Addressing Chronic Homelessness in Richmond, VA

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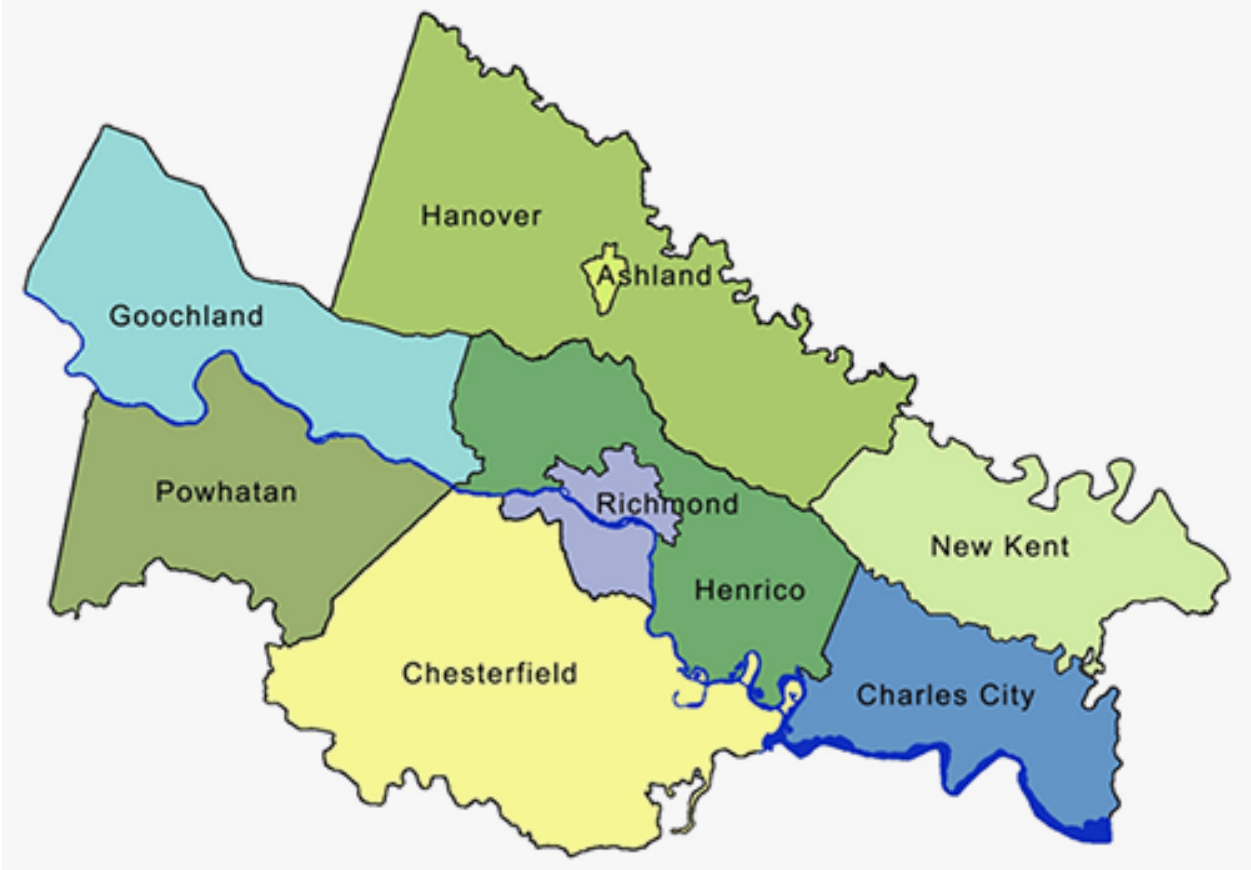

Figure 1: (Greater Richmond Continuum of Care, 2022)

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Honor Statement

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.

Alexandria Pinckney

Disclaimers

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EXECUTIVE SUMMARY

The Mayor of Richmond's Office is currently seeking solutions to solve the low take-up of social services from their chronically homeless population. The number of chronically homeless individuals in Richmond has increased by 143% since 2017 (*CoC Homeless Populations and Subpopulations Reports*, 2021). High take-up of social services is imperative for this population, as they often face more barriers to stable housing, such as mental and physical illness, and these services aim to provide support and assistance so that these individuals may find stable housing. Additionally, this subset of the homeless population costs taxpayers in Richmond upwards of $6 million each year.

The following reports aims to investigate how the Mayor of Richmond might decrease the chronically homeless population by increasing their take-up rate of social services. This work product provides an overview of the continuum of services in the Greater Richmond Continuum of Care (GRCoC), contextualizes the chronic homeless problem in the region, elaborates on the costs associated with chronic homelessness, highlights technical approaches to fix the problem, and draws insights from multiple interviews with individuals who work within the GRCoC and government agencies, and offers initial solutions to increase take-up.

Based on the policy context in Richmond, a review of literature, and analyses from six interviews, I identify three alternatives that the city might take to increase take-up:

1. Status quo
2. Create a Chronic Homelessness Task Force – institutionalize a group of individuals from across the Continuum who meet bi-weekly to implement action items to reduce chronic homelessness in Richmond
3. Create a homeless to employed pipeline – prioritize individuals with lived experiences of homelessness when hiring in the Continuum of Care.

To evaluate these alternatives, I consider their effectiveness, costs, and administrative and political feasibility. Based on my findings, I recommend creating a Chronic Homelessness Task Force. According to my interviews, I believe that a lack of consistent coordination across all government and non-government providers are diluting the effectiveness of the current policies. Creating a task force will provide opportunities for collaboration to foster an environment of improved resource management and regulating expectations across providers.

PROBLEM STATEMENT

The Greater Richmond Continuum of Care has an extensive government and non-profit network for unhoused individuals. This network, which includes access to emergency shelters, social services, job counseling, etc. exists to support individuals in extenuating circumstances who are homeless or might become homeless (*Homeward - Get Help - Homeless Connection Line (HCL)*, 2021). Despite this network, which is called the Coordinated Entry system, the number of chronically homeless[1] individuals in Richmond has increased by 143% in the last five years, with 168 individuals falling under this category in 2021. On average, about 20% of the Richmond homeless population were considered chronically homeless between 2017 and 2021 (*CoC Homeless Populations and Subpopulations Reports*, 2021).

Because this population is already more vulnerable than other unhoused individuals, ensuring their take-up of services is critical to reducing homelessness overall.

BACKGROUND

Richmond Government

Richmond, VA has a mayor-city council structure. The nine-member City Council creates local laws, has oversight on policy and government, approves appointments to boards and commissions, and the annual budget. Mayor Levar Stoney signs ordinances into law, proposes the city's budget, and appoints individuals to boards and commissions. He has served as the Mayor of Richmond since 2017 and has prioritized affordable housing and homeless diversion policy, even prior to the 2020 Covid-19 pandemic, which began during his tenure. However, the pandemic has exacerbated housing instability in the city, providing him with greater incentive to institute more aggressive policy changes.

