JG RESEARCH AND EVALUATION

Reaching Home: Missoula's 10-Year Plan to End Homelessness

A Retrospective Evaluation

February 2023

Author Information and Acknowledgements

THIS REPORT WAS WRITTEN BY ERIKA BERGLUND, SUZANNA POWELL, GENEVIEVE COX, AND BRANDN GREEN (JG RESEARCH & EVALUATION) FOR THE CITY OF MISSOULA.

Funding for this evaluation was provided by the City of Missoula and United Way of Missoula County under contract A# 8768.

We would like to thank Emily Armstrong and Samantha Hilliard for their guidance, feedback, and support throughout the project. We would also like to thank staff members of the City of Missoula, Missoula County, and Reaching Home partner agencies for their participation in interviews, focus groups, and surveys as well as their assistance in recruiting individuals with lived expertise. We would especially like to thank lived experts for their willingness to participate and share their experiences in interviews. Finally, we would like to thank members of the Missoula community who participated in the survey and focus groups.

We hope this report provides valuable insight and information to support the City of Missoula and its partners as they continue to coordinate and expand efforts to both prevent houselessness and ensure that the experience of houselessness is rare, brief, and one-time-only.

jg | RESEARCH & EVALUATION

MISSOULA

Table of Contents

Executive Summary

In October of 2012, the City and County of Missoula committed to a 10-year plan intended to end houselessness in the community, *Reaching Home: Missoula's 10-year plan to end homelessness*. Originating from a push at the federal level in 2010 through the US Department of Housing and Urban Development's strategic plan to prevent and end homelessness, this effort was in concert with similar goals in communities in Montana and throughout the country. Now, 10 years after the initiation of this effort, the city seeks to understand the progress made, key successes, and remaining gaps in the spectrum of services for individuals experiencing houselessness. To achieve this review, they contracted with JG Research and Evaluation (JG) to complete a retrospective evaluation of the program and broad community-wide efforts elicited through the 10-year plan.

As an assessment of the activities undertaken during the past 10 years, JG utilized multiple methods of data collection and analysis to comprehensively understand the impact of the 10-year plan on services for individuals who are unhoused and the experience of being unhoused within Missoula. These data sources included:

- Interviews with individuals with lived expertise (n=23)
- Interviews with individuals working to serve those experiencing houselessness, including city and partner agency staff (n=29), partner agency staff survey (n=39), and focus group (n=8)
- Examination of client-level data collected in the Missoula Coordinated Entry System (MCES) (n= 3308)
- Community survey (n=601) and a series of focus groups with community members (n=18)

In addition to these types of primary data collection, JG completed a comprehensive review of documentation, reports, and newspaper coverage of the reaching home program since the inception of the effort in 2012.

Across these multiple data sources, there are a few key conclusions:

The plan demonstrated a clear commitment by the City of Missoula and its partners to systematically address houselessness as a community.

- The Reaching Home plan created a shared framework among partnering agencies, essentially fostering well-defined and common goals for agencies to work under, which facilitated collaboration and improved relationships among providers.
- Services for those who are experiencing being unhoused are less siloed than at the start of the plan, and "no wrong door" was achieved, which greatly improves flow through the system for individuals and has reduced the burden of intake for most clients.
- The implementation of MCES has been successful. With time, and as MCES honed policy and procedure, clients spend fewer days in MCES and system re-entry is decreasing.
- For the last several years, as the primary focus of Reaching Home program efforts was emergency housing, gaps remain in retention services (i.e., services after an individual is successfully housed), as well as prevention and diversion services.
- The plan resulted in a clearly defined continuum of housing options with strong emergency housing services, however transitional and permanent supportive housing gaps remain and there is an extreme lack of affordable housing stock in Missoula.

Based upon the results of the evaluation, recommendations for the next steps in the effort to support those who are experiencing houselessness in Missoula include:

- Utilize the city's unique position and continue to leverage this in a way that supports and provides resources to partner agencies, generating increased partner agency capacity.
- Continue to build out MCES and expand partner engagement to include more distal services that may be less directly related to housing but address barriers to meeting other basic needs.
- Build on current momentum and develop another "plan" to guide future work that balances both flexibility in response to changing circumstances and establishing commitments to ambitious community-wide goals.
- Develop creative strategies to incentivize affordable housing development and increased landlord cooperation in affordable housing programs.
- Develop more transitional and/or permanent supportive housing programs and options, particularly for individuals who have physical and behavioral health needs.
- Improve community-level communication and opportunities for engagement

Introduction

The implementation of *Reaching Home: Missoula's 10-year plan to end homelessness (Reaching Home)* did not end the presence of houselessness in the community. During the entirety of the effort, including the present day, individuals and families continue to experience houselessness in Missoula. This blunt conclusion, however, is based upon an overly narrow and simplistic understanding of the primary goals of the plan. While houselessness has broadly become a more common experience for many Americans over the course of its 10 years of implementation, *Reaching Home* has facilitated significant progress toward building a responsive, coordinated system of services for individuals in Missoula who are unhoused.

The U.S. Department of Housing and Urban Development (HUD) is the primary federal funding source for programs aimed at addressing houselessness. In 2010, HUD released the first-ever comprehensive effort at the federal level to try to prevent and end houselessness in a strategic plan called *Opening Doors*. The HUD plan sequentially prioritized moving key populations out of experiences of houselessness – veterans; individuals experiencing chronic houselessness; and families, youth, and children – over a 10-year time period. With this strategic plan, HUD funding allocations became oriented around plans to end houselessness, and it is within this broader federal effort that *Reaching Home* was created and conceptualized.

The *Reaching Home* plan was constructed around four building blocks or themes: 1) Implementation of the 10-year plan, 2) Service collaboration and coordination, 3) Homeless prevention and rapid re-housing, and 4) Continuum of housing options.

For the purposes of this retrospective evaluation, these core themes of the original plan shaped the research design and reporting. The study examined how the development of systems identified in the plan were implemented and how these efforts shaped outcomes for individuals who had experiences of houselessness in Missoula over the last 10 years. It is important to note that *Reaching Home* was both a plan and a program. The *Reaching Home* plan was developed in 2012 and formed the basis for the *Reaching Home* program. This evaluation uses some of the broad goals of the plan to understand the impact of activities undertaken by the program.

This report utilizes the four building blocks to organize the findings and results of the study, incorporating each of the multiple types of data to demonstrate the progress, successes, and gaps that remain in each key building block. The study was conceived as a qualitative examination of perspectives on these outcomes, with the use of quantitative data from the Missoula Coordinated Entry System (MCES) providing information for understanding client outcomes. This report is not intended to provide an exhaustive documentation of all activities related to addressing houselessness undertaken by the city and partners over the course of the 10 years; rather, it relies on participant perspectives and available client-level data to guide an evaluation of the implementation and impacts of *Reaching Home*.

A note on terminology: Within the last year of the *Reaching Home* plan's implementation, the City of Missoula's *Reaching Home* team began shifting the language used in their programming and communications from "homeless" and "homelessness" to "houseless" and "houselessness" and person-first language such as "an individual who is unhoused." This shift was reflective of feedback the city and partners received from individuals with lived experience of houselessness who pushed back on the idea that they had no home, as Missoula is their home. In general, this report uses the terms "unhoused," "houseless," and "houselessness" throughout and strives to preserve the value of the person-first perspective, but there are some exceptions made in reference to prior reports, HUD policies, and direct quotes from participants.

Methods

The current study used multiple methods of data collection and analysis to complete a retrospective evaluation of the full scope of progress, successes, and gaps in *Reaching Home: Missoula's 10-Year Plan to End Homelessness*. One of the primary goals of the project was to gather extensive qualitative feedback from a variety of stakeholders, including direct providers, city staff, lived experts who use or have used housing services, and community members, to broadly understand the impact of *Reaching Home* and address how changes in the housing landscape will shape future approaches to addressing houselessness in Missoula. Further, a quantitative analysis of de-identified, existing client records complements the qualitative data findings by describing trends in MCES records compared to the perspectives of study participants.

Key questions guiding the evaluation process include: a) To what extent and how well was *Reaching Home* implemented across time (early, mid, and later implementation; across its strategically defined phases), and across organizations and partners; b) What factors impeded or facilitated its implementation; c) What gaps remain in the housing continuum in Missoula; and d) What are the experiences of individuals with lived experience with housing instability or houselessness related to *Reaching Home* activities?

Evaluation goals

1. Identify community-wide accomplishments generated by the Reaching Home plan during the past 10 years
2. Identify and assess gaps and areas for continued progress for addressing houselessness in Missoula
3. Develop a strategic report that can inform outreach materials and the next phase of Missoula's houselessness initiatives

Study design

Primary data collection

Interviews were conducted in-person or over the phone using a semi-structured interview guide (in Appendix A) and lasted for a range of 20-75 minutes. Key informants, such as city and partner agency staff involved in implementing Reaching Home, were recruited via email through a contact list provided by Reaching Home staff. Lived experts, defined as individuals with lived experience of being unhoused in Missoula, were recruited through members of the Homeless Outreach Team (HOT), a program of The Poverello Center, and through the online community survey. Lived experts were compensated with a $30 Visa gift card for their participation. Between July 2022 and November 2022, a total of 62 interviews were conducted. Of these interviews, 29 were conducted with key informants and 23 were conducted with individuals with lived expertise.

Two web-based surveys were conducted using the survey platform Alchemer. One survey was specifically designed for *Reaching Home* partner agency staff and distributed through the same key informant contact list provided by *Reaching Home* staff. Partner agency contacts were asked to share the survey with their colleagues. A second survey was designed for community members, specifically residents of the City of Missoula and Missoula County, and distributed through targeted social media ads. Survey questions are included in Appendix B. The primary goals of both surveys were to a) identify levels of knowledge about *Reaching Home* among partnering agency staff and in community members, and b) identify individuals interested in participating in follow-up focus groups. Additionally, the community survey was used to identify potential participants in both the lived expert interviews and community focus groups. In total, 39 partner agency staff members participated in the partner agency staff survey and 601 community members participated in the community survey.

A total of three focus groups were conducted, one with partner agency staff and two with community members. Focus group participants were recruited via email through contact lists generated from survey responses. Each focus group lasted a duration of 90 minutes. Participants were asked to reflect on *Reaching Home* and Missoula's system of services for individuals who are unhoused based on their experience and perspective within the community. In total, eight partner agency staff members and 18 community members participated in focus groups.

Profile of interview and focus group participants

Three primary categories of participants were engaged for this study: key informant, lived expert, and community member, each of which are briefly described below.

Key informants: Individuals engaged in the implementation of *Reaching Home*, such as former and current staff of the City of Missoula, Missoula County, and *Reaching Home* partner agencies, including the following subcategories:

- City and Housing Agency staff (e.g., Reaching Home Missoula; Community Development Division of Community Planning, Development, and Innovation; Law enforcement and other first responders)
- Direct service providers (e.g., staff who work at: Temporary Safe Outdoor Space, The Poverello Center, Emergency Winter Shelter)
- Indirect service providers (e.g., mental health and addictive treatment, non-profits and foundations)

Lived experts: Individuals with lived experience of being unhoused, whether previously or currently (e.g., individuals who have utilized housing services and experienced housing barriers or houselessness in Missoula). To protect participant confidentiality, all lived expert quotes are presented in the report under pseudonyms.

Community members: Individuals residing in the City of Missoula or Missoula County who otherwise did not identify with the categories of key informant or lived expert.

Table 1 provides the number of participants engaged in each participant category and each primary data collection method.

Table 1. Summary of study participants

Participant category	Interview	Focus Group	Survey
Lived expert	23	-	73
Key informant: Partner agency staff	14	8	39
Key informant: City or County staff	19	-	-
Community member	-	15	528*

** A total of 601 participants responded to the community survey, 73 of whom identified as lived experts*

Administrative data

Data was received from the City of Missoula's MCES specialist and the Homeless Management Information System (HMIS) database manager for Montana. Data was requested at the client level from MCES and at the encounter level from HMIS. A data dictionary for all outcome measures and indicators is included in Appendix C. Data was treated at the individual entry-level level, or each time an individual entered and/or re-entered, into MCES. Clients are given a unique client identifier which is utilized if and/or when an individual re-accesses services through an MCES partnering organization after being exited from the system. MCES started in 2017, data are from June 2017 through September 2022.

Data analysis

With the consent of participants, interviews and focus groups were audio recorded and transcribed verbatim using the online transcription service, Rev. Interview transcripts were then analyzed with thematic coding methods using NVivo Qualitative Software (QSR International Pty Ltd., 2022). A coding guide was generated by two members of the research team in two phases: 1) initial coding based on the topics and themes addressed in the interview guide and resulting interviews, and 2) focused coding where more detailed categories and emergent themes were developed based on the initial analysis (Glaser, 1978; Saldaña, 2009). The coding analysis was completed by two members of the research team, with the intent of ensuring a high degree of intercoder reliability (Creswell and Poth, 2017; Saldaña, 2009). After each coder analyzed an initial subset of transcripts, coding discrepancies were addressed through a deliberative process among the

coders until agreement was reached among them.

Survey responses and HMIS and MCES datasets were cleaned and descriptively analyzed in RStudio (R Core Team, 2021), an open-source software platform that is code-based and allows for documentation of decision making within specific lines of code. Primary analyses of MCES data were descriptive and include annual frequency and proportion of MCES client age, race, ethnicity, substance use, veteran status, pregnancy status, domestic violence, and disability. All of these variables are universal intake measures for HMIS and are self-reported by the client during intake.

To assess data quality, the amount of missing data in both MCES and HMIS is described. MCES and HMIS have "universal" elements which are required measures that should be entered by all organizations that participate in data collection. There is overlap in some universal measures (e.g., gender, date of birth, race, ethnicity), but other measures diverge between MCES and HMIS (e.g., reporting on months homeless, previous living situation, exit destinations), and HMIS has program specific data elements that vary depending on agency operations. The universal elements to HMIS and MCES that were included in data quality analyses are listed in Table 2. Analyses did not include program specific data quality. Additionally, annual data patterns are described, but due to the limited duration of MCES (~ 5 years) these patterns were not compared statistically.

Limitations

The primary limitations of this study related to lived expert recruitment, the retrospective nature of the study, and the completeness of available HMIS and MCES datasets. In regard to lived expert recruitment, the evaluation team relied on social media and partner agencies which may have limited the breadth of engagement with lived experts considering that some lived experts may not have reliable access to the internet or digital devices and furthermore may not engage in social media or with partner agencies. Additionally, our lived expert sample largely consists of individuals who currently engage or maintain contact with a direct service provider. It is likely that there are individuals with lived expertise in Missoula who were not reached by our recruitment efforts, particularly those who choose not to engage in services. Another limitation is the fact that staff turnover and transitions within organizations since the plan was developed may have limited the ability to fully capture on-the-ground perspectives of the plan's implementation throughout the entire 10 years.

Limitations related to HMIS and MCES datasets are described in further detail in the MCES results section. An additional limitation to studies that rely on qualitative data to understand complex social service systems is that the clients and staff who work in these systems may have limited or incorrect understandings of state and federal policies that shape their local social service system. This report does not attempt to correct any misunderstandings but present views from all study participants directly, with the understanding that any misperceptions among staff and community members present opportunities for future engagement and communication.

Section Conclusion

An effective retrospective evaluation faces the challenge of understanding outcomes specific to a programmatic effort while also accounting for changes in the external environment, changes that impact the ability of a plan to be implemented as originally intended. In the case of Reaching Home, broad social shifts

have significantly impacted the federal, state, and local dynamics under which the City of Missoula and its partners have operated over the last 10 years. This report seeks to tell both the story of Reaching Home and its implementation from diverse perspectives and provide systematic reporting on the plan's outcomes and impacts on individuals.

