



NEEDS ASSESSMENT

GREATER KANSAS CITY CONTINUUM OF CARE

2020



Greater Kansas City Coalition to End Homelessness

ACKNOWLEDGMENTS

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SECTION 1

INTRODUCTION



ABOUT THE GKCCEH
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ABOUT THE GKCCEH

The Greater Kansas City Coalition to End Homelessness (GKCCEH) is recognized by the U.S. Department of Housing and Urban Development (HUD) as the lead agency of the Continuum of Care for the MO-604 region, serving Jackson County in Missouri and Wyandotte County in Kansas. A Continuum of Care is a HUD-funded planning body that coordinates housing services in a geographic area for individuals and families experiencing homelessness.

As the lead agency, GKCCEH's mission is to provide leadership, accountability, and oversight in the greater Kansas City area to support a framework that addresses the underlying causes of homelessness and increases access to stable housing. Their team of committed professionals collaborates with community stakeholders, provides an up-to-date By-Name List used for housing clients experiencing homelessness, promotes education, and directs area agencies that desire to receive HUD funding through the annual Continuum of Care Program Competition.

The needs assessment process was conducted, and this report prepared by, the University of Kansas Center for Public Partnerships & Research, Lawrence, KS.



EXECUTIVE SUMMARY

Affordable and safe housing is the foundation of health and well-being. Housing is a human right, and every person deserves the opportunity to flourish in their community in stable housing. The experience of homelessness severely diminishes the potential to thrive and the quality of life for hundreds of individuals and families across the Kansas City metropolitan area every day.

The **Greater Kansas City Coalition to End Homelessness Needs Assessment** represents a comprehensive view of the current state of homelessness in Jackson County, MO and Wyandotte County, KS. The needs assessment examines existing data, the voices and experiences of service providers, and individuals navigating the network of housing and support services. Emphasis was placed on the strengths, gaps, and challenges felt by individuals, families, and youth currently experiencing or with recent experience of homelessness.

The needs assessment also explores a vision for the future and the programs, services, and resources needed most to prevent and end homelessness. This assessment gathers insights and analyzes data to inform steps the Greater Kansas City Coalition to End Homelessness can take to impact the future state of homelessness in the Kansas City metropolitan area.

SCOPE AND CONTRIBUTORS

To capture strengths, challenges, and opportunities, researchers used a mixed-methods approach of both qualitative and quantitative data collection.

Methods included:

1) Review of existing datasets from local and national sources, including the Department of Housing and Urban Development (HUD), U.S. Department of Education, National Low Income Housing Coalition, and local Continuum of Care sources.

- 2) Focus groups and in-person interviews with homeless service providers.
- 3) Focus groups and in-person interviews of individuals with lived experience of homelessness.
- 4) Service provider survey.

***“We don’t want a hand-out;
we want a help up.”***



KEY FINDINGS & CONSIDERATIONS

Key findings from this needs assessment are derived from the challenges and opportunities identified by service providers, individuals with lived experience of homelessness, and data analysis. The following items summarize the key findings and highlight ways to strengthen the community's approach to prevent and end homelessness.

Increase affordable housing stock and enhance landlord engagement.

Affordable housing is the most needed resource to prevent and reduce homelessness. Many individuals with lived experience of homelessness shared that an affordable home would have prevented their experience of homelessness. Strengthening and developing relationships with landlords and property managers is a key strategy to increase available affordable housing stock.

Expand Permanent Supportive Housing solutions and wraparound services.

Permanent Supportive Housing programs are a strength in the Kansas City metropolitan area. Despite this, needs assessment findings point to a shortage of Permanent Supportive Housing vouchers. Wrap-around supports embedded within housing programs, especially mental health services, are also needed.

Decrease barriers to accessing emergency shelters across the Kansas City metropolitan area.

Crisis shelter beds are dwindling, despite being identified as the most needed type of housing. Low barrier shelters with no or limited eligibility criteria and participation requirements are needed throughout the metropolitan area.

Structure coordinated entry to quickly connect individuals to appropriate housing and services.

Coordinated entry should be easily accessible and transparent to individuals experiencing homelessness. All service providers should be encouraged to participate and have sufficient support to conduct coordinated entry assessments.

Enhance youth-specific programs and services.

Youth experiencing homelessness desire more housing and services tailored to youth-specific needs, well past the age of 18. Longer-term services to maintain stability and financial independence should be considered to lift youth out of the cycle of poverty and prevent future episodes of homelessness.

Increase funding for homelessness prevention.

Prevention funding is lacking and widely needed. Individuals with lived experience of homelessness reported safe and affordable housing, supportive social networks, the ability to access rental and utility assistance, and living wages and financial safety net are all interventions that might have helped prevent their experience of homelessness.

Examine and address racial disparities across system performance measures and beyond.

Black and African American residents of Kansas City are significantly more likely to experience homelessness in Kansas City than other racial groups. Understanding and addressing these disparities will require both further analysis and intentional strategies designed to reduce systemic racial inequities.

ABOUT THIS PROJECT

In 2019, the Greater Kansas City Coalition to End Homelessness (GKCCEH) partnered with the University of Kansas Center for Public Partnerships and Research (CPPR) to begin conducting an extensive needs assessment of housing programs and supportive services within the Kansas City metropolitan area. It should be noted that the primary findings of this assessment are based upon data collected prior to the COVID-19 pandemic.

PURPOSE

The purpose of this assessment was to answer three primary questions:

Question 1. What is the current state of homelessness in the Kansas City metropolitan area?

Identifying the housing and supportive services in this community offers understanding of the experiences of those working in, with, and around the Continuum of Care (CoC) for the Kansas City metropolitan area.

Question 2. How are people navigating the network of housing supports and resources?

Beyond establishing what is present in the community, this assessment seeks to understand how these programs, services, and other supports are experienced by the individuals accessing them. The needs assessment aims to further highlight the strengths, gaps, and challenges felt by individuals, families, and youth currently experiencing homelessness and those with recent experience of homelessness.

Question 3. What is the vision for the future?

The final aim of this assessment is to discover what programs, services, and resources are needed most to prevent and end homelessness. This assessment gathers insights and analyzes data to inform steps the CoC can take to impact the future state of homelessness in Kansas City.

WHY IT MATTERS

Housing is a human right. Every person deserves the opportunity to flourish, reach their highest potential, and direct their life the way they wish. Without safe and stable housing, many people are not able to enjoy these things. When shelter is not a concern, individuals and families are better able to focus on longer-term goals and seize the opportunities available to them.



Housing matters. Safe housing has consistently been shown to improve health outcomes. Having a safe place to live can improve one's health, decrease psychological distress, and decrease community health care utilization and costs. The cost of homelessness to a community is substantial, but it is even greater for individuals. People who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and increased mortality.¹ Traumas endured by those living on the streets and in places not meant for human habitation can have long-term impacts on physical and psychological well-being.²

SECTION 2

DATA COLLECTION



METHODOLOGY

COMMUNITY DATA REVIEW

COMMUNITY VOICES

METHODOLOGY

To capture strengths, challenges, and opportunities for growth, researchers used a mixed-methods approach of both qualitative and quantitative data collection. Methods included focus groups and interviews with both service providers and those with lived experience of homelessness, as well as a service provider survey, and a review of existing datasets from the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Education, National Low Income Housing Coalition, and local Continuum of Care (CoC) sources.

At the heart of this needs assessment are the voices of individuals with lived experience of homelessness. These individuals are a primary source of knowledge on community assets, gaps, and ideas for preventing and ending homelessness in the Kansas City metropolitan area. Researchers conducted four focus groups and two rounds of interviews with both adults and youth with current or previous experience of homelessness.

Additionally, focus groups, interviews, and surveys of service providers captured the perspective of individuals actively working to address and eliminate homelessness in the Kansas City metropolitan area. Service providers also offered guidance on structure, format, and facilitation of the “lived experience” focus groups to ensure they were conducted in a trauma-informed manner. To further ensure that all participants, both individuals with lived experience and service providers, had the opportunity to share their experience, focus groups incorporated both verbal and written response options. Responses were kept anonymous to mitigate concerns that any comments might be connected back to individual respondents and to allow for free and open sharing of information.

ADULTS WITH LIVED EXPERIENCE

Researchers conducted three focus groups for adults with lived experience of homelessness. Supplemental interviews served to fill in suspected gaps in experiences represented by focus group

participants. In total, 25 individuals shared their experiences through focus groups, and five individuals contributed through the supplemental interview format. Participants included adults currently experiencing, or at risk of, homelessness and individuals recently housed.

Participants were asked to reflect on and discuss the following questions:

- What services and resources have been helpful?
- What kind of help did you need that you were not able to get?
- What, if anything, could have prevented the experience of homelessness?

YOUTH WITH LIVED EXPERIENCE

The experience of youth facing homelessness in the Kansas City metropolitan area was identified as an area of acute interest. Researchers conducted a focus group of seven youth with lived experience of homelessness. Youth focus group participants were asked to reflect on and discuss the same set of questions as adults with lived experience.

SERVICE PROVIDERS

Interviews

Prior to engaging individuals with lived experience of homelessness, researchers interviewed staff from

16 organizations providing housing and supportive services. The purpose of these conversations was to inform the overall design of the needs assessment and to ensure focus group sessions were trauma informed. Interviews were conducted with staff representing a variety of levels, including case manager, program director, and executive leadership. Providers offered guidance on structure, format, and facilitation of focus groups, as well as language and framing of the provider survey questions.

Focus Groups

Three focus groups were conducted with 23 homeless and supportive service providers. These providers represented a wide range of services including emergency shelters, transitional housing and Permanent Supportive Housing programs, and supportive services (rental assistance, food services, mail services, case management, and mental health services).

Participants were asked to reflect on and discuss the following questions:

- What are the strengths of the current landscape of housing and supportive service programs to prevent and address homelessness?
- What are the gaps to address to improve housing programs and supportive services?
- What is the first thing you would do to advance the goal of preventing and ending homelessness?
- From your perspective, what are the three most needed services, supports, or resources for this population?

Researchers developed a survey to invite the perspectives of an even wider array of service providers and community members (See Appendix). The survey was posted to the GKCCEH’s website and distributed to their email list. Survey responses were kept anonymous at both the individual and

organizational level to encourage open and honest responses.

In total, 137 respondents completed the survey. Of those who indicated their role in the community, a majority (65%) identified as service providers (compared to 10% identifying as an advocate, 9% as community members, and 6% as government employees). Additionally, most survey respondents (69%) identified as members of GKCCEH.

Respondents who indicated they work at an organization that provides housing and/or support services described their roles as direct service staff or program-level staff (35%), administration (25%), or executive leadership (23%), with the remaining respondents indicating other or not applicable. A majority of respondents (57%) indicated that the organizations they represented served both Jackson and Wyandotte counties.

PROVIDER SURVEY DATA SUMMARY

(Top responses shown: percentages for “other” and “not applicable” or missing data are omitted)

How would you best characterize your role in the community?	
Service provider.....	65%
Advocate	9.5%
Community member	8.8%
Government employee	5.8%

If you are employed by an organization that provides housing and/or supportive services, how would you characterize your role?	
Direct service/program-level staff.....	34.9%
Administration	24.8%
Executive leadership.....	22.8%

Where is your organization located?	
Jackson County Only	57%
Wyandotte County Only	22%
Jackson and Wyandotte counties	10%

What areas do you serve?	
Jackson County exclusively	18%
Wyandotte County exclusively	13%
Multiple KC metro counties.....	57%

Are you a member of the CoC MO-604?	
Yes	68.6%
No	27.7%

Survey respondents represented organizations providing an array of services for individuals with lived experience of homelessness, with 76% indicating that their organization provided multiple services.

Percent of respondents by service type	
Housing	47.4%
Housing-related support services	48.9%
Emergency assistance	40.9%
Other support services	50.5%
Income-related support services	23.3%
Outreach	36.5%

DATA SYNTHESIS

Researchers analyzed several sets of data in hopes of accurately counting and characterizing individuals and families experiencing homelessness in the Kansas City metropolitan service area, including: Point-in-Time (PIT) count, Housing Inventory Count (HIC), U.S. Department of Education EDFacts data, and local CoC data from the coordinated entry system.

Point-in-Time Count (PIT)

The PIT is an annual count of people experiencing homelessness in a CoC on a single night in January. The PIT count includes individuals who are unsheltered, those who are in an emergency shelter, individuals in transitional housing, and those in Safe Havens. The local CoC is responsible for PIT planning, coordination, and execution. Data collected during the 2019 PIT count informed this needs assessment.

Housing Inventory Count (HIC)

The HIC is a point-in-time inventory of all the housing programs within the CoC providing beds and housing units dedicated to individuals and families experiencing homelessness. Inventory is categorized by five program types: emergency shelter, transitional housing, Rapid Re-housing, Safe Havens, and Permanent Supportive Housing. Researchers examined 2019 HIC data to inform this needs assessment.

Both PIT and HIC are mandated by HUD and provide baseline data for the CoC to understand the extent of homelessness in the service area and to strategically plan/bolster specific interventions accordingly.

U.S. Department of Education

Researchers analyzed data collected from EDFacts, a U.S Department of Education (ED) initiative to collect high-quality, school-district-level counts of students enrolled in a K-12 school within the GKCCEH service area who had experienced homelessness at any point, for any length of time, during the 2017-2018 school year. While children and youth experiencing homelessness are

also captured in the PIT count, each data source defines homelessness differently. Examining a secondary data set offers greater understanding of the scope/depth of youth and family homelessness and provides insight on how resources might be targeted most effectively.

National Low Income Housing Coalition

Data on housing affordability for Wyandotte County, KS and Jackson County, MO was obtained from the National Low Income Housing Coalition’s report on rental costs and wages. The report pulls data from HUD’s Fair Market Rent dataset, as well as U.S. Census Bureau’s American Community Survey and U.S. Department of Labor wage statistics.

Coordinated Entry System

GKCCEH provided researchers with anonymous data from their coordinated entry system. This system consists of data on individuals determined to be in need of housing after assessment using the Vulnerability Assessment Tool (VAT). These individuals may either still be in the process of finding housing or may have had their housing need resolved. Coordinated entry system data includes demographics, VAT scores, and lengths of stay.



COMMUNITY DATA REVIEW

To characterize and describe the population of individuals experiencing homelessness in the Kansas City metropolitan area, researchers studied data from several sources: U.S. Department of Housing and Urban Development (HUD) 2019 Point-in-Time Count, U.S. Department of Education, National Center for Homeless Education, HUD's Housing Inventory Count, National Low Income Housing Coalition's affordability reports, and GKCEEH's Coordinated Entry System. From the data, we know that individuals in Kansas City, MO experience homelessness in higher numbers than individuals on the Kansas side. The impact of homelessness also appears to be experienced differently across demographic groups, as described below. Likewise, some groups appear to navigate the path of homelessness toward re-housing more quickly than others.