The city of Richmond does not have a department specifically to reduce/eliminate homelessness. Instead, they have the Department of Community Wealth Building, the Department of Social Services, and the Department of Housing & Community Development. These departments work with issues tangential to homelessness, such as affordable housing, public assistance, and workforce development initiatives. Instead, the city's direct action to reduce homelessness comes through their financial and political support of the Greater Richmond Continuum of Care (GRCoC).[2] As the largest city in the GRCoC, Richmond has the highest concentration of homeless individuals and the greatest incentive to reduce barriers to housing and social services. However, the city shares grant money and resources with the rest of the Continuum, so they do not have the liberty of working in a vacuum.

[1] An individual who has a disabling condition, which includes a mental or substance abuse disorder or a physical disability, has been continuously homeless for a year or more or has been homeless four times in the last three years (The U.S. Department of Housing and Urban Development, 2015).

[2] A continuum of care is a region with several localities and cities recognized by the US HUD which work together to end homelessness.

Homelessness landscape in Richmond, VA

Currently, there are several actors in the Richmond homelessness space. Most of these providers are within the GRCoC, which is the official network of health providers, non-profits, food banks, shelters, etc. However, some of these providers are outside of the continuum, like places of worship, or other non-profit organizations not affiliated with GRCoC. Government agencies are also outside of the Continuum, as the Richmond government does not have an agency dedicated to ending homelessness, and instead works *with* the Continuum to provide support in their efforts. Most, if not all, of these actors do outreach and provide services, like food and clothing distribution. While all the actors share a goal to help the homeless, they differ in their abilities to do so, both in terms of their legal responsibility and their financial and time constraints.

Figure 1 shows the Coordinated Entry (CE) system for the homeless services in the Greater Richmond area (*Homeward - Get Help - Homeless Connection Line (HCL)*, 2021). The red highlighted portion of the flowchart is where the take-up of resources for all unhoused people begins. Individuals may enter the CE system either via the Homeless Connection Line (HCL), or Primary Access Points, of which there are six. Most consumers enter the process using the HCL, which is a phone number to call if an individual is homeless or is within a few days of becoming homeless. The HCL connects individuals to Diversion Specialists, who aim to divert individuals from homelessness through problem-solving tactics and connection to community resources. Individuals cannot go directly to shelters for housing (*Homeward - Get Help - Homeless Connection Line (HCL)*, 2021). They must be referred through the CE process.

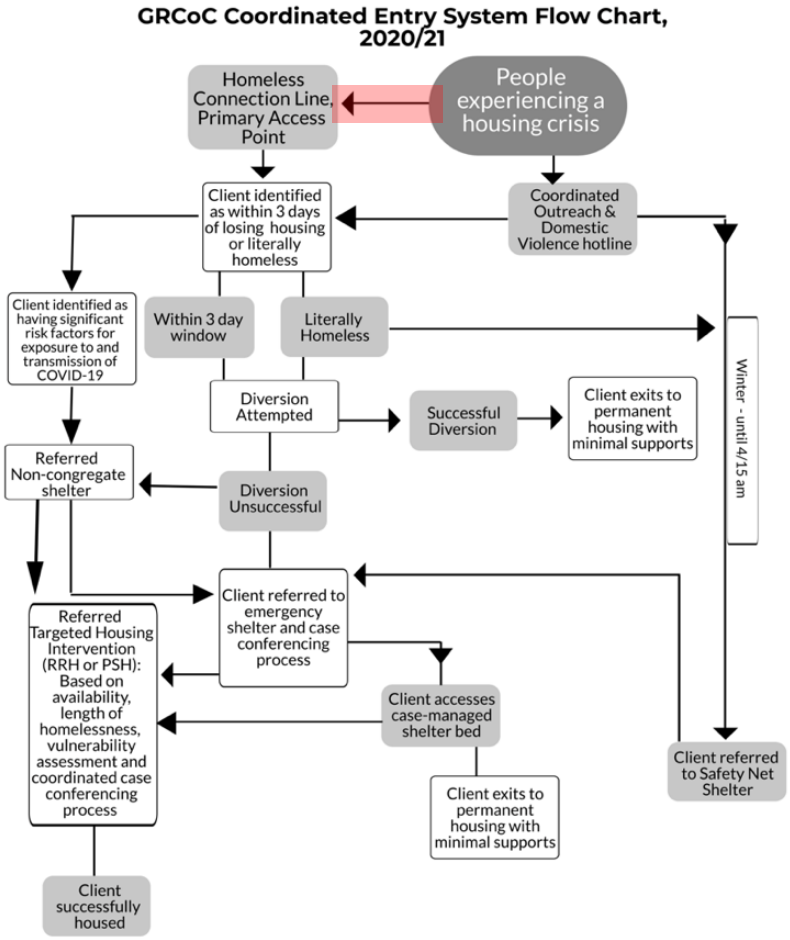

Figure 2: GRCoC Coordinated Entry System

Costs of chronic homelessness

Three cost categories of homelessness that will be explored in the following section: direct costs, externalities, and opportunity costs. In this context, the direct costs of homelessness are the expenses that contribute to assisting the homeless, i.e., temporary housing, shelters, and program services. Externalities are the financial consequences of inefficient allocation of resources, or the ways Richmond taxpayers pay for homelessness indirectly because the appropriate stakeholders failed to mitigate homelessness in the first place. Finally, opportunity costs include societal loss from the potential gain from the counterfactual. In other words, if all the homeless individuals in Richmond became housed, what societal gains could be realized?

Direct

The major cost of homelessness in Richmond includes providing shelter and programs services to those homeless or at-risk of becoming homeless. In 2020, the GRCoC received approximately $6.7 million from United States Department of Housing and Urban Development (HUD) regulated sources. 68% of these funds came directly from HUD, with the remainder of the funds coming from the Virginia Homeless Solutions grant, and the city of Richmond's, and Henrico County's Emergency Services grants (*Homeward - How We Work*, 2021). The Continuum of Care assisted a total of 4,461 individuals in 2020, which means that taxpayers spent approximately $1,500 on each homeless man, woman, and child on shelter and social services costs in 2020 (*Homeward - Our Work - Get The Facts*, 2021).

Externalities

Most of the money spent on homelessness in Richmond and throughout the United States does not contribute towards sheltering individuals. Instead, it is spent on the externalities associated with homelessness.

