Gaps Analysis, Fredericksburg Regional Continuum of Care

2024

FEBRUARY 29, 2024

University of Mary Washington,
Public Sociology Students,
under the direction of
Dr. Leslie Martin
lmartin@umw.edu

Researchers:

Dr. Leslie Martin

Ava Baugh

Rebecca Cruz Briones

Hayley Dreyer

Adrianna Giddings

Kai Green

Ava Hart

Daelynn Harvey

Hannah Hatfield

Gavin Kearns

Cate Kelly

Beibhinn Lawrence

Riley Lopez

Jordan Lyons

Sydney Lytle

Drew Mackert

Susannah Mayer

Anna McCandless

Makai Milton

Emily Mousso

Melody Norton

Kelly Pratt

Maren Raposo

Rachel Richardson

Phoebe Root

Alexis St. Clair

Rosemary Sango

Eli Smith

Megan Stoica

Emelie Wiedner

Nahjah Wilson

Table of Contents

Executive Summary

To identify barriers and challenges faced by users of the Fredericksburg region's homeless services system, researchers connected with people experiencing homelessness, homeless service providers, and other CoC members. They also examined some HMIS data from 2019 to 2023 to supplement the qualitative data collected.

The report that follows contains reports focused on each data source (HMIS data, interviews with service providers, etc.). From each of these explorations, a few overarching patterns emerged, discussed below. None of these findings will be a surprise to those familiar with our system; however, we hope that seeing concerns laid out so consistently and clearly will support efforts to address them.

1. **Limited shelter capacity is on everyone's mind**. Even when asked other questions: questions about housing, about other aspects of the system, about exiting homelessness – time and again, respondents discussed the challenges of not being able to access sufficient shelter beds, and sufficient shelter beds to serve a varied population (including those with substance use issues, mental health concerns or criminal records).
2. **Lack of affordable housing makes exiting or preventing homelessness extremely challenging in our area**.
3. **Information flows are seen as informal, not as thorough as many would like.** Service providers, CoC members and people with lived experience each mentioned not having enough information about services, ways to access them, appropriate contacts, and more. People experiencing homelessness reported getting information on services from the street, and organization staff described challenges they see that people with few resources have in terms of finding out how best to get help.
4. **Prevention efforts and addressing those who may not be literally homeless** (especially couch surfers) are seen as needing more attention from the CoC.

5. **Transportation and support for folks with mental health needs.** CoC members and people with lived experience were very clear on the need for more effective transportation (ideally additional FXBG Go bus coverage). Service providers and CoC members emphasized the desperate need for more mental health support.
6. **What is measured is what matters**. Our HMIS data has some notable missing pieces: there are variables of interest to the community that were not gathered systematically by Fall 2023 (particularly LGBTQ+ identification). Additionally, many of the variables that would help us see the outcomes of interest (exit destinations, reasons for exit, etc.) have so much missing data that conclusions can only be drawn tentatively.

We valued the opportunity to learn more about the community, and hope that information contained here is helpful as the FRCoC looks at strategic planning for the future of our community.

This study was approved by the University of Mary Washington Institutional Review Board.

I. HMIS data analysis

Introduction

We have analyzed HMIS data to look for patterns in populations and services. Although the data is extensive, we discovered some key gaps and trends that have the potential to impact the quality of the CoC's services. The goal of this report is to discuss and highlight any pertinent gaps in which the source data was missing, and also provide suggestions for how local service providers could improve their services and data collection processes. The presence of comprehensive and accurate data is crucial for understanding and addressing the needs of the community, as well as finding new strategies to efficiently direct resources to those who need them the most. Ultimately, the feedback in this report is intended to assist the Fredericksburg CoC's humanitarian mission of acknowledging, understanding, and addressing the issue of homelessness in the Fredericksburg area via data-driven decisions. Through this joint effort to address underlying gaps, collectively, the community as a whole can work towards the pursuit of meaningful and palpable improvements for the experiences of this highly marginalized population.

Methods

The data in this report was obtained from HMIS data on three main programs associated with the local continuum of care (CoC) group in Fredericksburg – street outreach, emergency shelter (ES), and housing. For all three programs, we examined data from both 2019 and 2023. We managed this data by organizing our findings into four main categories – demographics, experiences with homelessness, services (specific providers), and overall missing data.

Statistical analysis was conducted through the use of Excel and SPSS to produce tables and graphs to better visualize findings. These visualizations helped us to understand specifics within the four previously-mentioned categories. All relevant charts and graphs are provided in Appendix A.

Findings

Client Characteristics

Demographics

Gender. Gender composition of clients are similar across program types & years examine. The overall trend is that men/boys make up about two-thirds of the client population served. This means that women/girls make up about a third of the population served. There is an exception with Street Outreach in 2023, where men/boys take up about three-quarters of the clients served. There is a higher rate of men in street outreach than there is in the Housing and Emergency Shelter.

Two concerns with this data are about quality and inclusivity. There seems to have been an issue with the data from Housing 2019: the numbers don't appear logical. Additionally, the number of clients noted as having a gender outside of the traditional binary is so low that it suggests an undercount. We suggest making sure all providers are comfortable asking questions and recording data on this.

Veteran Status. Across programs and years, the vast majority of clients served are not veterans. The lowest percentage of non-veteran status was from the Emergency Shelter data from 2023 at 92%. The highest percentage of non-veteran status was from the HMIS Housing data of both 2019 and 2023 at 95%. Street Outreach from both 2023 and 2019 had 94% of respondents not having veteran status. Emergency Shelter 2019 had 93%.

Education. Across the board, CoC clients highest level of education obtained was a high school diploma. In street outreach programs, slightly over half of clients completed high school or more. In housing programs, 60% of people had completed high school education while only 36% of individuals completed anything after high school. Only 34% of 2019 emergency shelter clients completed a high school degree. Missing data was significant on this variable.

Experiences with Homelessness

Prior Living Situation. "Places not meant for habitation" as well as "emergency shelter" are the two most common prior living situations for the clients served. "Places not meant for habitation" can include cars, abandoned buildings, outside, etc. "Emergency shelter" includes a hotel or motel paid for with emergency shelter vouchers and host homes (HUD).

Places not meant for human habitation. Street Outreach saw the most data that included people previously living in this situation. In 2019, 50% of clients stated that they had previously lived in a "place not meant for habitation." In 2023, there was a spike in clients previously living in this situation at 75% of clients. Emergency Shelter for both 2019 and 2023 had 34% of respondents say that they had previously lived in a "place not meant for habitation." Housing data from 2019 and 2023 had lower amounts of clients previously living in "places not meant for habitation" with percentages ranging from 22% to 24%.

Emergency shelter. Street Outreach had the lowest numbers of clients who had previously stayed in "emergency shelter:" 17% of clients in 2019 and 7% of clients in 2023. Emergency Shelter data from both 2019 and 2023 have similar rates of clients previously staying in this living situation ranging from 22% to 25%. Housing data from 2019 had 42% of respondents say that they had previously resided in "emergency shelter". In 2023, there was a jump in "emergency shelter" respondents with 62%.

Housing in 2019 had a relevant location not seen in any of the other data sets, "rental by client with ongoing subsidies" at 21% of clients.

These results are not surprising, given the nature of the street outreach, emergency shelter and housing programs. They do clearly indicate that these programs are serving their intended population: those literally homeless.

Number of Times on the Street in the Past Three Years

In both ES and Street Outreach in 2019, 38% to 39% of clients reported being on the street once in the past 3 years. In 2019, 50% of ES clients reported more than one episode of homelessness, while Street Outreach reported 61%. For ES and Street Outreach 2023, 48% to 54% of clients reported being on the street once. In 2023, about 46% of ES reported more than one episode of homelessness, while Street Outreach reported 52%.

Comparing ES 2019 and ES 2023 data reveals notable shifts in the frequency of street homelessness over time. While ES 2019 shows that 38% of clients were on the street once and 50% more than once, ES 2023 shows a higher proportion, with 54% reporting being on the street at least once and 46% more than once. This suggests a potential increase in the occurrence of street homelessness between the two periods. Approximately 5% of clients either did not know or did not provide any data.

Experiencing 4 or more episodes of homelessness in 3 years is a meaningful category for HUD, so we also examined the percent of clients who fit that criteria. Between 2019-2023, the percentage of emergency shelter users who reported 4+ episodes of homelessness declined from 15% to 12. The decline in those counted by Street Outreach with 4+ times homeless in 3 years is more marked: from 19% to 8%. It may be worth looking more closely at that data to determine if there was a significant change in population or program, or if this is a data collection error.

Street outreach, 2023, Number of times homeless in past 3 years

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		15	2.0	2.0	2.0
	Client doesn't know (HUD)	3	.4	.4	2.4
	Four or more times (HUD)	66	8.7	8.7	11.1
	One time (HUD)	352	46.6	46.6	57.7
	Three times (HUD)	76	10.1	10.1	67.8
	Two times (HUD)	243	32.2	32.2	100.0
	Total	755	100.0	100.0	

Number of Months on the Street in the Past Three Years

This information was analyzed across emergency shelter 2019 & 2023 and street outreach 2019 and 2023. Generally, the data shows an interesting pattern: most responses are either "1 month" (newly homeless) & "12+ months" (longer-term homeless.

The emergency shelter data from 2023 was different in that over ½ of the entries (56%) stated that the data was not collected at all. This is a massive gap that is not seen elsewhere across the previously mentioned datasets.

Regardless of why these data gaps exist, it might be beneficial to simplify the range of possible answers. Rather than focusing on specific numbers, it would be easier for the clients to quantify their experiences into broader boxes, and this would create higher-quality data as a result. Categories could include: less than a month, half a year, a few months, two years, too inconsistent to say, etc.