POINT IN TIME COUNT (PIT) DATA

The count of individuals experiencing homelessness taken from the PIT indicates an increase over the last three years. A majority of unsheltered individuals are from Kansas City, MO (54%) followed by Kansas City, KS (20%). However, when looking at the data on the location of sheltered individuals, it is clear that Kansas City, MO (76%) shelters a far higher percentage of individuals than does Kansas City, KS (6%), indicating a shortage of shelter beds in Kansas City, KS.

TABLE 1: OVERALL POPULATION TOTALS

PIT DATA	2017	2018	2019
Unsheltered	229	324	318
Emergency Shelter	896	1,026	1,189
Transitional Housing	546	435	431
Safe Haven	-	13	14
Total	1,671	1,798	1,952

TABLE 2: ZIP CODES - UNSHELTERED INDIVIDUALS

2019 PIT, provided by GKCEEH from Institute for Community Alliances

Kansas City, MO	54.42%
Kansas City, KS	20.47%
Independence, MO	5.12%
Other Kansas	5.12%
Other Missouri	10.22%
Other States	4.65%

TABLE 3: GEOCODED LOCATION - SHELTERED INDIVIDUALS

2019 PIT, provided by GKCEEH from Institute for Community Alliances

Kansas City, MO	76.01%
Kansas City, KS	6.49%
Independence, MO	10.77%
Jackson County, MO	2.51%
Wyandotte County, MO	1.71%
Lee's Summit, MO	2.51%

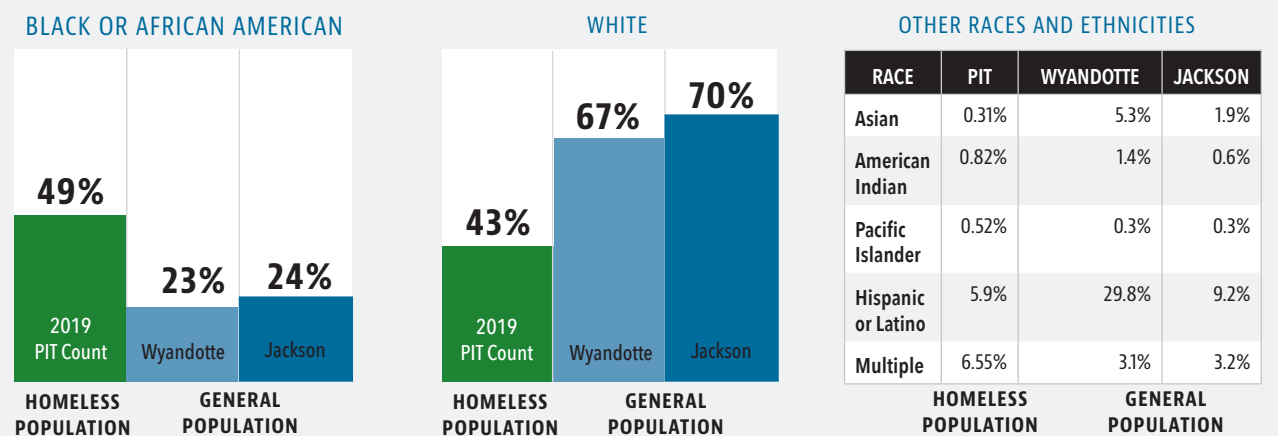
Veterans. Even though the overall population of individuals experiencing homelessness has increased over the past three years, the number of veterans experiencing homelessness has decreased.

TABLE 4: VETERAN POPULATION

PIT DATA	2017	2018	2019
Unsheltered	25	35	41
Emergency Shelter	67	60	33
Transitional Housing	78	35	24
Safe Haven	-	13	14
Total	170	143	112

Race. U.S. Census data indicate that White and Black or African American individuals make up the largest percentage living in both counties and the largest percentage counted by the 2019 PIT. U.S. Census data also indicate that while Black or African Americans make up just 23% of Wyandotte

FIGURE 1. RACE COMPARISONS - HOMELESS POPULATION AND GENERAL POPULATION



and 24% of Jackson counties, they constitute almost half (49%) of those experiencing homelessness, representing the largest percent of any racial group.

Youth and Children. While data from the PIT shows a decrease in the total number of youth (ages 18 - 24) experiencing homelessness over the past three years, there was an increase in overall children and youth (ages 24 and under) experiencing homelessness for this time period.

It is important to note that using the PIT to count children and youth experiencing homelessness has been shown to often undercount the number of youth, especially unaccompanied youth.³ For this reason, researchers examined a second measure from the U.S. Department of Education (Dept. of Ed.) data on students experiencing homelessness enrolled in public schools. These separate counts rely on different methodology and different definitions of homelessness, but both attempt to measure the number of homeless children/students within a geographic area. While one-to-one comparisons cannot be drawn from the two sources of total counts, it is worth noting that the Dept. of Ed. regularly reports up to ten times as many children and youth as does HUD.⁴ Much of the discrepancy is likely because doubled up children and youth are included in the Dept. of Ed. count. Doubled up children or youth refer to those who might be living with a friend or relative but do not have a permanent residence. However, even when accounting for this type of housing instability, the two sources of counts for the Kansas City

metropolitan area still produce some significant discrepancies.

The most recent data from the Dept. of Ed. for GKCEEH's service area shows at least 662 students experiencing homelessness (89 unsheltered, 573 sheltered). This number is nearly double the count of children (under age 18) experiencing homelessness reported in the PIT for 2018 and does not include doubled up or those in a hotel/motel (which meets the criteria for homelessness per Dept. of Ed.). Likewise, Dept. of Ed. data indicates there were 89 children experiencing unsheltered homelessness, while the PIT only identified 5.

TABLE 5: CHILDREN (UNDER 18) EXPERIENCING HOMELESSNESS

PIT DATA	2017	2018	2019
Unsheltered	0	5	3
Emergency Shelter	199	204	290
Transitional Housing	140	149	148
Total	339	358	441

TABLE 6: U.S. DEPT. OF ED. STUDENT POPULATION

LOCATION	UNSHELTERED	SHELTERED	HOTEL-MOTEL	DOUBLED UP	TOTAL
Wyandotte Co. KS	1	5	102	947	1,055
Jackson Co. MO	88	568	256	3,066	3,978
Total	89	573	358	4,013	5,033

Number of students experiencing homelessness in 14 local education agencies, 2017-18 school year.

HOUSING INVENTORY COUNT DATA

Data from the PIT (on overall population of individuals experiencing homelessness and those in supportive housing) compared with data on housing and shelter availability from the Housing Inventory Count (HIC) indicate that the Kansas City metropolitan area has a shortage of overall housing for this population. The area would be at a 99.5% utilization rate if unsheltered individuals were successful in gaining access to the available shelter resources. Given that the PIT is generally considered to be an undercount of the individuals experiencing homelessness in a community, it is reasonable to expect that the utilization rate would exceed capacity if Kansas City were to attempt to shelter all individuals. This problem becomes exacerbated when looking at the total of available housing based on the HIC data. Adding in the available Permanent Supportive Housing and Rapid Re-housing capacity (two options that are reported as either at capacity or over), the utilization rate of available shelter and housing exceeds 100% if all individuals were successfully able to be sheltered or housed. Clearly, the Kansas City metropolitan area is not able to house all individuals experiencing homelessness with the current capacity of shelters and available housing options.

TABLE 7: TOTAL BEDS COMPARISON

SHELTER TYPE	PIT COUNTS	TOTAL BEDS*	AVG UTILIZATION RATE
Unsheltered	318	N/A	N/A
Emergency Shelter	1,189	1,355	87.75%
Safe Haven	14	25	56.00%
Transitional Housing	431	582	74.05%
Total	1,952	1,962	99.49%**
Rapid Re-housing	545	545	100.00%
Permanent Supportive Housing	2,139	2,005	106.68%
Grand Total	4,636	4,512	102.75%

*Year-round beds are used in this analysis as they are more permanently available. There are an additional 160 overflow beds at emergency shelters.

**Utilization rate if all unsheltered individuals accessed available shelter.

HOUSING AFFORDABILITY IN THE KANSAS CITY METROPOLITAN AREA

Data on the affordability of housing from The National Low Income Housing Coalition also points to the difficulty in finding affordable units in both Wyandotte County and Jackson County.⁵ The 2019 fair market rent in Wyandotte County and Jackson County amount was \$786 for a one-bedroom and \$953 for a two bedroom. The annual income needed to afford one and two-bedroom units would be \$31,440 and \$38,120 respectively. That equates to an hourly wage of \$15.12 for a one-bedroom and \$18.33 for a two-bedroom. The minimum wage in Wyandotte County is currently less than half of that at \$7.25, and the Jackson County minimum wage of \$8.60 is still well short of both marks. An individual would need to work over 100 hours per week earning minimum wage in Wyandotte County to afford a two-bedroom unit, and in Jackson County they would need to work 85 hours per week to afford the same type of housing. Even when comparing the average renter’s wage to the amount needed to afford a two-bedroom, renters in both Wyandotte County and Jackson County do not make enough to affordably rent housing without working in excess of 40 hours a week. Considering that individuals experiencing homelessness, or in a housing crisis, are often lower income, the rental market in the Kansas City metropolitan area makes it very difficult to obtain and maintain affordable housing.

Additionally, there are significant gaps in the availability of affordable rental homes. The National Low Income Housing Coalition collects information on the shortage of rental homes affordable and available to extremely low-income households, or a household whose income is at or below the poverty guideline or 30% of their area median income.⁶

In Missouri, there is a shortage of 117,557 rental homes that are affordable and available for extremely low-income renters.⁷ In Kansas, there is a shortage of 55,461 rental homes that are affordable and available for extremely low income renters.⁸

TABLE 8: HOUSING AFFORDABILITY WYANDOTTE COUNTY, KS

CONDITIONS	1-BEDROOM	2-BEDROOM
Fair Market Rent	\$786	\$953
Wage Need to Affordably Rent	\$15.12	\$18.33
Minimum Wage	\$7.25	\$7.25
Hrs. Worked/Week to Meet Fair Market Rent at Minimum Wage	83	101
Rent Affordable at Minimum Wage	\$377	\$377
Average Renter’s Wage	\$16.07	\$16.07
Hrs. Worked/Week to Meet Fair Market Rent at Average Renter Wage	38	46
Rent Affordable at Average Renter Wage	\$835	\$835

TABLE 9: HOUSING AFFORDABILITY JACKSON COUNTY, MO

CONDITIONS	1-BEDROOM	2-BEDROOM
Fair Market Rent	\$786	\$953
Wage Need to Affordably Rent	\$15.12	\$18.33
Minimum Wage	\$8.60	\$8.60
Hrs. Worked/Week to Meet Fair Market Rent at Minimum Wage	70	85
Rent Affordable at Minimum Wage	\$447	\$447
Average Renter’s Wage	\$17.54	\$17.54
Hrs. Worked/Week to Meet Fair Market Rent at Average Renter Wage	34	42
Rent Affordable at Average Renter Wage	\$912	\$912

COORDINATED ENTRY DATA: BY-NAME AND NEW HOUSED LISTS

Definitions and Process

A coordinated entry system aims to simplify access to housing and supportive services while prioritizing the most vulnerable individuals for housing placement first and improving overall system efficiency.

Five area organizations operate as coordinated entry access points, or hubs, where individuals and families experiencing a housing crisis undergo a quick assessment of their strengths and needs using a standardized tool called the Vulnerability Assessment Tool (VAT). The VAT provides a structured way of measuring an individual’s vulnerability to continued instability.⁹

Once an individual completes an assessment and has met the criteria of vulnerability, they are placed on the By-Name list. The By-Name list is a real-time, up-to-date list of all individuals experiencing homelessness within the GKCCEH area who have completed an intake assessment through a coordinated entry access point. Prioritization for housing from the By-Name list is based on an individual’s score on the VAT, which measures the relative vulnerability of adults

experiencing homelessness. Additional vulnerability is determined by other factors including medical risks, the presence of domestic violence or other victimization, unsheltered status, and several more that were identified by the community. The higher an individual’s vulnerability or need, the more they are prioritized for housing placement. Two Coordinated Entry Navigators, one for Jackson County and one for Wyandotte County, assist clients on the By-Name List by developing service needs plans to identify and address barriers to clients becoming stably housed. The navigators work closely with the referring agency, housing providers, and participants to ensure efficient movement of program participants from homelessness to stable housing. All housing referrals to participating agencies are made through the By-Name list.

After an individual has been referred and subsequently housed, their record is moved to the New Housed list. This list provides data on the entire timeframe that it takes for an individual to move from intake and assessment to the By-Name list, then referral, and finally housing. In contrast to the By-Name list, which provides a snapshot in time of individuals awaiting housing, the New Housed list provides a record of the complete coordinated entry process for those who have successfully

found housing or had their case resolved in another manner such as moving out of the area.

Count and Characteristics of Individuals Served

The number of individuals experiencing homelessness reported on the By-Name list at the time of analysis was 760, and the number of people on the New Housed list was 727, but many of those on the New Housed list were missing housing dates and excluded from the following housing analysis. Cross-referencing the two lists, researchers arrived at a dataset of 432 individuals housed in either 2019 or 2020 via the GKCCEH Coordinated Entry System. Combined, the coordinated entry analysis consists of 1,192 individuals.

The average length of homelessness prior to entering the GKCCEH Coordinated Entry System was 11.4 months.

TABLE 10: LENGTH OF HOMELESSNESS (IN MONTHS) PRIOR TO COORDINATED ENTRY BY SUBGROUPS

By-Name list and New Housed list combined

Youth (Age 17-24) [n=121]	10.5
Age 25-60 [n=881]	11.8
Senior 60+ [n=68]	10.8
Veteran [n=115]	6.9
Families with Children [n=241]	5.7
All average [N=1192]	11.4

Table 10 shows that the average length of homelessness prior to being admitted into the GKCCEH Coordinated Entry System (11.4 months) is primarily driven by a large number of individuals age 25-60, while youth experience 10.5 months of homelessness on average before they enter the Coordinated Entry System (the youngest individual in the Coordinated Entry System was 17 years of age at the time of analysis so youth are categorized as 17-24 in this analysis; whereas, HUD classifies youth as age 18-24). Veterans and families with children had the shortest length of homelessness prior to Coordinated Entry (6.9 and 5.7, respectively).