According to measures from the U.S. Interagency Council on Homelessness (USICH), one chronically homeless individual can cost taxpayers about $30k-$50k, between potential emergency department and other hospital visits, arrests, crisis centers, etc. (United States Interagency Council on Homelessness, n.d.). In other words, federal and state governments spend an average of $40,000 alleviating the impacts of one chronically homeless individual, instead of spending money on other social welfare programs like PK-12 education, healthcare, environmental preservation, etc. While being homeless does not guarantee any of these outcomes,

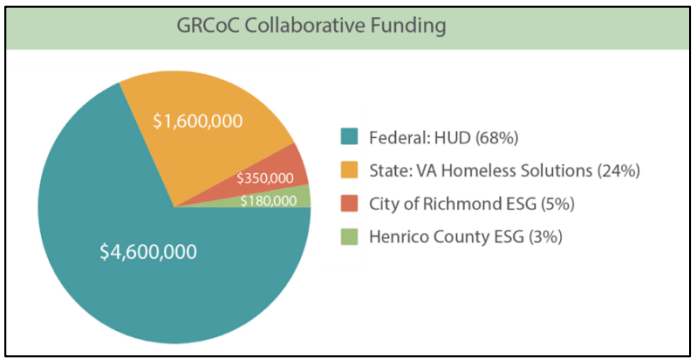

Figure 3: Homeward - How We Work, 2022

homelessness increases a person's chances of engaging in risky practices which require money to alleviate. Without the existence of self-sustainable recovery resources, taxpayers inherit these costs.

According to the latest GRCoC point-in-time (PIT) count, which is a record of the number of homeless sheltered and unsheltered individuals on a given night, there exists about 168 chronically homeless people in the GRCoC (*CoC Homeless Populations and Subpopulations Reports*, 2020). However, HUD adjusted their PIT regulations in 2021 because of the Covid-19 pandemic. HUD's data distinguishes homeless individuals by categorizing them as sheltered versus unsheltered. Sheltered individuals might be in either an emergency shelter or transitional housing, while unsheltered individuals were sleeping on the street. Continuums of care across the United States were not required to count unsheltered individuals last year for public health concerns. Becuase the 168 chronically individuals counted were only individuals in shelters, the number of chronically homeless individuals in Richmond is undoubtedly higher. However, updated numbers will not be released until 2023.

If 168 is used as the number of chronically homeless persons, this population costs Richmond residents over $6.7 million in 2021 in externalities. Because the money is spent reactively and not preventatively on the causes of homelessness, taxpayer dollars target the symptoms of homelessness rather than implementing resources to alleviate the risks associated with being unhoused. For example, an unhoused person on average spends three days a year in a hospital, which costs a total of almost $10,000 (*The Costs of Homelessness | Green Doors*, 2021). Contrarily, it would take only $3,000 more to provide permanent supportive housing, affordable housing interventions with support services to aid the transition into society (Virginia Department of Behavioral Health & Developmental Services, 2020).

An additional homelessness-related externality is the risk or exacerbation of public health crises. Homeless individuals remain a public health liability to themselves and others, as they are at an increased risk of catching and spreading communicable diseases (Ly et al., 2020). Their environments, which include a lack of hygiene, poor air circulation in shelters, greater exposure to the elements, etc., can weaken their immune systems. Additionally, many homeless people have preexisting conditions which exacerbate any illnesses they might have. Because homeless individuals are less likely to have health insurance and access to medical professionals, they are at an increased risk of negative outcomes if they catch a disease (Ly et al., 2020).

Finally, homeless individuals spend a great deal of time on the streets, which leads to increased panhandling and loitering. As some unhoused individuals feel they have no choice but to beg to obtain money or food, consumers could be deterred from exploring urban areas with a higher concentration of homeless residents. This deterrence directly impacts the profits of businesses, as costumers may feel apprehensive to spend money at locations known to have panhandlers in its vicinity (American Security Project, 2013).

Opportunity costs

To evaluate the opportunity costs of homelessness, we will consider how they could economically contribute to society in ways that they cannot currently do so. Because most homeless citizens do not have jobs with a livable wage, the city of Richmond and the federal government forfeit revenue in the form of income taxes (*Costs of unemployment*, 2021). These taxes, if collected, would increase the money in the General Funds of each jurisdiction in the Greater Richmond are, freeing funds towards other social services.

The 2020 median household income in Richmond, VA was about $51,400 (*QuickFacts: Richmond City, Virginia,* 2021)*)*. For a single individual with this salary, they would pay about $2,376 to the state government, and $6,192 to the federal government each year (*Virginia Income Tax Calculator - SmartAsset*, 2020). Using the 168 chronically homeless count, this population costs Virginia about $400,000 in personal income tax revenue and costs the federal government over $1.04 million in personal income tax revenue, which totals to a little under $1.5 million.

Equity and chronic homelessness

Race

Homelessness impacts Black Richmonders at higher rates compared to other racial groups. As of January 2021, over 75% of homeless residents in Richmond are Black and a little under 20% are White (*CoC Homeless Populations and Subpopulations Reports*, 2021). These proportions remained consistent over the last three years, as roughly two-thirds of the homeless population identify as Black, and a fourth identity as White (*CoC Homeless Populations and Subpopulations Reports*, 2017-2021). However, 2021 saw an increase of Black homeless residents by 7 percentage points, going from 70% to 77% from 2020 to 2021. By comparison, 47% of the total Richmond population is Black and about 46% of the city is White (*QuickFacts: Richmond city, Virginia*, 2019). The overrepresentation of African Americans within the homeless population is consistent with the notion that people of color are at greater risk of becoming homeless, a fact which also exists on the national level (*Racial Inequalities in Homelessness, by the Numbers - National Alliance to End Homelessness*, 2020).

Additionally, a little over 70% of the homeless in the Greater Richmond area have been to jail and/or prison, and 58% have felony convictions (Development of Housing and Community Development & Department of Social Services, 2020). In Virginia, individuals with drug convictions are eligible for public benefits, such as food stamps and cash-assistance programs. However, this eligibility expanded only in 2020 (*§ 63.2-505.2. Eligibility for Food Stamps; Drug-Related Felonies*, 2022). Additionally, formerly incarcerated individuals have a much more difficult time obtaining employment and qualifying for certain housing upon release, making obtaining stability upon release that much more difficult.

Gender

Finally, men are overrepresented amongst the homeless population of Richmond, as they consistently make up more than 60% of the homeless population in the Greater Richmond area *CoC Homeless Populations and Subpopulations Reports*, 2017-2021). Moreover, the rates at which men and women utilize

the available housing services vary. Between 2017 and 2020, about 70% of all homeless women were residing in emergency shelters, on average. About a fifth of homeless women were unsheltered, and the rest stayed in transitional housing. After totaling the number of women in transitional and emergency housing, about 80% of homeless women in Richmond are sheltered at any point in time (*CoC Homeless Populations and Subpopulations Reports*, 2017-2020). Men's take up of housing services is less consistent. The share of men in transitional housing remains constant at around 15%, but the unsheltered and emergency shelter rates fluctuate widely from year to year. Between 2017 and 2020, the share of men in emergency shelter ranged between 25% and 64%. In this same time span, between 24% and 39% of homeless men slept on the street (*CoC Homeless Populations and Subpopulations Reports*, 2017-2020).