Services

1. **Providers**

For Fredericksburg and surrounding areas, Thurman Brisben Center had the highest number of people in 2019 who received services under Emergency Shelters. They totaled 578 individuals

compared to 2023 where Micah Cold Weather Emergency Shelter was the area's top provider totaling 192 individuals. Clearly the most notable change identified is the decrease in data from the Brisben Center.

HMIS data shows that in terms of housing providers (not shelters) in 2019 48% of people stayed at Loisann's Hope House while 51% stayed in a variety of Micah Ministries programs. 2023 shows a slight decrease in people housed by Loisann's Hope House, but saw the same number of individuals who were being serviced by Micah ministries in 2019.

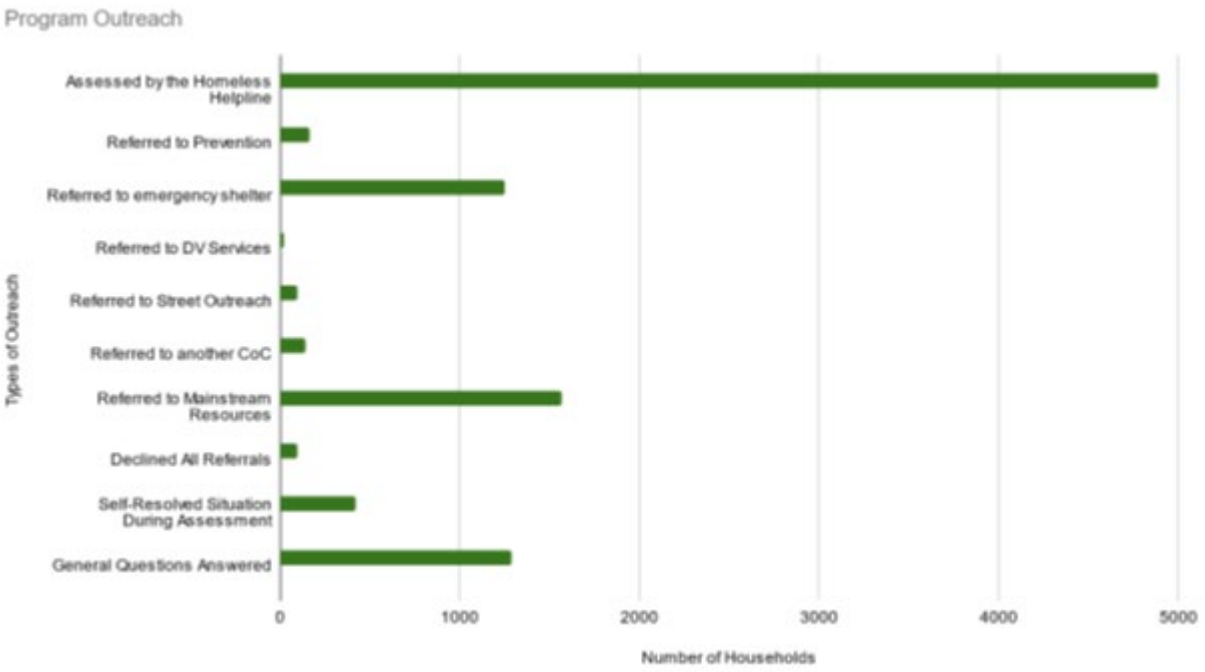
2. **Homeless Helpline**

The Homeless Helpline data gives information on program outputs, program indicators (separated by emergency shelter and prevention), callers by county, household income, ethnicity, gender, race, and military veteran status. For coordinated entry, both program outputs and program indicators are the most important parts of the data in this section. However, callers by counter and the demographic information could be useful for showing how resources should be allocated. For example, if Fredericksburg is being served more than Spotsylvania and Stafford, then the CoC might need to come up with a different approach to account for people in those counties.

Program Outcomes / Program Indicators.

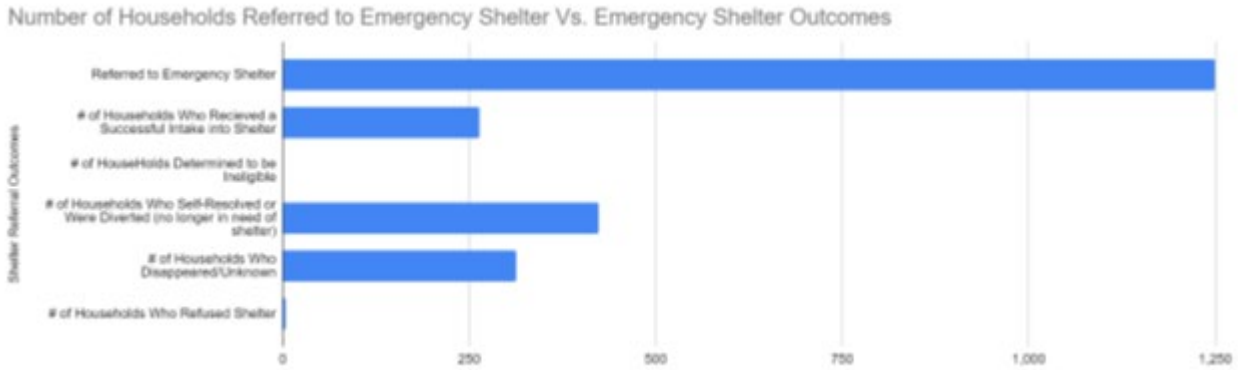
The data shows that 4,885 people were able to access the Homeless Helpline. These callers were either referred to prevention, an emergency shelter, domestic violence services, street outreach, another CoC, or mainstream resources. There are also categories for if they self-resolved their issues, declined all referrals, or had their general questions answered. The most common type of referral was emergency shelter (25.6%) and mainstream resources (83.2%). The least common type was referral to DV services (0.5%), referral to street outreach (1.9%), and declining of all referral types (1.9%)

"Program Outcomes" graph from the Homeless Helpline data.



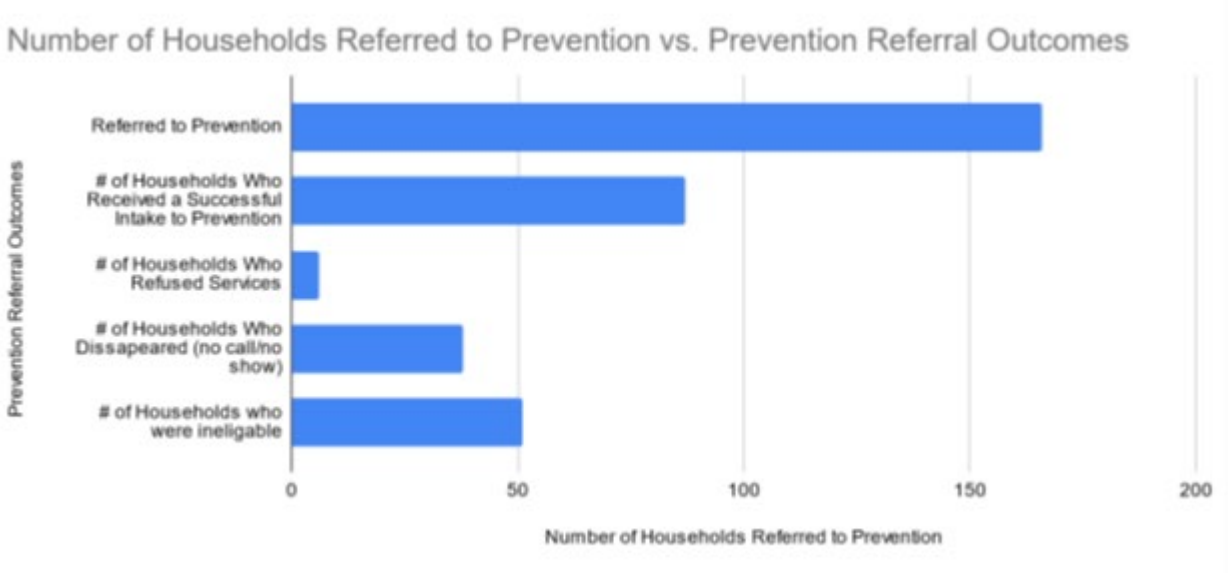
The helpline also has information on what happens to people who are referred to emergency shelter and prevention. With emergency shelter, a majority of people self-resolved or diverted their situation (33.8%). That is more than the people who were successfully put into shelters, which was only 21%. Additionally, only 3 people refused the service entirely.This data also shows that out of 1,250 referrals, around 248 people were still waiting for a response as of October 2023. In other words, those 248 people were still homeless (Figure 2).

"Emergency Shelter Outcomes" graph from the Homeless Helpline data.



As for prevention outcomes, only 166 were referred to prevention services. Out of those 166 people, about 87 (52.4%) had a successful intake, 51 (30.7%) were ineligible, 38 (22.8%) disappeared, and 6 (3.6%) refused any sort of service (Figure 3). However, there is no clear idea of what qualifications somebody needs to be referred to a shelter/prevention service or how long that process normally takes. That is important to take note of when this final report is written for the CoC. The data that the CoC enters should be written for the general public to understand.

"Prevention Referral Outcomes" from the Homeless Helpline data.



Demographic Information.