TABLE 11: POPULATION AND CONDITIONS FROM BY-NAME LIST AND NEW HOUSED LIST

SHELTER TYPE	BY-NAME LIST (N=760)	NEW HOUSED LIST (N=432)
Family with Children	211 (27.8%)	30 (6.9%)
Youth (Age 17-24)	77 (10.1%)	44 (10.2%)
Age 25-60	562 (73.9%)	319 (73.8%)
Senior 60+	46 (6.1%)	22 (5.1%)
Veteran	33 (4.3%)	82 (19%)
Re-entry	54 (7.1%)	41 (9.5%)
Provisional	14 (1.8%)	5 (1.2%)
Chronic	345 (45.3%)	265 (61.3%)
Disabling Condition	412 (54.2%)	295 (68.3%)
Fleeing Domestic Violence	145 (19.1%)	72 (16.7%)
High Lethality Assessment Protocol	113 (14.9%)	12 (2.8%)

Table 11 displays information about the characteristics of individuals on the By-Name and New Housed lists. Families with children make up 27.8% of the individuals represented on the By-Name list but only 6.9% of those who have been housed. Youth and seniors represent similar percentages on both the By-Name and New Housed list. Higher percentages on the By-Name list than the New Housed list suggest that these groups are not moving into housing at the same rate they are entering the coordinated entry system.

The GKCCEH Coordinated Entry System identifies 345 individuals on the By-Name list as experiencing chronic homelessness and an additional 265 individuals from the New Housed list. A person must meet three criteria to be considered chronically homeless: currently street or shelter homeless, presence of a disabling condition, and either 12 consecutive months of homelessness or 4+ separate episodes of homelessness that total 12 months over the span of 3 years.¹⁰ Data also indicate that 11 youth (14.3%) on the By-Name list have been experiencing chronic homelessness and 19 (43.1%) youth on the New Housed list have been experiencing chronic homelessness.

More than 50% of people have some sort of disabling condition on both the By-Name and New

Housed lists. The By-Name list data set shows that 69.6% of seniors and 35.1% of youth have a disabling condition, while those on the New Housed list represent 81.9% and 56.8%, respectively.

Fleeing domestic violence is reported on the By-Name and New Housed lists based on households that are both fleeing and trying to flee domestic violence, or households with a youth living in any unsafe situation without a safe alternative. The By-Name list indicates that 145 (19.1%) people were fleeing from domestic violence. The New Housed list shows that 72 (16.7%) individuals were fleeing domestic violence. The By-Name list data set indicates that over half of the youth (39 out of 77) fled from domestic violence, while less than 1 in 5 (7 out of 44) on the New Housed list fled domestic violence.

The average number of days from an individual’s assessment to the date they are housed is 146;

however, the total length of time an individual experiences homelessness before becoming housed is 24.3 months when you include the time period before placement in the Coordinated Entry System. People who have been housed have an average VAT score of 20.9. VAT scores ranging 10-15 are considered low, 16-24 is middle, and 25 or greater is a high VAT score (See Appendix). VAT scores for individuals housed were found to be significantly higher than for those on the By-Name list still waiting for housing, indicating that those with higher vulnerability scores are advancing quicker through the Coordinated Entry System to become housed.

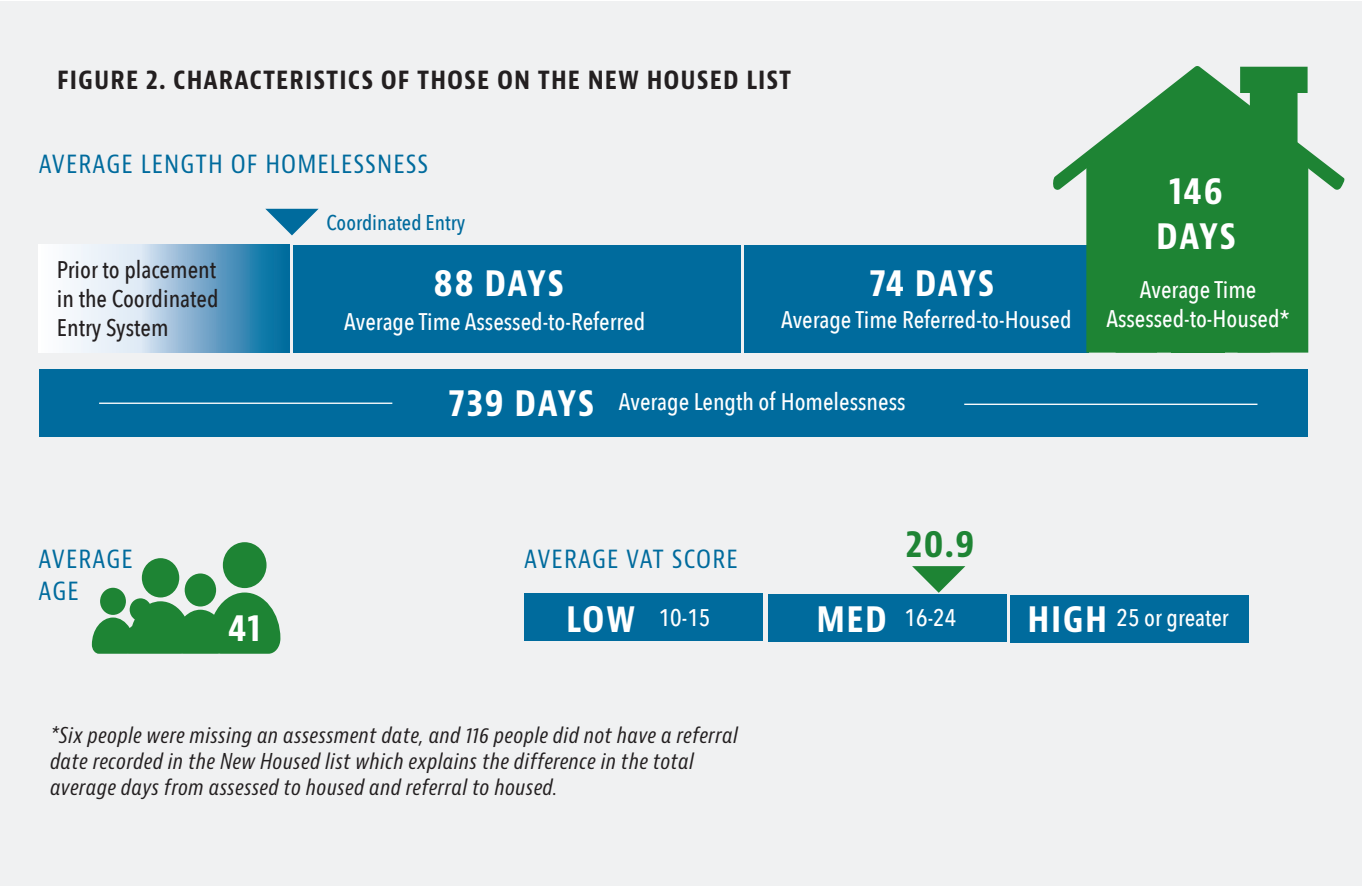


TABLE 12: AVERAGE DAYS* BY SUBGROUPS N=432

SUBGROUP	ASSESSMENT TO REFERRAL	REFERRAL TO HOUSED	ASSESSMENT TO HOUSED
Youth (Age 17-24)	108.2	93.4	194.3
Age 25-60	86.2	65.2	138.4
Senior 60+	96.1	66.2	125.9
Veteran	113.9	68.5	133.2
Families with Children	68.4	56.8	128.5

*Six people were missing an assessment date, and 116 people did not have a referral date recorded in the New Housed list which explains the difference in the total average days from assessed to housed and referral to housed.

Table 12 shows average days passed from assessment to referral for housing. The third column shows days passed from referral to the date of housing. The last column displays the average days for the whole process from assessment to housed. Seniors appear to be moving from assessment to housed most quickly, while youth move through the process at the slowest rate, nearly two months longer than the next closest group.

TABLE 13: TOTAL AVERAGE LENGTH OF HOMELESSNESS (IN MONTHS)

By Subgroups From New Housed List

Youth (Age 17-24) [n=44]	28.5
Age 25-60 [n=319]	23.8
Senior 60+ [n=22]	25.9
Veteran [n=82]	16.3
Families with Children [n=30]	21.9
All average [N=432]	24.3

Table 13 shows the total average length of homelessness individuals experience from before and during the Coordinated Entry System (this table includes only individuals on the New Housed list and not those from the By-Name list who are still in the process of obtaining housing). Veterans experienced just over 16 months of homelessness while the average total length of homelessness for all individuals was over 24 months. Youth experience homelessness the longest, at nearly 29 months. In all, 72 individuals (16.7%) on the New Housed list had been homeless for more than 3 years.



Types of Housing and Entry Points into Coordinated Entry

Table 14 shows housing types by subgroups who have been housed. Permanent Supportive Housing has the highest percentage for youth, adults between the ages of 25-60, and seniors. However, veterans have mostly been housed by veteran housing programs and Rapid Re-housing. For families with children, 26.7% have been housed by Rapid Re-housing with only 6.7% receiving Permanent Supportive Housing.

TABLE 14: TYPES OF HOUSING BY SUBGROUPS FROM NEW HOUSED LIST

HOUSING TYPES	YOUTH	AGE 25-60	SENIOR	VETERAN	FAMILIES WITH CHILDREN
Doubled Up	6 (13.6%)	24 (7.5%)	4 (18.2%)	18 (22%)	3 (10%)
Moved out of Area	5 (11.4%)	12 (3.8%)	2 (9.1%)	9 (11%)	1 (3.3%)
Permanent Supportive Housing	14 (31.8%)	91 (28.5%)	6 (27.3%)	4 (4.9%)	2 (6.7%)
Rapid Re-housing	11 (25%)	74 (23.2%)	4 (18.2%)	12 (14.6%)	8 (26.7%)
Section 8 Voucher	2 (4.5%)	12 (3.8%)	2 (9.1%)	2 (2.4%)	2 (6.7%)
Self-Pay	1 (2.3%)	23 (7.2%)	2 (9.1%)	8 (9.8%)	2 (6.7%)
Transitional Housing	1 (2.3%)	4 (1.3%)	0%	0%	3 (10%)
Veteran Housing Programs	1 (2.3%)	9 (2.8%)	1 (4.5%)	11 (13.4%)	0%
Others*	1 (2.3%)	24 (7.5%)	1 (4.5%)	10 (12.2%)	1 (3.3%)
Unknown	2 (4.5%)	46 (14.4%)	2 (9.1%)	8 (9.8%)	8 (26.7%)
Total	44 (100%)	319 (100%)	22 (100%)	82 (100%)	30 (100%)

Table 15 shows hub locations of people in the GKCCEH Coordinated Entry System on the By-Name list and for those who have been housed. Kansas hubs serve a much lower number of individuals through the coordinated entry system, making up only 8.8% of the By-Name list, 14.8% of the New Housed list, and 11% overall. However, for individuals entering the system through a hub in Kansas, nearly half (64 out of 131) became housed while just 31.5% (286 out of 908) were housed when entering through a hub in Missouri.

TABLE 15: GEOGRAPHIC LOCATIONS OF HUB ENTRY

STATE	BY-NAME LIST	NEW HOUSED LIST
Kansas	67 (8.8%)	64 (14.8%)
Missouri	622 (81.8%)	286 (66.2%)
Unknown*	71 (9.4%)	82 (19%)
Total	760 (100%)	432 (100%)

*Unknown hubs also include floating hub and mobile locations.

Table 16 shows types of housing by hub entry point. The two most-placed types are Permanent Supportive Housing (nearly 30%) and Rapid Re-housing (23%). Interestingly, while individuals who entered the Coordinated Entry System in Missouri are nearly equally likely to be placed in Permanent Supportive Housing (23%) or Rapid Re-housing (26%), those who entered in Kansas appear to end up in Permanent Supportive Housing much more often (50%) than Rapid Re-housing (15.6%).

Vulnerability Assessment Tool (VAT) and Housing Percentage

Table 17 indicates VAT scores of individuals on the By-Name and New Housed list who have come into the GKCCEH Coordinated Entry System though hubs in Kansas and Missouri. Individuals entering Coordinated Entry via a hub in Kansas tend to have a higher average VAT score (22.2) than those

TABLE 16: TYPES OF HOUSING BY SUBGROUPS FROM NEW HOUSED LIST

HOUSING TYPES	KANSAS	MISSOURI	UNKNOWN	TOTAL
Doubled Up	10.9%	8.7%	3.7%	8.1%
Moved out of Area	1.6%	5.2%	2.4%	4.2%
Permanent Supportive Housing	50%	23.1%	37.8%	29.9%
Rapid Re-housing	15.6%	25.9%	19.5%	23.1%
Section 8 Voucher	3.1%	4.5%	3.7%	4.2%
Self-Pay	0%	7.7%	9.8%	6.9%
Transitional Housing	0%	1.7%	0%	1.2%
Veteran Housing Programs	1.6%	3.1%	3.7%	3%
Others	7.8%	7.3%	6.1%	7.2%
Unknown	9.4%	12.6%	13.4%	12.3%
Total	100% (64)	100% (286)	100% (82)	100% (432)

entering in Missouri (19.4). Again, data from the Coordinated Entry system support the conclusion that individuals scoring higher on the VAT are being prioritized for housing as VAT scores are higher for the New Housed list than the By-Name list for all entry points.

TABLE 17: AVERAGE VAT SCORES BY STATE

LIST TYPE	KANSAS	MISSOURI	UNKNOWN
By-Name List (N=760)	19.8	19.3	19.7
New Housed List (N=432)	24.7	19.6	22.6
All average (N=1192)	22.2	19.4	21.2

Table 18 also shows a general tendency for each subgroup to see increased housing placements when VAT scores for that group increase, except for families with children who maintained the low housing rate discussed earlier. This indicates that individuals with the highest vulnerability are being prioritized in housing.

Veterans have different housing trends than any other subgroups—no matter the VAT score, the number of veterans housed is greater than veterans still on the By-Name list (77% of veterans with high VAT scores were housed while 69% of veterans with low VAT scores were housed). In total, veterans by far have the highest housed percentage among subgroups (71%). These results along with those on the total length of homelessness before becoming housed point to the Kansas City metropolitan area’s ability to work with veterans experiencing homelessness.

However, these same results show the population of youth experiencing homelessness are experiencing more difficulties than other groups in quickly finding housing once homeless. Youth appear to have similar housing rates to other age groups but experience an extended length of homelessness in comparison to other age groups.

