortable in	38%	24%	38%	0	2.0
Problems completing applications or paperwork for other public assistance benefits	29%	24%	48%	0	2.0
Problems completing applications or paperwork for housing	38%	14%	48%	0	1.9
Not knowing who to talk with to get help	43%	10%	48%	0	1.6
Finding housing that meets your accessibility needs	14%	19%	43%	24%	1.6
Finding housing that is big enough for your family	10%	29%	43%	19%	1.6
Not being able to choose my own service provider	5%	21%	67%	11%	1.3
Finding housing that would accept you because of your immigration status	5%	5%	0	90%	--c
Changes in who was helping you or where you were getting support[b] (N=4)	0	50%	50%	0	--c

a Not applicable responses were omitted in the calculation of the mean

b Asked of people experiencing homelessness only

c Too few respondents for a meaningful mean score

Note: Percentages may not total 100 due to rounding

Responses were on a scale of 1-3: not a challenge, little challenge, big challenge

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