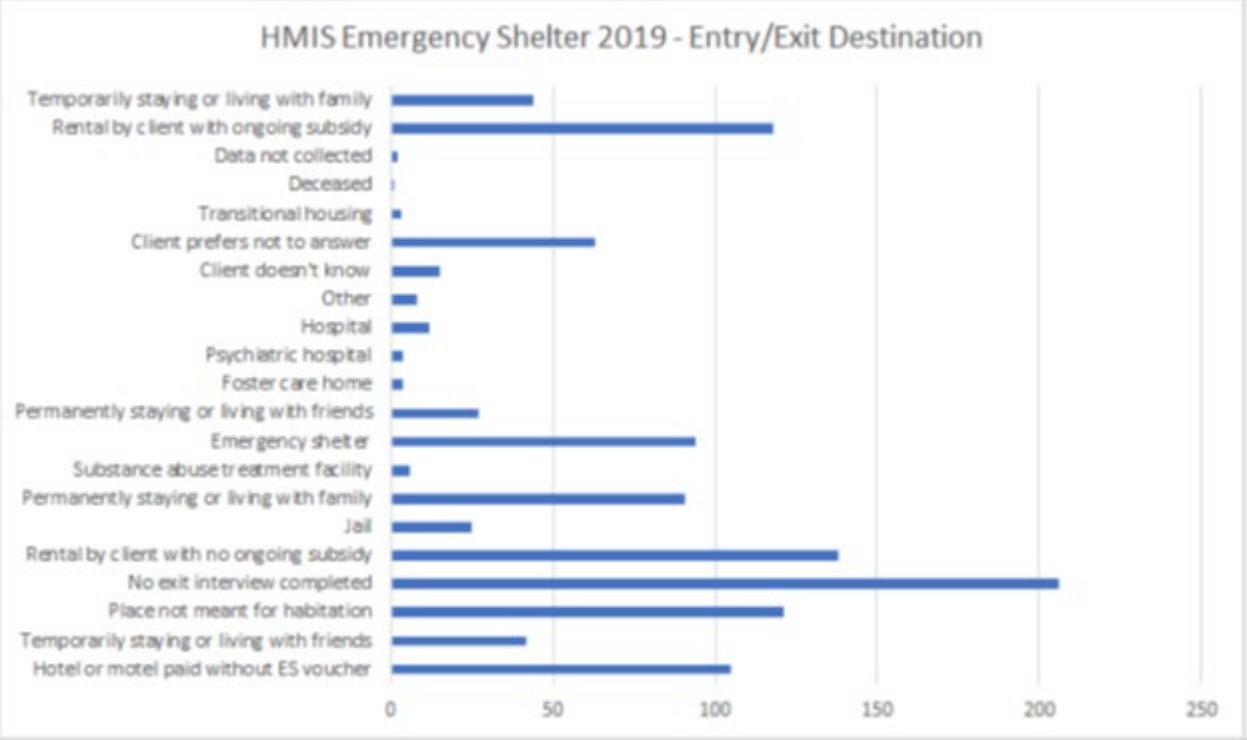
Most of the people that call the Homeless Helpline tend to be black, non-Hispanic males that are in the 0-30% household income percentile. However, a majority of the data is not given for both callers by county and military veteran status. This is obviously a problem. This will be elaborated more in the "Memo for Students" section when talking about gaps.

3. Program exit destinations & reasons

Entry/exit destination.

For all program types, in both 2019 and 2023, "no exit interview completed" and "missing" are the most common responses. This category is integral to understanding where people are placed within the system and if those services are successfully preventing homelessness. Despite this being an important category, especially when trying to understand coordinated entry, it is not being prioritized. For instance, out of the 1,130 entries in this category, over 200 exit interviews were not completed. Figure 5 provides an example of response distributions.

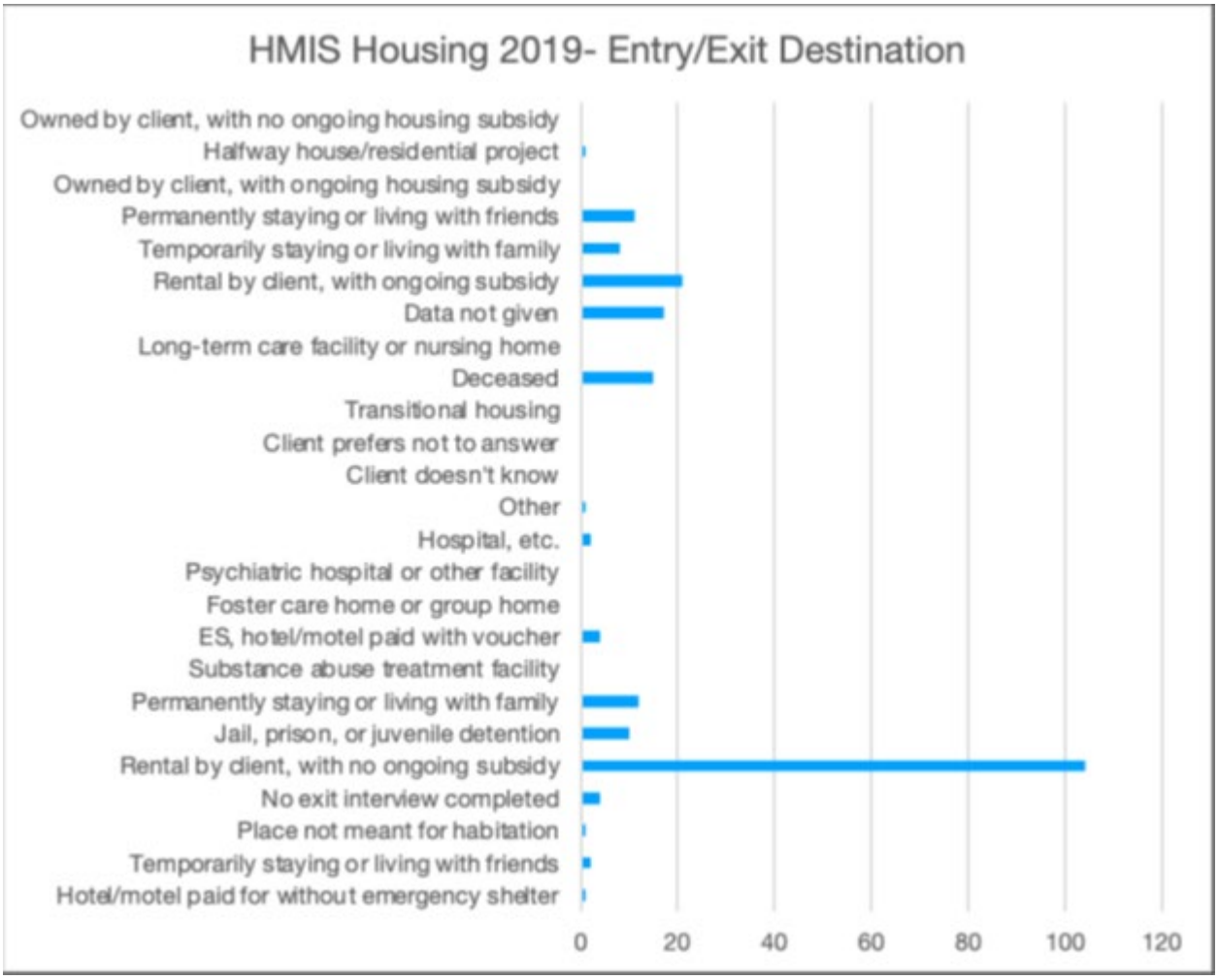
"Entry/Exit Destination" graph from HMIS Emergency Shelter 2019 data.



Exits to rentals (with and without subsidy) comprise the second most common exit destination category; but also of note are the exits to "place not meant for habitation" and to emergency shelter.

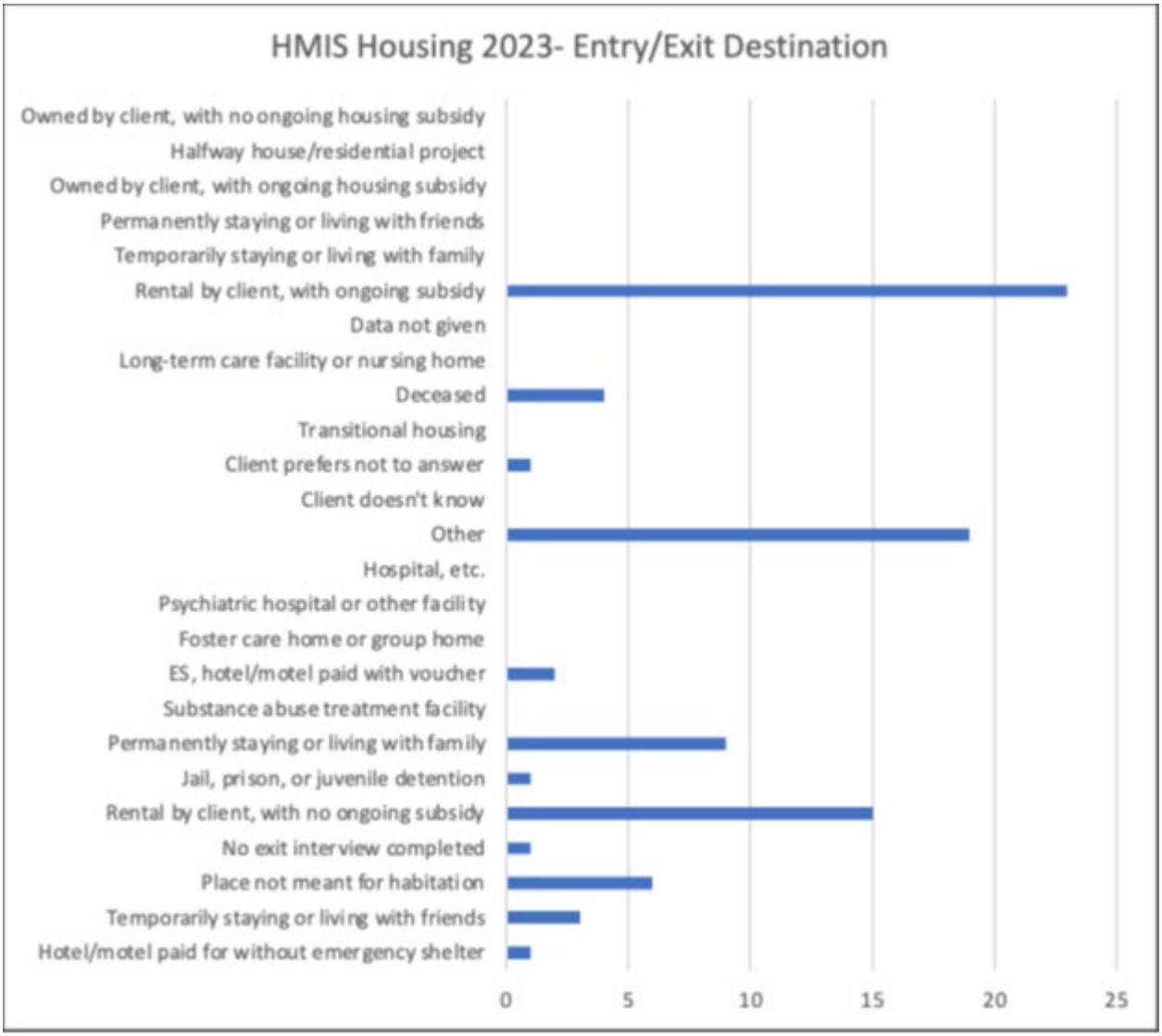
For those exiting housing programs, in 2019 the most common exit destination was to permanent housing without subsidy – a strong sign of program effectiveness.