TABLE 18: VAT SCORES AND PERCENTAGE HOUSED BY SUBGROUPS

YOUTH (AGE 17-24)

STATUS	LOW VAT	MIDDLE VAT	HIGH VAT	UNKNOWN	TOTAL
By-Name List	20	50	7	N/A	77
New Housed List	7	21	15	1	44
Housed (Percentage)	25.9%	29.6%	68.2%	100%	36.4%

AGE 25-60

STATUS	LOW VAT	MIDDLE VAT	HIGH VAT	UNKNOWN	TOTAL
By-Name List	113	378	71	N/A	562
New Housed List	52	186	78	3	319
Housed (Percentage)	31.5%	33.0%	52.3%	100.0%	36.2%

SENIOR (AGE 60+)

STATUS	LOW VAT	MIDDLE VAT	HIGH VAT	UNKNOWN	TOTAL
By-Name List	9	30	7	N/A	46
New Housed List	1	15	6	0	22
Housed (Percentage)	10.0%	33.3%	46.2%	N/A	32.4%

VETERAN

STATUS	LOW VAT	MIDDLE VAT	HIGH VAT	UNKNOWN	TOTAL
By-Name List	8	22	3	N/A	33
New Housed List	18	54	10	0	82
Housed (Percentage)	69.2%	71.1%	76.9%	N/A	71.3%

FAMILIES WITH CHILDREN

STATUS	LOW VAT	MIDDLE VAT	HIGH VAT	UNKNOWN	TOTAL
By-Name List	72	119	20	N/A	211
New Housed List	6	21	3	0	30
Housed (Percentage)	7.7%	15.0%	13.0%	N/A	12.4%

LIMITATIONS

For this needs assessment GKCCEH's Homeless Management Information System (HMIS) data was not used. During the time of data collection, the HMIS was in a period of transition and the former system had a duplication problem. For this reason, unduplicated population numbers were unable to be obtained and were not included. PIT data available from HUD is adjusted over time, so PIT statistics included here represent data at the time of analysis and may differ slightly from data available on HUD's website. PIT data used in this needs assessment are available from GKCCEH.

Another limitation of this analyses was missing data. The number of people on the New Housed list was 727. Due to missing dates for housing placements, 295 people were excluded from the analysis. The final New Housed list used for the analyses in this needs assessment includes 432 people. Out of 432 people, referral dates were missing for 116 (26.9%) people, and assessment dates were missing for 6 (1.4%) people. Age information was missing for 10% of people on the By-Name list and 10.9% of people on the New Housed list. Missing data may have impacted some analysis on various time measures, but the general time trends appear to hold across the various data elements. In addition, some data elements from the coordinated entry system are difficult to untangle from negative responses. For example, coordinated entry data responses are entered as TRUE for individuals who represent families with children, but responses are almost always left blank instead of FALSE for the remaining data. This makes it impossible to discern if it was left blank intentionally, as an indicator it is not a family with children, or if it is truly missing data. More complete data entry and collection will allow for better tracking and increase GKCCEH and the community's ability to use data for programmatic improvements to target services and resources to priority populations.



COMMUNITY VOICES

This research was designed to provide an honest assessment of the system and progress toward ending homelessness in the Kansas City metropolitan area. To begin, data was collectively reviewed to derive knowledge about the nature and extent of homelessness in the area. However, data alone cannot paint a complete picture nor tell the full story of what people experiencing homelessness in Kansas City truly need. To that end, researchers gathered and listened to the voices of both service providers and individuals with lived experience, including the most vulnerable population of youth experiencing homelessness. Through interviews, discussions, and surveys, researchers welcomed ideas and insights from all on how to make homelessness rare, brief, and non-recurring.

The feedback in this section is divided into two categories:

What is going well? What are the strengths of the current landscape of housing and supportive service programs? How are programs and services preventing and addressing homelessness?

Gaps and opportunities. What are the gaps in efforts to improve housing programs and supportive services? What are the opportunities to advance the goals of preventing and ending homelessness?



SERVICE PROVIDERS

Service providers indicated that there are many bright spots to celebrate. Providers highlighted the prevalence of welcoming and safe organizations that are functioning as centralized, single-access points to meet multiple needs of individuals experiencing homelessness. Supportive service organizations operating as “one-stop shops” provide access to meals and food pantries, showers, warming centers, and mail services. They facilitate connections to other services and resources, such as housing programs, employment and education opportunities, and health care. Specific organizations mentioned include Hope Faith Ministries, Bishop Sullivan Center, and area public libraries.

WHAT IS GOING WELL?

MEALS AND MOBILITY

Free, daily meals are one of the strongest supportive services offered in the Kansas City metropolitan area according to focus group participants and survey respondents alike. Many organizations provide meals three times daily across multiple locations in the metropolitan area.

The planned 2020 transition to free public transportation by the Kansas City Area Transportation Authority (KCATA) is also a bright spot mentioned in every focus group. Free public transportation will help reduce mobility barriers and lighten the financial burden for providers allocating significant funds for transportation.

TENANT BILL OF RIGHTS

Another bright spot mentioned in nearly all focus group sessions is the passage of the Tenant Bill of Rights by the Kansas City, MO City Council. This list of rights prohibits property managers from discriminating against tenants based solely on records of prior arrests, convictions, or evictions, or by source of income. It requires property managers to disclose any past issues with the rental unit and help tenants estimate the cost of utilities. The list of rights also enacts stricter prior notice requirements for a property manager to enter a unit. The passage of this historic bill gives service providers renewed hope that the most vulnerable and marginalized tenants will have greater protections against discriminatory rental practices.

SUPPORT AND ACCEPTANCE

Philanthropic giving in Kansas City, MO, is viewed by focus group participants as generous, with funders demonstrating flexibility and adaptability to meet organizational and community needs. The generous nature of philanthropic giving was also a theme among survey respondents. However, focus group participants indicated there are opportunities in Wyandotte County, KS, to extend philanthropic giving and improve relationships with donors.

Overall, focus group participants characterize homeless service providers as deeply compassionate toward the individuals and families they help while being good stewards of resources. This compassion and prudence seem to extend beyond individual organizations to the city level, as focus group participants perceive there to be less criminalization of homelessness in the Kansas City metropolitan area, compared to like-size and larger urban metropolitan areas.

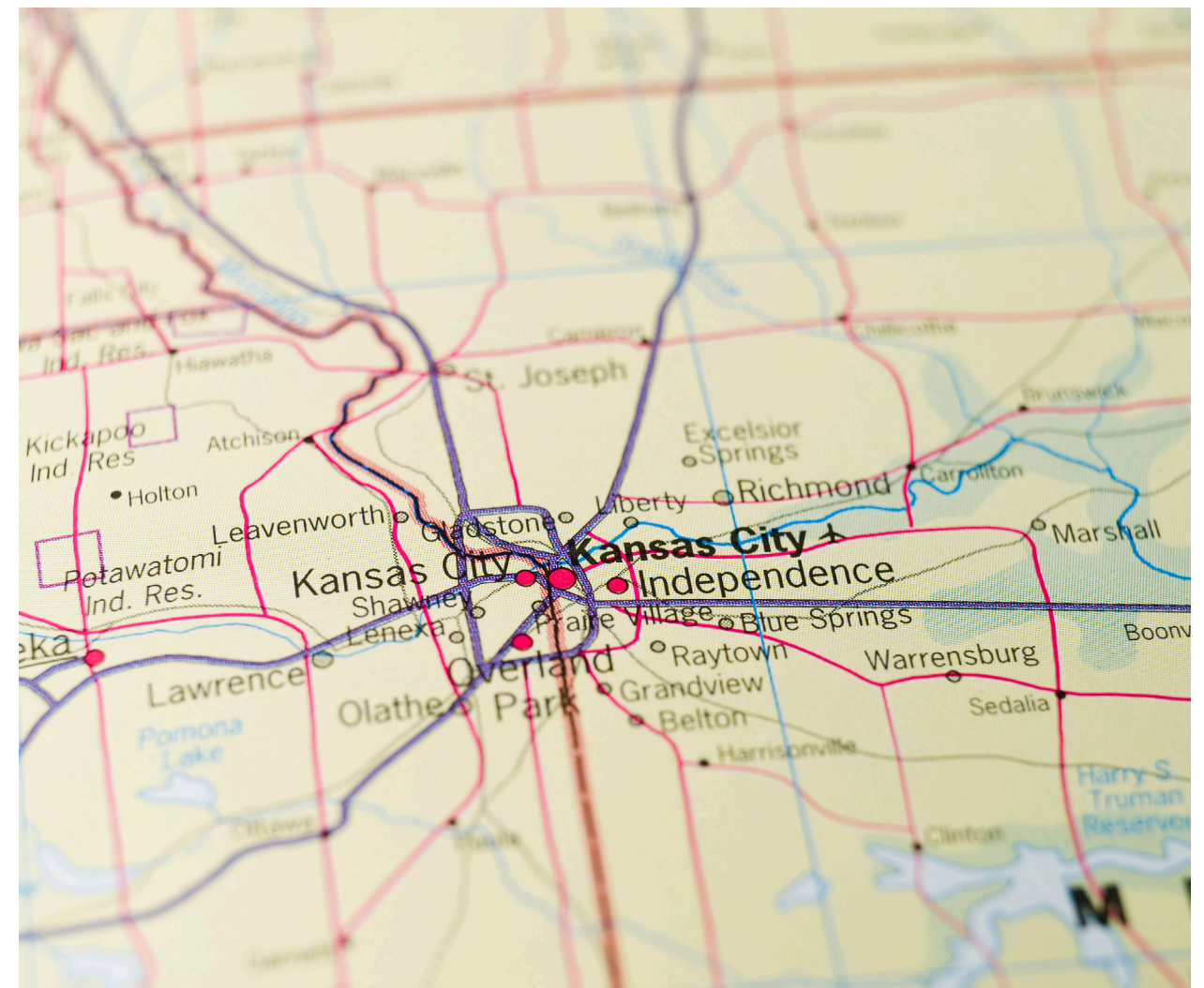
CONTINUUM OF CARE BRIGHT SPOTS

Service providers identified bright spots highlighting progress GKCCEH has made in governance and oversight. Notably, several focus group service provider participants remarked that GKCCEH is in the strongest position it has been in recent years to meaningfully support the work providers do to prevent and end homelessness. The quality and consistency of GKCCEH staff was a bright spot mentioned several times across focus groups. Improvements with transparency and in the quality of communication were mentioned repeatedly.

Focus group participants noted that GKCCEH staff have demonstrated continued improvement in building relationships with agencies not funded by HUD to improve service collaboration. The most discussed example of this was the blossoming relationship with the public library system. Efforts at relationship building and enhancing collaborations has made service providers feel the work is more integrated and less siloed. Focus group participants feel more unified in purpose and have a shared responsibility towards the individuals and families they jointly serve.

Focus group participants noted improvement in internal processes. The Continuum of Care subcommittee structure is perceived to be a grassroots effort, with decision making driven by GKCCEH members. Subcommittee work is increasingly goal driven, with measurable objectives and roles of members more clearly defined, meaningful, and future oriented. Additionally, there has been a renewed focus on using available data to inform decision making and align GKCCEH efforts with HUD outcomes which has led to increased accountability for programs that experience homelessness recidivism.

Lastly, focus group participants discussed improvements to the coordinated entry system. Coordinated entry has become more efficient and has enjoyed decreased referral wait times and more success in targeting the most vulnerable individuals on the By-Name list to prioritize them for housing. The prioritization meetings were cited as being a bright spot in coordinated entry, as they foster inter-agency collaborations to ensure VAT assessments are consistent and high quality.



GAPS AND OPPORTUNITIES

In focus groups, providers shared their aspirations and vision for what it would take to prevent and end homelessness in the Kansas City metropolitan area. When asked about the first thing they would personally do to end homelessness now, and how they would allocate limited resources to do so, the following top three priorities emerged:

INCREASE AVAILABILITY OF AFFORDABLE HOUSING OPTIONS**INCREASE FUNDING FOR PREVENTION AND DIVERSION SERVICES****STRENGTHEN THE SCOPE AND COORDINATION OF OUTREACH PROGRAMMING****AFFORDABLE HOUSING**

Housing providers acknowledge that economic factors such as affordable housing and living wages are directly correlated to an individual's ability to remain stable in housing. Lack of affordable housing was repeatedly indicated as the root cause of homelessness in the Kansas City metropolitan area. Gentrification and rising rental costs are both contributing factors, and service providers are witnessing an increase in families experiencing homelessness for the first time.

Providers noted there are not enough affordable housing units to meet the housing needs of the community at large, but this is especially salient for individuals with a housing voucher. There is a mismatch between individuals with housing vouchers and property managers with affordable housing units who will accept them. Additionally, property managers who bundle utilities in with rental costs are becoming increasingly difficult to find. Service providers recommended the use of an online platform or web-based application for property managers to advertise housing units and indicate whether they accept vouchers.

Lack of affordable housing makes it increasingly difficult for service providers to match individuals to the type of housing that best fits their needs. One service provider stated, "I care about what's best for the individual. So, we get someone in Rapid Re-housing that needed Permanent Supportive Housing...well, we got them housed, but now what?" Providers noted it is difficult for individuals with vouchers to find affordable housing, but there is also a shortage of vouchers available for Permanent Supportive Housing.

Service providers desire more engagement and stronger relationships with landlords to place and maintain individuals in available affordable housing. Providers noted the importance of property managers as critical partners in recognizing clients who may need extra support. Property managers familiar with the signs of mental distress can serve as an important source of information to service providers, alerting them to concerns before a crisis occurs. Survey respondents specifically noted the need for a better way to work with landlords to build bridges to available housing.

PREVENTION AND DIVERSION

Increased funding for prevention and diversion services is critical to ending homelessness. There is currently a mismatch between prevention funding available and what is needed to keep individuals from homelessness. Focus group participants shared heartbreaking stories of turning individuals away, in danger of losing housing, because organizations do not have adequate funding to offer

rental assistance. Outstanding fines can present a financial barrier in getting clients successfully re-housed, and service providers do not have adequate funding to cover these expenses. Survey results confirmed this gap—only 26% of respondents indicated that their organization has funding for prevention services.

Providers expressed a need for more funding to address fines, judgments, and arrears from previous housing placements. Providers also acknowledged the need to overcome the financial barriers of rental deposits and move-in costs so that individuals can obtaining housing quickly.

COORDINATED AND ACCESSIBLE SUPPORTIVE SERVICES

Organizations that function as centralized, single-access points to meet multiple needs of individuals are a significant bright spot in the community. Service providers recommended expanding these organizations to meet as many needs as possible in one location. A single access entry point for services maximizes resources and minimizes confusion and barriers. Survey respondents also pointed to the importance of wraparound services to assist individuals re-entering housing.

Service providers would like to see more coordination of outreach efforts in the community. Not all organizations who perform outreach services communicate with one another, nor do they all participate in GKCCEH. Focus group participants view outreach efforts as a primary responsibility of GKCCEH and advocated for more coordinated efforts across the region. Service providers would also like to see individuals with lived experience engaged in outreach efforts in meaningful ways.

Mental health care was the most frequently cited outreach need. Providers noted that mental health services are lacking both in terms of accessibility and availability, with individuals sometimes waiting weeks for an appointment after completing an intake. Addressing and maintaining mental health is integral to remaining successfully housed. Providers also expressed concern in turnover at community mental health centers, leading to breaks in continuity of care.

Focus group participants expressed a need for more non-traditional education and employment opportunities to help individuals and families achieve and maintain stability. Non-traditional employment opportunities could potentially accommodate mental health needs, disability, or other factors that may make it difficult for individuals with lived experience of homelessness to maintain employment. Providers also noted money management education is needed for maintaining self-sufficiency.

Service providers shared about the value of peer-to-peer mentorship opportunities. Providers noted that peer mentors help reduce stigma and fear, and support relationship building. Peer mentors can also build trust with other service providers.