LITERATURE REVIEW

The research that investigates the barriers associated with obtaining homeless services largely focuses on technical solutions to the problem. That is, most research assumes that the barriers to take-up may be resolved by evaluating the placement of services, data collection, or public transportation. While these physical barriers certainly can reduce or exacerbate service fragmentation, little research is done on the non-technical barriers to homelessness.

The following literature review explores technical approaches to increase uptake of services from the homeless population, followed by an analysis of six interviews with seven Richmonders who work with homelessness to address the non-technical barriers to homelessness in the city.

Reducing service fragmentation

Finally, research evaluates the impact of reducing service fragmentation for homeless residents. Often, homeless services are offered in different locations across continuums of care, resulting in fragmented service delivery. Reducing service fragmentation aims to streamline the offering of social services and increase take-up.

Co-locating social services in a central building in Los Angeles aimed to reduce service fragmentation by constructing a one-stop shop and promising same-day appointments after referrals. Interveners believed that co-location would decrease no-show and late appointments, as well as improve coordinated efforts across social service providers (Blue-Howells et al., 2008). A similar initiative out of New York analyzed the impact of a drop-in center that focused on a consumer-choice model for the homeless with mental disabilities. Contrary to the Los Angeles study, the New York study evaluated the impact of reducing of service fragmentation while also analyzing the effects of increased input from clients regarding their preferred services offerings, as opposed to enforcing a strict continuum of services, which often mandates achieving certain goals, such as sobriety, before obtaining housing or meals (Tsemberis et al., 2003).

Both studies had marginally positive results. The Los Angeles co-location center provided the homeless veteran population health screenings at a higher rate than the general population of Los Angeles. However, no statistical analysis was conducted on these findings, as the study is largely qualitative (Blue-Howells et al., 2008). Additionally, while the experimental group in the New York study increased their take-up of social services, and decreased their time spent on the street, very few individuals successfully found independent housing, mostly citing difficulties maintaining sobriety (Tsemberis et al., 2003).

Other studies with similar interventions have not shown promising results after reducing service fragmentation. An experiment out of North Carolina found that social service sites that did and did not use a systems integration approach had the same mental health and housing outcomes for their homeless clients (Rosenheck et al., 2002). Additionally, a literature review evaluating the impact of drop-in centers on Canadian homeless youth found that uptake of services and outcomes vary across demographics, a recurring theme in homeless service delivery research (Pedersen et al., 2016).

Most service fragmentation research is experimental randomized control trials, which allow for greater generalizability across populations. However, conducting these experiments are costly, and often produce marginally positive long-term outcomes for the unhoused, at best. While drop-in and central intake centers are the most preferred service offered to the homeless because of their ease of access and low barriers to entry, their real impact remains unclear.

Transportation

Although scholars frequently cite reliable public transportation as an important consideration in homelessness discourse, transportation research rarely discusses how public transit and homelessness interact and impact each other (Bassett, et. al 2013). The research conducted typically focuses on either the travel patterns of the unhoused or on how transportation impacts access to social services.

Regarding their movement patterns, homeless residents rely on the bus system to obtain social or medical services, making reliable public transportation is as important to the well-being of the unhoused as food and shelter (Jocoy & Casino, 2010). However, the homeless are limited in their capacity to use public transit by costs of bus tokens and the animosity they feel from other passengers (Murphy, 2009).

Currently, there is a dearth of peer-reviewed research on how public transit may be used as a vehicle (no pun intended) to decrease homelessness in cities. This research only evaluates the outputs of public transportation systems, rather than the outcomes of their homeless-mitigation strategies.

One literature review identifies that these public transit systems implement either punitive or outreach responses to the unhoused (Ding et al., 2021). The outreach efforts involve using transit systems as a

primary location to identity unhoused people, so they might be referred to social service agencies. While these efforts generally produce better outcomes for vulnerable citizens, the lack of peer-reviewed research prevents the use of casual claims. A report from the American Public Transportation Association illuminates this limitation. This report situates public transportation as a social justice tool which can be used to solve societal problems. The authors review case studies from six major public transit systems across the United States to evaluate how they collaborated with social services to assist the homeless population. Ideas ranged from low/no cost fares, outreach teams, and diversion to social services. While the report provides an abundance of information, this research is not peer-reviewed, and no transit system reported on the impact of their initiatives (Bell et al., 2018).

Along with the limits already named, generalizing the findings of transportation research to metropolitan areas across the country poses problems, as different regions have varying costs of living, public transportation infrastructures, number of homeless residents, and policy agendas. Additionally, most of the evidence comes from the accounts of employees of public transportation systems and social services, which could lead to biased conclusions and misattribution errors.

Technology

The use of personal and mobile technology on the lives of homeless individuals has substantially increased in the last decade. Specifically, this research has focused on the impact of tablets or cell phones on access to social services and healthcare.

Technology can reduce barriers to services, but research shows there is a greater quality of life improvement for specific demographics and for certain kinds of social services. Receiving a tablet did increase telehealth calls in a study with homeless veterans, but only for younger/middle-aged homeless veterans in rural areas, and those with PTSD. Other demographics, such as individuals with a substance abuse disorder, or those who identified as Black were less likely to take advantage of these technologies (Garvin, et. al 2021). Additionally, homeless individuals using mobile-related technology were more likely to use technology to seek advice, specifically for mental health and emotional support, and remember their social service appointments (Adkins et al., 2017; Harris, 2019).

The research on desktop computers is less extensive, and mostly illustrative without describing the impact. For example, Kosmicki's literature review of social service programs within public libraries across the United States provides examples of how different library systems identified a knowledge gap in the technological proficiency of their homeless clients. In response, libraries began implementing computer skills workshops (2019).

The specificity of research could create external validity concerns. For example, the Garvin, et. Al piece only includes veterans already connected to the VA health system, which could insinuate that their subjects were already more likely to interact with social services (2021). Additionally, Heaslip, et al reviews research from Europe, which has a different cultural context than the United States.

Additionally, the most relevant research they evaluated focused exclusively on homeless youth, which is not the target demographic the city of Richmond. However, the research still provided useful information regarding the physical barriers of technology, such as thievery and device maintenance (2021).

Identification

Blockchain technology aims to fix the lack of identifying documentation across homeless individuals and to create a universal healthcare database to securely track all homeless individuals in a city (Mercer & Khurshid, 2021). Blockchain allows for each homeless individual to present a personal identifier, as most of them do not have access to a birth certificate or driver's license. Additionally, the personal identifiers created have allowed for increased coordination across social service agencies so they may deliver services more systematically.

Austin, TX leads the country in implementing blockchain for their homeless population, drawing inspiration from international organizations using the technology to identify refugees in the Middle East, directly connect poor farmers in South America to global markets, and maintain health records of HIV patients in Africa (Mercer & Khurshid, 2021). The blockchain in Austin allowed unhoused individuals to share documents with personal identifying information without violating any federal health privacy laws.