"Entry/Exit Destination" graph from the HMIS Housing 2019 data.



However, in 2023, rentals both with and without subsidies were the dominant categories.

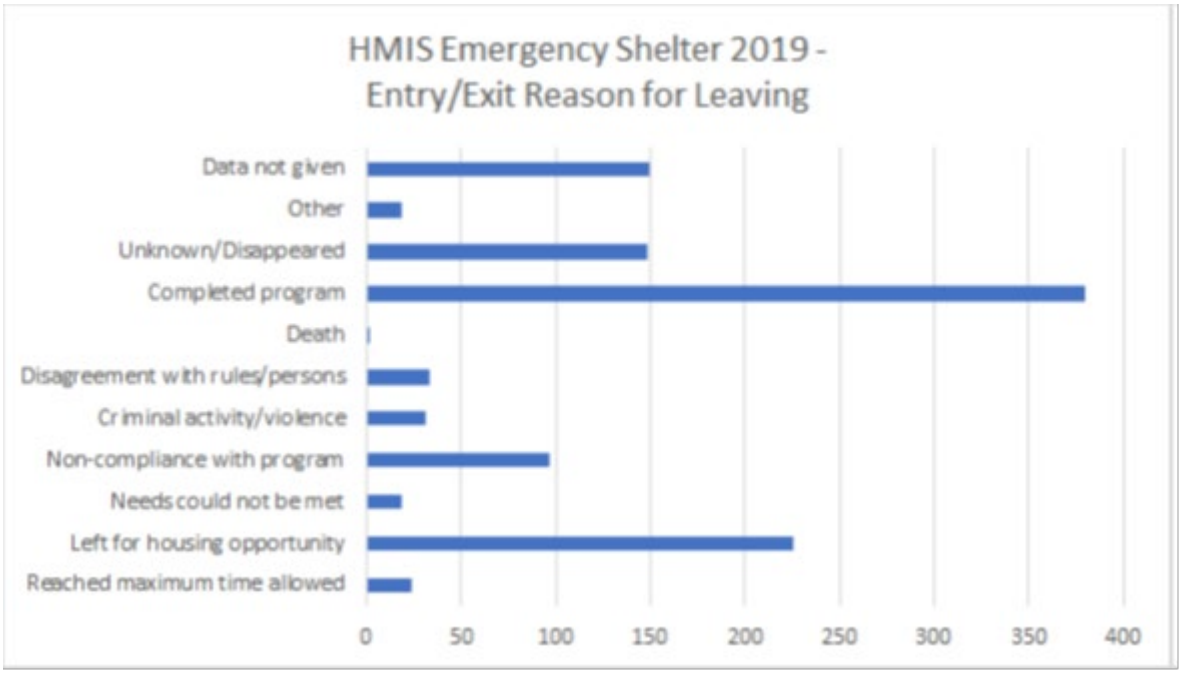
"Entry/Exit Destination" graph from the HMIS Housing 2023 data.



Entry / Exit Reasons for Leaving.

There are a variety of outcomes in this category. In 2019, a majority of emergency shelter clients "completed their program," but it's uncertain what this means, especially since there is a category called "left for housing opportunity" (Figure 6).

"Entry/Exit Reasons for Leaving" graph from HMIS Emergency Shelter 2019 data.



"Completed program" and "data not given" are the most consistent reasons for leaving in all 3 programs, across 2019 and 2023.

Missing Data

It is important to acknowledge systematic missing data: both of questions asked and thoroughness of data entry.

Despite efforts to be inclusive in serving the community, when we lack good data on who we are serving, we cannot evaluate progress (or lack thereof.). We did not have race data to examine, so cannot draw conclusions on this. It appears that questions are not asked about LGBTQ+ identity, which masks the unique challenges that this marginalized community faces, which delays efforts to create support services that will address their specific needs. Addressing these data gaps is vital to

making sure that responses to homelessness are inclusive, equitable, and responsive to the various experiences of those who are being served.

Missing data due to incomplete responses: This occurs in several variables, the most significant of which are listed below:

Number of Times Homeless: In ES 2019, a noteworthy data gap emerged from the 12% of clients who did not provide any data. Similarly, in ES 2023, there are data gaps represented by the 5% of clients who either did not know or did not provide any data. Street Outreach from 2023, 35% of education attainment levels had not been collected. Similarly, ES 2019 and 2023 had missing answers for 21%-28% of the clients about their education levels. These gaps may limit our ability to fully comprehend the distinctions of street homelessness dynamics, including factors such as demographic characteristics or service utilization patterns. Addressing these data gaps through enhanced data collection methods and strategies for improving response rates will ensure the comprehensiveness and reliability of future analyses and interventions.

Length of Homelessness: The emergency shelter data from 2023 reveals a significant gap in information regarding the length of individuals' homelessness, unlike any other observed across the previously mentioned datasets. 56% of entries (332 out of 597) did not contain any data regarding the duration of individuals' homelessness.

Education: In ES 2019, 21% of education data was missing, suggesting potential limitations in data collection methods or client participation rates. This gap widened in ES 2023, where 28% of education information was absent, indicating ongoing challenges in capturing comprehensive educational profiles of individuals experiencing homelessness. Street outreach efforts in both 2019 and 2023 faced similar issues, with 34% and 35% respectively grouping data for less than a high school degree and missing data together, highlighting persistent gaps in educational information across years. Moreover, housing data in 2023 revealed missing education information specifically from individuals staying at Loisann's

Hope House.

Emergency shelter data in-particular had hugely different numbers from the 2019 and 2023 data; there were 1,129 entries in 2019, and only 597 in 2023. There are a few possible factors that may have influenced this dramatic drop in data entries:

- *Drastic decline of homelessness*: It is possible that the amount of people requiring emergency shelter had dwindled between 2019 to 2023. However, considering the economic impacts of the pandemic, this seems unlikely.
- *COVID-19 deaths:* People experiencing homelessness oftentimes face massive barriers when seeking healthcare, so are therefore an extremely vulnerable group of people. Homeless people have high rates of untreated underlying conditions, they often struggle to access methods of basic sanitation, and many were not able to social distance without owning a home in which they could isolate and protect themselves.
- *Access barriers between the homeless population and the homelessness services*
- *Data collection and reporting errors:* Changes to the data management systems, staffing shortages, and budget shortages could all impact the ability for staff to efficiently collect and store data.

Regardless of the reason behind this difference, a loss of ½ the data meant that during this analysis, one individual's entry from 2023 had the same weight as two individuals' entries from 2019. This would absolutely be worth looking into, so that the amount of data does not continue to drop in the future.

*** See Figure 4 "Provider Data" graph from 2019 Emergency Shelter data*
*** See Figure 5 "Provider Data" graph from 2023 Emergency Shelter data*

Conclusion

This analysis aimed to describe patterns in who uses services and their outcomes. to reveal key areas of improvement regarding data collection by the Fredericksburg CoC. Vitally, major gaps emerged surrounding the capture of race/ethnicity and LGBTQ+ information from clientele. The simple addition of this information on client intake forms would significantly improve equitable, inclusive, and culturally competent support across the homeless population.

Other key findings included a data gap regarding education, where 21-35% of data (specifically street outreach & emergency shelter) wasn't recorded in 2019 or 2023. HMIS data showed that many people who were experiencing homelessness, specifically those receiving care from Loisann's Hope House in 2023, had very low levels of post-secondary education.

Emergency shelter data had some of the largest gaps throughout the datasets that were analyzed, including the largest gap we saw: Regarding the clientele's answers for their total number of months homeless, in 2023, 56% of the entries – over ½ – were listed as "Data not collected". Gaps in other areas of the ES 2023 dataset ranged anywhere from 3% to 56%. 25% of data was missing for entry/exit destinations, 28% of data was missing for education levels, and 3% of data was missing for prior living situations.

Emergency shelter data also uncovered a potential reasoning behind some of these data gaps. Regarding the question about the clientele's entry/exit destinations, one of the possible answers was "No exit interview completed" in addition to the typical "Data not collected" option. Of the 2019 ES entries, 19% of the entries were said to have not completed an exit interview at all. The 2023 ES entries actually had a concerning increase; 25% of clients didn't have an exit interview that year. In both years, "No exit interview completed" was listed as the most common answer. In 2019, the "Data not collected" was the fourth most common answer; in 2023, it was the second most common answer. This is a major gap that's worth further analysis.