The Results section of the report uses primarily qualitative data to report on efforts to establish the four building blocks of reaching home: 1) Implementation of the 10-year plan, 2) Service collaboration and coordination, 3) Homeless prevention and rapid re-housing, and 4) Continuum of housing options. The final portion of the Results section provides understanding of client outcomes, using both interview data from lived experts and data collected in MCES. Throughout the report, the focus is on an accurate depiction of efforts undertaken over the past 10 years and how these efforts are perceived by professionals, lived experts, and members of the Missoula community. In doing so, the study report seeks to both understand past efforts and point toward areas for improvement in the interest of ensuring stability of housing opportunities for community members in Missoula.

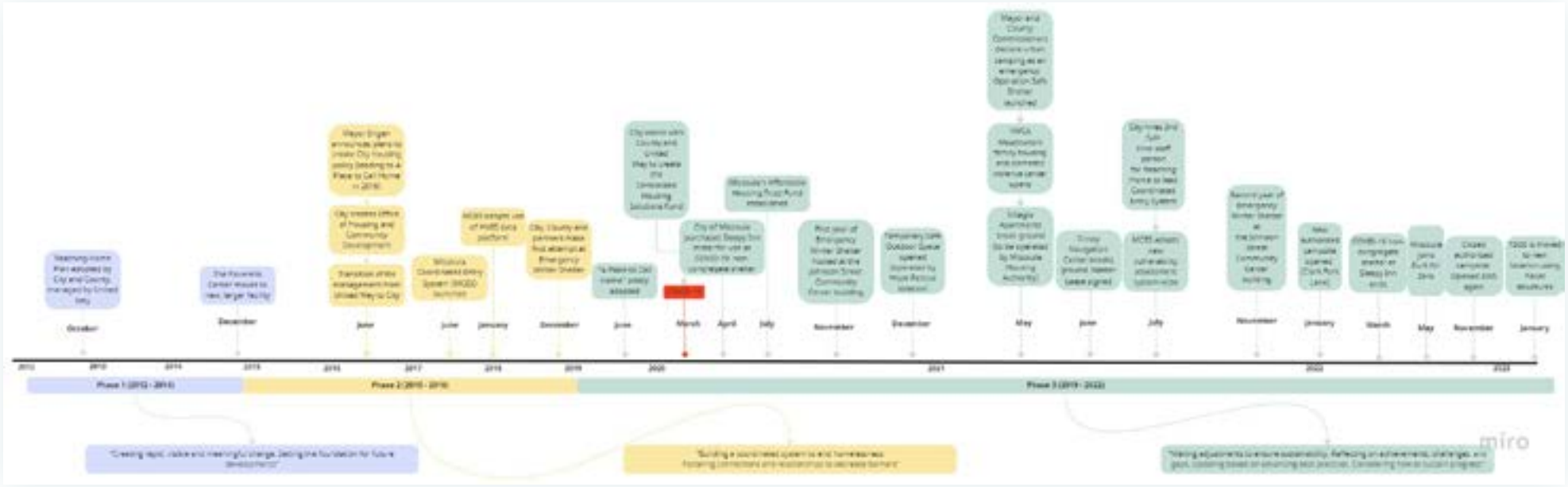
Results

Implementation of the 10-year plan

As presented in this report, the first building block of *Reaching Home* is focused on the implementation of the 10-year plan. Furthermore, the plan is founded on the perspective that achieving the shift from managing houselessness to ending it, at any point, can only occur through the development of a robust and collaborative system of services that has the level of capacity and coordination needed to support individuals with a broad set of needs and views on housing.

Throughout the 10 years of the plan, the City of Missoula and its partners have undertaken a host of activities related to the implementation or improvement of the *Reaching Home* plan and programs. A summary of these is presented as a Reaching Home implementation timeline from 20212-2022 in Figure 1. Several of these activities are referenced throughout the report.

Figure 1. Reaching Home implementation timeline



In this section of the report, data are presented on the development, communication, and implementation of the *Reaching Home* plan as well as perspectives on the broader social and demographic shifts impacting Missoula over the last 10 years.

Changes in Missoula during the last decade

In reflecting on the *Reaching Home* plan and its 10 years of implementation, participants frequently highlighted the significant changes that the Missoula community has experienced over the last decade, particularly in the last few years. These changes included population growth, increasing costs in the housing market, shifts in city structure and policy toward housing and houselessness, and the COVID-19 pandemic. While many of the factors contributing to houselessness and the gaps in Missoula's ability to address these needs that are highlighted in *Reaching Home* remain relevant today, interview and focus group participants expressed that Missoula has experienced these as compounding changes that have impacted the ability of the city and its partners to fully implement the visions and strategies outlined in the plan.

Participants shared how these intertwined changes have had a considerable impact on houselessness in Missoula in recent years, ultimately increasing the overall number of individuals and families who are unhoused or at risk of becoming unhoused. Based on their experience, one member of law enforcement said, "*And I don't think I would be too far off the mark to say that there are twice as many homeless in Missoula, if not more, from when this started 10 years ago*."

A common perception, particularly among community members, was that the growth in Missoula's services for individuals experiencing houselessness has also had the effect of attracting individuals to Missoula who are unhoused or housing insecure. While it was beyond the scope of this study to determine the extent to which this perception is accurate, based on participant feedback there may be some truth to this idea given that Missoula is a resource hub of social services that the smaller and more rural surrounding communities are unable to offer. In general, while the number of residents experiencing houselessness has increased over the last 10 years, the drivers of these increases are likely a number of complex and intersecting factors.

Sierra, an individual who was previously unhoused, grew up in Missoula, and now works in social services, summarized many of the compounding effects of the pandemic, population growth, and the increasing housing costs on housing stability:

> *Like most places, there's been really big changes in the last two and a half years, three years during the pandemic…Growing up in Missoula it was not an easy place to live economically. And it was really hard to get jobs here…But rent was cheap and it was easy to find a place and rent a place and have roommates and not have to pay a lot. And then recently things have really changed because, of course, there's been an influx of people from other Northwestern states coming in who are either independently wealthy or working remotely. And it really drove up the cost…And so it was really hard to compete for people that are working here…Even people that had good or middle-class jobs. People working at the hospital, nurses, could not find housing… Locals who grew up here, maybe were born here, raised families here, all of a sudden, they're being out priced. If they're renting, maybe they had a long-term rental, all of a sudden, the landlords were like, "Hey, I can charge 300, 400, 500, 600 dollars more or tear down an old house and build expensive condos." So, I've seen a lot of that and I've talked to people every day, just anecdotally, that are all of a sudden homeless… One of my coworkers retired and she had rented a place for a long time and she's homeless now and she's*

> *been homeless for about a year. Because the landlords were like, they can just not renew a month-to-month lease if they choose to. They can charge more...So more people moving here too, because Missoula is safe and peaceful compared to big cities.*

From Sierra's perspective, Missoula was never "an easy place to live economically" due to the scarcity of high-paying jobs, but housing units were available and rents were affordable. She expressed that, in the last few years, rent and housing prices have increased beyond most Missoulians' budgets as a result of remote workers, retirees, and independently wealthy individuals moving in and the related increase in housing costs.

Several participants who provide direct services to individuals experiencing houselessness echoed Sierra's observations, explaining how the demographic shifts and resultant changes to the housing market have made it increasingly difficult to help those experiencing houselessness to get housing or prevent those who are currently housed from becoming unhoused. As one participant summarized, "*And our housing market, when you have a vacancy rate of less than 1%, the clients served by Reaching Home are not exactly the top of any landlord's list, [due to] the many barriers that they face.*"

Reflecting on the circumstances in Missoula 10 years ago, one city staff member suggested that the current housing crisis has so dramatically shifted the realities around houselessness that it has impacted the conceptual approach being used to view strategies for addressing houselessness:

> *I think, when the plan was originated 10 years ago, we weren't really in a national housing crisis. Housing was important, but it was really more about getting people off the street, convincing them that moving indoors was in their best interest, connecting them with a voucher, that was the struggle. So, there wasn't a lot of emphasis in the 10-year plan placed on working with developers, and realtors, and contractors. And now that's all we talk about...If we don't have a house for them, everything [else] is irrelevant. And so, in that sense, I think the conversation has really flipped.*

As participants described it, the COVID-19 pandemic generated enormous shifts at the systemic level as well as the individual level. One partner agency staff member described the pandemic as throwing "a huge wrench" in how the Missoula community responded to houselessness. In this context, the priorities and structure of the *Reaching Home* framework were usurped by a need to prioritize responses to COVID-related challenges. As one city staff member explained:

> *COVID took a lot...I mean the last two-and-a-half years have been propping up a lot of emergency programs that we didn't have in our work plan, we didn't have in the 10-year plan, but all of a sudden there was a huge need in the community and extra funding to put it in place. It's been sort of a trial by fire on some of those [programs].*

Several participants expressed that the shifts resulting from the pandemic and rising housing costs have placed more Missoula residents at risk of becoming unhoused. Jonathan, an individual with lived experience and a history of trauma, substance use, and sexual assault in the correction system, shared that people become unhoused for a variety of reasons, but for many, it could be a relatively small event, outside of their control, which would lead them to become unhoused. Knowing this, Jonathan expressed that for many Missoula residents,

> *They're just one missed paycheck, or just one bigoted boss away from losing it all…One of their managers, or their bosses doesn't like their skin color, or their sexual orientation, or the way they talk, and then like what happened to me…Anything, or they could get injured.*

A community focus group participant shared a similar sentiment to Jonathan's: "A large portion of [Missoula's] population is one disaster away from being homeless." A member of law enforcement similarly expressed concerns that they have heard from members of the public about the members of the community who are struggling to keep their housing but may be overlooked by some of the *Reaching Home* programs:

> *What we're hearing from the public is that [they feel] like we're concentrating on helping [the unhoused] segment and we're leaving behind other people in our community who are also experiencing housing issues, like our low-income population and our elderly population who are also really struggling with the new housing [cost] increases and all of the things that are happening in the economy.*

As participants described, the pandemic and pressures on the housing market, along with broader economic and demographic changes, have significantly impacted both how individuals and families experience houselessness in Missoula and how the existing system of services is able to support them. While the city and its partners have made concerted efforts to implement *Reaching Home* according to the original plan, major external factors have shifted the extent and urgency of the houselessness crisis across the nation, including in Missoula.

LEADERSHIP OF REACHING HOME

Since Reaching Home was developed, the City of Missoula has undergone a series of structural changes that have impacted how the city itself is involved in addressing houselessness, issues around housing, and, ultimately, the overall implementation of the plan. Beginning in 2016, the City of Missoula shifted its approach to focus on housing and houselessness, which was reflected in the establishment of the Housing and Community Development department (now, the Community Development Division with Community Planning, Development & Innovation). That same year, the Reaching Home program and its coordinator position moved from being housed at United Way of Missoula County to the City of Missoula, within the Housing and Community Development department. During the period when Reaching Home has been managed by the city, the number of staff and programs related to Reaching Home has grown.

> The city has also experienced some broader shifts that have had implications for how city personnel, particularly law enforcement and emergency responders, interact with individuals experiencing houselessness and engage with direct service providers. In 2020, in coordination with Partnership Health Center, the Missoula Fire Department launched the Mobile Support Team to support law enforcement and first responders to be better equipped to respond to incidents with individuals experiencing an urgent behavioral health issue and aid in connecting them to appropriate resources rather than sending them to jail or the emergency room. A member of the Mobile Support Team staff estimated that 37% of the clients they interact with are unhoused and, as a result, the Team is often focused on connecting clients to housing resources. Similarly, first responders are engaged

in the Frequent Users of Systems Engagement (FUSE) program, which was also developed in collaboration with Partnership to provide targeted support to frequent users of crisis services (i.e. shelters, jail, hospitals). Missoula's law enforcement also works in direct collaboration with the Homeless Outreach Team (HOT), a program through The Poverello Center, to respond to incidents involving individuals experiencing houselessness in order to divert them to appropriate resources.

Another related change in law enforcement in recent years has been the implementation of the Crisis Intervention Team (CIT) program, formerly housed at the Missoula Fire Department and now the Missoula Police Department. This program provides training to first responders based on the national CIT model and is a community partnership between medical and behavioral health and other social service providers, including services for individuals experiencing houselessness. Collectively, the CIT, FUSE, and HOT programs and Mobile Support Team have started to shift how Missoula's law enforcement and first responders engage with individuals experiencing a behavioral health crisis or who frequently utilize emergency response services, which often relates to how they interact with individuals experiencing houselessness and direct service providers.

Plan development

This section provides a brief overview of participant feedback on elements of the plan and the process around the plan's development, which are helpful in both understanding how the plan was envisioned 10 years ago and which aspects of the plan remain useful today.

FEEDBACK ON ELEMENTS OF THE PLAN

As noted in the introduction, the concept of a "10-year plan to end homelessness" was influenced by HUD goals and associated requirements to receive funding at the time of the plan's creation. While the Reaching Home effort has resulted in several positive and significant outcomes, as detailed in this report, it has not succeeded in "ending houselessness," and as many participants suggested, the very idea of doing so at the local level was, and continues to be, unrealistic.

City and partner agency staff lamented the title of the plan, feeling that it was "lofty," "abstract", and "overpromised" what the plan could actually accomplish. As a result, the framing of the plan ostensibly set the initiative up for failure. Indeed, in surveys and focus groups, several community members scoffed at the idea that the city would end houselessness. The plan's title has also contributed to the city's challenges in communicating their efforts to the public. As one city staff member explained, "*And the title has been super challenging. Because when you say we're going to end homelessness in 10 years, that's a pretty big promise to make when that's not realistic at all, or reasonable. So, I think that that has made it more challenging in terms of our communications with the general public and our residents.*"

Although the very title of the plan has contributed to implementation and communication challenges, participants reflected on other elements of the plan more positively.

Reaching Home was founded on two key principles: 1) Prevention and rapid re-housing, and 2) Housing First. The principles of prevention and rapid re-housing are based on the idea that it is more efficient and less costly to prevent housing insecure individuals from becoming unhoused than it is to provide services

for individuals who have already lost housing. The principle of Housing First supports the understanding that individuals experiencing houselessness may face a variety of challenges and barriers related to their personal circumstances, but the first step in addressing both their personal circumstances and experience of houselessness is finding immediate shelter. Collectively, these principles have provided a directive for the City of Missoula and its partners to respond to houselessness in a proactive and strategic manner.

Individuals across participant groups consistently shared their agreement with the concepts of prevention and rapid re-housing. One participant involved in generating financial support for the plan said, "*As I look at the plan, the rapid response piece is critical.*" This principle has promoted a sense of urgency around responding to houselessness while simultaneously committing resources to preventing more individuals from becoming unhoused. A city staff member explained what it means to operationalize this principle, saying, "*People have rapid access to safe, long-term housing that's sustainable for them, that we're trying to respond as rapidly as we can to peoples' situations and matching them to interventions that meet their needs.*"

Participants representing partner agencies also consistently expressed their support for the Housing First model, sharing comments like, "*I believe in housing first,*" and "*I do agree that housing absolutely should come first,*" and "*housing first works.*"

Although over half (58%) of community survey participants responded that they were not familiar with the concept of "Housing First," all participants were provided a definition of the concept and asked to share their level of support for the model for Missoula. In response, over half (57%) of the 601 survey participants responded that they have some level of agreement with the model, and over one-third (34%) responded that they "strongly agree" with the model.

Based on the data gathered in this study, the title, *Reaching Home: Missoula's 10-year plan to endless homeless*, has been problematic for both those implementing the plan and members of the community, but the key principles of Reaching Home have provided a meaningful foundation for the plan that continues to define the work of the City of Missoula and its partners to address houselessness. Today, Reaching Home is defined as an effort to "prevent houselessness whenever possible, and if not possible, to make houselessness rare, brief, and one-time only."