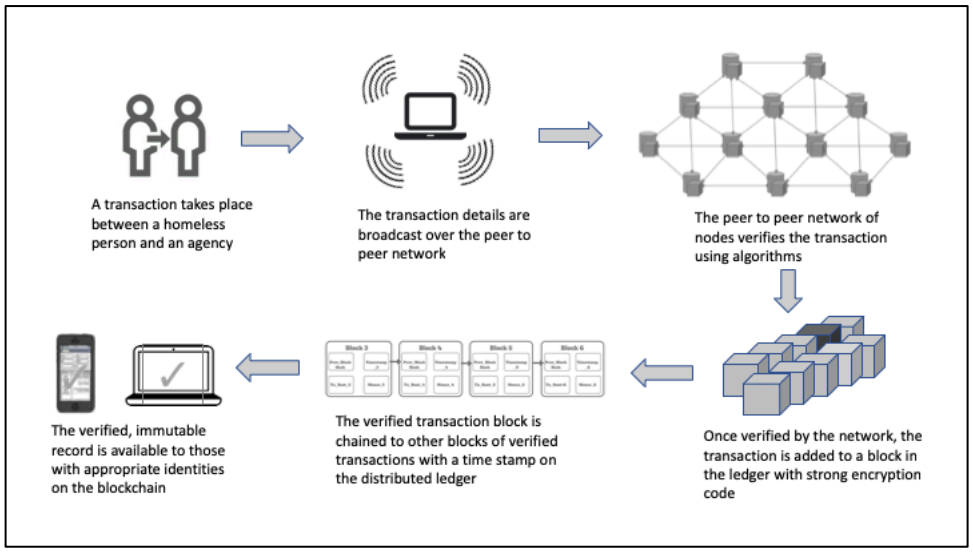

Figure 4: Mercer & Khurshid, 2021

Because of blockchain's newness, researchers have not yet produced studies on the impact of the technology on the uptake or quality of social services provided. However, homeless research lauds the importance of documentation for ensuring positive health outcomes, and blockchain technology will undoubtedly increase in popularity as its capacity is better understood.

Outreach

A handful of cities across the United States have claimed to reach chronic homelessness levels of "functional zero," a recently developed term defined as the number of chronically homeless individuals in a community being 0.10% of the most recent homeless point-in-time count (*Functional Zero – Community Solutions*, 2021). Rockford, IL and Bergen, NJ are the most popular communities that have claimed to reach this goal using very similar outreach efforts (*Bergen County, New Jersey: Functional Zero Case Study – Built For Zero*, 2020; *Rockford, Illinois: Ending and Sustaining an End to Chronic Homelessness*, n.d.). Their strategy included creating one team with a shared goal of eliminating chronic homelessness, curating real-time, by-name lists of each chronically homeless individual in their locality, and collaborating with their respective mayors to reallocate funds to the appropriate social services (*Bergen County, New Jersey: Functional Zero Case Study – Built For Zero*, 2020; *Rockford, Illinois: Ending and Sustaining an End to Chronic Homelessness*, n.d.).

While both cities reached their functional zero goals, no independent quantitative research study was performed to suggest that their efforts directly caused the reduction of homelessness. Several articles have critiqued the functional zero definition as misleading, as several thousands of individuals could remain on the streets and a community could still have reached the functional zero goal (Erlenbusch, 2015). Despite this uncertainty, the actions of both cities provide noteworthy approaches to connecting the unhoused to services, which could be considered in the Richmond context.

Insights from the literature

The overwhelming majority of homelessness research explores the technical fixes for social service fragmentation. The literature review illuminates that no city is perfect in its implementation of the technical and physical structures which interact with homelessness, and Richmond is no exception. However, the technical problems and solutions found in the literature fail to give rise to the suspected cause for the rise of chronic homelessness in Richmond. Instead, six interviews with seven individuals with different perspectives and responsibilities regarding homelessness in Richmond highlighted themes in the problems addressing take-up.

THEMES FROM INTERVIEWS

Four interviews included people who work within the Richmond government, and two of the interviews included people who work in the GRCoC. Seven individuals were interviewed in total, as one interview included two people. The identities of all individuals have been concealed for privacy.

The following six themes emerged from these interviews:

1. **Complexity of homelessness**

An acknowledgment that homelessness is not a monolith. Individuals are homeless for a myriad of reasons, ranging from personal choice, severe mental health disorders, repeated systemic racism, etc. Homeless interventions are difficult to implement successfully because of its heterogeneity of causes.

2. **Resource management**

The utility of the resources provided, mostly funding and services, and how effectively each resource is being used to assist those seeking help.

3. **Expectations, internal and/or external**

Having a well-rounded understanding of what providers can and cannot do, and what problems they can and cannot solve, both from within the Continuum of Care, and from the public.

4. **Bureaucracy challenges**

Consideration of the rules and regulations in place by federal, state, and local jurisdictions and the money they spend.

5. **Perceived vs. actual responsibility, internal and/or external**

Confusion regarding whose job it is to fix the homelessness problem, both from within the Continuum of Care, and from the public.

6. **Lack of coordination**

Failure to have a consistent effort *across* government and non-government agencies. Tendency to work in siloes.

Below is a table with each interviewee, and whether they addressed the theme during their interview.

Interviewee	*Complexity*	*Resource Mgmt.*	*Expectations*	*Bureaucracy*	*Responsibility*	*Coordination*
SS[3] #1	✓	✓	✓	✓	✓	x
SS #2	✓	x	✓	✓	✓	x
SS #3	✓	✓	✓	x	x	x /✓
Mayor's Office #1	✓	x	✓	x	✓	✓
CoC[4] #1 & 2	✓	✓	✓	✓	✓	✓
CoC #3	✓	✓	✓	✓	✓	✓

The most widely discussed themes were the complexity of homelessness and managing expectations. All parties involved recognize the complexity when housing vulnerable individuals. For example, CoC #2 stated that she rationalized lack of take-up, specifically for shelters, as the "four P's": possessions, partners, pets, and/or their past experiences. SS #2 described that "when someone on the street corner is holding a sign, there's a visual representation of systems breakdown." Therefore, a Continuum of Care, no matter how well executed, will have struggles ending homelessness. On the expectations piece, each interviewee had frustrations regarding internal and external expectations of how homelessness is perceived and how it can be alleviated. CoC #1, 2, & 3 cited frustrations regarding the perceived ability of outreach teams to house each person sleeping on the street. CoC # 2 stated that they had recently received an email regarding a woman who lives in her car in a neighborhood in Richmond, and she had to explain what the continuum had the power to do:

> She has been known to outreach for several years and we have offered to assist with housing/submitting an application for PSH, but she is very resistant to any kind of behavioral health services (will not engage with RBHA or DP) and does not acknowledge any mental health diagnosis or history. I've been trying to build rapport with her by helping with some of the car related costs, but there is not a lot outreach can do other than progressive engagement + hopefully connect her to housing if and when she is ready.