Appendix A

Figure 1

Figure 2

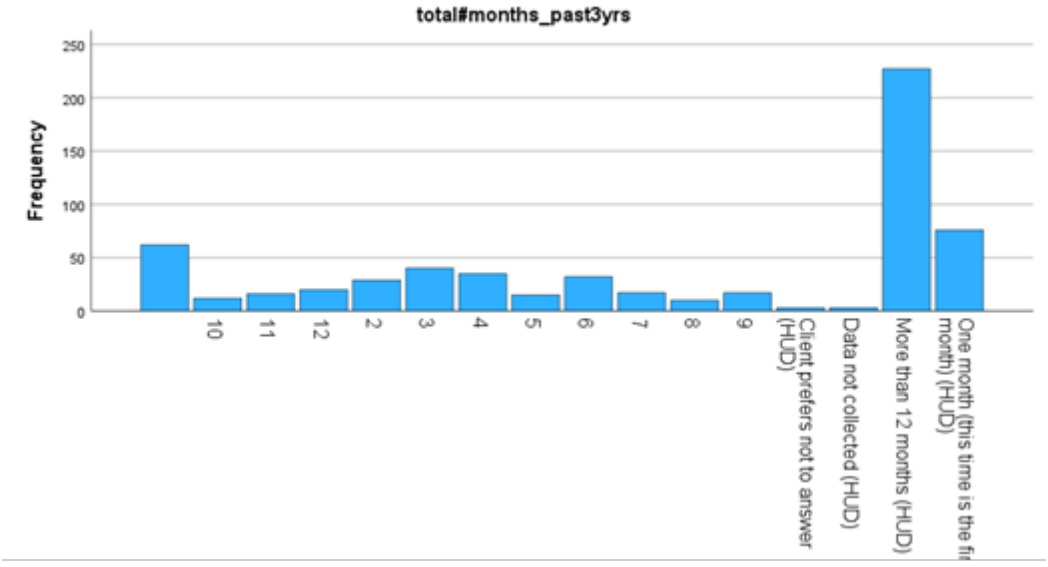
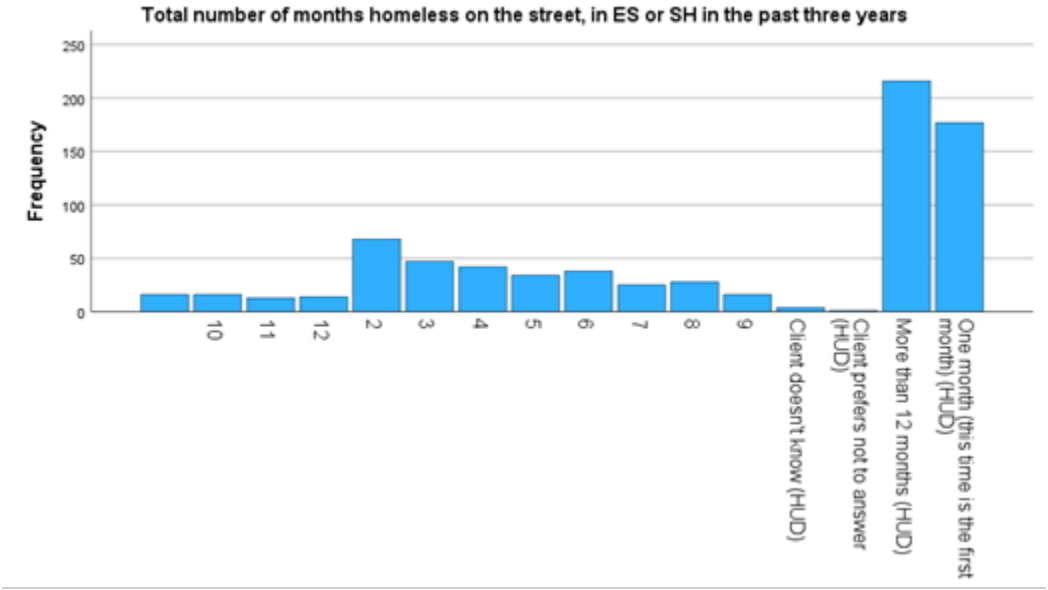


Figure 3



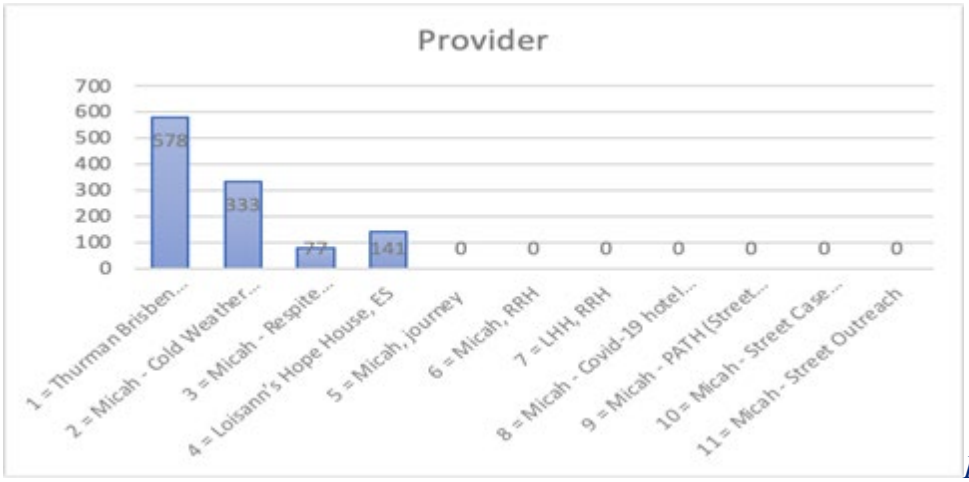


Figure 4

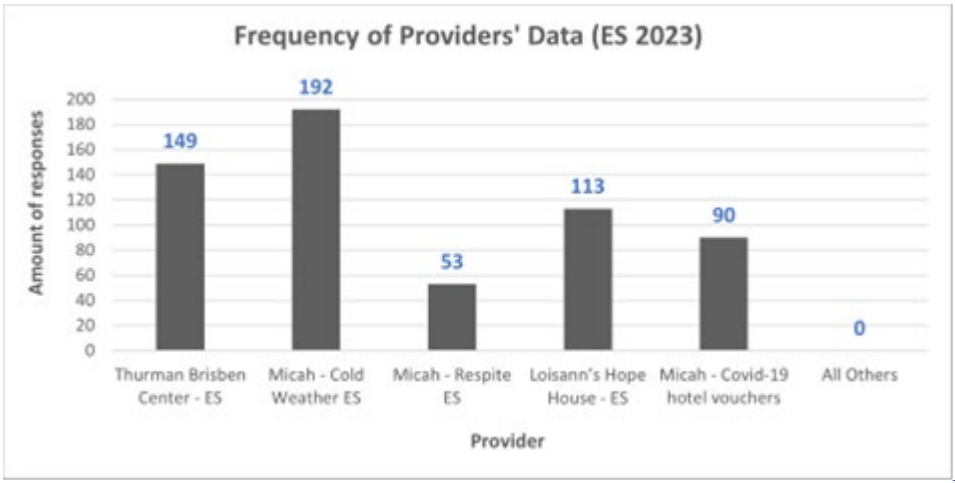

Frequency of Providers' Data (ES 2023)
Amount of responses
200
180
160
140
120
100
80
60
40
20
0
149
192
53
113
90
0
Thurman Brisben Center - ES
Micah - Cold Weather ES
Micah - Respite ES
Loisann's Hope House - ES
Micah - Covid-19 hotel vouchers
All Others
Provider

Figure 5

II. Lived Experience

INTRODUCTION

The Fredericksburg community is diligently striving to improve the issue of homelessness. To improve the homeless services offered, it is important to get insight from people experiencing homelessness. These individuals actively seek support from the city's service providers, who offer temporary shelter, meals and more.

METHODS

To get the perspective of individuals without housing, 2 separate teams of students developed surveys and administered them both in person and online. These short surveys took about fifteen minutes to conduct. Respondents gave informed consent before participating, and were compensated with grocery gift cards and/or incentive bags from the Point in Time Count. To conduct the surveys, we connected with Loisann's Hope House, Micah Ecumenical Ministries, and the Central Rappahannock Library. Teams received a total of twenty-one responses. The subsequent section will discuss the findings, while the questions used can be found in Appendix A.

FINDINGS

Most respondents wanted to talk about shelters and barriers to entry that people experience daily. An overwhelming majority, 90.5% of our respondents, reported having stayed in a shelter at some point. One of the main shelters that was mentioned was Micah Ministries with 28.6% of the respondents indicating its usage. Although most respondents focused on concerns about shelter, two other parts of the system also received mention in the surveys and interviews: the homeless helpline, employment and transportation.

I. Shelters

Issues with Shelters

Numerous obstacles prevent individuals from seeking shelter, including concerns such as bed bugs (40%), the need for personal space (20%), and negative past experiences with shelters (such as theft of belongings, limited operating hours, frequent conflicts and unsanitary conditions). There was also concern expressed about the health risks posed by ill individuals in shelters, potentially exposing others to illness.

Despite these challenges, all respondents acknowledged the pressing need for more shelters due to the current disparity between demand and availability. A significant number of respondents emphasized that the homeless population exceeds the capacity of available shelters, often resulting in individuals being forced to sleep outdoors.