FEEDBACK ON THE PROCESS

While the Reaching Home plan itself describes the impetus behind the plan's development and provides an overview of the planning process, interview participants who were familiar with the genesis of the plan were asked to share any insights or feedback they may have had regarding its development. According to a couple of participants who were intimately involved in the process, the plan was written in several iterations under the advisement of the mayor-appointed Reaching Home Working Group with financial and personnel support from United Way of Missoula County.

One of the primary concerns of the Reaching Home Working Group in drafting the plan was ensuring that it humanized the issue of houselessness and was accessible to the broader community. As one participant shared, the directive from the working group was that "*this needs to be a human document that people can grasp. And it needs to have some emotion and some human beings in it that people can get a better sense of like what's really going on here*." At the same time, those involved in forming the working group and initiating

the plan's development made a choice to not include representation from direct service providers, those providing on-the-ground services to individuals experiencing houselessness, in the working group. Rather, input from service providers was solicited in listening sessions. One participant described the reasoning behind this decision:

> *Our thinking from the beginning was that it really couldn't just be housing and homeless service advocates talking about ending homelessness. It had to be every stakeholder, every sector of our community. So, we took testimony from every housing and social service provider who wanted to hear from us… Eventually the shape of the plan was sort of this working group that developed it, with a technical assistance group of dozens of housing and homeless service providers.*

Other participants who were in administrative roles for direct service providers at the time expressed frustrations with this decision, feeling left out and like their expertise was not valued.

> *[Those initiating the plan's development] felt that there was a conflict of interest. We would be defending our own work, we couldn't see our own gaps or barriers…We were stakeholders, but we were not part of the steering committee that created the 10-year plan. And we weren't part of the steering committee that administered or implemented the 10-year plan as well. We were seen as a separate group, and I think that the message that was relayed is those of you closest to the work actually don't know how to solve this. You don't have the ideas, that someone else has to come in and provide you the ideas, because clearly you've been doing this work for years and you're not making any progress. And so, I think it was really unfortunate.*

A few other participants working for service provider organizations during the development and initial roll-out of the plan felt similarly, sharing that the lack of inclusion and deference given to agencies serving the population who are unhoused in Missoula likely contributed to a lack of trust and buy-in during the plan's early implementation.

In the words of study participants, the Reaching Home plan was developed by community leaders and interests external to those providing direct service to individuals experiencing houselessness, which has borne interesting results. For instance, the development process included broad engagement from a variety of stakeholders (including direct service providers) while limiting the depth of inclusion of those with the most subject matter expertise. Regardless of the nuanced impacts of these dynamics during the development process, the majority of participants representing the city and partner agencies agreed that the plan engendered a community-wide effort to address houselessness, a perspective reflected throughout the remainder of this report section.

Plan communication

By far the most common critical feedback about the plan and its implementation across participant groups was the lack of communication and consistent messaging around it.

While many interview and focus group participants felt that the city has made notable progress toward the plan's goals, there was also consistent agreement that the city and its partners have not communicated the work around Reaching Home well. A few community focus group participants felt that this has resulted in "*so much misinformation about what's really going on and what Missoula's really trying to do to serve these people.*

And I think there's a perception of we're just trying to give things away or legalize camping and that Missoula isn't doing a bigger-picture action." A city staff member echoed this sentiment, suggesting that the broader Reaching Home program has "*a branding issue.*"

For many community focus group participants, there is a strong interest in seeing more communication from the city about its successes, but there is also interest in seeing what strategies have not worked or continue to need improvement. One participant expressed,

> *I think this community is hugely giving. If you said, we need 20 people a day to be able to assist [those who are experiencing homelessness] … to get them going, you get 20 people a day. It's just that, it's like, what's the process? What's the ending result? And just the communication of how we're all being human community members, and we understand this is a crisis that's not going to go away, but we can help minimize it as much as possible. And then maybe people wouldn't be so angry.*

Based upon results from the community survey conducted, familiarity with the plan itself was limited among community members. Sixty-seven percent of community survey respondents were not familiar with the plan, and of those who were, 64% responded that they had "some familiarity" with the plan.

Communication about the plan and its related programs was less of an issue among partner agency and city staff. However, feedback from participants suggested that the communication around Reaching Home goals and strategies could have been clearer and more consistent across city departments and partner agencies.

For example, 80% of the 39 partner agency staff who responded to an online survey, shared that they were familiar with the plan, but most of those who were familiar said that they had only "some familiarity" with it (69%). In interviews with city and partner agency staff, participants often explained that they were familiar with the plan, and many had read it at some point, but they had a lack of familiarity with the specifics of the plan. For example, a county staff member said, "*I don't even know what the goals are in the plan*," and a partner agency administrator shared, "*I haven't read it in years. So, probably … I'm not saying it doesn't matter, but I guess I would depend on the Reaching Home office to guide that, I guess. Right?*"

In reflecting on the city's communication around implementation strategies of the Reaching Home program, another partner agency staff member expressed frustrations, feeling that the city has frequently shifted its expectations of partner agencies without providing clear explanations:

> *So, it's like, these are the rules today. These are the rules next week. These are the rules now, we have to change this. And there's no real messaging…So, we're just confused on where we're at. Not that we don't want to partner.*

While communication and messaging about both the Reaching Home plan and program were frequently criticized across interview groups, many participants also felt that there is considerable opportunity in improved communication moving forward. Community members consistently iterated that they would like to learn about the city's strategies around Reaching Home and efforts to address houselessness more broadly and easily access information regarding the achievements and the areas they continue to work on. A desire to hear more about the success stories of Reaching Home was also mentioned by members of law

enforcement, whose interactions with individuals experiencing houselessness are often negative:

> *People call us when something bad is happening. That colors our view of everything. I know that there are success stories. I know that there are places where people were helped by the programs that we have and where people had these cycles interrupted. They're just frequently not situations that we're involved with at that point.*

Overall, participants attributed much of the confusion and misconceptions, and resulting frustrations, about Reaching Home to a lack of consistent communication and messaging about the plan and a continuation of poor communication about the program. Many expressed that clear and strategic messaging to both the general public and partner agencies could improve community and partner agency buy-in and support of Reaching Home programs in the future.

Plan implementation

The original Reaching Home plan was designed to be implemented in a series of three phases:
2012-2014 Phase 1: Creating rapid, visible and meaningful change
2015-2018 Phase 2: Building a coordinated system to end homelessness
2019-2022 Phase 3: Making adjustments to ensure sustainability

Based on feedback from the participants most familiar with the management and implementation of the plan, the actual implementation of the plan has generally followed the three-phase trajectory, with a different individual in the coordinator role overseeing the plan for each phase. As participants described, each coordinator brought a different skillset to the position, which to some extent influenced how each phase of the plan was ultimately implemented.
The initial phase of implementation was largely focused on creating partnerships among service providers, funding sources, government agencies, and various stakeholders and laying a foundation for a collaborative system to address houselessness. As one participant explained, much of the first year of implementation was spent "*trying to organize who could do what.*" Another participant described the first coordinator's role as building trust and encouraging partner agencies to *"realize that sometimes you do have to give up something good to get something better."* Similarly, another participant felt that the first coordinator of the plan "*really started to spread the word, get a lot of public interest and understanding about the plan and why, and all of the support, started leaning into working with landlords and all these stakeholders*."

The second phase of implementation was described as the "meat and potatoes" work, building upon the partnerships and community support that had been established to formalize a system of coordinated services. The second *Reaching Home* coordinator was hired in 2016 and was largely focused on "*redesigning and retooling a response system*" specific to individuals who are unhoused and streamlining existing resources to function more efficiently while also "*reducing trauma on the people coming through the system, [so] they don't have to retell their story at every entry point.*" The primary focus of this phase, according to participants, was to establish a coordinated entry system for Missoula that would subsequently realize the goal of a "single point of entry."

A "single point of entry," or "no wrong door," approach is an effort to try to ensure that an individual experiencing houselessness or housing insecurity who is seeking services can go to any provider within the system and ultimately be connected with the resources they need, whether through the provider with whom they initially engaged or through a partner agency. During the second Reaching Home coordinator's tenure, the position transitioned from being housed at United Way of Missoula County to the City of Missoula's Department of Housing and Community Development.

In January 2021, a new Reaching Home coordinator transitioned into the role. As one participant described it, at that time, "*We had built a structure of coordinated entry. The plane was in the air. Obviously, lots of room for improvement. I think it was that perfect time to hand it off to the next program manager with a different skill set.*" While the pandemic has complicated many of the city's initiatives related to Reaching Home, much of the final phase of implementation of the plan has been focused on taking stock of Missoula's system to address houselessness and housing insecurity and building processes to evaluate the outcomes of the plan and develop next steps for the Missoula community.

FACILITATORS DURING IMPLEMENTATION

Having a plan

In the most basic sense, simply having a plan in place was identified as a crucial step in facilitating community-wide action to address houselessness over the last 10 years. While the development of the plan, both in terms of process and the written document itself, was not without its critics, participants who are familiar with the plan and its different phases of implementation broadly agree that "*at the time, it probably was helpful to at least put pen to paper, the desire as we knew it.*" Putting pen to paper and developing a formal document that was then adopted by city and county elected officials allowed the city and its partners to develop actionable steps under a common goal.

As a staff member of a Reaching Home partner agency described, "*It's like, this is the city and our plan and we're all a part of that and we're all connected. And to know what that larger plan is for everyone. I mean, I think it creates a group goal.*" Similarly, another participant felt the plan established a vision for addressing houselessness and has ultimately succeeded in "making it a community effort and keeping it there in the eyes of the community." One participant credited the plan for generating significant progress and action in the community around houselessness: "*The amount of progress that's come over the last 10 years driven by simply the fact that a plan was created. That alone I think put a spark under the community to really come together and figure it out.*"

Beyond developing a group or common vision and goal for the city and its partner agencies, and the community more broadly, having a 10-year plan has also made Missoula-based agencies eligible for specific HUD funding. This potential source of funding was a major driver for the initial creation of the plan and has reified the value of having the Reaching Home plan in place. While the City itself does not receive direct funding from HUD, access to HUD funding for partner organizations has had an impact on Missoula's housing and houseless efforts throughout the last 10 years. For example, changes to HUD policy in 2017 for those communities receiving funding through their 10-year plans served as a catalyst for the development of MCES. As one participant described, "*Housing and Urban Development was saying, 'Hey, communities that receive funding, if you want to continue receiving funding, then you need to ascribe to this new list.' That [was] the*

kickstart of coordinated entry."

PARTNERSHIPS AND COLLABORATION DURING IMPLEMENTATION

A key factor during the initial implementation of the plan, and one that participants identified as remaining vital, is the existence of Missoula's many service providers and other non-profits and community members who are passionate about serving individuals experiencing houselessness and interested in partnering with the city to collectively address houselessness and its many intersecting causes. While some participants expressed frustrations with the lack of engagement with service providers during the plan's development, "*there were a lot of people that came on board so quickly, so easily, and they were in it," and the number of partnerships within the Reaching Home program have continued to grow.*

As several participants shared, "*We have a lot of nonprofits and providers in Missoula, and everyone cares about the work and is willing to come to the table to address the gaps,*" which has been a major factor in operationalizing the plan and engendering its core visions. A consistent message that participants relayed was that Missoula has a "*seemingly endless supply of amazing humans*" and "*really great individuals at our organizations,*" which has meant that Reaching Home has had "*really fabulous partners*" throughout its implementation. Passionate and willing partners, direct service providers in particular, continuing to "*step up*" and "*serve as champions*" for new programs has ultimately served as the cornerstone of the plan's progress.

City leadership

One of the most frequently mentioned facilitators of both the development and implementation of the plan was the support of leadership, particularly within the city but also county and non-governmental agencies. Prior to the plan's creation there was growing concern within the Missoula business community about the presence of individuals experiencing houselessness in the downtown area. Mayor Engen and city staff "gradually started talking to other key people. There was a will on the part of some city council members and of the director of the United Way, who we still work with very closely, to do something more concerted about people who were living unsheltered and also examining behaviors that were not acceptable to the public." Interest from city leadership clearly played a significant role in creating the Reaching Home plan. Although there have been ebbs and flows over the 10 years, it has continued to enable its implementation.

Starting in 2016, Mayor Engen's ongoing concern and interest in addressing issues around housing also led to a shift in the City's structure with the creation of the *"Housing and Community Development department at the city, [which is] really tasked with looking into and developing a housing policy at the city level, the municipal level."* The creation of this department was also, in part, what facilitated the transition of the *Reaching Home* coordinator position from United Way's management to the City's and has supported the growth of the *Reaching Home* program.

One participant engaged in the plan's early phase of the implementation felt that Mayor Engen continually leveraged his role and connections to support *Reaching Home.* As they described, Missoula's elected officials were *"always very, very supportive. Removed barriers as much as they could. They were always in the know. I didn't feel like I had to catch them up because they were always attuned to what was going on because they always had representatives attending all the relevant meetings. So, very, very supportive."*
Prior to the plan's development, the city's involvement in houselessness and housing was limited and many of the available resources and services for individuals experiencing houselessness were siloed. A city staff

member explained how the plan has shifted the city's priorities toward houselessness:

> *I think that a huge impact was the way [the plan] changed the way the city and county thought about our role in this space. And the addition of staff to this issue, I think was a huge benefit and outcome of that process...I could see that not being the outcome without something like Reaching Home to really speak to the values piece, and the community nature of this work…I think that process was really important to help our elected leaders.*

As they explained, having a plan and guiding framework for the city and the broader community has also helped to maintain the support of elected officials over the 10 years. Another city staff person shared a similar view of the plan's impact in relation to support from elected officials:

> *I think the investment from our elected officials in the last two years, the city and the county who made historic investments around houselessness and folks most at risk to the tune of about seven million dollars. And those direct investments, I don't think would have happened without the work around the 10-year plan.*

Partner agency staff members shared similar sentiments about the plan, feeling that it has amounted to greater city-wide attention and capacity focused on addressing houselessness. One direct service provider suggested that the plan has impacted the community *by "helping things move forward and really adding to the capacity of the system, particularly city's contributions, but probably to a certain degree leveraging others, like that everybody joins in."* The observation that the plan led to the city working to leverage and bring together existing resources was shared by another provider who felt that *Reaching Home* has been a "game changer" and explained that, before the plan, *"I feel like no one knew what was going on. I felt nothing was actually really happening. And so, I guess I would say the implementation has changed because people actually do listen to the city. The city did finally bring everyone together in a unified effort."*

The early implementation of the plan was managed by United Way of Missoula County, which participants acknowledged as a decision that made sense at the time, given that the city did not yet have any departments or programs specifically focused on housing and houselessness, and United Way already had existing relationships with service providers. Since the plan moved to the city's management in 2016, the city's role has only grown, which many partner agencies felt has been a major benefit to their work. One city staff member described how the plan and its shift to being managed at the city have further strengthened the city's focus on houselessness:

> *I think it really catalyzed a lot of the work that we're doing now. And it's been an interesting shift from it being a plan that's administered through a nonprofit organization and shifted that into city and county. I think it was sort of the start of all of our work, and the strategies in that plan still guide a lot of our work…, but the work around houselessness has taken on kind of a life of its own I think outside of that plan.*

One partner agency administrator similarly commented on how *Reaching Home* and the city's restructuring around housing and houselessness have resulted in a significant commitment of resources: "*Well, just the amount of growth, right? The amount of staff. I mean, it's pretty amazing that the city is putting that much work into developing options for homeless individuals in our community.*" Many participants felt that the *Reaching Home* plan was an important starting point for the city and partners and has played a key role in not only

shifting the city's focus on houselessness but also the community's focus, more broadly.