EMERGENCY SHELTERS

Gaps in the current emergency shelter system affect how individuals and families access services. There are limited emergency shelter beds in Wyandotte County, and emergency shelters in Jackson County have eligibility criteria and participation requirements.

Shelter requirements may prohibit some individuals and families from accessing or seeking services. Providers noted some emergency shelters have criteria that prohibit admissions to unmarried couples, LGBTQ individuals, or families with male adults, which separates fathers from families in

some instances. While it was acknowledged by focus group participants and survey respondents that faith-based emergency shelters play an important role in keeping individuals and families safe, services are contingent on religious participation requirements, posing barriers to individuals who are uncomfortable or unwilling to partake. Focus group participants and survey respondents both frequently cited the desperate need for low barrier emergency shelters that follow the Housing First program model.

Asked on the provider survey to rank types of housing needed most, survey respondents chose emergency shelter as their top response followed by Permanent Supportive Housing. Transitional housing and Rapid Re-housing were the third and fourth responses, respectively, and “other” came in fifth. When comparing responses of coalition members to non-coalition members, there is a slight deviation from this ranking in that non-coalition members ranked transitional housing as the second most-needed type of housing.

CHALLENGES TO ACCESSING BASIC SERVICES

Service providers stated that one of the first significant hurdles for someone experiencing homelessness is initiating services, which often requires a state-issued ID card and a birth certificate. Due to the transient nature of homelessness, many individuals do not have these key documents. Providers noted that obtaining birth certificates, particularly from other states, is a complicated and expensive process.

Focus group participants indicated that refilling medical and eyeglass prescriptions is generally done well, but there is a need for additional funding to fulfill other medical needs like dental and vision care, and equipment for monitoring blood glucose and pressure.

The survey asked service providers what specific populations are experiencing gaps in services. Nearly 88% of respondents were able to point out at least one group they saw experiencing a gap in services and 80% indicated multiple groups experiencing gaps in services.

TABLE 19: PERCENT RESPONDENTS INDICATING POPULATIONS EXPERIENCING GAP

40%	Chronically Homeless	41%	Families	30%	LGBTQ
21%	Domestic Violence	46%	Single Adults	17%	Veterans
42%	Youth				

Percentage for “other” and “not applicable” or missing data are omitted from the table.

DATA COLLECTION AND REPORTING (HMIS)

Providers shared challenges with the Homeless Management Information System (HMIS) used by GKCCEH-funded homeless service providers for data collection. Due to security settings, providers are limited to viewing and editing their own client data, which has led to duplicated client entries, inaccurate client counts, and diminished capacity of service providers to gauge use of their services. Additionally, individuals moving between housing programs within the same organization must be exited in the HMIS and then readmitted, suggesting the individual returned to homelessness and indicating poor organizational performance.

These HMIS shortcomings have significant implications for future funding; however, service providers are optimistic that these concerns will be addressed by a new lead agency supporting the HMIS. Changes are planned that will result in unduplicated, usable data that facilitates efficient and consistent service delivery while depicting accurate performance measures.

COORDINATED ENTRY/BY-NAME LIST

Providers voiced concerns about the current structure of the coordinated entry process. Five organizations across the metropolitan area volunteer as coordinated assessment entry points, or “hubs.” Providers indicated the hub organizations are not funded adequately to complete the Vulnerability Assessment Tool (VAT). Without funding, some organizations have reduced the days and times they provide intake and assessment services. Service providers in focus groups and survey respondents alike indicated that hubs need additional support to fulfill their role in a way that is effective in the long term.

Additionally, not all housing providers in the Kansas City area participate in coordinated entry. Currently, only service providers funded by GKCCEH are mandated to use coordinated entry. Because not all providers use coordinated entry, not everyone seeking housing has equal access to information about available housing programs and services. Providers expressed concern that individuals who seek services at organizations not participating in coordinated entry are not being referred to a hub for assessment, preventing them from accessing all housing options.

Coordinated entry prioritizes individuals with the highest vulnerability levels on the VAT for housing first. However, service providers expressed concern about the many individuals determined to be ineligible for services because their VAT score is not high enough. Service providers are also concerned it takes too long to house individuals once they are placed on the By-Name list. Providers indicated a coordinated entry policy that establishes VAT assessment standards may be helpful in addressing disparities in VAT assessments scores. Providers also need guidance on how to support individuals entering coordinated entry who do not meet the threshold for the By-Name list.

Providers noted there is not clear, consistent information available to individuals experiencing homelessness on the purpose of the coordinated entry process and how to navigate it. There is a misconception among individuals experiencing homelessness that coordinated entry is a housing program that guarantees a housing placement, instead of a process that assesses and refers to housing if certain eligibility criteria are met. According to data collected by GKCCEH, only about 30% of individuals assessed ultimately receive housing through coordinated entry services. Service providers are concerned that the false perception of guaranteed housing through coordinated entry will result in individuals ceasing their housing search, prolonging their homelessness. Education and tools are needed to address this misconception. Service providers suggested developing a road map or flow chart to guide individuals through the coordinated entry process, indicating next steps after an assessment is conducted and providing contact information for follow-up.

ADULTS WITH LIVED EXPERIENCE

Like area service providers, individuals with lived experience of homelessness in the Kansas City metropolitan area were able to list a number of bright spots. Focus group participants and interviewees were appreciative of options in the community, and they described interactions with service providers as safe and welcoming.

WHAT IS GOING WELL?

FOOD

The most frequently cited bright spot is the ease of access to food pantries and free meals. Many organizations offer three meals per day with locations throughout the metropolitan area. Participants highlighted specific places that provide hot meals, such as day centers, churches, picnics in the park with KC Heroes, and McDonald's Café. Area food pantries also fulfill a critical need in the community.

ACCESSIBLE HEALTH CARE

Health care services were cited as an important bright spot by focus group participants. Mobile services are particularly valued since traditional health care services, especially dental and vision services, can be difficult to obtain. Mobile medicine units offer prescription refills, temperature and blood pressure monitoring, and other types of preventative care. Specific service providers mentioned include Care Beyond the Boulevard, Duchesne Clinic, Swope Health Services, Truman Behavioral Health Assertive Community Outreach, and Hope Faith Ministries.

DAY CENTERS

Participants described day centers as one of the strongest services in the Kansas City area. Day centers provide safety and a wide range of services to meet basic needs including access to restrooms, showers, laundry facilities, meals, mail services, health care, and case management for connections to other resources. Day centers were also cited as important for formally documenting homelessness, which participants noted as a prerequisite for most housing programs and other income-based programs.

SUPPORTIVE PROVIDERS

Participants highlighted domestic violence shelters as holistic and caring providers of services to meet basic needs. They offer wraparound support including case management and therapy, and were described as clean, safe, supportive, and nurturing. "We're safe; we don't have to worry about anything. We don't have to worry about the lights staying on or having enough to eat."

Participants also identified those housing programs with limited or no exclusions as critical to obtaining housing. In particular, participants praised Rapid Re-housing providers as solution-focused, respectful, and honest. Rapid Re-housing does not preclude individuals with criminal records or past evictions from obtaining housing, and it provides individualized wraparound support services to address other needs that may impact housing stability, such as employment, transportation, and health care.

GAPS AND OPPORTUNITIES

Focus group participants and interviewees shared information on the shortfalls in housing options and the types of support services needed. They asked for acceptance, compassion, and safety from providers and the community.

Researchers also learned from these discussions some of the contributing factors leading to homelessness and potential paths to prevention.

HOUSING OPTIONS AND ACCESS

Obtaining permanent, supportive housing is the biggest challenge cited by focus group participants experiencing homelessness. Much of the available housing consists of apartments, which some participants noted exacerbate anxiety and other mental health disorders due to the close and compact nature of apartment living. There is a desire for more variety in housing options such as tiny homes or other single-family units.

The safety and location of housing is critical to stability for this population. Participants noted that most affordable housing options are in unsafe neighborhoods, with high rates of crime and illicit drug activity. Concerns were raised about maintaining sobriety for individuals in recovery. While participants overall expressed gratitude for housing support, they desire more flexibility and attention to each individual's unique needs.

Participants indicated that emergency shelters do not meet the demand for services and fail to adequately provide accommodations for diverse populations. There are limited emergency shelter beds in Wyandotte County, and participants from this area are reluctant to seek emergency services across the state line in Missouri. Concerns were raised about the ability of shelters in Missouri to adequately accommodate accessibility needs or non-traditional families. One focus group participant noted that she was unable to stay sheltered with her adult dependent child, so she opted to sleep in her car. Another participant shared that families are often unable to stay together in shelters, especially if parents are unmarried or LGBTQ. Focus group participants acknowledged that faith-based organizations providing emergency shelter serve a critical role in the community, but also present a barrier for individuals who feel pressured to participate in religious requirements.

"Say you take the VAT test. I took it last March, my name's off the list because I changed my phone number. They had no way to get ahold of me, so now I have to do a VAT again. That's an issue with people that are homeless. You are living in a camp, your phone gets stolen. Well, how do I get another phone? There's no communication there."

Contrary to the sentiment expressed by service providers, some focus group participants reported feeling victimized and criminalized, citing homeless camps recently removed by city officials.

Additionally, participants indicated confusion and frustration over the GKCCEH coordinated entry process. Some viewed coordinated entry as a guaranteed housing program and that by completing the VAT assessment they would secure a place on a waiting list for housing.

Participants who did secure a place on a waiting list noted the inherent difficulty of keeping in contact with housing navigators when they do not have a working or consistent telephone or reliable transportation. Some described missed opportunities to obtain housing without the means for providers to contact them. Participants suggested that a central location, such as the public library, offer the ability to check their waiting list status, including the By-Name list status.

SUPPORT SERVICES

Focus group participants desire mental health care onsite in emergency shelters and other housing programs to help mitigate the stressors of the shelter environment and make it easier to participate in housing programs. They also seek relief from the time-consuming and expensive struggle to document homelessness. This was an issue discussed in every focus group. Obtaining identification, birth certificates, and medical records is often financially prohibitive, but frequently required to initiate services. Once obtained, these records are difficult to safeguard. One focus group participant explained it this way: “Paperwork is the least of our worries.”

PREVENTION

Participants shared their thoughts on what might have helped prevent their housing crisis:

Safe and affordable housing. Safe and affordable housing was mentioned most often as the single thing that would have prevented an episode of homelessness.

“They’ve knocked out affordable housing. It makes it hard for a regular family to afford a nice place to live. It wasn’t like that before.”

“Affordable. That’s the number one word. Affordable.”

Safe and supportive social networks. Stable networks of supportive family and friends—having someone to stay with or ask for help in an emergency—may have prevented a housing crisis for many participants.

Rental and utility assistance. Rental and utility assistance would have prevented an eviction and subsequent homelessness for several focus group participants. Individuals and families facing a housing crisis may be unaware or unable to access rental assistance or other prevention assistance programs.

Living wages and a financial safety net. Employment opportunities that pay a living wage are needed to maintain stable housing and prevent homelessness. Participants shared that job loss or periods of unemployment may result in an episode of homelessness.

WHAT IS GOING WELL?

YOUTH WITH LIVED EXPERIENCE

Emergency shelters are often the first point of contact for many youth experiencing homelessness and serve the life-saving role of keeping youth off the streets and out of severe weather or other dangers. Transitional Living Programs (TLP) were highlighted for giving youth the opportunity to finish their high school education, gain and maintain employment, participate in social and recreational activities, and learn practical life skills such as money management, how to use public transportation, and pursue higher education and employment opportunities beyond high school. Participants noted successes they achieved while living in TLPs: earning a GED, obtaining a driver’s license, and saving money to build a safety net.

Positive relationships with TLP staff was another significant bright spot. Participants reported feeling that staff care deeply about them and invest time and energy in getting to know them. Youth shared several instances of staff going out of their way to make sure their needs were met.

Youth also appreciated being among peers in TLPs with similar life experiences, saying that this makes them feel safe and supported. Youth look out for one another long after they have exited housing programs. They tend to pull from resources they have accumulated in the program to advocate for the well-being and safety of other youth, to ensure no one is sleeping on the streets or staying in an unsafe situation.

“You’re seeing familiar faces—you might not particularly know them, but it’s a space that you’ll feel more comfortable to open up.”

GAPS AND OPPORTUNITIES

Throughout the focus group session, youth shared personal stories of becoming homeless. Many of these stories included fleeing abusive family environments at a young age. Others noted a lack of family support that led to homelessness. Several youth shared that they did not have a family safety net to fall back on in times of financial distress.

HOUSING PROGRAMS

Focus group participants shared that youth-specific emergency shelters serve a very important role, but there are limitations in their ability to serve everyone who needs help. The age restrictions of youth emergency shelters present a barrier to young people in need. Many of the youth in the focus group had already “aged out” of the youth emergency shelters and discussed how they do not feel comfortable or safe staying in an adult shelter.

“I’m a child still. I don’t have the mentality to be a 21-year old. I was put through hell and not able to grow up. I didn’t learn any of that stuff.”

Additionally, youth noted access to transitional housing programs that serve youth over the age of 21 is needed. Housing programs that cater to young adults over the age of 18 with developmentally appropriate programming would give youth more time to grow, learn, and heal from trauma and to successfully transition into adulthood, exiting homelessness permanently. Youth shared that transitional housing resources are scarce, and they feel uncomfortable and guilty competing for them against other youth. One participant said they felt blessed to be selected to participate in a TLP, then stated they felt discomfort since their spot meant that someone else is still in an unsafe situation.

Some youth participants described feeling caught up in a service system that is difficult to navigate, does not consider their specific needs as young people, and does not set them up for success in staying stably housed into adulthood. Participants shared feeling that they are not learning enough independent living skills and do not believe that TLPs adequately mirror the “real world.” Budgeting and money management was an example brought up several times in focus groups. Youth shared they need help developing skills in realistic budgeting for independent living that reflects the challenges and situations they will encounter in adulthood.

MENTAL HEALTH NEEDS WITHIN HOUSING PROGRAMS

Several youth disclosed histories of abuse that resulted in trauma and mental health issues such as depression, anxiety, and PTSD. They expressed concern that their mental health needs are not being adequately addressed in housing programs. They desire trauma-informed care and counseling that is better coordinated and embedded within housing programs. Some youth indicated that misunderstandings about their mental health resulted in discharge from housing programs.

PROGRAM STAFF AND LEADERSHIP

While youth focus group participants acknowledge feelings that staff care about and support them, they still encounter difficulties in building meaningful, trusting relationships with service providers. It was noted that often, service providers’ personal backgrounds and their racial and socioeconomic identities vary significantly from those of program participants. Diverse staff and employing more staff of color is important to youth. Participants shared how difficult it is for them to connect and form relationships with service providers who do not look like them or cannot relate to their experiences.