Many of the interviewees mentioned the barriers they faced while trying to get into a shelter. Some mentioned that shelters do not allow people entry if they have a criminal record, drug or alcohol abuse, or if they associate with people who are not welcome in the shelter.

Suggestions from the People

Suggestions for enhancing the shelter process highlighted the critical need for improved accessibility and support. Respondents recommended enhancing security measures and expanding shelter capacity by repurposing newly constructed buildings in the Fredericksburg area. One individual proposed utilizing open dormitories at the University of Mary Washington, in a designated area separate from student facilities, or repurposing old government buildings for housing purposes. Additional recommendations included providing financial assistance and stability based on individual needs and genuine requirements for support. There were also suggestions for government funding to provide counseling services for mental health issues and drug abuse.

II. Homeless helpline

Regarding the helpline, 57% of people surveyed experiencing homelessness had utilized it, while 42% had not. Among those who used the helpline, 28% reported it as not being useful. For instance, one participant recounted calling the helpline persistently for three weeks without receiving any assistance. Two individuals described negative experiences, citing inconsistency and rudeness from helpline staff.

Conversely, 23% of respondents found the helpline to be useful, noting that it connected them to valuable resources and addressed their inquiries effectively. For example, some participants mentioned that the helpline provided information about available resources, despite not being able to access shelter beds. Another person surveyed expressed that they found the homeless helpline beneficial for linking them to resources and information regarding homelessness and Micah.

These findings underscore the importance of evaluating and potentially improving the helpline service to better meet the needs of individuals experiencing homelessness, ensuring consistent and supportive assistance is readily accessible. People lost hope of calling the helpline because they felt like they were waiting for hours and were not able to get anyone on call. They suggest having a waitlist for the homeless helpline that would guarantee that they will be able to speak with a professional.

III. Finding & Keeping Income, Employment

Employment emerged as a prominent theme in our research, with 57% of respondents reporting receiving assistance in obtaining employment, often through Micah's support services. These individuals credited Micah for their current employment status. However, challenges persisted for some, such as one person whose identity theft by their own mother complicated

their job search, and another who faced obstacles due to epilepsy, hindering their ability to maintain long-term employment. On the other hand, 28% of respondents had not received assistance in finding employment, and nearly half of the respondents (42.9%) reported not receiving help with securing a steady income. One respondent felt that there needs to be job training to gain experience to succeed in their job. Some of these individuals successfully secured jobs independently, utilizing resources like Indeed and relying on word-of-mouth referrals.

While Micah's assistance was widely praised, respondents also highlighted the ongoing challenges of maintaining employment, particularly for those experiencing homelessness. Issues such as unreliable transportation and inadequate sleep, exacerbated by spending nights outdoors, were cited as significant barriers to job retention.

IV. Permanent housing

Fewer respondents spoke about permanent housing assistance, probably because surveys were conducted with people without current housing. 28.6% of respondents stated that they faced difficulties in obtaining permanent housing. Few elaborated on those difficulties, though one is concerned that delays in getting housing are due to service providers looking to benefit financially.

V. Transportation

The Fred Bus serves as a vital transportation option for many residents in Fredericksburg, offering accessibility to various areas within the city. However, while it provides valuable service, its routes primarily focus on the downtown area, leaving outlying locations underserved. This limitation becomes especially problematic for individuals seeking employment or attending appointments outside of the downtown core. Respondents highlighted instances where they were unable to access job opportunities or attend appointments due to Fred Bus's route limitations. For example, individuals with job prospects near Central Park found it

challenging to commute to their workplaces efficiently. Additionally, those with time-sensitive appointments outside of downtown faced difficulties relying solely on the Fred Bus, as it may not align with their schedules or destinations.

To address these issues and ensure equitable access to employment and essential services, respondents advocated for the implementation of free transportation services to a broader range of locations throughout Fredericksburg. By expanding public transportation coverage, particularly to areas with high job density or essential service facilities, individuals would have greater mobility and flexibility in accessing opportunities and fulfilling their commitments. This broader reach of transportation services would ultimately contribute to enhancing the overall well-being and economic stability of the community.

CONCLUSION

The individuals that we interviewed told us that a significant part of the Fredericksburg homelessness community that have lived in shelters claim that 'there are more homeless people than there are shelters.' Based on the feedback from our homeless community, we conclude that to improve the services, we need to make admissions to shelters more accessible to meet the needs of everyone. The people who have stayed in a homeless shelter hope for more security enforcement in order to feel safe in these shelters. In our data, more people have not gotten a job through these services than the people who have, so the system for getting jobs can be improved upon; yet Micah ministries has helped the people who have gotten a job. The shelters have helped people stay out of the cold but there are always ways to improve the lives of the people who are experiencing homelessness, through finding a job, staying in a safe shelter, and feeling safe.

Appendix A

Survey One (Fall 2023)

1. **How did you hear about services available to people facing homelessness in Fredericksburg?**
2. **Did you use or have you heard about the homeless helpline?**
3. **If you did reach out to the Homeless Helpline, what was your experience like? Is there anything you would like to change about how that process worked?**
4. **Has transportation been an issue for you in accessing homeless services? If so, how?**
5. **What problems did you face while trying to get help?**
6. **Were the programs you worked with helpful to you? Why or why not?**
7. **If you have children with you, do you feel their needs were met? Were you happy with the services given to them? Why or why not?**
8. **How could these programs be more helpful to people trying to get assistance?**

Survey Two (Spring 2024, online)

1. **Have you ever stayed in a shelter?**
2. **What homeless services have you used before?**
3. **How helpful or unhelpful were the services?**
4. **Have you used the homeless helpline?**
5. **If yes, was the homeless helpline useful?**
6. **Did you have any difficulties getting into permanent housing?**
7. **Are you currently employed?**
8. **How did you find your current employment?**
9. **Anything else you think we should know about how our community helps folks without stable housing.**

Interview (Spring 2024, face-to-face)

1. **Do you have children with you or anyone else that you are taking care of?**
2. **Are you a veteran?**
3. **What kind of help or services have you used since you lost your housing?**
4. **How did you hear about these services? (Friend/other people on the street/facebook/website/other)**
5. **Have you used the homeless helpline? (yes/no)**
6. **What was your experience with using the homeless helpline?**
7. **Have you ever stayed in a shelter? (yes/no)**
8. **Are there any reasons you would not stay in a homeless shelter?**
9. **How can we improve in homelessness shelters to benefit you?**
10. **Is there a need to have more homeless shelters? Why?**
11. **Have you gotten help with permanent housing from any of our homeless service organizations? (If no, skip to next section)**
12. **Did you have any difficulties getting into permanent housing? (if yes, can you describe your difficulties?)**
13. **What went well?**
14. **How can we improve the process of getting into permanent housing?**
15. **Have you gotten any help with increasing income or finding jobs?**
16. **Did you have any difficulties getting an income/job?**
17. **How can we improve the process of getting jobs/income?**
18. **Is there anything else you would like us to know about homeless services?**

III. Homeless service providers

Introduction

To flesh out our understanding of what works or does not in the Fredericksburg homeless services system, we sought the insight of homeless service providers themselves.

Methods

To learn more about service provider experiences, the researchers conducted with 10 homeless services providers, and then analyzed the responses to identify key themes and suggestions. We created an interview instrument to help identify barriers and gaps in the system of services. Questions are listed in the Appendix of this section of the report.

We reached out to a list of organizations within the CoC, to seek participation in this study. We informed the representatives of the confidentiality of our research. Every representative we contacted who responded was interviewed either in person or via Zoom. We provided them with an informed consent form and we asked for consent. The approximate length for the interviews was around 30 minutes. Our interviews were conducted over a period of 22 days, from Friday, November 10th through Friday, December 1st.

Recordings (both audio and visual) and transcripts of the interviews were collected. We coded the transcripts by finding related statements among them and assigning a color to the related statements. For example, they coded those statements using a "lack of funding" code under the umbrella theme of "policy." Once they individually coded the divided transcripts, they got together as a group to talk about our codes and collaborated to find common themes. The researchers then compiled a list of key themes provided by the perspectives of service providers. These key themes include findings such as the process of seeking services, policies, homeless services, lack of inclusivity, and capacity.

Findings

Homeless service providers described challenges and strengths in how people enter the homeless services system, the processes of screening and prioritizing people for services, limited capacity, and meeting the needs of challenging populations. Although respondents were asked about many aspects of our system, they had the most to say about sheltering.

Entering the homeless system:

Limited familiarity

An issue with the current homeless system is a lack of knowledge within the homeless community about the services. There are people who don't have access to a cell phone for calling a homeless helpline, there are some people who aren't made aware of a homeless helpline. One respondent suggests improving the homeless public knowledge by saying,

> "There has to be alternate points of access [to resources]. I would love to see a point of access at the library. I would love to see a worker there who says, you can come and talk to me about accessing coordinated entry. You can come talk to me about homeless services, because the library is a huge hub for our unhoused members in this community. I think [a poster at the library] would be super smart. I also think that folks who are unhoused have a habit of not looking because they're not used to those things, not serving them. I would also say there's a difficulty with literacy. And so it might not even occur to them to look over there if they can't read."

Another gap is the lack of prevention services knowledge. Without prevention, the number of unhoused individuals will keep growing. One respondent stated,

> "We could certainly use more prevention resources so that when people are about to face eviction and just need to get caught up on their rent, if we had more prevention

resources to help those people not fall into homelessness to begin with, that would certainly help. So we don't have enough resources on the whole end."

Other service providers made similar statements such as,

"So from my perspective, I think it's great to have one number that they call, um I think it's difficult for families though because they don't know where to get that number. They've [the families] got to know somebody to know how to get that number for the coordinate assessment line. Um, I don't really think it's [the number for the coordinate assessment] is easily accessible out there [outside.] I think if you Google it you'll find it but, I think when you're living in a state of homelessness and life is really hard, that's not where your brain is. Not even a function on that executive functioning level, so that just makes it harder."