Funding

In recent years, support from the city's elected officials has "*resulted in a ton of investment in the system, monetary investment*." For example, one participant explained:

> *They're very supportive. And, actually, our Emergency Winter Shelter program, which was in its fourth winter last winter…came out of the city council saying, "We are hearing from people they do not want people freezing to death on the streets this winter," because that has happened. And they're the push behind us developing that program, and they approved the funding. And then this past year they approved funding to add security, which is rather expensive, in the neighborhoods around Emergency Winter Shelter, the Poverello Center, the Authorized Camping Site, the TSOS [temporary safe outdoor space]. So they're just highly supportive.*

Similarly, interest and support from Missoula County elected officials and staff has resulted in financial support for *Reaching Home* staff positions and programs, both through its own funds and through state and federal grant awards. As one participant shared, "*So we're always actively pursuing those funding opportunities. And then of course the county supports the Reaching Home position and, through the [Community Assistance Fund] and the Financial Administration Fund, have supported, boy, you name a project that supports the homeless in Missoula, and county funding is usually involved.*"

The COVID-19 pandemic has brought about unprecedented funding resources for communities.

Several participants mentioned funding support through the COVID-19 Economic Relief act (CARES) and American Rescue Plan Act (ARPA) as a key driver of recent initiatives related to *Reaching Home*. As a participant explained, the city and county have *"taken advantage of those funds."* As a result, many of the Operation Safe Shelter programs through *Reaching Home* have received a considerable influx of funding. A participant described the funds through CARES and ARPA as "*transformational,"* ultimately allowing the city to *"be able to do the Temporary Safe Outdoor Space, Emergency Winter Shelter, the Authorized Camping Site, community care team. All of those things. Hiring security, which has pros and cons, but is an element of all of it… All of those things are purely because we got an influx of federal funds."*

While participants reflected positively on the funding that the city and county have secured through COVID-related funding mechanisms, several also expressed concern for the future of programs once these temporary sources of funding are no longer available, suggesting that there could be a funding vacuum. One participant considered the question, *"what's going to happen when we don't have that ARPA money anymore? It's not a very good scenario."*

BARRIERS DURING IMPLEMENTATION

Building trust and buy-in

A common barrier and frustration mentioned by participants directly engaged with the implementation of

the plan is a lack of buy-in for *Reaching Home* and the programs that have originated from it, such as the MCES. While many organizations were quick to jump on board and align themselves with *Reaching Home*, as noted above, others have been less willing to engage in the collective process resulting from the plan. As one participant suggested, "*I think our greatest challenge continues to lie with engagement and true 100% buy-in from the service community, the service providers.*"

Another participant suggested, now that *Reaching Home* has been housed at the city, there is a power dynamic that sometimes emerges between non-governmental agencies and local government. They described, *"Organizations and partners sometimes feel like 'who made you boss? Why do you get to tell us what to do? You don't do this on-the-ground work. You don't know what you're talking about.'"* Some participants also attributed struggles with buy-in and engagement to a lack of resources and capacity. For example, *Reaching Home* staff struggle with partner engagement in the MCES, but as described in further detail in following sections, participation in MCES also requires time and resources from agencies that are already spread thin.

In many instances, buy-in has improved over the course of the 10 years of plan implementation; however, there was a sense among participants that this continues to be a struggle for *Reaching Home* staff and other partner agencies.

Connected to lack of buy-in, some participants described a "status quo" among agencies that has resulted in some resistance to the implementation of new programs. One participant involved with the early implementation of the plan explained, "*There's a history of agencies having to compete for funding, and really feeling like they know their population the best, and maybe a little bit of gatekeeping, as well."* Another participant echoed these feelings, suggesting that some agencies are "*a little bit more protective of their resources and their staff time and less willing to participate in bigger conversations about everything, from services to resources to bigger policy discussions.*"

Experiences with some agencies not wanting to shift their practices based on *Reaching Home* was most readily apparent with the advent of the MCES, which prioritizes individuals experiencing houselessness for services across partner agencies based on their level of vulnerability and risk, whereas organizations had previously practiced a "first come, first serve" system of prioritization. Some of the outcomes of *Reaching Home*, and specifically MCES, have meant a considerable shift in how providers engage with clients and connect them to services. Some of the reluctance to change internal policies within organizations, again, seems to relate to how the plan came together. One participant expressed their agency's willingness to engage as a partner of *Reaching Home* but felt that some of the processes tend to disregard the considerable expertise and experience of their agency's staff.

In learning to work with agencies that were resistant at times, one participant explained, *"I also had to learn to meet agencies where they're at. At times, for me, it's very clear 'This is why we should do this,' but it wasn't clear for the agencies."* Over the course of the last 10 years, trust in *Reaching Home* and its programs seems to have improved among providers, slowly shifting their level of engagement, but it remains an ongoing process.

Funding

Even with the investments noted above, funding remains a barrier to program implementation for study participants. As one participant put it, "*Money is always an issue. If it were easy and cheap to end homelessness,*

we would've done it by now. Money has not kept pace with the need." As they suggest, finding sufficient financial resources to both support service providers and the city's *Reaching Home* staff and programs has continued to be a struggle throughout the duration of the plan. At the same time, Missoula's housing crisis, shifts in available federal and state resources, and the overall increase in the number of unhoused individuals in the community have heightened the need for sustainable funding sources.

Often, funding for *Reaching Home* programs is pieced together through various grants, private donations, and city and county budgets. As one participant described, while the program has grown considerably in recent years, the operating budget for *Reaching Home* is limited:

> *The actual dollar amount that [Reaching Home staff are] working with in the day-to-day budget is quite limited. The city budget doesn't have any funding for any programming. It's just basically just staff and office supplies and stuff and then United Way has been the private sector, financial support for a bit… It comes from different grants that varies widely year to year, but it's not nearly enough to actually run a program. It's enough to supplement with things or help keep the Centralized Housing Solutions Fund going.*

In an attempt to generate a sustainable funding source for crisis-related programming within Missoula County, the Board of County Commissioners added the Crisis Services Levy to the November 2022 ballot, which would have increased residential property taxes and raised approximately $5 million annually for a variety of crisis programs and services, including the Temporary Safe Outdoor Space, Emergency Winter Shelter, and the forthcoming Trinity Navigation Center. At the time interviews were conducted, several participants mentioned this initiative with hopes that it would provide a sustainable source of funding for key *Reaching Home* programs. However, a majority of county residents voted against the levy, and it did not pass.

Programs in response to the COVID-19 pandemic provided an influx of funding for *Reaching Home* programs, but, as mentioned above, these funds are finite, and there is concern among participants for program sustainability once these funds are fully spent. As one participant conveyed, *"And it's just really hard, it's really, really hard because [the county] spent about $3 million last year in direct programs in this category. And it was all one-time money, it's mostly ARPA."*

As noted above, a lack of communication or readily accessible information about *Reaching Home* has proven to be frustrating and problematic for members of the community, with some feeling like there is a lack of transparency and accountability from the city. One community focus group participant expressed:

> *There needs to be transparency and accountability. And one of the things that I have a difficulty with is it's always been this, "we're doing things." Okay, well how much did we spend? "Oh, it's on the website. You can go dig for it." I want to know how much money was spent, where it was spent, and how it moved the needle. Because what I'm seeing here, and this is from 10 years, is we haven't moved the needle, and we've moved from decreasing the problem to just keeping the problem from getting worse.*

Lack of accountability for the funding that has gone toward the implementation of *Reaching Home* was expressed frequently by community members, both in the online survey and community focus groups. There was a common perception that a lot of resources and funding are being spent by Missoula City and County, including taxpayer funds, with little explanation for where those funds are going and what they are achieving. Another focus group participant speculated that the perceived lack of accountability to taxpayers for the ongoing work around houselessness contributed to residents voting against the Crisis Services Levy:

> *We don't get any communication on what's been accomplished and how people have been helped. It just always "More. We need more." Well, more for what? And I'm not saying that they're not doing a good job that people aren't being helped, because they are. But that's not being communicated to Missoula. It's just always, "More. We need more." I think that might have been the reason for the crisis levy getting not being passed because it was just, "We need more," and we just keep shoveling it into this bottomless pit. But we are maybe not necessarily seeing results. We're not hearing results.*

Limited capacity

In the context of positive impacts of Reaching Home, several participants raised the issue of limited staff capacity both within local government and partner agencies. One participant felt that the capacity issues at organizations were such that, even with significant funding increases through CARES and ARPA, "*I think we've realized that the money is not the only challenge when it comes to capacity. That there are other real capacity issues and barriers for us. And that even when we have millions of dollars available, that that's not the only thing.*"

As one city staff person described, limited capacity is often at the root of challenges relating to reaching full and consistent engagement from partner agencies: *"We have some service providers that are all in, and the only hiccups that we see or what could be construed as lack of engagement is capacity driven. They have a bunch of turnover. New staff aren't trained on systems, and we see balls getting dropped and folks falling out of the coordinated entry system, for example."* As they alluded, working for direct service providers that serve individuals experiencing houselessness also requires considerable knowledge and expertise, which can be challenging for providers to find. One service provider explained:

> *I think the problem really is just we don't have enough knowledgeable folks right now. There's just so many gaps in the workforce that it's very hard to find people who actually can get down in the nitty gritty and do what needs to happen to get the person housed. And also, it takes stamina. It's six months to find housing for somebody. So, it's stamina on the part of the worker and stamina on the part of the clients.*

Another participant similarly suggested that issues of staff capacity are not specific to Reaching Home, but *"social services in general. We're all doing three jobs when we shouldn't be. And that's why people burn out and move on to other positions, which is totally valid. I'm like, 'No, this is very hard, heartbreaking work a lot of the time.'"* The capacity limitations may have a direct relationship to the level of engagement that a given organization can offer, both for service delivery and participation in the broader Reaching Home efforts.

Several participants also suggested that the city's Reaching Home program faces challenges around staff and organizational capacity. One service provider felt that Reaching Home staff are spread too thin, explaining that *"although their program's grown, I think it's just too much for the [staff]."* A city staff person similarly

shared how limited capacity connects back to challenges related to communication and messaging around Reaching Home:

> *I think that this is true for everything that we do in our department, but we do not communicate well on our programs and what we do and the services that we provide, because we just don't have that capacity internally. We don't have communication staff. So that is also super challenging, especially in this realm. And especially when we're in a place where it's more top of mind or more visible for folks, that we get more press inquiries, we get partners wanting us to lead out more or do more on communications and messaging, when we just really don't have the capacity to do it.*

In many instances, particularly within the City's Reaching Home program, staff capacity has grown in recent years but having sufficient staff, resources, and bandwidth to successfully support and coordinate the breadth and depth of services to prevent and address houselessness is a persistent challenge.

Section conclusion

Participants, particularly city and partner agency staff, had a broadly positive view of the implementation of the Reaching Home plan, as well as the leadership within the City of Missoula. These general perspectives are not without critics, but they reflect the preponderance of views from study participants. There were broadly critical perspectives on the history of communication about the plan and the outcomes from the plan and associated financial support, which remain a current concern among participants. The phases of the original plan appear to have been followed quite closely, providing an important and useful framework for encouraging and formalizing processes for collaboration within the community.

Service collaboration and coordination

The second building block of the original *Reaching Home* plan prioritized the establishment of systems and processes for increasing the efficiency of service delivery through improvements in coordination among service providers. To understand how this building block has been implemented and how these efforts have shaped experiences for organizations who engaged with those who are experiencing houselessness, this section begins with an overview of the implementation of the MCES and then describes how the implementation of *Reaching Home* objectives have impacted direct service providers and law enforcement more broadly.

Missoula Coordinated Entry System

The MCES began in June 2017, during the second phase of the Reaching Home Plan. Coordinated entry seeks to maximize the efficient use of available resources and minimize time and frustration for individuals trying to find assistance. Coordinated entry assessment systems are a community-based approach to intake processes that aim to match people experiencing houselessness to community resources that are the best fit for their situation.

Approximately 40 organizations in Missoula County were partnered with MCES at the time of this study. In alignment with "no wrong door" policies, there are multiple MCES access points and "front door" agencies, which will complete a coordinated entry assessment for all individuals who seek assistance. Front door agencies are critical to the overall system function; however, there have been some challenges in identifying

and maintaining front door agency statuses. At the state of this study, the front doors of MCES were The Poverello Center, the 2-1-1 call line, and Hope Rescue Mission's 549-HOPE line, and they are now The Poverello center and the Hope Rescue Mission Drop-in Center. The 2-1-1 call line is planned to again act as a front door starting in February 2023.There are also non-advertised points of entry, meaning the organization may not have the capacity to assess every individual like front door agencies. In addition, there are partner organizations linked within the continuum of housing services. These linked organizations do not administer coordinated entry assessments; however, they directly connect an individual to MCES front doors, link clients with other support services, and initiate warm hand-offs.

When a client initiates services through one of the MCES front doors or partner agencies, staff begin with triage; then address release of information and collect universal data elements from HMIS; followed by housing problem solving; the coordinated entry assessment; and, lastly, follow-up, referral, and service connections.

MCES is not a housing program, nor does the completion of an assessment guarantee access to shelter or housing, although priority is given to the most vulnerable (i.e., individuals with the highest assessment scores). The system is intended to improve coordination of community resources, make access to resources and aid less burdensome, and establish an accurate count of the number of individuals who are unhoused at a given point in time. Within the organizations that use MCES to coordinate care, the goal is to house individuals within 90 days of MCES entry. In addition to supporting the alignment of services with needs for individuals, MCES data can be used to identify and quantify housing and service gaps with the goal of enabling effective and efficient systems planning.

Housing and Urban Development (HUD, 2022) guidelines use four categories for classifying an individual or family as experiencing homelessness:

> **Category 1: Literally homeless** – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements.
>
> **Category 2: Imminent risk of homelessness** – An individual or family who will imminently lose (within 14 days) their primary nighttime residence, provided no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.
>
> **Category 3: Homeless under other federal statutes** – Unaccompanied youth (under 25) or families with children and youth who do not otherwise qualify as homeless under this definition and are defined as homeless under another federal statute, have not had permanent housing during the past 60 days, have experienced persistent instability, and can be expected to continue in such status for an extended period.
>
> **Category 4: Fleeing/attempting to flee domestic violence** – Any individual or family fleeing, or

attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

MCES is accessible to individuals who are literally homeless and those fleeing or attempting to flee domestic violence, and it does not include those who are experiencing imminent risk of homelessness or are homeless under other federal statutes (HUD categories 1 and 4). This does not mean that individuals who fall into the other two categories are not served by MCES partner organizations, but they are not included in the point-in-time (PIT) count. MCES maintains an ongoing and current by-name list (BNL) that is independent of the PIT, which is collected only on one night a year. The PIT is a count of sheltered and unsheltered homeless persons on a single night in Missoula, but there are several limitations to PIT (see section XX). On the other hand, the BNL is a dynamic, ongoing list of households experiencing homelessness. The BNL is compiled from HMIS data, with the addition of a Unique Identifier list from the YWCA's Domestic Violence shelter.

HUD requires that communities utilize HMIS and collect unduplicated counts of individuals and families experiencing homelessness. HMIS is a local information technology system used to collect client-level data, data on the provision of housing, and data on services for individuals and families who are unhoused or at risk of becoming unhoused. MCES is embedded within HMIS, although not all MCES partnering agencies choose to use or have access to HMIS.

During the coordinated entry assessment, clients are evaluated for their level of vulnerability to housing instability utilizing the Matching for Appropriate Placement (MAP) assessment tool, which replaced the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) in July 2019. The VI-SPDAT, which has versions for single individuals, families, and youth, was designed to quickly assess an individual's level of vulnerability across four domains, which include their housing history, individual risk factors, social and daily functions, and wellness. The VI-SPDAT was the most widely utilized assessment, and it was endorsed by HUD. However, growing evidence suggests that the VI-SPDAT is unreliable (Brown et al., 2018) and racially and gender biased (Cronley, 2020; McCauley & Reid, 2020; Wilkey et al., 2019). Recently, the creators of the VI-SPDAT announced that they no longer endorse its use (De Jong, 2022).