Youth also indicated that there seems to be a serious disconnect between their needs and the decisions of executive leadership/governing bodies of social service agencies. Youth expressed concern that homeless service providers appear to make funding cuts that demonstrate a lack of understanding of the impact of those decisions on the individuals who rely on services. It is perceived by the youth that leadership views certain programming as less important than the value the youth places on it.

GEOGRAPHY/LOCATION OF SERVICES

The geographically expansive nature of the Kansas City metropolitan area creates challenges for youth navigating housing and supportive services. Participants shared examples of having to relocate from one part of the Kansas City metropolitan area to another in order to get the help they need. To access services, they sometimes must quit a job, separate from friends and loved ones, and adapt to a new part of the city. Re-locating to a new part of the city to access services comes with transportation hurdles. TLPs provide taxi services to get to and from school and job sites, but breakdowns in communication and logistical challenges mean that taxi service is not always a viable solution for all needed services.

Public bus services are available and helpful, but only to an extent. The public bus routes have varying schedules, with run times that start and end depending on location in the Kansas City metropolitan area. Commute times are incredibly long, with some youth explaining that they have commutes of upwards of 2 hours one way. Despite very long rides, buses can be helpful to get to work and school, but they are not a reliable method of transportation to get home, as many bus routes stop running in the evening. This leaves youth stranded after work, with no options but to walk home, often late at night.

LIFE AFTER HOUSING PROGRAMS

Focus group participants stated there is a lack of economic and employment opportunities to build a financial safety net and work towards self-sufficiency. Even after they exit a housing program, many youth struggle to meet basic needs and describe themselves as trapped in a cycle of poverty. One focus group participant disclosed that they spend approximately 75% of their take home earnings on rent alone. They feel on the cusp of experiencing another episode of homelessness if they do not receive external support. Participants acknowledged they are still young and learning how to navigate an adult-centric world without the help of family. They need continuity of care and ongoing support to find a job, acquire housing, pay rent, and continue to develop into healthy adults.

SECTION 3

ANALYSIS

KEY FINDINGS & CONSIDERATIONS
COVID-19 PANDEMIC

KEY FINDINGS & CONSIDERATIONS

Key findings from this needs assessment are derived from the challenges and opportunities identified by service providers, individuals with lived experience of homelessness, and through data analysis. The following seven items indicate ways to strengthen the community's approach to preventing and ending homelessness. This section provides an analysis of the key findings and highlights innovative approaches other communities have taken to address similar needs.

1. Increase affordable housing stock and enhance landlord engagement.

2. Expand Permanent Supportive Housing solutions and wraparound services.

3. Decrease barriers to accessing emergency shelters across the Kansas City metropolitan area.

4. Structure coordinated entry to quickly connect individuals to appropriate housing and services.

5. Enhance youth-specific programs and services.

6. Increase funding for homelessness prevention.

7. Examine and address racial disparities across system performance measures and beyond.

1. INCREASE AFFORDABLE HOUSING STOCK AND ENHANCE LANDLORD ENGAGEMENT

Analysis & Considerations

Rising rental rates and gentrification in areas across the Kansas City metropolitan area have resulted in housing that is out of reach for many individuals and families. We know from service providers that affordable housing is the most needed resource in the area to prevent and reduce homelessness. And we heard directly from many focus group participants that an affordable home would have prevented their own experience of homelessness.

Previous studies have found that for every \$100 increase in median rent, homelessness increases by 6% in metropolitan areas, 32% in non-metropolitan areas, such as suburbs, and 15% across all community types.¹¹ As it is now, even renters who earn a modest income (those who earn the average renter's wage for this area) can't afford fair market rent and must work an excess of 40 hours per week just to rent a two-bedroom unit. This issue is exacerbated down the income scale with minimum wage earners in Jackson County needing to work 85 hours a week. Workers in Wyandotte County must work over 100 hours per week at minimum wage to rent a two-bedroom unit.

One approach to increase available affordable housing is a housing trust fund, a public fund established by a state, county, or city government dedicated to the preservation or creation of affordable housing.¹² Taxes, fees, bonds, general funds, and private investments are all viable avenues for fundraising.¹³ City leaders in Kansas City, MO recently established a \$75 million housing trust fund to create or preserve 5,000 affordable housing units.¹⁴ However, funding for the trust has yet to be identified. Wyandotte and Jackson counties and Kansas City, KS have yet to establish trusts. There is opportunity for housing advocates to partner with cities and counties to emphasize the benefits of funding a housing trust to prevent and reduce homelessness.

Another strategy to increase affordable housing stock is to develop relationships with property managers and landlords. Holding recruitment events and incentivizing landlords may increase the number of landlords accepting housing vouchers or renting affordable units. Once an individual is housed, engaged property managers may also mean the difference between returning to homelessness or maintaining housing stability. Providers and advocates can educate property managers on signs leading to a potential eviction (e.g. signs of relapse or mental health crisis). Such an arrangement may help prevent the financial impact of an eviction on both parties.



INSIGHTS FROM OTHER COMMUNITIES

LANDLORD LIAISON PROGRAM | PIERCE COUNTY, WASHINGTON

The Landlord Liaison Program (LLP)¹⁵ in Pierce County, Washington, is an innovative program that aims to create long lasting, supportive relationships between property managers and housing agencies. The program was started to connect housing agencies to property managers with vacant units and has grown to provide an important liaison role for getting people housed. LLP educates tenants and property managers alike on new housing-related laws and policies, and guides property managers on how to supply housing to tenants who need it in Pierce County. The ultimate goal is to provide safe and affordable housing to individuals and families experiencing homelessness who have had past challenges accessing housing.

Funded by the county, LLP incentivizes property managers to engage with housing agencies in a variety of ways, including providing rent-ready tenants, offering risk mitigation funds, and providing 24-hour support services to rapidly respond to property manager questions and concerns.

HOUSING TRUST FUND | VENTURA COUNTY, CALIFORNIA

One county that has been particularly successful in employing a diverse stream of funding is Ventura County, California. Housing Trust Fund Ventura County¹⁶ combines state bond funds and local city government contributions with private sources including businesses, foundations, and individual donors. These public-private partnership funds are used to offer low-cost loans that attract and support developers during the earliest stages of their projects. Between 2012 and 2019, Housing Trust Fund Ventura County helped create 365 affordable housing units and 15 affordable housing developments across seven cities by offering roughly \$9 million in loans to developers.

are limited. Embedding mental health providers in housing programs and training staff in trauma-informed care may better support individuals living with a mental illness and experiencing homelessness.

Expanding Permanent Supportive Housing in Kansas City is a proven and cost-effective way to reduce the number of individuals experiencing chronic homelessness, particularly those with co-occurring challenges.

INSIGHTS FROM OTHER COMMUNITIES

SOCIAL IMPACT BONDS FINANCE PERMANENT SUPPORTIVE HOUSING | DENVER, COLORADO

The Denver Social Impact Bond Initiative (Denver SIB)¹⁸ supports individuals experiencing homelessness and co-occurring challenges such as substance use and mental health problems. These individuals frequently cycle in and out of jails and emergency rooms, with a heavy cost to taxpayers. The City of Denver partnered with investors using a “pay for success” model to provide Permanent Supportive Housing for the most frequent users of the city’s criminal justice system. The primary goals of Denver SIB are to reduce jail time and increase housing stability among participants. If the initiative achieves performance outcomes, the city makes success payments to the SIB investors. Three years into the five-year initiative, 330 individuals had been housed, 79% of participants remain housed two years after entering housing, and 11% had a planned exit. While the program is still in the evaluation stage, early results are promising.



2. EXPAND PERMANENT SUPPORTIVE HOUSING AND WRAPAROUND SERVICES

Analysis and Considerations

Housing First programs are working well to exit individuals and families out of homelessness. Permanent Supportive Housing programs prioritize the most vulnerable individuals experiencing chronic homelessness and pair affordable housing with voluntary wraparound support services. According to the National Alliance to End Homelessness, Permanent Supportive Housing saves significant money, increases housing stability, and reduces the impact on public systems, such as jails, emergency rooms, and psychiatric care.¹⁷

Service providers identified this model as a strength in Kansas City but also pointed to a need to increase capacity. Permanent Supportive Housing was the second most needed type of housing, according to survey respondents. Likewise, focus group participants pointed to a shortage of Permanent Supportive Housing vouchers. The utilization rate for Permanent Supportive Housing and Rapid Re-housing in Kansas City are over 105%, showing both to be over capacity. The lack of open units combined with the fact that over 50% of individuals still awaiting housing on the By-Name list have disabling conditions (indicating greater need for support services) likely contribute to long wait times for housing placement. These wait times extend the total length of homelessness for the population (currently over 24 months on average before becoming housed).

The wraparound support services offered with Permanent Supportive Housing are equally needed for individuals experiencing homelessness who are not yet housed. Among the most needed service is mental health care. Existing mental health outreach and mobile health care increase access, but current services

3. DECREASE BARRIERS TO ACCESSING EMERGENCY SHELTERS ACROSS THE AREA

Analysis and Considerations

Stories and survey data from individuals with lived experience and those providing services indicate that there is a shortage of emergency shelter beds. Providers stressed that emergency shelter beds are the most needed type of housing. Additionally, these beds are not equitably distributed across the region. Individuals from Kansas City, KS make up a fifth of the unsheltered population on the Point-in-Time Count (PIT), but only 6% of the sheltered individuals. During the focus group sessions, individuals with lived experience and providers alike commented that, currently, there are limited emergency shelter beds in Wyandotte County, and those in Jackson County do not meet the needs of individuals and families seeking them because of eligibility criteria and participation requirements. For example, families may struggle to stay together when attempting to access shelter services if unmarried or LGBTQ. Additionally, it was reported some emergency shelters only offer services to those willing to participate in religious activities. These and similar barriers to access should be evaluated and investments in low-barrier shelters should be considered.

INSIGHTS FROM OTHER COMMUNITIES

LOW BARRIER, PERSON-CENTERED SHELTER SERVICES | MULTNOMAH COUNTY, OREGON

The emergency shelter system in Multnomah County, Oregon has undergone several notable changes to become more welcoming and function more effectively for individuals who have historically avoided shelter. The shelter now operates 24 hours a day, and the intake process has shifted to encourage self-defined groups of friends or family members to access shelter together. There are also options for individuals to remain with their pets and personal possessions while staying in the shelter. Additionally, in step with the Housing First model, the shelter no longer screens for alcohol or drug use. The county’s emergency shelters use a reservation system that does not impose maximum stays, meaning that guests are able to keep their place/bed for as long as they need it.

Multnomah County has set new records for shelter access, with more than 8,700 people accessing shelter last year.¹⁹ Their most recent Point-in-Time Count demonstrates that more people are sleeping in shelter each night than outside—including twice as many people in families.²⁰

4. STRUCTURE COORDINATED ENTRY TO QUICKLY CONNECT INDIVIDUALS TO APPROPRIATE HOUSING AND SERVICES

Analysis and Considerations

Individuals experience homelessness an average of 11 months before they are placed on the coordinated entry By-Name list. Once placed on the list, it can take many more months to secure housing. Providers receive referrals for housing, but the process is time-consuming. Electronic referrals and automations of the system may shorten the length of time from being referred for housing to being housed. One consideration is connecting or integrating coordinated entry into the HMIS to streamline the referral process.

The current hub structure of coordinated entry limits the capacity of providers to conduct assessments and creates unnecessary accessibility barriers for individuals seeking help. At the time of this needs assessment data collection, the only option for coordinated entry was in-person at one of five hub locations. Financial, transportation, and scheduling challenges create hurdles to completing assessments for coordinated entry. To increase access to coordinated entry, additional assessment options, including by telephone, should be considered.

Among housing providers who are not funded by GKCCEH, participation in coordinated entry is low. Not having full participation in coordinated entry from all service providers results in system and service delivery fragmentation and longer lengths of housing crisis. Empowering all housing and service providers to function as coordinated entry access points stands to benefit both service providers and those individuals and families seeking services.

Focus group participants with lived experience often misunderstood coordinated entry to be a housing program or a guarantee of future housing. Education and clear communication on how coordinated entry works and the types of services available will reduce confusion. Standardized policies and procedures would promote effective and consistent messaging to individuals in need of housing and improve communication among providers. Additionally, there is a need for simplified, person-centered outreach and communication channels to keep in touch with individuals referred to housing and to provide status updates to those on the waiting list. Close evaluation of the current coordinated entry system is needed to address these barriers and identify other areas of improvement to improve overall performance.

INSIGHTS FROM OTHER COMMUNITIES

IMPROVEMENTS TO COORDINATED ENTRY PROCESS | CHICAGO, ILLINOIS

The Continuum of Care in Chicago, All Chicago, assessed their coordinated entry system and implemented solutions to improve their process, such as consistent messaging, streamlined referrals, and tracking.²¹ All Chicago developed standardized scripts to promote a shared language and consistent communication across providers conducting assessments. The intent of the scripts was to ensure individuals experiencing homelessness understand the purpose and what to expect after they are assessed. All Chicago also improved real-time and automated functioning of their system by creating an electronic referral through the HMIS. Future plans include automating this function and creating a feature to automate vacancy notifications.

To increase the number of individuals who are referred and then housed, All Chicago created a separate waitlist for those individuals and families who have been referred to housing but are unable to be reached after three attempts. This strategy has helped ensure individuals without telephones or other consistent communication access do not lose their placement.

POLICY TO PROMOTE SYSTEM ALIGNMENT AND INTERAGENCY COLLABORATION | SANTA CLARA COUNTY, CALIFORNIA

The Santa Clara County (CoC) addressed equity and transparency by streamlining their policies and procedures.²² The CoC now mandates two important expectations from all agencies that provide housing and support services: First, all agencies that participated in HMIS will serve as coordinated assessment access points. Second, all agencies must participate in the CoC, and, to the extent possible, participate in community-wide efforts endorsed by the CoC board. These policies help advance their vision of a coordinated assessment system that uses standardized assessment techniques, and through which all referrals for housing programs are made using the same system.

“Coordinated assessment will encompass all populations and subpopulations within the CoC’s geographic area and prioritize and place people effectively and efficiently, quickly matching people to the housing type and services that are most likely to get them permanently housed.”

5. ENHANCE YOUTH-SPECIFIC PROGRAMS AND SERVICES

Analysis and Considerations

U.S. Department of Education data indicates nearly double the number of children (under age 18) experiencing homelessness than are reported by the PIT count, and while the count of youth (ages 18 to 24) appears to be decreasing generally over the past three years, the number of unsheltered youth in that

count increased for each of those years. Even though this unsheltered youth count remains low on the PIT, the discrepancy between data sources on children experiencing homelessness likely indicates more unsheltered youth within the community. Youth in the Kansas City metropolitan area also appear to be experiencing longer periods of homelessness than any other group--over 28 months for those becoming housed through the GKCCEH Coordinated Entry System. Better recognition of the full magnitude and root causes of youth homelessness could generate ideas on ways to improve prevention activities, develop more housing options to meet youth needs and numbers, and provide more tailored wraparound services.