Helpline

People in need of services can call the helpline if they are sleeping outside, in need of emergency shelter, or at risk of sleeping outside, or needing emergency shelter within 14 days (Fredericksburg CoC). The homeless helpline connects callers to services provided by community partners such as Loisann's Hope House, Micah, and United Way (Fredericksburg CoC)**.** The helpline, while being a good point of access in receiving services, has been critiqued as needing improvement by service providers who are working within the system. One service provider in particular acknowledges that,

"That's [lack of capacity] one of the gaps in our system. If someone calls the help line, they are either helped, or we don't have the capacity to serve them within our current system, or they don't meet the criteria." Another service provider provides additional insight that, "So, if they call that number, nobody's turned away. But they are told we don't have beds, right, and they know they get put on a waitlist."

In addition to the gaps, people may not be utilizing the helpline to its fullest extent, which is also a limitation. One potential reason could be,

> "I guess you could say if they [the people seeking services] don't, you say you just don't know the number to call… Effectively assessing, I guess only if they're turned away from a service they should get."

Coordinated Assessment

After calling the helpline, someone from the coordinated assessment will ask questions to determine if you fit the HUD criteria and provide you with the services needed (GRCoC). Coordinated assessment is a system in which all programs within a CoC work together to assure the needs of a client are immediately well met and easily accessible (GRCoC). Ultimately, the goals of this system are to simplify access to services by client, track system outcomes to inform and enhance decision-making, and to overall improve the efficiency of the system (GRCoC).

service providers find the coordinated assessment to be extremely useful and of importance. With one service provider in specific articulating,

> "I do see so much importance and intelligence in creating the coordinated entry so that there's only one number and you don't have to figure out who takes care of you. They figure out who takes care of you."

Much like the helpline, the coordinated assessment is seen as containing some detrimental flaws within the system due to the limited solutions available.

> **"**I could absolutely see people not utilizing coordinating entry because they think it doesn't work. That's just not understanding that coordinated entry works, it's the solutions that aren't working and/or there's just not enough solutions. You know, there's three. Empowerhouse, Hope House, Micah. Yeah, if you don't fall into those three buckets, tough luck. And that's not those people's fault and it's not the

coordinated entry's fault. That's the community's fault to say, alright, we've got gaps, let's figure that out."

Many interviewees stated that they believed the process is effective but could be improved. Some of the reasons the service providers gave was because the process consisted of strong partners and providers working alongside them to the best of their ability but that adapting a single point of entry has become challenging, especially with providers changing up program models. One interviewee in particular mentioned that,

> "I think we have a good process, [process of entering the homeless system] we have a lot of strong partners that are you know, a part of it [the process] but we [other service providers] adapted to a single point of entry coordinated assessment for accessing services in the region. I don't know what other folks have shared but I know probably in the last couple of years that's become more challenging as we've had different providers kind of change their program models."

All interviewees mentioned how the limited resources affects the work of the process and makes it difficult to properly assess and coordinate people who need access to these homeless services.

Criteria/Screening

Establishing processes such as screening and eligibility criteria may expand the resources and services available to the homeless population. However, using prioritization creates issues like exclusion or discrimination against individuals who may not meet the established criteria but still require assistance. Having such strict criteria overlooks individuals in need who do not fit into any of the categories within the criteria. Setting up barriers like these can deter individuals from seeking help or lead to delays in receiving support and services. A respondent of one of our interviews stated,

> "The organization, … had a much higher level of thresholds. So when folks came to the shelter, they were not only background checked and screened, they also were checked,

> they had the breathalyzer and they sheltered them. They had to be clean of drug use, drug subsidies, as well as alcohol. And we've moved away from that. So we're now based on behavior…We don't drug test, but we want folks who are actively participating in their sobriety."

This quote is an example of how screening and criteria can exclude certain individuals and populations. This service provider has moved away from this type of screening; however, individuals are still screened and assessed for behavioral issues and criminal offenses, for example, sexual offenses or being a registered sex offender.

This respondent also discussed prioritization processes, and suggested a different approach:

> "We've done a lot of research around that and find that there's some better models for determining one's capability. We're in the process of implementing a World Health Organization survey called WHODAS 2.0 and so I think those folks, if we can determine their capability, we help steer them based on their strengths and abilities for success…It's a based-on statistics evidence base. It's actually so successful. It's translated into multiple languages worldwide. So, it's culturally appropriate."

This respondent discussed the World Health Organization's WHO DAS 2.0 survey. This survey is used to assess disability across six domains, including understanding and communicating, getting around, self-care, getting along with people, life activities (household, work, and/or school activities), and participation in society. (CMS n.d.) This model is more inclusive and takes into account many different factors to provide the best, most adequate care possible for individuals who are experiencing homelessness.

It is important to recognize the difference between the criteria for breathalyzing and criminal history and the criteria where you need to meet the definition of being homeless. There is also tension in providing services for all homeless individuals in need and protecting these vulnerable populations,

including other homeless individuals accessing the same services. There is a complicated balance between providing support and ensuring the safety and well-being of all individuals within homeless service systems.

Another respondent suggested that people experiencing homelessness themselves may need guidance to advocate for their needs. These are the people who don't get the highest priority of help from the community. According to one respondent,

> "Sometimes people don't know the words to use to advocate for themselves. For instance, if they are living in their car or living on a friend's couch, technically, by some governmental standards, they're not homeless. So if you tell somebody, yes, I have a warm place to stay tonight, you're probably not going to get the same priority, for instance, as someone who is sleeping in their car with their children … If you're a homeless person with no dependents and you're even if you're working but you're sleeping in the woods, your chance of having some stop gap measured or a measure to get you immediately housed are pretty slim at this point."

There are so many people who may not fit into those specific categories, or who don't know how to, like the respondent said, advocate for themselves. With that being said, one community member powerfully stated, "and they [unaddressed populations] become a burden on our community instead of a burden on the organization who is meant to serve them."

Limited Capacity:

Lack of Funding

One of the most significant challenges in serving the homeless population is the lack of funding. Many of the organizations in this area are struggling with insufficient financial resources to adequately address the needs of homeless individuals and families that are on the street. The lack of funding severely limits the quantity and quality of services offered, which leads to gaps in assistance

and barriers to accessing resources and services such as housing, healthcare, and employment assistance. One respondent stated, “You gotta have like the funding and the capacity to do so. And so I think that's why you probably see more and more now. There are more people outside. There are a lot of families who are like paycheck to paycheck.” Without funding, we are unable to provide a wide range and variety of resources and services to the homeless population. This then results in more individuals and families on the street with no assistance or resources.

Immediate Shelter Needs

One major gap within the homeless service system is the lack of immediate shelter services and resources. We do not have a main shelter space that can house the individuals in urgent need of safe and stable housing. Some of the service providers we interviewed recognize the critical role that immediate shelter spaces play in addressing homelessness. One of the community members stated,

> “...we tend to create linkages between the broader community systems and the needs of the people that are coming through here. So we have our own income department and health department and housing efforts, but that doesn’t change the fact that in the meantime you have a significant number of people who are displaced and are living in crisis…we can’t be a community where no one sleeps outside unless we have enough places to put people on a night by night basis.”

This emphasizes the urgency of providing sufficient shelter space options on a night-by-night basis to ensure that no one is left without shelter. Addressing immediate shelter needs for individuals experiencing homelessness would be a fundamental step in improving how effectively we address homelessness.

In particular our respondents discussed the challenges of finding shelter for people who use substances and/or have mental health concerns. As of right now, there is no main shelter that is accessible without needing to be, among other things, sober. According to many community members,

"our lack of an actual shelter is a huge gap right now." There is no place for an unhoused person who is struggling with addiction, or mental illness, or in the process of living between relative's houses, to lay their head at night. As one service provider stated: "[in a perfect world we would have] a shelter that was not limiting people who had mental problems or substance problems."

> In terms of mental health needs, one community member spoke on this issue saying, "The individuals who have had the most difficulty accessing services are individual adults with criminal backgrounds or significant mental health disorders. That population of those with backgrounds and those with mental health issues are the population that finds it most difficult to enter the year-round emergency shelter, and because of their barriers, are the hardest to place in housing."

Another community member solidified this idea saying, "but our community is desperate for shelter and that means shelter that takes care of people with mental health issues."

Many organizations struggle with an inadequate number of staff members that effectively meet the diverse and complex needs of homeless individuals and families. This shortage in staff can lead to various issues, including providing swift, comprehensive support, longer wait times for assistance, and an increased workload for existing service providers. Lack of staff also limits the capacity and capability of organizations to implement and promote programs aimed at addressing homelessness extensively and effectively. One respondent discussing resources regarding mental health stated,

> "...we don't necessarily have enough mental health support resources, like our RACSB, is stretched very thin and has been significantly understaffed for months, probably years, and there's a long waiting list for people to just be able to see mental health practitioner of any kind at the RACSB and elsewhere all over."

This quote highlights that the lack of staff can significantly impact the ability of organizations to meet the complex needs of homeless individuals and families, particularly in expanding services and resources like mental health support. The lack of staff created a challenge in providing essential resources to those in need within the homeless service system.

Conclusion

It is important to acknowledge that all of these service providers are working hard to try to provide adequate, appropriate assistance to folks experiencing homelessness. In doing so, they identified a number of challenges. These challenges consist of a lack of accessibility, capacity, and gaps within the homeless service system and community that are not allowing people to fully utilize the resources provided. We applaud the community members for doing the best they can with the funding resources they have been given.