Designed with input from empirical research, housing services providers, and people with lived experience, the MAP assessment was implemented across the greater Montana housing Continuum of Care Coalition (CoC). It is a brief assessment consisting of 22 questions that ask about health, recent housing history, how well someone is doing in the community, how safe they are feeling, whether they or someone close to them has experienced physical and verbal abuse or has had an interaction with law enforcement, whether they have recently needed hospital care, and help they have recently received from local agencies.

MCES-RELATED BENEFITS AND SUCCESSES

During interviews with key informants, each was asked a series of questions about their views of the implementation and operation of the MCES. From the perspective of participants, Missoula has successfully

created a single interconnected system that pools housing resources across the CoC and essentially marks the start of a functional no-wrong-door strategy. In the following quote, a provider shares their perspective on the relationship between the *Reaching Home* plan and MCES:

> *I have no doubt that we would be in a dire situation without the infrastructure that we built through the 10-year plan, including the Missoula coordinated entry system. I think that, in and of itself, the creation of the coordinated entry system was a huge outcome that never would've happened without the collaborative work around the 10-year plan, the commitment that we had from the nonprofit sector, and those service providers in the 10-year plan.*

Implementing MCES was frequently discussed as one of the greater successes of the plan. Partners overwhelmingly agreed that MCES has facilitated communication and collaboration, resulting in fewer "siloed" organizations and service sectors. MCES has improved system continuity and efficiency, led to better knowledge of, use, and access to resources and less duplication of services:

> *Being able to have that view of the system and understand the community level resources is a huge benefit. Staff are not, and organization leaders and directors are not, just experts in their own programs and services. But they're able to have a better grasp and understanding of the community wide programs and resources. That also allows us to be more strategic in figuring out where the gaps are and where we should pursue funding to fit that gap, or just change the way we administer some programs based on where the needs are.*

Participants shared how MCES not only improved knowledge about services but improved efforts at collaboration and coordination among service providers. There are two elements that participants identified within MCES that have enhanced collaboration. First, the existence of the BNL has improved understanding about specific individuals and their needs, above and beyond the PIT. The BNL provides richer, more robust data than a single-day count. As one participant shared:

> *I would say collaboration amongst organizations and knowing the resources out there. I feel like we all began to understand more of what resources were available to the people that we serve when Coordinated Entry started. I would say having a list and knowing better who is experiencing homelessness or houselessness, because the point and time count, that one time in the middle of the winter, isn't accurate for the whole time for many reasons. Right? So, I think having that list is beneficial.*

Second, participants credited MCES for improving the efficiency of programs across organizations, which in the view of one participant was a result of MCES exposing the duplication in staffing roles and responsibilities and programs:

> *I think one [benefit] has been just the incredible efficiency that we've gained. Before, we had 10 organizations providing some level of housing assistance that had 10 caseloads and 10 case managers and everybody doing their own thing and one individual on all 10 lists and nobody coordinating. And so now we like to say we have one caseload, we have one list, and we're all working off the same list. And so, I think we're serving people better. We've created incredible efficiency within the system, and so organizations are getting better outcomes with less frustration and less work tied to them, which means we can spread our resource further, which I think benefits all of us. It also helped us consolidate some programming.*

MCES now supports a centralized data system and a more accurate count than the PIT. Just five years ago, Missoula could not produce more than an estimate of individuals who were unhoused. This is largely due to the dynamic nature of the BNL, meaning that it is an evolving and changing list that more accurately reflects the true number of individuals experiencing houselessness in Missoula. The MCES specialist updates the BNL twice a month, which is managed by the same vendor as HMIS.

The amount of time an individual is active in MCES has decreased since 2017, and partners report that the most vulnerable clients are being housed more rapidly. As mentioned previously, the initial shift to housing individuals by priority based on vulnerability was met with some resistance; however, most partners felt that the system of prioritization and BNL have been a success. Equity remains a high priority within MCES. As one partner stated, the aim was *"moving away from the potential bias of humans and really relying on what we knew about the data that we had on folks."*

This notion was echoed by several other participants. As one participant stated, *"From my perspective, the biggest impact is the consolidation of support through the Coordinated Entry system. And knowing that there is a better process by which folks are analyzed and given support so that the squeakiest wheels aren't getting all of the support, because they're the ones going out there and getting it.*

MCES is informed by research and the existing evidence base and *Reaching Home* staff continually monitor best practices and update operations accordingly. For example, the decision to transition from the VI-SPDAT to MAP was made intentionally after concerns were raised about potential bias in the VI-SPDAT assessment instrument. Based upon this awareness, the MAP is monitored for reliability and validity: *"we've been using the MAP for about a year, and, preliminary, research has shown that there isn't any great disparity amongst different races or genders,"* and *"I'm happy that we have transitioned, and I'm constantly critical of the tools that we're using."*

The assessment shift was based on empirical support and is in line with the actions of coordinated entry systems across the country (Shinn & Richard, 2022). One key informant described that this as a purposeful approach to deter discriminatory habits and practices that were common prior to MCES, *"… this system shift was also a means to disrupt some of those and, hopefully, make systems that were more equitable that we're still working on today."*

Another transition identified by participants was how the use of MCES has shifted over time to become more client focused, relying on what the client explicitly wants and/or needs rather than a more traditional and universal approach to housing solutions. The system is more deliberate in how to serve each individual or family.

> *And it really is participant driven. So, if they're like, "My goal is to fix up this van and live in it." It's like, "Okay, cool. Let's see if there's some resource that we have that will help you with that." This is definitely very much about choice. And I think that's been really freeing and good for folks, too. It's not like previous, when it was that first come, first serve. It was like everybody was getting everything if they came in. And now we're just so much more strategic about it. It's like, "Is that even what they want? Or is that the level of resource that they need to be successful?" Oftentimes it was like, "Oh, you came in. You're eligible for this service. Now we're*

> *going to give you a voucher." And it's like, that person might have been okay with just first month's rent and deposit. And so, it really is letting the participant guide what they want, what they need versus this kind of like, all right, here's everything that I have to offer you, and this is what you need to be successful.*

Participants shared that the commitment to becoming more client focused within MCES has also included efforts to incorporate the perspectives of individuals with lived expertise: *"We wanted to build that stuff out even more to include some of those philosophies of care and statements on the value of lived expertise and those pieces that... The nuances that were not included at the state level. And so, we were... Yeah, building [policy and procedure]. We were really being thoughtful. Initially, when Coordinated Entry started, we were just using a single assessment score.*

Some key informants discussed that relying on vulnerability assessments is important, but MCES does not solely rely on these scores when assessing an individual. This is showcased in part by the order of operations at intake, with the coordinated entry assessment (i.e., MAP and previously the VI-SPDAT) occurring later in the process. MCES first addresses the most immediate concerns through triage, followed by discussions of client care and situational factors, establishing rapport before administering the scored assessment.

> *So, we have to use the same assessment as the rest of the state, which we do, but locally we recognize, and I think there's ample amounts of research to show that relying upon just one self-reported assessment doesn't necessarily fully capture the experience. And there are other elements that we know make folks extra vulnerable, things like age, age of kiddos, if they're chronically homeless, how long they've been homeless, those kinds of things. So those are all elements that we now consider in addition to that self-reported assessment. Back in the day, we were just using the VI-SPDAT, and it was like "highest scores first."*

Overall, study participants viewed the implementation and ongoing adjustments to processes embedded within MCES as a significant and important outcome of phase two for Reaching Home.

MCES-RELATED BARRIERS AND LIMITATIONS

In addition to the identified facilitators and benefits of MCES, a number of interviewees shared perspectives about challenges during the implementation and current utilization of the system. A few participants discussed the early barriers related to implementing the coordinated entry system. A service provider succinctly communicated these perspectives: *And so Coordinated Entry was a struggle, let's say painful, really, to get going. But since we had to have it, we were going to do that anyway…It took a long time to build trust and get people working together, but that helped bring disparate stakeholders together around a common goal.*

As noted previously, one element of MCES that has shifted over time is the use of different assessment instruments for determination of vulnerability among the client population. Prior to the change in assessment tools, the more theoretical underpinning of prioritization within MCES did meet some resistance and is a point of difference in the understanding of how resources should be allocated within the community. The following two quotes convey how this transition required shifts in perspective from both organizational leaders and those experiencing houselessness and being served by the system.

> *When we shifted to serving most vulnerable folks, that required us to change the way that we were doing things. It's not "first come, first served." I think that is and continues to be some of the greatest resistance,*

> *and staff need to advocate to their leadership that things need to be done differently in order for them to best serve the folks that our community is prioritizing.*

> *Sometimes that's hard for folks that are used to that traditional waitlist model where it's like, "I've been in Coordinated Entry for three years, and I haven't gotten any resource." And that's just like, "There are 37 people that are more vulnerable on the list than you."*

Implementation of MCES is perceived by participants as relatively new. As one noted, "*It's such a new concept and a new system, relatively, that we still continue to struggle with that."* Although MCES has been in operation since June 2017, as city staff noted and the data quality reflect, the start of 2020 marks the beginning of consistent and reliable data collection.

From the perspective of those accessing services, two participants with lived expertise noted problems with the coordinated entry system. Sierra expressed that the coordinated entry system was "retraumatizing for people to go through," while Phoebe thought the system left out all but "the most vulnerable."

> *[Coordinated entry] really only serves the most vulnerable. And I think that a lot of the focus in the housing world has been on the most vulnerable. From a public health perspective, it's important to focus on those folks, but I think one of the things that the city has really failed to do is look at things from a prevention standpoint.*

Phoebe suggested that the City of Missoula should expand the focus of the housing conversation from the most vulnerable populations to preventing individuals who are housed from losing their housing. Other participants, including direct service providers, shared similar observations but noted that continual improvements have been made to the system and that many of the frustrations for service users ultimately relate to the availability of resources or the eligibility and paperwork required to access certain, often federally funded, programs. Their perspectives are detailed in the following section.

There are also limitations to relying on a PIT count as a comprehensive estimate of the houseless population, as it is intended to accurately capture the total number of literally homeless and does not include estimates of other levels of houselessness, including housing instability or individuals at imminent risk of becoming unhoused (Schnieder et al., 2016; Tsai & Alarcón, 2022). Although MCES partners still offer services and assist these individuals who are not literally homeless, data from MCES are unable to be used to determine frequency or duration of occurrence in a systematic or comprehensive way for these populations.

Data quality in MCES

Overall, the data quality has steadily improved since the inception of the system but still has some shortcomings, as presented in subsequent portions of this section. In addition, MCES data is utilized in the final Results section, "Impact on outcomes for individuals," to provide information about client characteristics and client outcomes since 2017.

Data quality is a major barrier to using MCES data to understand patterns in client outcomes, as there are limitations to data completeness and measures of client outcomes after exiting the system. Many clients exit MCES for unknown reasons, resulting in a large amount of unknown exit destination data. The ability

to demonstrate quick and consistent exits to permanent housing is vital to demonstrate progress regarding individuals who are unhoused.

Other data quality-related issues relate to data entry and consistency. For example, variables such as service providers and client location in MCES do not appear to be standardized, as these values reflected a wide variety of text. Streamlining these types of data can provide increased understanding of how clients flow through the coordinated entry. It is also the case that many clients did not have a primary service provider listed in MCES (81%). While it is possible to track services more closely through HMIS, HMIS data quality and completeness is also unreliable, so it may be beneficial for MCES to explore alternative data sharing agreements between agencies.

> *I think we continue to have challenges around data, which I mentioned before. It just takes a lot of time and effort with the systems that we have to try to get good data and to try to get a system that functions really well. So, we spend a ton of time troubleshooting around that, but that's also something we have very little control over.*
>
> *So, there are challenges like that with [the third-party HMIS vendor] that just happen over and over and over again, so there's not really good data. I think the city tries to put up a good dashboard of... the numbers of like how many people are homeless, how many people have moved into housing, how many ... You know? Whatever their data is. But it's a struggle for them to be able to get it from Pathways because they will only dump that data every three or four months. And so, it's just a challenge to be able to get the information that we're entering all the time.*

When staff capacity for utilizing HMIS is low, partner agency staff explicitly discussed the difficulty of retrieving their data from HMIS, the time it takes to enter data, and inadequacies of the HMIS user interface. HMIS data entry was reportedly fragmented at times for some partners. This limits MCES because it utilizes HMIS for its primary database. This leads to a division of data within MCES, which increases the possibility of data entry error and missing data. However, many partners spoke to the importance of data quality and that, while utilizing HMIS is often onerous, it is still valuable. As one direct service provider shared:

> *So, in other words, theoretically, we could have maintained, via an Excel sheet, to know the frequent users through our organization and then had a safe, shared file that we could have done with some of the other community partners and not tried to get engaged in the Coordinated Entry Systems. But that would just be contributing to ongoing silos of information about populations that everybody should have some awareness of. So, I come at it with an acknowledgement that sometimes you got to commit to the greater good for the common good.*

Data systems are still disjointed, and multiple partners discussed using their own system in addition to HMIS, which can be duplicative and a misuse of staff time. Capacity issues have more broadly influenced coordinated entry and the way that clients flow through intake and the successive housing continuum. Two participants described challenges that result from lack of capacity and available resources:

> *I think, at periods of time, it has been easier for the person, for the client. That's really the point is that we're taking the burden off the client. It has ebbed and flowed, but that depends upon how many resources are*

> *out there. When there's a lot of resources, we can really take the burden off the client and connect them. Whereas, when we have no housing or there's no vouchers or both, it's really hard, and I think the client still continues to feel the burden because, even if you're telling them there's nothing right now, they feel the need to go everywhere in the community asking.*
>
> *I think we still really struggle, again, just on the day-to-day logistics and capacity around those. Just the little things, like we identify someone, but nobody has a housing navigator that has time to go out and find that person, or stuff like that.*

Because the transition from the VI-SPDAT to MAP was relatively recent, comparing the characteristics of clients with elevated vulnerability scores and potential client differences between the two assessment scores are made with caution. It is presently unclear whether the MAP is a "better" tool for assessing and subsequently placing those deemed most vulnerable/at risk.

Entry date, exit date, and exit destination are universal HMIS elements. Data were complete, and there is not any strictly "missing" data. But, as noted previously, many clients do not complete an exit interview, so it is still difficult to understand client exits despite the technical completeness of this data. Other universal elements, such as age, ethnicity, race, and veteran status, also had similarly high rates of data completeness. Again, these elements are complete, but there are sometimes large proportions of "data not collected," rather than missing. In addition, many critical outcome variables have large proportions of "unknown" data entries rather than literal missing data. The remaining variables range in completeness, from about 70% to as low as 11%. The full data quality summary is in Table 2.

Table 2. Data quality summary

Variable	Number of missing cells	Proportion of completed cells	Number of unique values
Entry Date *	0	100.00	33
Exit Date *	0	100.00	33
Exit Destination *	0	100.00	33
Date of Birth *	53	98.65	-
Veteran *	59	98.50	5
Gender *	62	98.43	8
Reason for leaving *	84	97.87	9
Ethnicity *	160	95.94	5
Primary race *	179	95.46	7
Chronicity	1,147	70.88	2
Disability	1,176	70.14	2
Long term homeless status	2,033	48.39	2
Foster system	2,469	37.32	5
Domestic violence	2,771	29.65	2
Household type	3,350	14.95	6
Pregnancy Status	2,549	35.29	2
Times homeless in last 3yrs	3,170	19.52	7
Months homeless in last 3yrs	3,177	19.35	16
Service Provider	3,197	18.84	418
Substance use barrier	3,493	11.32	2

Notes: An asterisk (*) denotes HMIS universal data elements. Some clients have more than one entry in MCES and HMIS, which is why total cells is often higher than the total number of unique individuals served by MCES.