Youth emergency shelters are limited in capacity, and youth over the age of 18 do not feel safe or comfortable seeking adult shelter services. Youth focus group participants revealed a desire for more housing and services tailored to youth-specific needs, well past the age of 18. Without a family for support and a safety net, youth struggle to learn basic life skills and achieve self-sufficiency as young adults. Limited after-care services for youth transitioning out of housing programs without steady or living-wage jobs leave them feeling burdened by housing costs and struggling to meet basic needs. Longer-term services to maintain stability and financial independence should be considered to lift youth out of the cycle of poverty and prevent future episodes of homelessness.

INSIGHTS FROM OTHER COMMUNITIES

YOUTH COUNT

The Voices of Youth Count (VoYC)²³ offers a system-level approach to fill gaps in the community’s knowledge of homelessness among unaccompanied youth and young adults, ages 13 to 25. Funded by private charitable foundations and HUD Office of Policy Development and Research, VoYC is a national research and policy initiative where current and former homeless youth are empowered to plan and execute a youth count. The purpose of the count is to capture the diverse experiences of unaccompanied and runaway youth, clearly define the size of the population, and gain a deeper understanding of their needs. The approach integrates surveys, in-person counts, in-depth interviews, and administrative data analysis. This type of comprehensive count of youth experiencing homelessness and housing instability can help communities identify targeted interventions and programming. VoYC has developed and disseminated a toolkit on how other communities can conduct a youth count.

CASH TRANSFER PROGRAMS FOR SELF-SUFFICIENCY | NEW YORK CITY, NEW YORK

Chapin Hall, in collaboration with the nonprofit Point Source Youth, is piloting a cash transfer program designed to develop a longer-term safety net for youth experiencing homelessness in New York City.²⁴ The program provides youth with biweekly, non-contingent cash payments in addition to supportive services. Supportive services could include financial counseling, housing navigation, and referrals to other services. It is not merely a one-time cash assistance program, but rather an effort to stabilize youth with a longer-term safety net of regular cash payments and support. Cash transfer programs have the potential to empower youth, increasing both confidence and self-efficacy. Additionally, cash transfers can maximize a service provider’s capacity to serve because they are low overhead and can free up funding for other important services, such as mental health care or case management.

6. INCREASE FUNDING FOR HOMELESSNESS PREVENTION

Analysis and Considerations

To end homelessness, preventing it must be prioritized. Prevention was identified as a top need by service providers and as a funding gap—over 30% of survey respondents indicated a need for increased prevention, diversion, or assistance funding. Just 26% of service providers responding to the survey had available prevention funding. Housing crises can be averted with targeted funding and supports such as rent and utility financial assistance, help gaining steady employment, paying a living wage, and support in times of crisis such as fleeing abuse.

Participants with lived experience raised these and other concerns—lack of savings, inadequate social and family networks to rely on as a safety net, and nowhere to turn when a job loss or one missed bill quickly leads to a housing crisis.

“If I could have gotten help on rent before I lost the apartment, that would have been helpful. But it’s not that easy...You can get on the list, but it ain’t quick enough. Your appointment is next week, but you’re getting kicked out today.”

Prevention funding has shown to be effective at reducing homelessness in communities across the country. One recent study found that when funding was available, recipients were 76% less likely to enter emergency shelters, and, while prevention funding can be costly, the net benefit per individual was over \$10,000. Additionally, the net benefit was even greater when the prevention assistance was targeted to the lowest income populations and did not factor in additional benefits such as improved health and increased academic outcomes for children.²⁵

Prevention strategies to reduce the number of people entering homelessness are as critical as services directed at ending homelessness. Further assessment is needed to identify and recommend effective prevention policies and practices for future investment.

INSIGHTS FROM OTHER COMMUNITIES

PUBLIC-PRIVATE PARTNERSHIP TO FUND PREVENTION | SANTA CLARA COUNTY, CALIFORNIA

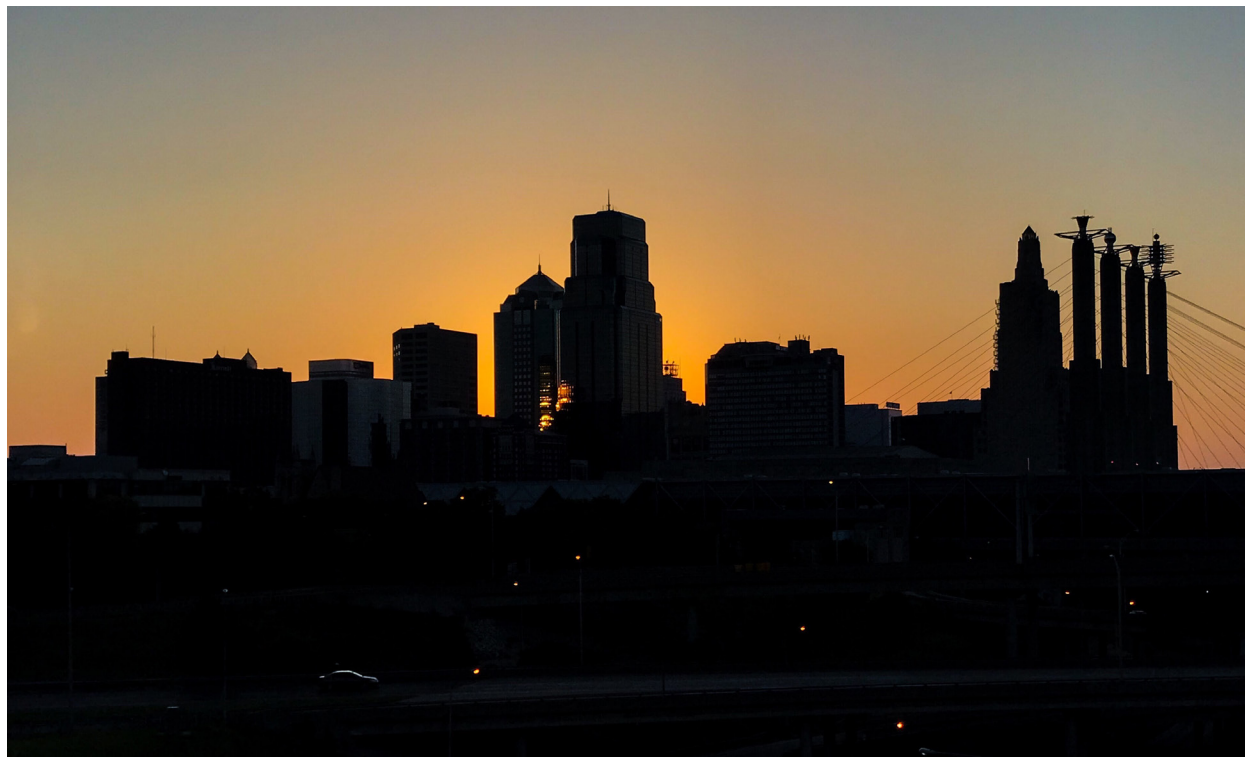
The Santa Clara County, California Continuum of Care, Destination: Home, is a public-private partnership that uses a collective impact approach to prevent and end homelessness. They created the Homelessness Prevention System to provide temporary financial assistance, legal support, employment services, and other emergency assistance to low-income families, supported by a network of community organizations and a diverse team of public and private funders.

On average, families receive just over \$4,100 of assistance within three days of completing their application. Over the span of two and a half years, the Homeless Prevention System reports helping over 1,300 households at imminent risk of homelessness. Ninety-five percent (95%) of those families remained housed while receiving prevention services. Notably, they report only eight percent (8%) of families returned to homelessness.²⁶ These data suggest the Homeless Prevention System is a very promising approach to “preventing homelessness before it happens.”²⁷

SCHOOL-BASED PARTNERSHIPS TO PREVENT YOUTH HOMELESSNESS | UPSTREAM PROJECT, MULTIPLE COMMUNITY PILOTS

The Upstream Project connects schools and community services to provide support to young people and their families who are identified as at risk for homelessness or school dropout.²⁸ They aim to address underlying factors that contribute to risk of homelessness before it escalates into a crisis, while strengthening family resiliency, and helping build sustainable, connected communities.

The Upstream Project uses a screening survey for all students along with school data such as chronic absenteeism to identify risk. If risks are identified, the school system or community partner then delivers case management and counseling that is flexible and linked to an array of resources to meet the needs of the student and family. The Upstream Project is the American adaptation of the Australian Geelong Project, which led to significant reductions in the number of adolescents (ages 12-18) entering the local homelessness system and dropping out of school.



7. EXAMINE AND ADDRESS RACIAL DISPARITIES ACROSS SYSTEM PERFORMANCE MEASURES AND BEYOND

Analysis and Considerations

The analysis of 2019 census and PIT data reveal that Black and African Americans experience homelessness in the Kansas City metropolitan area at a disproportionate rate compared to their White counterparts. Despite populations of less than a quarter for both Wyandotte (23%) and Jackson (23.8%) counties, Black or African American people make up almost half (49%) of those in the 2019 Point in Time count. Though this needs assessment did not explicitly seek to identify or explain racial disparities, the over-representation of Black or African American Kansas Citians in homelessness data is significant enough to warrant further exploration. This over-representation is not exclusive to homelessness nor unique to this area.²⁹ Many disparities exist between Kansas City’s Black and African American residents and their White counterparts for health-, economic-, and education-related outcomes.^{30 31 32 33 34 35} Further compounding this issue is the possibility that discriminatory practices will impede access to needed services.³⁶

The absence of focus group discussion around this concern is notable. Researchers employed a mixed-methods approach for this needs assessment by design—to provide an accurate, well-rounded picture of homelessness and services in the Kansas City metropolitan area. In this case, however, the quantitative data highlight a disparity that went unreported in the qualitative data. This lack of alignment regarding a special population in need of targeted resources is a key finding of this needs assessment.

A targeted analysis of the experiences of Black and African American Kansas Citians may strengthen the approach to service delivery. Resources such as HUD’s CoC Analysis Tool: Race and Ethnicity³⁷ and the Stella P Race and Ethnicity Analysis Guide³⁸ are designed to help CoCs identify and address racial disparities in service delivery. Organizations such as the National Innovation Service, C4 Innovations, and Health Spark Foundation offer training, technical assistance, and consulting to help organizations address racial inequities through system-level changes. These resources could help illuminate and address the underlying causes of these and other related disparities. Additionally, working collaboratively with partners in intersecting public sectors (e.g. education, healthcare, and child welfare) may offer further insight and possibilities for addressing gaps in service delivery.

INSIGHTS FROM OTHER COMMUNITIES

SUPPORTING PARTNERSHIPS FOR ANTI-RACIST COMMUNITIES (SPARC) | MINNEAPOLIS, MN; MONTGOMERY COUNTY, PA Hennepin County, Minneapolis, and Montgomery County, Pennsylvania,³⁹ worked with C4 Innovations (formerly the Center for Social Innovations) to uplift discussions of racial inequities in housing, identify the root causes, and implement strategies to address them. The effort ensures Minneapolis’ approach to ending homelessness is informed and sensitive to the needs of Black, Indigenous, and people of color (BIPOC) community members, who disproportionately face homelessness and housing instability. One product of this national effort is the Coordinated Entry Systems Racial Equity Analysis of Assessment Data (2019), which found people of color consistently score lower on assessment prioritization measures.

APPENDIX

COVID-19 PANDEMIC CONSIDERATIONS

Because the data collected during the course of this assessment predate the 2020 COVID-19 pandemic, it is likely that the needs identified in this report will only become more urgent.

Over the next few months and years, more individuals and families will experience homelessness for the first time while crisis beds in the city continue to dwindle. Unemployment, evictions, depleted social service infrastructure, and social isolation will further exacerbate existing needs and challenges. Further analysis is needed to determine the full scope and impact of the pandemic on housing and homelessness in Kansas City. Funding from the Federal CARES Act provides an opportunity to support individuals and families experiencing homelessness and lessen the long-term impact of the pandemic.



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GLOSSARY

BY-NAME LIST

A list of households experiencing homelessness who have been prioritized based on assessed need. The By-Name list comprises the entire geography of the Continuum of Care and serves as the primary referral and placement source for Continuum of Care and Emergency Solutions Grant funded Permanent Housing programs.

CONTINUUM OF CARE (COC)

A regional or local planning body comprised of agencies, organizations, and individuals who have an interest in ending and reducing homelessness, that coordinates policies, strategies, targeted funding processes, and activities toward ending homelessness for a defined geographic area set by the U.S. Department of Housing and Urban Development (HUD). Its work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring project and system level CoC performance.

COORDINATED ENTRY

A centralized process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way. Once entered into the coordinated entry system, clients have their strengths and needs quickly assessed, so they may be more efficiently and effectively connected to the appropriate housing and supportive services within the community. Through the coordinated entry process, the most intensive and readily accessible interventions are prioritized for those with the highest vulnerability and severity of need.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

Federal agency responsible for national policy and programs that address housing needs, improve and develop communities, and enforce fair housing laws. HUD administers Homelessness Assistance Programs, which provide funding to states, local government, and nonprofit providers to serve individuals and families affected by homelessness.

DOUBLED UP

Temporary sharing of housing with others because of loss of housing, economic hardship, or similar reasons. Doubled up households have one or more adults in addition to the head of household and spouse or partner, such as an adult child living at home, two related or unrelated families residing together, or a parent living with an adult child.

EMERGENCY SHELTER

Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for people experiencing homelessness.

HOUSING FIRST

A low-barrier homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible. The Housing First model is grounded in the belief that people need basic necessities like food and a place to live before attending to activities such as

finding employment, addressing substance use issues, or participating in counseling or life skills classes. Housing First is a strengths-based approach to improving the quality of life of individuals experiencing homelessness, which places a strong emphasis on valuing client choice—in housing preference, defining goals and associated tasks, and participation in supportive services. Housing First does not mandate participation in services before obtaining housing or as a condition of program participation.

HOUSING INVENTORY COUNT (HIC)

A point-in-time inventory of all the housing programs within the CoC providing beds and housing units dedicated to individuals and families experiencing homelessness. Inventory is categorized by five program types: emergency shelter, transitional housing, Rapid Re-housing, Safe Havens, and Permanent Supportive Housing.

HOUSING MANAGEMENT INFORMATION SYSTEM (HMIS)

A local information technology system used to collect and aggregate client-level data regarding the provision of housing and services to individuals and families experiencing homelessness, as well as to persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards. Agencies receiving specific funding from HUD or HHS are required to participate in HMIS. GKCCEH encourages the use of HMIS by all members and service providers within the CoC, regardless of funding sources.

NEW HOUSED LIST

A list of households who have been referred to and housed from the By-Name list. This list provides data on the entire timeframe that it takes for an individual to move from intake and assessment to the By-Name list, then referral, and then to housing.