During our interview, CoC #3 corrected me by stating that not everyone panhandling on the street is homeless, even though that might be the perception. Therefore, expectations from the government and from the public that the homeless outreach is unsuccessful is untrue.

Another commonly discussed theme was resource management. While all the interviewees named lack of resources as an impediment, this theme speaks to how well resources are used. SS #1 named her frustration seeing how much certain agencies were spending money on individual clients, only to not

[3] SS = social services
[4] CoC = continuum of care

see results. CoC #1 questioned why the city spent $150,000 on an inclement weather shelter instead of spending money on the other shelters in the city. On the topic of resource management, CoC #3 stated that "[sometimes, we receive resources] that are inappropriate or thrown to us and you feel like you have no other option because you know that your client, it's either that or nothing. And so, you spend a lot of time using resources that you know are going to fall through."

Most parties discussed responsibility and homelessness in the city. SS #1, 2, and 3 discussed frustrations that constituents in Richmond don't know what the city's role in reduction of homelessness is, which is to support the Continuum of Care. Additionally, SS #1 discussed that when homeless encampments show up on the city, constituents and the media direct their attention to the government and the Mayor's Office. CoC #1 & 2 discussed the paradox that Mayor Stoney's feels accountable to fix homelessness because of potential political backlash, but also that he has very little influence in the homelessness space in Richmond, as he shares power with the City Council, contributes only 5% to the CoC's total funding, doesn't have a Department of Homeless Services, and is in a Continuum of Care with multiple other jurisdictions.

Finally, the individuals who work in the Continuum brought up the lack of coordination between the government and non-government providers. This theme is highlighted by an individual in the Mayor's Office having a notably different perspective than CoC #3 regarding a homeless encampment in the Richmond Coliseum. Both parties attributed the successful relocation of the encampment to different providers, suggesting that both groups missed opportunities to intentionally collaborate with each other on the project. CoC #1 & 2 highlighted their confusion on why the Mayor's Office asked a masters student to diagnose and solve the take-up problem, rather than collaborating with them directly.

DIAGNOSING THE PROBLEM

The following section is my diagnosis of the problem after careful consideration of each of the interviews. None of the themes uncovered in the interviews are fully attributed to the increase in homelessness in Richmond. Similarly, no stakeholder interviewed is revered as the individual with all the answers.

The principal theme revealed from these interviews is a lack of coordination and inconsistent communication between government and non-government stakeholders. This lack of togetherness corroborates negative perceptions from the unhoused regarding the competency of the GRCoC and government assistance programs, and the hinders retention of clients once they enter the Coordinated Entry system. One outreach worker interviewed stated that the unhoused residents in Richmond have "been homeless for so long that they've built a deep distrust of everything that [the city has] got to offer [them]." Prior failures of social supports and public assistance networks allow the homeless the perceive the support network as inefficient and makes them apprehensive to trust the system (Bond et al., 2021). Additionally, whenever a client enters the Coordinated Entry system, the providers within

the GRCoC cannot fully support the unhoused individual, because the process to accessing resources is littered with complex bureaucracy that a chronically homeless individually cannot navigate, so the client falls out of the network, which only exacerbates their belief that the system will fail them.

The government actors in these interviews did not immediately name a problem with coordination across siloes. When asked about their homelessness mission, they all stated that it is exclusively to support the GRCoC. However, all employees interviewed in the CoC fervently stated that they do not feel supported. These contradictory feelings from both parties, combined with the complexity of homelessness, unrealistic expectations from the public and each other, and complicated bureaucracy begetting poor resource management has created frustrations between all providers, which further discourages consistent communication between providers. The Mayor's Office, which faces the most political pressure, questions why the Coordinated Entry system is failing, and the Continuum of Care, which does the heavy lifting, resents mounting pressure from a political institution they don't feel supported by.

ALTERNATIVES

The following section names and evaluates three options aimed at increasing the take-up of social services in Richmond, with inspiration taken primarily from the interview data collected: maintaining the status quo, increasing government and non-profit coordination, and prioritizing hiring individuals with lived experiences of homelessness. These alternatives will be evaluated on a series of four criteria: effectiveness, cost, administrative feasibility, and political feasibility.

1. Status quo: Jigsaw approach

Overview

Currently, several actors participate in the Richmond homelessness space. Most of these providers operate within the Greater Richmond Continuum of Care (GRCoC), which is the official network of health providers, non-profits, food banks, shelters, etc. that receive federal and state funding specifically to prevent and reduce homelessness. The Richmond government does not have an agency dedicated to ending homelessness in the city. Instead, the city government works *alongside* the Continuum to provide support their efforts by providing affordable housing or government assistance programs. The non-profits in the GRCoC and government agencies are considered formal providers. Finally, some independent places of worship and non-profits not affiliated with the GRCoC contribute to assistance, mostly with food and clothing donations. However, these groups do not usually work with each other, or with either of the formal providers, and are considered informal providers in the Richmond homelessness space.

While all the actors listed share a goal to help the homeless, they differ in their abilities to do so. The status quo involves allowing this jigsaw approach of ending homelessness to continue.

Effectiveness

The number of chronically homeless adults in Richmond without children has increased by an average of 28% each year since 2018. We will assume that this increase will continue if we maintain the status quo. According to the latest Point-In-Time (PIT) count in Richmond, there are 148 chronically homeless individuals in the Continuum of Care. Therefore, this policy **will increase the number of chronically homeless individuals by about 40 individuals** over the course of one fiscal year.

Cost

Currently, the primary financial resource the City of Richmond provides the Continuum of Care is the federal government's Emergency Services Grant (ESG), which are funds provided Department of Housing and Urban Development for the purposes of supporting the CoC. The city provides the Continuum of Care this grant. This grant is about $392,000, which totals about 5% of the total Continuum of Care's budget. Because the money is a grant, the cost criteria does not evaluate how much additional money will be spent, but how much money will be spent at all.

As this alternative makes no changes, the cost is $0.

Administrative feasibility

As the alternative makes no changes, no one in the Mayor's Office, city agencies, or the Continuum of Care will need to adjust their approaches.

Political feasibility

Aggressive approaches to reducing homelessness is not currently a priority in domestic policy, making maintaining the status quo politically feasible. However, the current trajectory of chronic homelessness across the city will likely place homelessness on the policy agenda in the future. If the Mayor doesn't act, he will face backlash from the City Council and his constituents in future elections, particularly if the rate of homelessness continues as its current trajectory.