Figure 2. Data quality for numeric variables

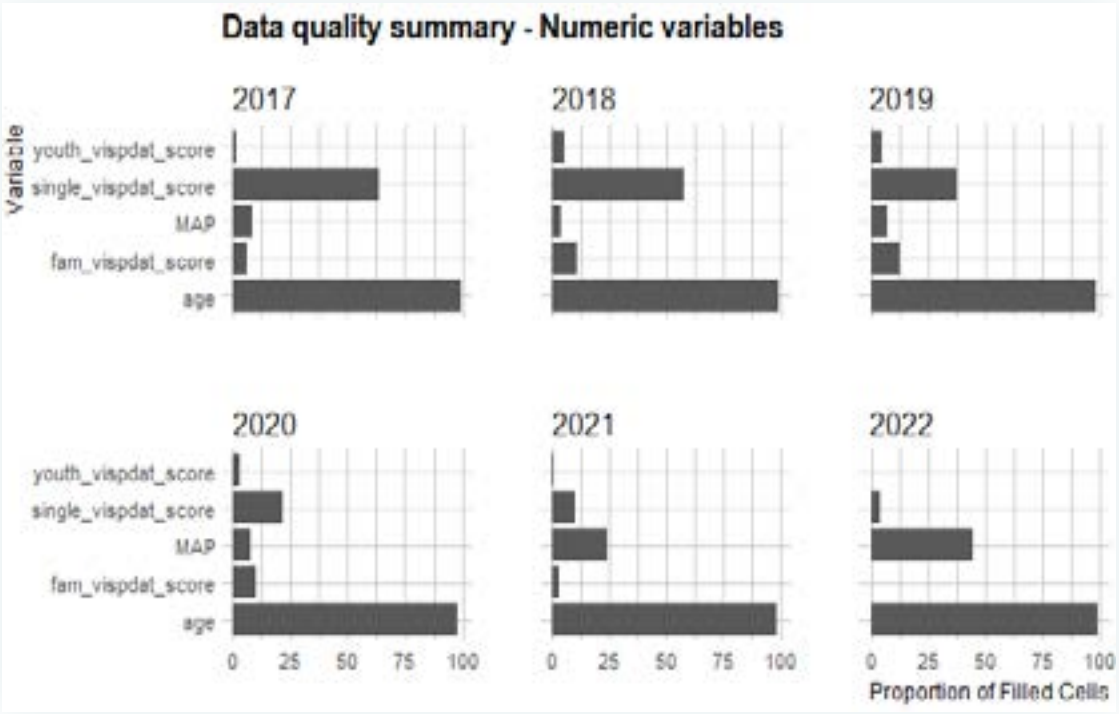
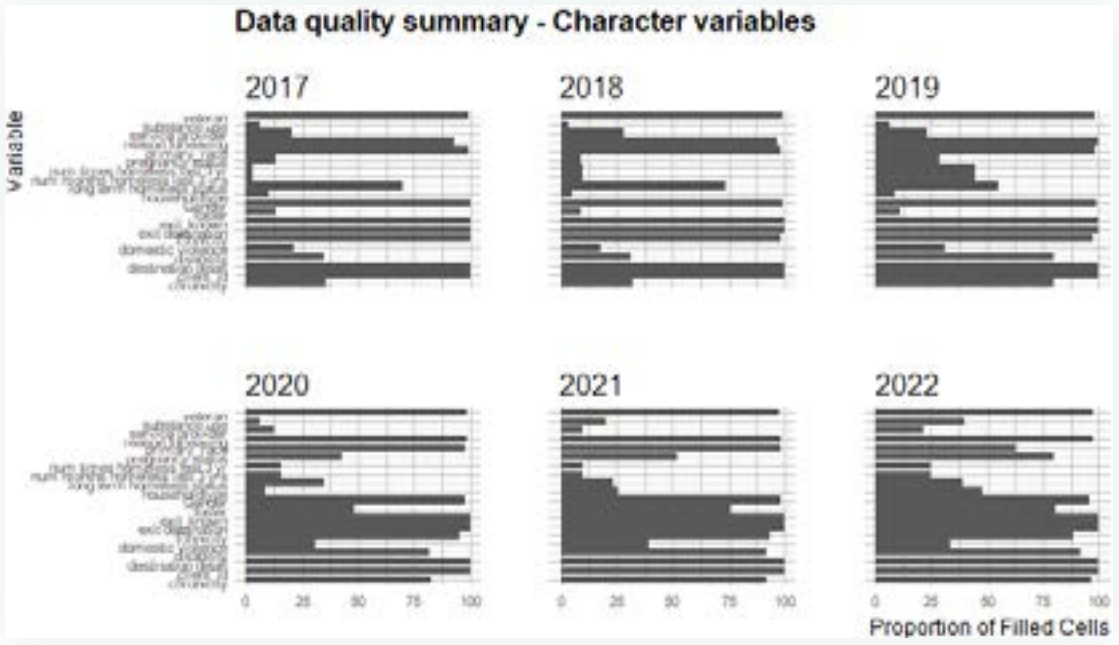


Figure 3. Data quality for character variables



MCES functions as the conceptual foundation of coordinating entry and care for individuals being served by direct service providers in Missoula. With HMIS as the core of data collection, Table 2 demonstrates that data completeness is a work in progress across all data items. It is important to note that this table can only convey completeness among organizations that participate in MCES and report on HMIS measures. It is also

important to note that data completeness within HMIS is a challenge nationally among organizations that provide these data (Cronley & Patterson, 2010; Eker et al., 2022).

Reaching Home and direct service providers

When asked to reflect on how *Reaching Home,* as a plan and program, has specifically impacted direct service providers over the last 10 years, participants commonly expressed that the plan created a common, overarching goal for providers to collectively work toward. As one partner agency administrator described, *"I think it's brought that collective impact approach to the work where people, and it took a long time to build trust and get people working together, but that helped bring disparate stakeholders together around a common goal."* In practice, this "collective impact approach" has meant that partner agencies feel like they are part of a supportive network, rather than the previous system where providers were often competing for resources. One partner agency administrator explained what *Reaching Home* has meant to their organization:

> *So, knowing that our partnerships and our partners have our back when we aren't able to step up to those resources and knowing that they can do the same thing and turn around and rely on us to fill in those gaps. I would say that has been incredibly helpful. And it's been really great as far as building those partnerships and building that rapport between our organizations.*

Another direct service provider explained that everything their agency does is "in complete partnership" with *Reaching Home*, working closely with other partner agencies, the city, and the county to *"get the best results we can working with one another."* This participant further explained that working in partnership to create solutions to houselessness is the core of *Reaching Home: "This is what Reaching Home is. So, just everything that we do is a part of that."*

A city staff member felt that *Reaching Home* supports providers by keeping the "eye on the big picture" and offering some project management services but noted that it has also impacted service providers by asking more of them. As mentioned above, participating in MCES requires a certain level of capacity and engagement in addition to providers' regular service operations.

> *I think [Reaching Home has] both helped give [providers] more support by creating collective spaces and creating a little bit of a project management in some senses. The reason being that, in Reaching Home, there is a goal to have its eye on the big picture and have its eye on the system and check in with everyone and help make those connections and build that collective approach and vision. It's also, I think, demanded more of them in the sense that we are now asking them to work together. And MCES is voluntary. Everyone who signed onto that did that voluntarily. There was no requirement, and so, yeah, I think it's definitely demanded more of their work and how they approach their work and how they approach other peer organizations while trying to simultaneously provide the support that makes that possible.*

A few participants representing partner agencies felt like *Reaching Home* has not significantly impacted their day-to-day operations but, as the city staff member above mentioned above, has primarily impacted their organizations by creating a broader framework for the community as a whole to address houselessness and a system of services that works in collaboration with one another.

One city staff member, however, felt that *"if you were ask any of our partner organizations, 'If this stopped*

tomorrow, would you be okay?' They would all say, 'No.'"

This question was posed to participants of the partner agency focus group, who responded with:

> *Focus group participant 1: I would protest if Reaching Home stopped. Reaching Home and Coordinated Entry brought us all of those together to work as a team instead of individually. We're not stuck fighting for our folks individually. There's still a bunch of us that all care about everybody that we work with, and we all want them housed and have the best services. And if that went away, I really don't think that we would continue to be...*
> *Focus group participant 2: As productive.*

Focus group participants agreed that *Reaching Home* plays an important role in their work and has been instrumental in helping bring partner agencies together. Regardless of the extent to which partner agency staff felt *Reaching Home* has impacted their immediate operations, it is clear that the plan and its resulting programs have generated a valued framework for the city and its partners to address houselessness in a more strategic, collective manner.

Reaching Home and law enforcement

When asked to reflect on how *Reaching Home* has impacted their work, participants who work in law enforcement and emergency response had mixed feelings. Most participants had similar observations to that of direct service providers, finding that the plan has developed a collaborative structure to address houselessness that also includes law enforcement and first responders. One participant shared:

> *And I'd say with Reaching Home, it brought a lot of community effort together. So, there's a lot more integration with other departments in the city. There's a lot of that with the pillars that are throughout the city. I think it's been a big part of bringing groups together.*

Another participant similarly shared that the *"community has definitely surrounded around the plan, and I feel like all the entities are working the best that they can together to try to come up with solutions,"* but went on to explain, "*because of the amount of individuals that we're helping, we're also scrambling for personnel because people are feeling very short in personnel to handle the increase."* As this participant noted, Missoula has seen an overall increase in its number of residents experiencing houselessness, resulting in an increase in demand on first responder services.

Several law enforcement participants felt that when the city or partner agencies have limited capacity to address some of the issues around houselessness it often falls to law enforcement to pick up the slack:

> *It just feels like, in general, if other government agencies aren't staffed or equipped or able to do everything that's under their purview, the very next answer is, "Well, police will do it." And we've tried to improve on, like I talked about, our training and de-escalation and dealing with people with addictions and mental health issues, but we're not always the best people to have out there doing that. I don't want to say "best," "most well equipped." We always seem to be the ones thrust into that role when nobody else is able to do it.*

Many frustrations or challenges that first responders noted in regard to *Reaching Home* and their interactions with individuals experiencing houselessness related to the housing crisis and demographic changes Missoula has encountered in recent years, as well as the barriers to implementation that other participants noted, such as limited capacity and lack of funding. Missoula has also made several notable changes to its policies and programs for law enforcement in relation to responding to individuals in crisis or experiencing houselessness. Collectively, these factors have led to a shift in the role that first responders play in responding to houselessness, which, from participant perspectives, has borne complicated outcomes—on the one hand, law enforcement is part of a collaborative effort to address houselessness. On the other hand, it often requires more time and resources from law enforcement personnel.

At the same time, the city has developed new programs to support law enforcement and respond to the increase in demand for crisis and housing related services, including the Mobile Support Team. As this program was only launched in Fall 2020, one participant felt it was likely too soon to understand the full impact this program may have in addressing some of the concerns and capacity issues described above.

Overall, many of the first responders understood the urgency around addressing houselessness in Missoula and described positive working relationships with direct service providers who serve individuals experiencing houselessness. They felt that *Reaching Home* has led to a coordinated response that likely leads to better outcomes for individuals experiencing houselessness. However, at the same time, the first responders described grappling with their resources being increasingly drawn toward addressing houselessness.

LIVED EXPERT VIEWS ON LAW ENFORCEMENT

Despite some of the recent policy and programmatic changes implemented in Missoula's law enforcement agencies, several participants living outside communicated feeling marginalized by law enforcement, with houselessness itself still being viewed as an act that is criminalized. Steve, a man living outside, has utilized services such as showers from the Salvation Army, the Emergency Winter Shelter, the Partnership Health Center, and The Poverello Center. He recounted how being arrested for resisting arrest, even when he's been drinking, felt unfair.

> *Most of the time I've probably been drinking, you know what I mean? So, with PTSD, you know what I mean? The way they [law enforcement] approach you. It's not like they say, "Put your hands up." It's not like you're telling me, "Put my hands behind my back, I'm under arrest." You're just grabbing me and beating me up…I said, "That's not what you're doing. You're not telling me I'm under arrest." And then they wrote me up for resisting arrest. I said, "I never knew I was under arrest." I wasn't doing anything wrong except for being homeless.*

Steve explained that when he has been arrested in the past and asked law enforcement the reason for his arrest, he received the circular reasoning that he was being arrested for resisting arrest. Bill, who has a physical disability, felt "frustrated" because, from his perspective, law enforcement was not there to help him when he needed assistance after his medications were stolen.

> *The thing is they [the police] have to be there right at the moment somebody's stealing from you. They need to catch them red handed so to speak… I live in this chair, literally. This is where I sleep, live, eat, everything. And I don't sleep much, so I'm sleep deprived and then without my meds. I'm working on trying to get in some sort of housing…Just to get off the streets out here. I'm a mark. They know it. They know I can't run and chase them down. I've had them throw my wheelchair over the edge of this hill I was on. They just laugh at me.*

Bill explained that "punks" were responsible for stealing his medications, laughing at him, and throwing his wheelchair over a hill. Yet to Bill, law enforcement was not present when he needed help or interested in investigating his complaints.

Non-white participants, particularly Native participants, explained that they felt marginalized by others, law enforcement in particular. Josh, a white man, reported that he felt like his Native friends who are unhoused were singled out by others as undeserving of help or marginalized by law enforcement.

In general, participants who were unhoused described complicated interactions with law enforcement, and several felt like law enforcement tended to criminalize houselessness.

Section conclusion

The second building block of the *Reaching Home* plan was broadly successful. During the second phase of the plan, concerted efforts were made to implement and expand adoption of MCES and alignment with HMIS data collection standards and processes. Participants in the study had overwhelmingly positive statements about the ways in which *Reaching Home* and MCES have strengthened the collective nature of their work for addressing houselessness in Missoula. There continue to be concerns from the perspectives of both law enforcement and lived experts about the partial criminalization of being unhoused, with a recognition that this issue is complicated by substance use and co-morbid mental health conditions among some of the population who are experiencing houselessness. These tensions may be exacerbated, according to the perspective of participants, by a general lack of capacity throughout the organizations that engage and serve those who are experiencing houselessness. Workforce capacity and expertise within said workforce is one challenge that has been present throughout the 10 years of implementation.

Homeless prevention and rapid re-housing

The third building block of Reaching Home reiterates a central principle of the original plan, prioritizing services to prevent houselessness among housing insecure populations and rapidly responding to provide shelter for populations who are unhoused. Achieving this building block requires being able to identify vulnerable populations and develop a variety of resources to meet the diverse needs of these individuals. To understand the opportunities and challenges in operationalizing this building block, this section first presents data on some key programs implemented by the city and its partners, then highlights areas for continued improvement, and, finally, shares perspectives from several lived experts about their experience utilizing Missoula's services.

Operation Safe Shelter

In 2021, with the influx of COVID-19 related funding resources and a growing number of individuals experiencing houselessness in Missoula, the *Reaching Home* program and its partners supported several

shelter options known as “Operation Safe Shelter.”

During the course of the evaluation process, participants were asked to share their thoughts on the three shelter options that have been offered as part of Operation Safe Shelter:

The Emergency Winter Shelter (EWS) at Johnson Street

The Temporary Safe Outdoor Space (TSOS)

The Authorized Campsite (ACS)

A brief summary of participant responses for each shelter program are provided below.