PERMANENT SUPPORTIVE HOUSING

Combines permanent affordable housing with optional, voluntary supportive services that are tailored to the needs of the individual. Head of household, including a minor head of household, must have a documented disabling condition. Permanent Supportive Housing typically services the highest need homeless households who have the most barriers to permanent housing. Individuals must meet the criteria for Category 1 or 4 of the HUD definition of homelessness.

POINT-IN-TIME (PIT)

An annual count of people experiencing homelessness in the Continuum of Care on a single night in January. The PIT count includes individuals who are unsheltered, those in emergency shelter, transitional housing, and in Safe Havens.

RAPID RE-HOUSING

Programs that provide temporary, time-limited financial assistance, including rental and utility subsidies. They also offer supportive services to help those who are experiencing literal homelessness get quickly re-housed and stabilized in permanent rental housing of their choosing. Individuals must meet the criteria for Category 1 or 4 of the HUD definition of homelessness.

SAFE HAVEN

A form of supportive housing that services hard-to-reach individuals experiencing homelessness with severe mental illness who have been unable or unwilling to participate in housing or supportive services.

Safe Haven projects must serve literally homeless individuals who reside on the streets or places not meant for human habitation, who have severe and persistent mental illness.

TRANSITIONAL HOUSING

A supportive, yet temporary, type of housing that is meant to bridge the gap from homelessness to permanent housing and to facilitate movement to self-sufficient, independent living within a time frame of no longer than 24 months. TH may be service intensive, primarily targeting special populations, including youth, families, survivors of domestic violence, and individuals with substance use disorders.

VULNERABILITY ASSESSMENT TOOL (VAT)

A structured way of measuring an individual’s vulnerability to continued instability. By rating an individual’s level of functioning or severity of condition across 10 domains, a comprehensive assessment of vulnerability can be reached and then compared with vulnerability assessments of other people experiencing homelessness. The assessment process entails a structured interview followed by completion of the rating scales.

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SURVEY

Greater Kansas City Coalition to End Homelessness Needs Assessment

The purpose of this survey is to gain insight into the current landscape of services and programs supporting individuals and families experiencing or at-risk of homelessness. The information provided in this survey will be used only for the purposes of informing the *Greater Kansas City Coalition to End Homelessness Needs Assessment* and supporting continuous quality improvement.

We anticipate this survey will take approximately 10-15 minutes.

QUESTIONS

1. How would you best characterize your role in the community?

- ☐
- ☐
- ☐
- ☐ Government employee
- ☐ Other (Please specify)

2. If you are employed by an organization that provides housing and/or supportive services, how would you characterize your role? **Please select all that apply.**

- ☐ Direct service staff or program-level staff
- ☐ Administration
- ☐ Executive leadership
- ☐ Other (Please specify)
- ☐ Not Applicable

3. Where is your organization located? **Please select all that apply.**

- ☐ Jackson County
- ☐ Wyandotte County
- ☐ Not applicable

4. What areas do you serve? **Please select all that apply.**

- ☐ Jackson County
- ☐ Wyandotte County
- ☐ Johnson County
- ☐ Platte County
- ☐ Clay County
- ☐ Other:
- ☐ Not Applicable

5. Are you a member of the Continuum of Care MO-604 (*Greater Kansas City Coalition to End Homelessness*)?

- ☐ Yes
- ☐ No

How do you participate (e.g. attend meetings, serve on work-groups, etc.?)

If no, please describe why?

6. Do you receive federal HUD CoC funding?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

7. Do you receive any ESG (Emergency Solution Grant) funding?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

8. What types of services does your organization provide? **Please select all that apply.**

- ☐ Housing
- ☐ Emergency Assistance
- ☐ Outreach
- ☐ Housing-Related Supportive Services
- ☐ Income-Related Supportive Services
- ☐ Other Supportive Services Advocacy
- ☐ Services
- ☐ Other Services (Please specify)
- ☐ Not Applicable

If you provide housing: **Please select all that apply.**

- ☐ Emergency Shelter
- ☐ Transitional Housing
- ☐ Permanent Supportive Housing
- ☐ Rapid Re-Housing
- ☐ Other (Please specify)

If you provide supportive services: **Please select all that apply.**

- ☐ Housing Vouchers
- ☐ Food Assistance
- ☐ Utility Assistance
- ☐ Case Management
- ☐ Laundry
- ☐ Showers
- ☐ Personal Hygiene Supplies
- ☐ Medical
- ☐ Dental
- ☐ Vision (Eyeglasses)
- ☐ Mental Health Services
- ☐ Substance Use Services
- ☐ Legal
- ☐ Mail Services
- ☐ Other (Please specify)

If you provide advocacy services: **Please specify.**

9.From your perspective, please rank types of housing that are needed the most

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
- Rapid Re-Housing
- Other (Please specify)

10. What is our community doing well to meet the needs of individuals and families experiencing homelessness?

11. What is missing or needed to enhance the continuum of housing and supportive services and programs in Wyandotte County and Jackson County?

12. If you could only do **one** thing to improve housing and/or supportive services, what would you do?

13. Are there specific populations in the Continuum of Care service area (Wyandotte County and Jackson County) that are experiencing gaps in services? **Please select all that apply.**

- ☐ Youth
- ☐ Families
- ☐ Veterans
- ☐ Single Adults
- ☐ Chronically Homeless
- ☐ Domestic Violence
- ☐ LGBTQ
- ☐ Other (Please specify)
- ☐ Don't know/Not sure

14. If your organization submits names to the By-Name List, how do you support individuals who do not qualify for the By-Name List?

15. As a provider of housing, supportive, or advocacy services, what are you most proud of?

16. Do you have funding for prevention services?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

What prevention services do you provide?

17. What are the sources of your prevention funding? **Please select all that apply.**

- ☐ HUD Community Development Block Grant (CDBG)
- ☐ HUD Emergency Solutions Grant (ESG)
- ☐ HUD Housing Opportunities for Persons with AIDS (HOPWA)
- ☐ Missouri Housing Innovation Program (MoHIP)
- ☐ Missouri Heritage Trust Fund (MoHTF)
- ☐ City/County (i.e. Jackson County Housing Resources Commission; City of Kansas City, etc.)
- ☐ Private Foundations/Corporations
- ☐ Private Donors/Fundraising
- ☐ Other Federal (Please specify)
- ☐ Other (Please specify)
- ☐ Not Applicable

18. To what extent does the Kansas-Missouri state line impact the delivery of housing and/or supportive services? **Please explain.**

19. If you received \$250,000 in unrestricted funds for your organization, how would you use it?

20. If the *Coalition* received \$250,000 in additional funding, how would you recommend they use it?

21. Is there anything else you would like for us to know about your organization, programs, or the state of homelessness in Continuum of Care MO-604 ?

PLANNING ENGAGEMENT

Based on what was heard, the researchers were able to pull out the following overarching themes that demonstrate what types of information this group of stakeholders view as areas of concern, curiosity, and exploration for the needs assessment to begin to address:

SYSTEM ENTRY (ACCESSIBILITY AND EQUITY)

- How do people view and experience the Coordinated Entry system (By-Name list)?
- What happens to individuals while they are waiting on the By-Name list?
- What happens to individuals while they are waiting on the By-Name list?

SYSTEM NAVIGATION

- How are people finding, accessing, receiving services?
- Are people aware of the services that are available and how to find/access them?
- Do providers feel confident in their ability to explain/refer resources to clients?

COC PARTICIPATION AND MANAGEMENT

- How do funded and non-funded service providers feel about the CoC?
- What are the advantages/barriers to participating in the CoC?

COMMUNITY INFRASTRUCTURE

- What is the CoC’s role within the greater Kansas City community?
- What community-based challenges does the CoC face?
 - Lack of affordable housing (zoning, gentrification)
 - Transportation
 - Partnerships (landlords, schools, chamber of commerce)
 - Community awareness (perceptions, politics)

SPECIAL POPULATIONS

(LGBTQ, undocumented, youth, elderly, Latinx, those with physical disabilities, recently incarcerated, religious minority, foster care)

- What sub-populations exist that have unique needs?
- What unique barriers do these special populations face?
- What unique supports are available for them?

FOCUS GROUP FACILITATION QUESTIONS

LIVED EXPERIENCE FOCUS GROUP QUESTIONS

WHAT SERVICES OR RESOURCES HAVE BEEN HELPFUL?

- What was the most helpful?
- What made that service the most helpful?
- Think about a time where you went to an organization for services. What was good about that experience?
 - What was your experience like?
 - How comfortable were you receiving services?
 - Did you feel welcome?

WHAT SERVICES OR RESOURCES DID YOU NEED THAT YOU WERE NOT ABLE TO GET?

Think of a time you needed a safe, stable place to live.

- Was there anything hard or frustrating about accessing housing/services?
- Was there anything you wish the organization(s) did differently?
- What has been the biggest challenge for you to get or maintain housing?

WHAT SUPPORT WOULD HAVE BEEN HELPFUL BEFORE A HOUSING CRISIS?

- What, if anything, could have prevented your experience?
- What is the most needed service/support other than housing?
- What is the most needed type of housing?
- What would help (if you were in a housing crisis) in the future?
- What kinds of things could the community do to support people going through similar experiences?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US?

- About your experience?
- About the community?

SERVICE PROVIDER FOCUS GROUP QUESTIONS

WHAT’S GOING WELL?

- What would you say are the strengths of your community’s housing services?
- What other services/supports are the strongest?
- What services/supports are accessed most often?
 - What services/supports are accessed most easily?

WHAT COULD BE BETTER?

- What services/supports are missing?
- What services/supports are present, but limited?
- Are there any other pieces missing?

WHAT WOULD YOU DO TO ADVANCE THE GOAL OF PREVENTING OR ENDING HOMELESSNESS IN THE KANSAS CITY METRO?

- What is the first thing you would do?
- If you had \$250,000, what is the first thing you would spend it on?

DISCUSSION QUESTIONS

THOSE WITH LIVED EXPERIENCE

What services or resources have been helpful?

What services or resources did you need that you weren't able to get?

What support would have been helpful before a housing crisis?

Is there anything else you'd like to share with us today?

SERVICE PROVIDERS

What's going well?

What could be better?

What would you do to advance the goal of preventing or ending homelessness in the continuum of care service area?

Is there anything else you'd like to share with us today?

By-Name List Assessment Scoring Rubric

GKCCEH Board Approved 9.6.19

Factor	Definition	Score
VAT Score	Low (define range) 10 to 15	
VAT Score	Middle (define range) 16 to 24	
VAT Score	High (define range) 25+	
Vulnerability to Death/ Victimization	<ul style="list-style-type: none">• Sleeping in "unsafe conditions" i.e., high-risk unsheltered conditions• Weather-dependent• Inability to make sound decisions due to poor mental health• Severe substance use/ misuse• Frequent fighting/ aggressive behaviors• 'Targeted' populations (i.e., assoc. w/ hate crimes, sex work)• Banned from shelter(s)/ cannot go to shelter(s)• Not engaged in services• Multiple suicide attempts	3
Domestic Violence (boyfriend, girlfriend, husband, wife, significant other, partner, children's other parent, "exes", etc.)	<ul style="list-style-type: none">• High Lethality Assessment Protocol (LAP) score• Actively fleeing/ attempting to flee an abusive intimate partner• Sexual assault	3
Length of Time Homeless	24+ continuous months of street and/or shelter homelessness	2
Unsafe Relationships (with someone <u>other than</u> an intimate partner)	<ul style="list-style-type: none">• Person who is not otherwise vulnerable, but may have a close relationship with a person/ family member who is unsafe• Emotionally unsafe• Physically unsafe• Extreme power differential in a relationship (controlled by another person)	2
Medically Fragile (Consider whether medical condition is acute or long-term)	<ul style="list-style-type: none">• High medical needs that could be fatal if unmanaged• Chronic illness that cannot be managed without housing• Tri-morbidity• Pregnancy	2
High-risk Survival Strategies	<ul style="list-style-type: none">• Trading sex for housing• Using drugs to stay awake• Staying in trap houses• Boosting/ stealing	2
Age	60+ or 18-24	2
Frequent Emergency Service Utilization	<ul style="list-style-type: none">• Frequent, subjective, relative to the person• Utilizes ER/ emergency services meet daily needs rather than medical ones• Frequent encounters with police• Frequent encounters with EMTs	1
Severe Mental Illness or Developmental Disability	<ul style="list-style-type: none">• Presents as highly-symptomatic (NOT CAPTURED ON VAT)• Evidence of developmental disability (NOT CAPTURED ON VAT)	1
Family w/ Children Under 5		1
Large Family Size	Family requiring larger than a 3 BR	1

Program Type	Priority	Homeless Category (HUD Category 1 & 4)	Length of Homelessness Minimum Requirement(s)	Documented Disability Required	Severity of Service Needs (VAT Score)	Additional Prioritization Score (all household members)
PSH-Dedicated Chronic	1	Chronic, Youth household, Adult only household or household with children	12+ months continuous or at least 4 episodes within 3 years totaling at least 12 months	Yes (HOH)	21+	14-20
	2	Chronic, Youth household, Adult only household or household with children	12+ months continuous or at least 4 episodes within 3 years totaling at least 12 months	Yes (HOH)	21+	< 14
PSH-Dedicated Plus	3	Chronic, Youth household, Adult only household or household with children	One or more than one episode within 3 years totaling at least 12 months	Yes (HOH)	21+	14-20
	4	Chronic, Youth household, Adult only household or household with children	One or more than one episode within 3 years totaling at least 12 months	Yes (HOH)	21+	< 14
PSH Non-Dedicated	5	Non-chronic, Youth household, Adult only household or household with children	Any length of homelessness; if no chronic household	Yes	21+	14-20
	6	Non-chronic, Youth household, Adult only household or household with children	Any length of homelessness; if no chronic household	Yes	21+	< 14
RRH-Dedicated Chronic	7	Chronic, Adult only household or household with children	12+ months continuous or at least 4 episodes within 3 years totaling at least 12 months	Yes (HOH)	15-20	14-20
	8	Chronic, Adult only household or household with children	12+ months continuous or at least 4 episodes within 3 years totaling at least 12 months	Yes (HOH)	15-20	< 14
TH-RRH	9	TBD	Any length of homelessness	No		
	10	TBD	Any length of homelessness	No		
RRH	11	Household with children, Parenting youth (18-24), Individual youth (18-24)	Any length of homelessness	No	15-20	12+
	12	Household with children, Parenting youth (18-24), Individual youth (18-24)	Any length of homelessness	No	15-20	< 12
	13	Individual household age 25+	Any length of homelessness	No	15-20	12+
	14	Individual household age 25+	Any length of homelessness	No	15-20	< 12
Diversion/Prevention	NP 1	Any household	Any length of homelessness	No	< 15	< 10
	NP 2	Any household (HUD Homeless Category 2)	Will lose primary nighttime residence within 14 days			
	NP 3	Any household (At risk of HUD Homeless Category 1 or 2)				



Kansas City Coordinated Entry