2. Creating a Homelessness Task Force

Overview

As previously stated, the city of Richmond does not have a department to deploy homeless services. Instead, the city supports the Greater Richmond Continuum of Care. Despite both the government and the GRCoC having the same goals, they work in silos, have differing financial and legal constraints, and answer to different stakeholders. The nature of homelessness, according to the literature and the interviews, is so complex that solving the problem benefits from one aggressive, collaborative initiative between providers, rather than multiple, passive, semi-collaborative actions. While all the solutions in the literature varied in their approaches, their success was predicated on having a task force of individuals to see them through. This alternative aims to remedy the inefficient perception of the GRCoC and improve retention of the unhoused within the Coordinated Entry system by soliciting a

group of individuals whose primary focus is to outline goals and strategically implement policies to reduce homelessness.

Previously, the city had a Homeless Advisory Council, which was created to provide the Mayor and the City Council insights on homelessness in Richmond, VA. This Council had 30 days to review information and create the Strategic Plan to End Homelessness. This task force is distinct from the Advisory Council because its objective will be to implement action items and will be in place until the number homeless residents reaches an agreed upon target.

Currently, Dianne Wilmore is Richmond's homeless liaison, which means she is the point person for any individual, including City Council members, the media, non-members of the GRCoC, etc. who might have questions about outreach or homeless services. Wilmore will collaborate with the Mayor's Office to create the Homelessness Task Force, inspired by the individuals who were on the city's Homelessness Advisory Council. This Task Force will participate in a bi-weekly meetings with a representative for the Mayor's Office the purposes of creating short- and long-term solutions to solving chronic homelessness in the city.

Effectiveness

For this criterion, I will be using research which analyzes the impact of increased government/non-profit coordination on outcomes. However, most of the research on government/non-profit coordination do not provide quantitative results. Therefore, there is little information about the causal impact of collaboration on desired outcomes.

One study which analyzed the impact of government/non-profit coordination stated that there is a statistically significant increase in reported accomplishments across government/non-profit coordination the longer these partnerships exist and when both parties anticipate benefits from the collaboration from the onset. These findings imply that building long-term trust between these two parties breeds effective outcomes for both parties (Gazley, 2010). While this report does not provide a figure that quantifies the impact of partnerships on outcomes, we will use the anticipated impact of collaboration and support between the Mayor's Office and the Continuum of Care in Richmond's FY22 Strategic Action Plan, which named an Expected Outcome as a reduction of half of the homeless population in Richmond by the next fiscal year, or about 75 individuals. If we assume that there will be an increase in chronic homelessness by 37 individuals at baseline, this alternative will **reduce homelessness by a total of 38 people.** (*Strategic Action Plans 2022*, 2022).

Cost

The previous Homelessness Advisory Council consisted of 26 individuals. If we assume that everyone has a salary of $60,000 per year, and that each meeting lasts one hour, the estimated meeting cost is $1,092, which makes the yearly meeting cost $13,104, according to the Harvard Business Review's meeting calculator. If this Mayor's Office hopes to increase collaboration without hiring new individuals, the alternative should not cost the city additional funds. Additionally, the Strategic Action

Plan does not state that collaborative efforts with GRCoC will cost the city additional funds (*Strategic Action Plans 2022*, 2022).

Administrative feasibility

The current Homelessness Liaison position is employed through the library system, which is independent of the Mayor's Office. While the Mayor cannot mandate that Wilmore implement this change, the Office can work with her to determine how best to implement this policy.

The only way this policy would remain administratively feasible is if all parties involved continue to prioritize ending chronically homelessness across the city. Because each party involved requires support from each other, this alternative only works if all stakeholders remain dedicated to consistent communication and collaboration.

Political feasibility

This alternative has been inspired by the previous Homelessness Advisory Council, making it highly politically feasible, as generating buy-in should be less difficult. Additionally, this change does not require increased funds, nor does it require an ordinance to execute. Finally, this action will not influence taxpayer dollars any more homeless reduction efforts already do. Any change that might require additional funds will likely come from grants, which the public has no vested interest in influencing. However, because this alternative will breed trust between the Mayor's Office and the CoC, future and investments in the homeless space will undoubtedly lead to future policy changes which the City Council and constituents will need to approve.

3. Create a homeless to employed pipeline

Overview

As previously mentioned, a variety of individuals with different types of backgrounds assist in homelessness outreach efforts in Richmond. Currently, about 25-30% of individuals who work within the GRCoC have former experiences with homelessness (Batko et al., n.d.). The shelters in the CoC bring about this policy, as they will often recruit and hire individuals from their shelters, and they will flag applications who have lived experiences of homelessness, according to interviews with relevant stakeholders. If the city institutionalizes a pathway for formerly homeless residents to aid in homeless services, they will provide a unique opportunity to consistently reduce the number of homeless people by creating employment openings and, as well as aid in outreach efforts. This logic exists in substance abuse spaces, as recovering addicts frequently work in recovery centers. While there is not currently any evidence about the impact of the formerly homeless on working with homeless populations, assisting individuals with shared trauma makes intuitive sense. This alternative aims to improve retention of the unhoused within the Coordinated Entry system by institutionalizing an employment pipeline that simultaneously reduces the number of individuals sleeping on the street, and recruits individuals who are the most effective at outreach and peer support for unhoused peoples.

The Mayor's Office will coordinate with all Connection Points in the CoC and encourage them to evaluate the turnover rates of their employees and determine which jobs they have that they believe a formerly homeless individual could fill. The job opportunities available could include working on the outreach team, at any of the locations within the Coordinated Entry, shelters, or food banks. These positions along with their required training/education should be posted on a special job board with greater preference given to those who have previously been homeless within Richmond, or in Virginia.

The outreach providers should make this job board known to caseworkers with clients in Richmond's supportive housing facilities, the last stop in the Coordinated Entry system. Individuals who live in supportive housing pay rent adjusted to their individual incomes and have access to on-site social workers who aid in transitioning the residents from this transitional housing to independent living. At this point in the Coordinated Entry system, the homeless begin weighing employment options as they move closer towards independence. Caseworkers at these facilities will have the best insight for who they believe will be most compatible for each employment opportunity and should make the positions known to their clients as they see fit.

Effectiveness

This intervention impacts homelessness in two ways: the creation of a job board creates a pathway for the homeless to obtain employment and work towards obtaining housing, and the impact of individuals with lived experiences working within the Continuum.

There is a dearth of research on the impact of lived homelessness experiences on the take-up of social services from the unhoused, but research exists regarding the benefits of using peer support specialists on individuals going through recovery. Substance abuse peer specialist research rarely quantifies the benefits, usually stating results are statistically significant. However, one study demonstrated that women with substance abuse disorders who participated in a one-to-one peer counseling interventions were 17 percentage-point more likely to begin changing their substance use behavior. While the figure is not statistically significant, the small sample (n=13) likely contributed to the study's lack of power. Additionally, multiple journal articles, op-eds, best practice guidebooks, and interviews with individuals in the Continuum have spoken to the positive impact of peer support specialists, so we can be certain that while the figure is not statistically significant, the positive impact is legitimate.

