Orange County Qualitative Findings

May 2022

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

C4 conducted two listening sessions: one with direct service providers and one with people with lived expertise, as well as three stakeholder interviews. Participants were racially and ethnically diverse. The provider listening session had five participants; the session with individuals with lived experience had seven participants. All participants with lived experience of homelessness were housed at the time of the listening session. Readers of this report should consider that these participants and stakeholders represent a small sample size of network providers and people who have utilized the homeless response system and should not overrepresent these findings in interpretation. Listening session participants agreed to be recorded, and two C4 staff were present to facilitate and take notes. Listening sessions and stakeholder interviews were conducted virtually and information was collected virtually and through the chat function. One C4 staff member was present for each of the stakeholder interviews. Two members of the C4 team analyzed all of the data in aggregate by identifying overarching themes, cross-referencing with each other, and synthesizing findings.

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

Equity and Perception of Equity Across the System
Providers and stakeholders seemed to agree that the CoC Board and system leaders are making intentional efforts to acknowledge race equity as a priority. However, White supremacy ideology and characteristics are embedded within the culture and often the decision-making bodies move fast to get things done without an inclusive process. At the time of our collection of qualitative data, according to participants we spoke with, the Lived Experience Advisory Committee did not go through a formal onboarding process, expectations were not made clear, there was no compensation, and their input was not leading to transformative change. There was one Board member with lived experience. Decision-making power is not shared with frontline staff or partners with lived experience. Their input is not integrated into system planning.

Others voiced that the system is reactive rather than proactive and poorly organized. Program participants are not given information that leads to transparency and connecting to the appropriate resources is very difficult.

For people with lived expertise, equity issues are related to discrimination (by private landlords, child welfare, and the police in particular) against folks experiencing homelessness, individuals with criminal justice or eviction histories or children. Some expressed that they experienced racial discrimination from frontline staff and that the way they are treated can be retraumatizing. One person provided an example that the shelter staff would watch them constantly due to assumptions that they were stealing.

"I was discriminated against in the homeless system. There wasn't a lot of specific resources, and I was excluded because of barriers they thought about (legal issues/incarceration). They didn't see my need for help because I didn't fit their view of homelessness. If you don't have a "serious" mental health issue, you don't get services."

When asked about equity, providers agreed that clients face discrimination from landlords and more landlord incentives are needed. Providers noted the link between income and race and recognized that the lack of affordable housing perpetuates racial inequities. There was an acknowledgement that the current assessment and prioritization tool and decision-making processes can perpetuate racial inequities.

Documentation (related to citizenship) and lack of materials in non-English languages and general language barriers were also cited as a barrier to equity.

System Barriers to Equity & Services

People with lived expertise expressed that access to services and housing resources is difficult, and when people are able to access the system, it is disorganized. People are not given an orientation to the system/policies or educated about supports or available resources. There is a lack of follow up after the coordinated entry appointment and no clarity provided around next steps or who to reach out to with questions or updated information. Participants had mixed feelings about programs and services: participants recognized and valued the support they have received while articulating areas for improvement in service access and system barriers. Some participants cited experiences with services that were transformational in rebuilding their life, while maintaining that navigation of services remains difficult due to general bureaucracy related to wait time, and the difficult and lengthy processes required to access basic support services, and lack of information about next steps.

For people with lived expertise, barriers to housing and service access included landlord discrimination, eviction histories, credit, criminal justice history, having children (including occupancy policies), and lack of quality, affordable housing.

Participants with lived expertise articulated additional major system issues, including poor system level collaboration and communication across agencies and limited knowledge and communication of available services. Additionally, specific recommended improvements included places where people could meet basic needs immediately (access to bus passes, drop-in centers, restrooms, places to shower), shelter and housing programs that help individuals

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build community (e.g., connect with other program participants, jobs, engaging with activities in their neighborhoods, etc.), and understanding or treating the whole person, with customized services for everyone's specific needs. They also expressed that there needs to be more advocacy to address zoning issues that keep affordable housing out of certain neighborhoods. Providers agreed that lack of affordable housing makes it hard to prioritize client choice.

Provider respondents could readily state which programs, policies, and processes are working well, including new, more streamlined processes under COVID, more access points, better outreach, and warm handoffs.

Providers cited stigmatization of homelessness as a major barrier (one individual called it the "paper over people approach"). Landlords act on biases/assumptions related to credit history, criminal background checks, and family composition. They also stated that some homeless services providers have a "people get what they get" attitude with no standardization or monitoring of service quality. Providers stated that a better assessment and prioritization process is needed, more landlord engagement strategies and incentive programs, and better communication across agencies and systems to support program participants. There are language and cultural barriers that perpetuate distrust in the system. Additionally, providers recommended supporting clients in ways that help them to thrive rather than survive.

Organizational Issues, Including Staff and Leadership

For people with lived expertise, observations on staff and staff interactions were mixed. Participants recognized positive interactions with dedicated workers who were knowledgeable and supportive and named specific organizations such as the Mental Health Association, Mercy House, and United Way. They valued staff who shared status updates with them, even when they had to "constantly bug people." Participants cited a need for systems to communicate and collaborate. They stated that the time when people are waiting for housing is a critical time to connect them with services, benefits, and community resources.

A major organizational issue identified by people with lived expertise is program eligibility criteria that can often create barriers. Required presence of serious mental health issues excludes many people from receiving support. Additionally, participants suggested a need for more prevention programs and better access to the programs that do exist so people can get support before they are in complete crisis. They also expressed a need for more navigation services to help people make successful connections to other resources in the community.

Providers reported that staff experience high rates of burnout and a lack of support. Retention strategies should include more training, especially in mental health and equity and bias, so that staff can serve clients with confidence, and define clear professional pathways for growth and leadership advancement.

The majority of providers agreed representation of Black, Indigenous, and People of Color at the staff and leadership levels needed to be improved, including diversification that supports better access for households who do not speak English as their primary language.

Providers recommended improvements for the inclusivity of partners with lived experience and frontline staff in decision making. They also suggested that leadership conduct focus groups to listen to the needs of staff.

Recommendations

As the Results Academy Team moves forward with making meaning of this data, these high-level focus areas will be translated to prioritized strategies and actionable next steps. Additional recommendations were included in the presentation of findings.

- Redesign the assessment and prioritization process to be more equitable

- Build staff capacity and provide additional trainings on anti-racism, implicit bias, LGBTQ+ allyship, and cultural humility

- Develop a plan for integrating diverse partners with lived experience into decision-making processes. Ensure authentic engagement including compensation and support as needed.

- Create culturally responsive, client-centered services and process (including clear, accessible messaging, information on available services, and better coordination)

- Landlord engagement to mitigate bias and develop more affordable housing opportunities

- The Board can actively participate in policy revisions, training and strategic planning, and create a more inclusive membership. Examine practices that are rooted in racism and White supremacy ideology and ensure shared accountability.

- Prioritize the use of qualitative data in strategic planning to address inequities

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