EMERGENCY WINTER SHELTER

Ramping up shelter options for residents experiencing houselessness during the winter months has been a long-time focus and concern of direct service providers, given the cold temperatures and harsh conditions that Missoula winters bring, but was somewhat of an ad hoc effort until recently. Over the last few years, the City of Missoula, Missoula County, and partner agencies have taken a much more strategic approach to developing an emergency winter shelter. The Emergency Winter Shelter (EWS) at Johnson Street is now in its third winter of operation and continues to serve as a low-barrier option for hundreds of individuals who are unhoused to access basic services and a place to sleep. The EWS is operated by The Poverello Center in close cooperation with the city and its partners and has been largely funded by CARES and ARPA funds. One partner agency staff member described how EWS has changed their organization’s approach to a higher demand for services during the winter months:

> *On a very specific level, we now have a more organized system to deal with winter overflow. We had that before, but it was more folksy, where we would get together and say, “How many cans of chili do you have at the pub?” If you get a bunch of people and, “Can we open this church?” And somebody sleeps there for winter overflow. Well now, we have a system in place of how we’re dealing with that, with Johnson Street. So, where we actually have a system, we have a process, we have it funded, and that’s what we do.*

While a few participants suggested there is still room for improvement, in general, city staff, direct service providers, and individuals with lived experience, characterized EWS as a well-functioning system of services that has ultimately *“kept [Missoula] at zero people dying in the winter from the elements for the past two years.”* Participants described EWS as a “huge feat” or “huge accomplishment by the city and county.” A member of law enforcement also expressed that EWS has been a positive service from their perspective, so much so that they could not imagine no longer having it available:

> *I am a big fan of the winter shelter, the Johnson Street Shelter. I think that is managed well. It operates very smoothly in the last couple of years that I've been around. It provided a great service. Quite frankly, I couldn't imagine what Missoula would be like in the winter without it.*

Interview participants with lived experience who have utilized EWS generally reflected positively on their experience there, explaining that it has been a reliable option available to them during the winter when they feel like they have nowhere else to go. Steve, a participant experiencing houselessness who was staying at EWS at the time of the interview, felt like the facility offers all the basic necessities for him to be able to begin piecing his life back together after struggling with alcohol use: *"It's in the winter. They let you stay here. They got showers outside. You can use this place to save money, to rent a place. I know how to do it. I just haven't been doing it. I'm just quitting drinking again and getting my bearings back together."* Toby, another participant experiencing houselessness who was staying at EWS, expressed that having access to a low-barrier facility like EWS year-round would be helpful to him and others living on the street during the non-winter months:

> *If they had something that was, I don't know, something like this year-round. That's one of the biggest things that people are figuring out on the streets too, where to go. If you really don't have anywhere to go, you get kind of booted around by the city police officers or whatever telling you to go to different places. Stuff like that.*

As Toby described, those living on the street without other viable shelter options are often moved around by law enforcement, and the EWS has been particularly helpful when it is open. Participants of the partner agency focus group also felt that EWS has served as a positive resource for them and their clients. One participant felt that an immediate solution to many of the emergency shelter limitations their clients experience would be to *"have [Johnson] street opened year-round,"* to which, another participant responded, *"God, that would be amazing. It literally would solve so many problems."*

Overall, individuals across participant groups expressed that EWS has been a positive solution for service providers and their clients during the winter months. Participants attributed much of the success of the shelter to the fact that it has been well-funded and supported by the city, county, and partners and has been thoughtfully developed and implemented. Some participants expressed concern for being able to secure funding and the facility space in the future, while, at the same time, several participants would like to see the facility open year-round.

TEMPORARY SAFE OUTDOOR SPACE

The Temporary Safe Outdoor Space (TSOS) was opened in late 2020 in collaboration with the city, county, United Way of Missoula County, Hope Rescue Mission, and partner agencies. TSOS is a staffed facility managed by Hope Rescue Mission that provides prefabricated individual shelter units and support services. In its first iteration, the TSOS had the capacity to serve 25-30 people and has subsequently expanded to 35-40 residents. It is intended to be a transitional shelter option for individuals experiencing houselessness while they secure permanent housing options. The evaluation team did not have the opportunity to speak with any individuals who have utilized TSOS, but city and partner agency staff shared that TSOS has been largely successful *"in terms of people being able to move from there into permanent housing."* One partner agency administrator explained that the TSOS model "works," as evidenced by the number of individuals who have been able to take positive next steps toward housing. As they described:

> *Almost half the people who've gone through there have been housed. That's pretty impressive. It shows what a relationship-based, service-rich environment can do. People have multiple barriers to housing, most of them, and they're getting into housing or they're reuniting with their families or they're going into treatment.*

Participants who worked in law enforcement and emergency response also reflected positively on TSOS. One participant described it as "very well run" and went on to say, "*I think it is a great service and managed well. I feel that it has been a huge success.*" Similarly, another member of law enforcement shared their thoughts on the success of TSOS:

> *TSOS is going very well. The TSOS is run by an amazing group. They're doing amazing work. We never get called to the TSOS, ever, and we hear very little problems about the TSOS. I think it was thought about in advance and structured accordingly, so it's got a lot of oversight. And so, the TSOS is amazing. I think, should be modeled for other sites.*

Based on their understanding of TSOS and its management, this participant felt that it is an example of a shelter model that is effective and should be replicated at other facilities. While the feedback regarding TSOS was overwhelmingly positive, one city staff member did point out that it is difficult to compare it to other types of shelter options in Missoula because it is considered high-barrier and can only to serve up to 40 individuals at one time. As they explained, "*The outcomes of one versus the other is not a fair comparison because, at the Temporary Safe Outdoor Space, you are screening people out.*"

In general, TSOS has proven to be a successful option for the clients it is able to serve, offering them a safe space to *"get their ducks in a row."* However, TSOS is not an option for many residents experiencing houselessness in Missoula who require more intensive services, such as substance use and mental health treatment or permanent supportive housing, and there are similar concerns to that of other Operation Safe Shelter programs regarding its sources of funding. TSOS has been supported by a considerable amount of funding through one-time ARPA funds.

AUTHORIZED CAMPSITE

The authorized campsite was opened in early 2022 and subsequently closed in November 2022. This shelter option provided 40 campsites and basic services as a low-barrier option for individuals experiencing houselessness. As city staff described, a significant impetus for the development of the ACS was the cleanup of the Reserve Street bridge encampment, where several individuals experiencing houselessness had established illegal camps along the river.

This facility was highly criticized by partner agency and city staff, particularly by members of law enforcement, and was ultimately closed due to the many challenges it faced. At the same time, several participants who had lived at ACS described it as a community and space where they could begin to build their lives back. Multiple city and partner agency staff members described ACS as highly problematic due to its lack of basic services (i.e., reliable water, heat, restroom facilities) and the high incidences of crime reported. A member of law enforcement understood the reasoning behind the creation of the ACS but felt it was poorly executed and ultimately served as a "band-aid" for many of struggles that its residents were facing. As they explained:

> *I was absolutely floored when I visited there. I've spent a decent amount of time in the former encampments under and around the Reserve Street Bridge area for a variety of different reasons through my career. The level of disorder and squalor and chaos in the ACS, at least when I initially took my position, was absolutely shocking. I really struggled to understand that this was a city-led initiative and how it was necessarily making these individuals' lives better. I don't know if you've had an opportunity to visit the ACS yet. It's better than it was, but it still has some pretty substantial limitations that cause people to have to accept a significantly lower quality of life. Yeah. Just the overall perception is that it's putting band-aids on mental illness, drug abuse, and, obviously, the housing crisis that we're all experiencing right now.*

Other participants recognized that the ACS faced enormous challenges but still maintained that the idea behind it was a good one, and it provided some benefits to residents while it was open. One partner agency administrator shared, "*Right now the authorized campsite is a [disaster], but it doesn't mean that it's not a good idea, [it has] just not been well implemented for a variety of reasons.*" A city staff member felt that ACS was "successful in its own ways" and went on to say,

> *There's plenty of people there who would argue that it's really valuable to them to have a space that's not the shelter, and if you look at a comparison of the downtown and West Broadway Island last year versus this year at the same time, there's far less urban camping in the main areas, which is why our elected-s directed us to open the campsite for exactly that reason.*

Indeed, the former residents of ACS that participated in interviews described it as a place where they were able to maintain some agency over their lives and build a community with other residents, and they expressed anger and frustration at the city's decision to close it. Hannah, an individual with complex trauma, described how beneficial the ACS had been to her (at the time of the interview, ACS was still open):

> *[The ACS has] given us the first stable foundation block that we had. Just that first building block for us to be able to take the next steps in positive change towards the fights to get our lives running… And it's a legal place that we're allowed to be, that they aren't threatening every week or so when they find us somewhere to throw us out of and tell us to move along. The constant turmoil and the constant upheaval that homeless people experience in their lives because of that constant nomadic pressure on them. You know what I mean? The pressure on them to just never stay still, never have a place that's theirs. This is that place.*

Another former resident of ACS shared that, despite being assaulted there, *"I don't have too many negative things to say about the campsite. I mean, even though I was violently assaulted at one point... I feel like it was a good thing. I feel like the camp was a good place for people to be. Or it could have been. It could be. I don't think closing it was the right thing to do."* Former residents ultimately described ACS as a positive place for them, while at the same time acknowledging that there were issues with its implementation. For example, Katie, a young woman who was unhoused, commented:

> *Whoever put the freaking ACS next to the sewage factory and next to the compost, that was sadistic, literally. It was freaking hotter than hell all summer. The flies were so bad, which flies are nasty. They carry disease. And I don't know if that was planned purposefully or what, but to me this it's like "who did that, dude?" That was awful. I had to live through that. And mice and raccoons and all sorts of [pests].*

As Katie noted, the ACS was adjacent to the city's water treatment and composting facilities, which made it an unpleasant place to live, particularly during the summer months. Nevertheless, Katie and all the other former ACS residents interviewed were distressed at its closure.

Given the mixed feedback shared across participant groups, it seems that this type of low-barrier, flexible facility addressed a particular need among Missoula's unhoused population and *"was a good idea in theory,"* but it lacked some of the basic access to services and round-the-clock management and support to make its implementation successful. Several participants acknowledged that individuals living on the street need a place to go, particularly when law enforcement asks them to vacate an area, and many of them are not interested or eligible for more traditional shelter services.

Prevention and diversion services

For a handful of participants, an area that the city and its partners could continue to strengthen and improve upon is prevention and diversion services. Although there are a number of resources available in Missoula to support individuals and households who are at risk of losing their housing, such as emergency rental assistance and other funding support through the Centralized Housing Solutions Fund, given the current housing crisis and a seemingly growing number of residents experiencing housing instability, these participants felt that more prevention resources would benefit the community more broadly.

Participants of the partner agency staff focus group felt that *Reaching Home* programs, and specifically the Coordinated Entry System, tend to prioritize the most vulnerable individuals and provide less attention and resources to individuals who may be less vulnerable but who could benefit from "light touch" services to help them maintain their housing situation:

> *Focus group participant 1:*
> *I just think it's a matter of the resources, what's available. [MCES] prioritizes helping people that are most vulnerable, which makes sense, which makes perfect sense. But then there's really limited resources left over for other people that might not be of high need.*
>
> *Focus group participant 2:*
> *And in some ways, it's kind of a band-aid, right? If you could prevent people from becoming vulnerable, isn't that a good place to put money, too? If you don't do that, then you might have people that just keep returning to the vulnerable state and you keep helping them over and over and over again instead of helping them at the critical time that allows them to stay stable.*

The focus group participants suggested that designating more resources toward prevention services would be an effective strategy and potentially reduce the pressure on other services. Two other participants, representing the city and a partner agency, also felt that a greater focus on prevention could help to create a more inclusionary system of services. As one participant explained:

> *I believe in housing first, and I love all of it, but I just think that there's something we can do better as a community by keeping people in housing, but there needs to be a more prevention piece added.*

One participant, a city staff member, also highlighted the need to keep people in housing and tie prevention services to retention services, both areas that they felt should receive a greater focus from the city and its partners in the future.

Retention services

Another gap that was commonly identified by direct service providers and city staff was retention services for previously unhoused individuals once they become housed. As direct service providers shared, their work is often centrally focused on getting individuals housed, and, once clients find housing, providers are often no longer able to serve those clients. One provider explained:

> *A lot of us are all based around trying to solve homelessness, so you're going to support homelessness. And then, once somebody is no longer homeless, they're no longer a client, or a lot of agencies are that way, where they don't have the capacity to continue working with them because that's just not the agency focus.*

At the same time, participants described several instances where clients are unable to retain housing and ultimately reenter the system. Another provider shared:

The other thing that we're severely lacking in the city is housing retention. We have all these vouchers, and we can get people into places, but sometimes they're not going to last more than a month because they don't have anybody helping them. You have somebody who's been on the streets for 20 years and in crisis most of their life, and then you give them an apartment and expect them to just do everything right, and it doesn't work. We just had one person: he was housed for a year and a half, and he just lost his housing because nobody was helping him with what he needed. And it was something super simple, coming in to clean up an apartment, and he couldn't find any help anywhere. So yeah, there's been a few cases like that, if you can get him into housing, but that's not going to solve [the] problem unless you actually transition them into that lifestyle again.

One provider similarly suggested that the lack of retention services in Missoula results in "*a whole 'nother problem*" when newly housed individuals are not well-prepared to maintain and retain their housing, which can sometimes lead to conflicts with neighbors who may have a stigma toward the houseless population. This participant described a strong interest in seeing more outreach within neighborhoods along with services to help individuals keep their housing and build positive relationships with their neighbors:

> *Now, we have utilized our names as references and it was like, you know what HUD says, "Put them in a house and move on." And that's not where our hearts are. And I really want to work with my outreach team to work in those neighborhoods. When we put them into housing, how do we say, "Hey, my friend lives here. This is so and so. We've talked about a lease and what that looks like," but those things are just not being spoken about.*

The city and its partners have attempted to support housing retention positions in recent years but have seen limited success. One partner agency administrator expressed frustration that the city's financial support for retention services ended despite a clear need for them, "*So the city initially paid for housing navigation system level retention, and then stopped. Now, the system didn't stop needing them. So, there's really no plan for that.*" City staff admitted that the city and its partners have had trouble developing effective retention positions and services.

One participant shared, "*We've tried, like Missoula has had a handful of different retention specialists, whether that's at the [Poverello Center] or with Open Aid Alliance, or there was recently a veteran services retention position. And it's something that we just really struggle with both as a position and then what that actually looks like in practice.*" Another city staff member connected the challenges around retention to the housing crisis, suggesting that housing navigation services have taken precedence given the lack of available housing options:

> *Retention is something we've not been able to really figure out. We've tried a couple positions that are dedicated to housing retention. And I think our housing stock is so much of a challenge that if you can't even get folks into housing, what does a housing retention role do? So, they had to shift that role to more like housing navigation.*

Although the city and its partners have sought to develop retention services through new positions in recent years, there has been limited success, yet retention remains a key concern for many participants.

Behavioral health treatment services

One of the most frequently mentioned gaps across survey and interview participant groups was treatment services for those experiencing substance use or mental health disorders. The types of services mentioned included both stabilization facilities designed to support individuals in the process of detoxification or stabilization after a crisis and ongoing support services for individuals in treatment or recovery. While the *Reaching Home* plan highlights treatment services for substance use and mental health disorders as a key need related to addressing houselessness, it is clear that the need for improving access to behavioral health treatment services among those who are experiencing homelessness is seen to be an ongoing and urgent need in the effort to prevent and respond to houselessness in Missoula.

> Over half (53%) of the participants who responded to the partner agency staff survey selected "behavioral health treatment services" as a top need in Missoula's system to address houselessness. Similarly, the two most common needs identified by participants of the community survey were "better coordination with mental health service providers" and "more substance use disorder services," with 40% and 35% of participants selecting these categories, respectively. Several interview participants, including individuals with lived experience and city and partner agency staff members, also identified behavioral health treatment services as a key gap in Missoula's ability to successfully address houselessness and housing insecurity.