Therefore, we will take the 28% increase in chronic homelessness in Richmond at baseline and subtract it from the 17-percentage point assumed decrease in homelessness from the study, resulting in a 12% increase in chronic homelessness, or 15 people (Reif et al., 2014). Therefore, the peer-support intervention would decrease homelessness by about 21 individuals. Finally, 13 locations were identified in the CoC as locations where currently homeless individuals could be hired to work. We will assume that half of these locations can successfully onboard one person into stable employment, so this intervention would reduce chronic homelessness by about 6 at baseline. **In total, we project that this alternative will reduce chronic homelessness by about 28 individuals.**

Cost

Building a job board will have a variety of costs but are generally negligible. If no individual on staff in the Mayor's Office can do this work, the Office will need to outsource, but will likely to able to request this webpage in someone within the Continuum of Care. The host website for Homeward.org and EndhomelessnessRVA.org, the official websites of the Richmond Continuum of Care, register their domains under GoDaddy.com. Therefore, adding a page to the website will likely not cost additional funds. This board will need to continuously be updated, but this will be completed progressively by individuals in the CoC. Because they will be filling positions already that exist, the intervention itself will not cost additional funds.

Administrative feasibility

This intervention centers on the GRCoC. Because the Mayor's Office only offers support to the Continuum and does not directly provide resources, they will not have any autonomy in the implementation of this intervention. The Mayor's Office will have to collaborate with higher-ups within the GRCoC and encourage them to create such a job board and provide support where necessary.

Political feasibility

Because the GRCoC has already begun to lay the foundation for this intervention to take place, the political feasibility is high. Additionally, the intervention's low costs will prevent the public being frustrated about how the government spends taxpayer dollars. Finally, this intervention does not require input from the City Council.

Outcome matrix

Alternative	***Effectiveness***	***Cost***	***Admin. feasibility***	***Political feasibility***
1. Status quo	*Low* **0**	*Low* **$0**	*High*	*High*
2. Homelessness Task Force	*High* **-38**	*Med* **$12,000**	*Med*	*High*
3. Homeless to employed pipeline	*Med* **-28**	*Low* **$0**	*Med*	*High*

RECOMMENDATION AND IMPLEMENTATION

I recommend the second alternative, creating a Homelessness Task Force. While this alternative more slowly reduces homelessness, the alternative ensures the alignment of goals across all relevant providers in the Continuum, which fosters a more sustainable environment for positive outcomes. Without institutionalized communication channels between sectors, the government cannot inquire about the needs of the non-profits, and their ability to support them decreases. Additionally, the low cost and high political feasibility allow the Mayor's Office a great deal of autonomy to implement the policy as soon as possible. The inspiration for this implementation strategy will come from a Government Accountability Office report that provides recommendations for sustained collaboration and an Indiana University study that discusses how to increase collaboration between different government agencies and non-government actors.

The first step will be to recruit individuals to be part of this Task Force, recruiting primarily from individuals who worked on the Homelessness Advisory Council. The second step will be to set up a biweekly meeting between a staff member in the Mayor's Office and the newly created Task Force. These meetings will be strategic sessions in which all parties discuss the problems they have noticed, and what can be done to fix them. On resource management, they should discuss what resources the Continuum has, what the impact of these resources is on the chronically homeless, and what resources are needed. On managing expectations, the mayor's office will discuss what problems they see, and what the media latched on to. The Continuum of Care will also discuss the ways they perceive the problem, and what resources they have at their disposal to assist. Most importantly, they will begin to set short- and long-term goals and outline an implementable strategy to reduce homelessness.

The Mayor's Office will be responsible for providing short- and long-term resources according to the information the providers give, as well as connecting with the City Council if any ideas which manifest out of these meetings need ordinances to be implemented. The responsibilities of providers within the CoC will vary depending on their mission statements. Considering the target population of the chronically homeless, the most germane providers are those that provide mental health services and outreach. These providers will need to bring their expertise regarding what resources they need to do their job and be candid about what they cannot do. Homeward will provide ongoing data analysis, as well as overarching updates regarding the status of homelessness in the Continuum. Finally, several of the interviewees identified Dianne Wilmore's role as the homeless liaison as an asset when collaborating between siloes. Therefore, she will be responsible for generating buy-in between all providers.

Challenges

While the mayor is the most visible authority in reducing homelessness across the city, and his office establishes the vision for what an economically prosperous Richmond looks like, he has no unilateral control on the issue. However, Mayor Stoney has the most to lose or gain from this issue as an elected

official, which justifies his office leading the charge. His authority constraints will require him and his office to think creatively about how to lead multiple stakeholders towards an agreed-upon goal. The cooperation of multiple agencies has been identified by Patashnik and Weaver as a potential implementation vulnerability (2020). Because increasing communication across siloes will require all parties to think more deeply about their assumptions and beliefs, as they reevaluate their programming, resource management, and effectiveness, the journey to long-term success will likely be riddled with growing pains.

This alternative cannot be mandated, as the city will not pass an ordinance detailing the communication channels between the mayor's office and other non-profits within the Continuum. The effectiveness of the policy relies on sustained buy-in from all stakeholders involved. The initial implementation of the policy will require a steep learning curve as all parties involved grow accustomed to growing pains associated with increased coordinated efforts. The mayor's office will need to resist the urge to offer seeming solutions to the take-up problem. Allow all stakeholders to thoughtfully provide insight on the challenges they face and what resources or actions they believe could help them make progress. After unpacking the nuances challenges of stakeholders, perform an audit of the funding and resources available to fix said problems. To encourage sustained buy-in, the mayor's office might also consider monthly check-ins with the *Richmond-Times Dispatch* and other local news media to ensure that the public is aware of the progress being made on the issue, and to maintain accountability for the non-profits and the mayor's office. This monthly check-in could be with the mayor's primary chief of staff, a different policy analyst who specializes in economic prosperity policy, or Wilmore, as she is the current homeless liaison for the city.

These interviews have revealed frustrations from stakeholders impacted by the recommendation, especially ones in the GRCoC. These frustrations will likely manifest as resistance in initial meetings, as increased coordination might surface previously unearthed indignation, especially if the communication results in changes to how they implement their services. In response, the mayor's office should be prepared to listen openly to their concerns and recalibrate their expectations for what the providers can do, considering financial, legal, and resource constraints.

CONCLUSION

Formulating a Task Force does not directly house the chronically homeless in Richmond. However, insights from the interviews make obvious a misalignment between government and non-government providers in the GRCoC. The complexity of homelessness requires a consistent, intentional partnership between various stakeholders, with persistent communication and aggressive action items that aim to be implemented. Without such a foundation, the well-meaning individuals who hope to support the unhoused might exacerbate the confusion felt by anyone who must navigate the already complex network of public assistance. A task force that implements agreed-upon action items in pursuit of established goals formulated by government and non-government actors will provide this

foundation. The implementation of this policy will not come without its difficulties. However, the longer this partnership persists, the more engaged all stakeholders will be, and the more easily solutions to the problem will be revealed.

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