Resources

Criteria and recordkeeping requirements for definition of ... HUD. (n.d.). https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/

WHODAS 2.0. WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE 2.0. CMS (n.d.). https://www.cms.gov/files/document/whodas-20-instrument.pdf

Need services?. Fredericksburg Regional Continuum of Care. (n.d.). https://www.fredericksburgcoc.org/need-services/#:~:text=Homelessness%20Helpline%3A%20540%2D358%2D5801&text=In%20need%20of%20emergency%20shelter,emergency%20shelter%20within%2014%20days

Coordinated entry. Greater Richmond Continuum of Care. (n.d.). https://www.endhomelessnessrva.org/coordinated-entry#:~:text=Coordinated%20Entry%2C%20also%20called%20coordinated,immediate%20needs%20of%20the%20client

Appendix:

- How would you describe the process someone goes through to enter the homeless services system in Fredericksburg?
- Do you think homeless care services in Fredericksburg effectively serve all of the populations they should be?
- Do you feel like the system does a good job supporting the clients you work with?
- What, if anything, prevents people from effectively accessing the services they need?
- Do you think the supports/services/resources available are adequate (or sufficient) to serve those who need them?
- From your perspective, is it possible to secure the services and resources they may need to exit homelessness?
- What do you see as an optimal role for the CoC to play in coordinating homeless services in the region?

IV. Survey of COC Members (not homeless service providers):

INTRODUCTION

As of 2023, it's reported that more than 650,000 people struggled with being homeless in America (US HUD, 2023). The Department of Housing and Urban Development requires communities to establish Continuums of Care to coordinate homeless response systems. In Fredericksburg specifically, we have the Continuum of Care, a system where multiple organizations band together to help the homeless population here in Fredericksburg—programs like Micah, Loisann's Hope House, Empowerhouse, FAHASS and others (FredCoC, 2024).

As a class, we worked on a gaps analysis program to help pinpoint where Fredericksburg may have gaps in the homelessness system. Our specific team worked with the CoC members and passed out a survey asking them to think about what struggles they feel impact the homeless population's access to care and services.

METHODOLOGY

To enhance our understanding of the gaps within our homelessness system, we focused primarily on individuals who are not homeless service providers. Participants were all members of the Continuum of Care, including staff of organizations that collaborate with individuals who experience homelessness, regardless of their primary profession. Examples of those organizations include Central Rappahannock Regional Library, the Fredericksburg police department, Caroline County, the Department of Social Services, the Virginia Employment Commission, the Society for the Prevention of Cruelty to Animals, the Brisben Center, and Micah Ministries.

To recruit participants, we initiated the process by distributing a survey via email and followed up with a nudge email one week later. Respondents who preferred interviews received an additional

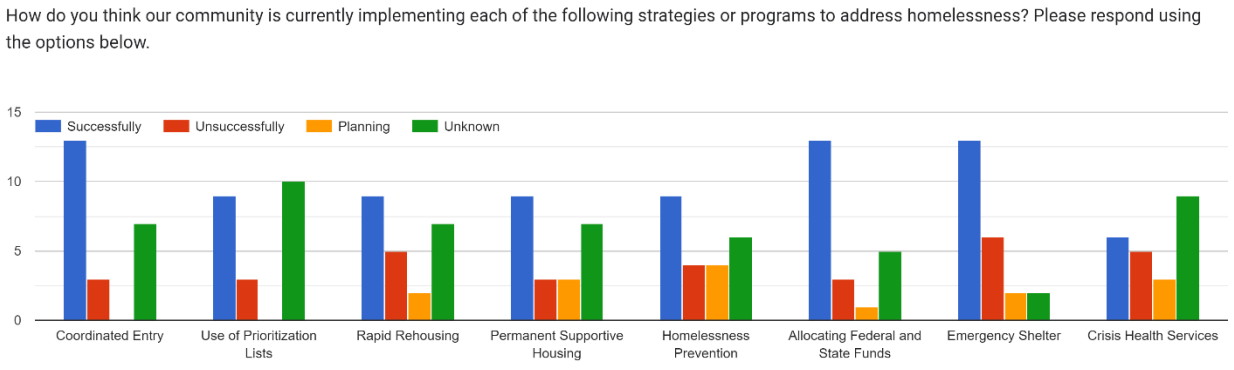
email outlining the team's availability. These participants were asked about their perspectives on the gaps in the Fredericksburg Regional Continuum of Care system through a survey informed by other homelessness gaps analysis. The sample comprised 21 respondents, four interviewees, and 17 participants who completed Google Forms.

Our sample consisted of 40.9% working in non-profit organizations, while government agencies employed 31.8%. A substantial 72.7% of participants reported affiliation with the City of Fredericksburg. Regarding the participants' primary field of work, most selected "other," but 18.2% identified with public health. Additionally, our data indicated that 40.9% of participants worked with singles, prevention services for at-risk populations, families, and seniors, while 36.4% focused on populations such as direct services for people experiencing homelessness and veterans.

FINDINGS

1. **What are we doing well?**

Respondents were asked to share how well they think our community implements coordinated entry, emergency shelter, use of prioritization lists, prevention services, rapid rehousing, permanent supportive housing, allocation of public funds and crisis medical care. For each of these processes, respondents generally stated that the community does the process well, but “unknown” was the second most common response. (See chart below.)



Respondents were also asked to identify what they see as the most successful characteristics of our system. Collaboration between organizations and coordinated entry were the most frequently referenced characteristics.

2. **What gaps or barriers are there in the homeless support system?**

Shelter space & shelter policies, transportation, affordable housing, and mental health needs are the most significant barriers service providers see in helping people access homeless services. These main issues affecting homeless people and the services provided to them.

Shelter space, shelter policies.

68% of our respondents identified shelters capacity as being an issue in our system, and 28% of respondents identified issues with shelter as the ***primary*** barrier that their clients/consumers face. They reference lack of emergency shelter capacity, lack of shelter in their (rural) area, and shelter policies that make accessing shelter for those with criminal backgrounds difficult.

Transportation.

Transportation was listed by 65% of respondents as an issue with our homeless services system, and 5 of the 21 respondents identified it as the primary concern. Respondents did not elaborate on the nature of this concern.

Affordable housing.

This issue came up primarily in response to open-ended questions. Common responses include: lack of rapid re-housing, difficulty of affording fair market rent, cost of housing and pet restrictions in housing, and access to housing for those with criminal backgrounds.

Mental health.

Many respondents reported on challenges of supporting clients with mental health concerns, especially in assisting them with accessing shelter, housing and other supports.

Suggestions

Respondents also suggested ways to improve strategies for addressing homelessness, such as a coordinated entry system. Those who responded directly to the question noted that organizations such as Micah Ministries and the Brisben Center had been a help to the community.

Respondents said that increased funding would help providers address barriers within the system. On multiple occasions, more beds in shelters were mentioned as a way to assist providers. Adding shelter capacity, allowing pets in shelters, and a general widening of eligibility requirements would encourage those who need to use the shelters. This solution was cited as a significant way to help unhoused people with mental health complications. Responses also asked for additional affordable housing. More people in affordable would help many providers who work directly with those at risk of experiencing homelessness by providing them with a more permanent place to live. Respondents said there needs to be better coordination between providers within the Continuum of Care.

In response to a question on the desirability of training or assistance on any topics, people suggested: funding procurement, finding volunteers; best contact points for homeless services; statistics on the extent of the issue in our community; and updated information on eligibility criteria and capacity.

CONCLUSION

Our sample of 21 respondents provided valuable insights into the challenges and opportunities within the homelessness support system. Respondents emphasized the need for a coordinated entry system and service collaboration. In contrast, barriers to accessing homeless services encompassed shelters, transportation, affordable housing, and mental health. Identified gaps and bottlenecks in homeless services pointed to receiving more funds, collaboration, and resource consolidation issues. Moreover, areas requiring additional training or technical assistance were outlined, emphasizing enhanced communication, community engagement, and a deeper understanding of homelessness statistics to optimize support systems. Mental health emerged as the primary barrier to accessing housing, and unmet needs of the homeless population encompassed employment, financial support, culturally sensitive mental health services, and other challenges.

We hope these findings empower homeless service system providers to target specific areas for improvement, ultimately benefiting the community and contributing to a more effective response to homelessness.

CITATIONS

"Hud Releases January 2023 Point-in-Time Count Report." *HUD.Gov / U.S. Department of Housing and Urban Development (HUD)*, 15 Dec. 2023, www.hud.gov/press/press_releases_media_advisories/hud_no_23_278. Accessed 28 Feb. 2024.

"Need Services?" *Fredericksburg Regional Continuum of Care*, www.fredericksburgcoc.org/need-services/. Accessed 28 Feb. 2024.

Appendix:

Questions asked of CoC members

What is your primary role in the community?
Which part(s) of PD16 (planning district) do you serve?
Which best defines your primary field of work?
Which population(s) does your current work focus on?
How do you think our community is currently implementing each of the following strategies or programs to address homelessness? Please respond using the options below.

- Coordinated entry
- use of prioritization lists
- rapid rehousing
- permanent supportive housing
- homelessness prevention
- emergency shelter
- crisis health services

What strategies have been most effective for addressing homelessness in our community and why?
What barriers are your clients facing to access homeless **services**, including emergency shelter?
Of the barriers you identified, which are the greatest? How do these barriers affect your work?
What barriers are your clients facing to access **housing**?
What are the most significant unmet needs for the people you work with?
Are there any other gaps or bottlenecks in the homeless services system that should be addressed?
Are there areas that you, your organization or your community could use additional training or technical assistance to effectively address homelessness?
If you'd like to expand on any of your answers, or feel the need to provide further explanation, please leave your contact information below!