One of the specific services identified most often across participant groups as a need related to behavioral health treatment was facilities to support individuals with substance use disorder before and after they receive inpatient or outpatient treatment. Participants consistently mentioned that the options available to individuals with substance use disorder and experiencing houselessness were inadequate, particularly during the detoxification process, and limit their ability to receive treatment, and, ultimately, secure safe and reliable housing. As one individual who was unhoused, Gabriel, described:

> *One of the biggest problems the city has is the mental health thing. A way to deal with substance abuse. And not just, "Take you to hospital, let you sober up and carry on." Take them to detox for 10 days or 18 days…We need help. But we can't get help by just going up there because they won't listen to me… You want to drag me in jail for being drunk? That's fine. But at least have somewhere to go from when I get out. You leave me out there, and I'm detoxing, and then they get pissed off because you're [defecating on] yourself and peeing on yourself. And then they come up and beat the hell out of you, cuff you up, take you to jail, say you're being a public nuisance.*

As Gabriel explained, the physical withdrawal process during detoxification can be incredibly challenging and, without a safe space to go, can even lead to incidents with law enforcement. Another individual who was formerly unhoused, David, recently returned to Missoula to be closer to his family support while getting treatment for his substance use disorder. He described the need for a same-day treatment facility that would support him through the detoxification process:

> *I had to sit around and wait for three months dying of substance abuse because it's like once you're in that state you can't just stop. It's like you really do need those pieces in place to be able to move forward effectively and successfully. So, the fact that I had to sit around in my sister's basement, unemployed for three months, going through alcohol withdrawals. That was challenging. It's like I should have been able to just go to a treatment facility and check in same day, and that's not an option. I had to wait three months to be able to get into a treatment facility. Then yeah, you only get 30 days while you're there, and then you have to try and find temporary housing and sober living when you get out.*

Echoing Gabriel's and David's comments, several participants who serve individuals who are unhoused, including partner agency staff and members of law enforcement, expressed that the lack of services available for individuals with substance use disorder is a "huge barrier." One partner agency focus group participant shared, "*one of the problems that we run into is not having enough places for people to detox or go into sober living after treatment or before treatment."* A member of law enforcement also identified the lack of options for individuals needing to go through detoxification prior to treatment as a key challenge in their interactions with individuals who are unhoused and living on the street. Often, as Gabriel alluded to, the best available option for law enforcement responding to incidents with individuals who are unhoused and suffering from behavioral health struggles is the hospital emergency room, but this is only a short-term solution. As they describe:

> *There is a revolving door. We've got one gentleman who's been in and out of the ER every day for probably over 20 days straight. This is the person who's urinating and defecating all over the sidewalk, all over downtown. He's literally dying in front of the entire community's eyes. I get him to the ER. The doctors give him an IV, let him sober up for a couple hours, and he is right back out on the exact same sidewalk within hours later. I'm pleading with the hospital, "Please. I've got social workers that say, 'We've got a bed for him in treatment. He just needs to be detoxed.'" I've got doctors who refuse to detox him. They would rather just kick him back out on the sidewalk.*

Several other participants, including members of law enforcement and community focus groups, noted that, in addition to individuals not being able to receive the treatment they need to help them access or retain housing, without appropriate behavioral health services, existing resources are often overburdened. The

concept of a "revolving door" was also discussed in one of the community focus groups in the context of jail, where individuals experiencing houselessness are sent to jail due to a behavioral health-related incident, then released, and then ultimately sent back to jail for a later offense.

Feedback from participants suggest that insufficient services to support individuals before or after substance use or mental health treatment is not only a major ongoing barrier to addressing houselessness in Missoula, but it also leads to the inefficient use of existing resources and, as a result, causes frustration among law enforcement and members of the community. Although substance use and mental health treatment services are available in Missoula, from the perspective of study participants, there is a particular gap in services to help individuals who are unhoused initially access and retain those services.

Case management

Several participants, including partner agency and city staff and community members, felt a key area related to prevention that could be strengthened is case management. Participants expressed that many of the resources available to individuals who are unhoused require extensive paperwork and lengthy qualification processes that can easily become overwhelming to navigate. A partner agency administrator described some of the barriers that these processes pose and how case management and "non-tangible infrastructure" could benefit individuals who are unhoused or housing insecure:

> *I think the non-tangible infrastructure is that navigation piece, but really having the ability for folks to tap into resources so that they can move into homes or move into apartments. And there's not these huge barriers of either misunderstanding-- I can't read this application and can't fill it out— or where there's just arbitrary thresholds of, "Okay, I do qualify for this program, but this other program I don't qualify for. And without the two, I can't make my housing situation work" or having wait lists that are super-duper long. Building more infrastructure like this would be incredibly helpful.*

Several participants shared that recent state-level shifts in Medicaid reimbursement for case management services have significantly reduced the level of these types of services that providers are able to offer to clients who are unhoused. One city staff member shared, "*Case management is always a challenge, again, based on resources and the shift in approach and resources at the state level. I feel like we've gotten stuck in the first half of that continuum, and we haven't made our way through.*" As they suggest, without robust case management services, it is difficult to effectively support individuals as they move across the spectrum of services toward permanent and permanent supportive housing.

Participants also underscored that case management services not only help individuals navigate a complex system of resources but also provide a direct, personal relationship that can help reduce stigma and break down barriers for individuals who may not want to ask for help. As one partner agency staff member explained:

> *Just a phone call to somebody's not enough because they're going to say, "I'm fine, everything's okay." And maybe they haven't had their medication for a week, or they have no food in the cupboard, but it's their dignity. So, they don't want to ask for help. They don't want to admit they need it. So that person-to-person contact and creating those relationships is really vital.*

Participants in one of the community focus groups similarly felt that additional case management support could go a long way in helping individuals who are unhoused access the services they need. One participant who works in an administrative role shared this:

> *I work in a system with a lot of bureaucracy, and so I have a lot of patience for filling out this form, that was the wrong form, fill out the other form, do this. And we have support systems so we can handle that when we encounter it. And I know this is incredibly expensive, and there's not enough social workers and counselors in this town as it is, but if [individuals who are unhoused] were given a social worker or a counselor that was just theirs for everything like, this person helps you fill out forms at the social security office, this person can help you obtain that birth certificate that you need to get that photo ID that you need. Someone that's just always with them that walks them through all of those. Because I feel like these people have been at rock bottom, and so if they encounter [those barriers], it's like, "Well, F it. I've been at rock bottom before. Do it again." And it's so hard. It's so hard to talk to people on the other side of that counter. I am the person on the other side of that counter sometimes. And I've watched people not give good customer service and not understand how people maybe speak differently or don't interpret our language the same.*

Often, participants felt that even when resources are available, they may not be easily accessible, particularly for individuals who are unhoused and experiencing a number of barriers, including the stress of being unhoused itself. Many of the resources available to individuals who are unhoused are provided through federal programs, which generally have specific, strict requirements and entail onerous paperwork. More case management services, including group case management, could help individuals who are unhoused in overcoming barriers to access while ensuring that they are being connected to the most appropriate resources available.

Understanding of a "typical homeless person"

Throughout this study, participants provided thoughtful reflections on how important it is to not simplify the causes of houselessness or view those who experience being unhoused as a homogenous population. The drivers of becoming unhoused are varied, and it was important to study participants, across the participant groups, that this report reflected these realities. As one lived expert, Jonathan, described, by understanding the diversity in experiences of houselessness, Missoula's system of services could be improved to offer more options and compassion to meet these diverse needs:

> *Well, I think there should be just more options, and just more compassion, and just maybe trying to understand that there's so many nuanced, different reasons and circumstances, and it's not just a blanket... People aren't just lazy drug addict criminals. A lot of people just assume that. And I know there's bad apples in every facet of society... But, there's a lot of good people that I've met too, "in the trenches" as I'd call it.*

Subsequent portions of this section of the report provide perspective on the types of experiences contributing to houselessness. These are told by individuals with lived expertise, and one key observation made by all participants is that there is not one type of houseless experience. The original *Reaching Home* plan prioritized this perspective, and, judging by the responses of participants in this study, it has remained a central principle throughout shifts in the community context and implementation process of the plan.

The stories of lived experts in this section reflect the complex interplay of trauma, substance use, mental health,

interpersonal relationship, and life circumstances which contribute to the process of becoming unhoused. In many cases, the perspectives from lived experts reinforce how the building block of prevention and rapid re-housing may need to more fully consider strategies or partnerships with coalitions or organizations that are aiming to decrease trauma, interpersonal violence, and destabilizing events in individual lives, some of which led to instances of being unhoused.

A divorced mother named Claire, who spent time at The Poverello Center after she lost her house when her long-term marriage ended, explained the ideological shift that happened to her when she became unhoused:

> *We owned a business together…I do have a bachelor's degree in animal science and a trade license. I'm a licensed cosmetologist. So, I don't think I was the typical homeless person, and I never thought that this could happen to me. We owned our own home. We had built our own home. All sorts of things. But then you get somebody like [an abusive partner] and…*

Claire noted she was not the "typical homeless person," implying that she had an image in her mind regarding what a "homeless person" embodies before she experienced being unhoused due to circumstances she could not control. Claire explained that, between losing her share of their business and after paying legal bills associated with the divorce and child custody battle, she was deeply in debt, destitute, and had lost the life she had spent decades building. She went on to describe the emotions wrapped up in her transition:

> *The thing about becoming homeless is the depression that comes with it and feeling as though that you failed. At least for me, I felt so defeated, and the depression, it was terrible, and it's really hard to move through that.*

As Claire described, the emotions that accompany losing your home can include depression and a feeling of personal failure for your circumstances. Her story demonstrates how an internalized narrative can take hold among those who become unhoused, as they internalize stigma regarding what a "typical homeless person" is like. Other participants, like Bill and Katie, echoed Claire's assertation about feeling defeated. Bill said, *"It's like every day is more frustrating. For a while there was light at the end of the tunnel. I was pretty optimistic. My optimism is fading. Which I don't like because I am an optimistic person."* Katie recounted, *"I do not know how I've held it together this long. I really don't…"*

The narrative surrounding what a "typical homeless person" embodies can also translate to participants who do not define themselves as "homeless" even when they do not have their own secure place to live. For example, Phoebe, an individual who was formerly unhoused, did not define herself as "homeless" in her youth even though she spent years "couch surfing."

> *I didn't think I was homeless. I was just in a transition place. Even when I was living on a mattress in some rando's garage in Helena, waking up every morning with spiders crawling on my face. I didn't think I was homeless. I was. I guess I thought…It's not street homeless because I had a place, I guess…But yeah, so I never thought of myself as homeless.*

Across these four narratives, it is clear that the experience of being unhoused and process of getting help are complex, even from the perspectives of those who have this experience.

CONTENT WARNING

[Content Warning: This section contains lived experts reflecting on intimate partner violence, sexual assault, and other types of violent interactions] ***section concludes on pg. 56.***

Similar to millions of housed Americans, many of the participants experiencing houselessness we spoke with have a history of past and current trauma in their lives. Participants recounted past traumatic experiences which led to their current mental health struggles, post-traumatic stress disorders, anxiety, and depression. Narratives discussed below include a young single mother staying at the YWCA's Missoula Family Housing Center describing a list of traumatic events: *"being beat on this year like a little rag doll"* by her partner, which caused her to miss multiple days of work and, ultimately, lose her job; childhood physical abuse; sexual assault while incarcerated in Montana; and combat experiences in war.

Two participants recounted that break-ups with their partners and intimate partner violence were the main reasons that they were currently unhoused. Angela, a single mother, left a long-term abusive relationship. She *"was born and raised right here [in Missoula]"* and explained that *"it's been the hardest year of my life."* Angela was able to secure a free R.V. off Craigslist while she was living in employee housing. Angela lost her job and, subsequently, her employee housing. At the time of the interview, she was living at the YWCA trying to figure out next steps.

Josh, who is a veteran and currently unhoused, explained that childhood trauma affected his current circumstances and partially led to his expressions of violence against authority figures.

> *I had an interaction with police about two days ago at the Poverello, and I ended up getting into a fist fight with a police officer…But here's the thing about that. I have a problem with authority because you got to understand the way that I was raised. I was raised in a very messed up household where I was abused by my stepmom. And then I witnessed sexual abuse, not on me, but sexual abuse in the household, which I tried to explain [to an adult who would listen]. And it'd be brushed under the rug. So that's the problem with authority right there. Then I went in the military, which is authority, and I have a problem with that. Then I went to prison, which is authority. I have a problem with that. So, if a police officer comes up to me, I'm probably going to be angry just from the offset, because they're not out here to help people. Last year I called 911 from the Poverello, and I said, "I'm having a mental health emergency. Can you please send an ambulance?" They sent the police, and the police came and locked me up. They didn't come to help me. They didn't send a mental health professional. They didn't ask. Because when you have PTSD, it's either fight or flight. And if you don't have an opportunity to take flight and leave from that situation, you're going to automatically fight. And that's just what it is with PTSD. So that's why a lot of my interactions with police are violent, because I don't have the opportunity to be able to take myself out of that situation.*

Josh described the connection between childhood trauma, his current mental health struggles, continuing PTSD, and assaulting a law enforcement officer. Josh linked his experiences of multiple traumas, military experiences, and PTSD with his current violent behavior and the complexity that this pattern creates for law enforcement he encounters.

Avery was kicked out of his family home when he was a teenager, and he described a lack of constructive support from his high school that led to him dropping out. When asked what city leadership should know about being houseless, he responded:

> *Avery: Not everyone is just doing it on purpose, and not everyone even has a specific reason to be homeless. It just happens. It just happens to people, and you're like, "What the f--? Where am I? Where did everything go?" For me, my whole life just completely turned over in a day. It was like, "Get out of my house." I'm like, "What do I do?" And I was still in [high] school at that time, and so I went to my school, and I was like, "Can you help you with this?" And they're like, "Here's some paperwork." And they signed me up for section 8, and that was the end of it.*
> *Interviewer: Wow. Were you able to graduate?*
> *Avery: I dropped out, just because I couldn't, there's no way.*
> *Interviewer: Yeah, that's very understandable. It's pretty shocking to hear that your school didn't help at all.*
> *Avery: Yeah, it was weird, because I was in the [alternative program at a high school] which is, I think, mental health centric, the crazy kids get put in that class because the teachers are more specifically trained to be able to deal with anything from sadness to violent outbursts. I don't know why they didn't do any more, but I guess they couldn't. I don't know. I wasn't emancipated or anything, so I wasn't legally supposed to be right out there, I think, but I'm not going back home. I don't want to keep getting screamed at and beaten on.*

Jonathon described experiences of discrimination in his job related to his sexuality and equated being "a feminine man" with sexual violence and trauma within the criminal justice system in Montana. After losing his job, partially because of discrimination, he said, *"I started getting into just the PTSD, and relationship struggles again, and codependency. It was all catching up with me, and it was haunting me. And I would wake up screaming, and in deep sweat."* At the time of the interview, he was couch surfing, employed, and hoping to secure another apartment, but he was finding it difficult to find housing options due to his low credit score following his bouts of incarceration, unemployment, and discrimination.

MEDICAL ISSUES LEADING TO HOUSELESSNESS

One participant, Haley, explained her lifelong list of expensive medical issues and how they related to her being houseless:

> *I also had what was believed to be severe endometriosis... So, every time I would have my period, I would have projectile vomiting and blacking out. And I could not eat, or sleep, or talk, or crawl, or move, and I would be curled up around the toilet, vomiting, trying not to drown in my own vomit every period…I either had that, or I had my severe allergies, and allergic asthma, and leading to pneumonia…I was never well.*
>
> *When I got out of college, the medicine I needed every month in order to go to work cost $1,200 to $1,600 [a month] unless there was an emergency, in which case it cost much more, and the emergency hospital visits. Therefore, I've always been housing insecure my entire life, because I am a legally disabled person. In addition to that, because of systemic racism, because I am not white… then because of sexism, I'm a woman, many people never take women seriously, as if they're real people, or have anything to say that's worth listening to. And so, because of all those things, and ableism, and now ageism because I am (over the age of 60), those are all the reasons why this is happening.*

As Haley explained, she was not able to afford medications to treat her medical issues and also afford other basic life necessities, especially given that she has had to frequently miss work due to sickness. She also expressed that racism, sexism, ableism, and ageism are interrelated with her current circumstances.

Another participant, Louise, is older and now retired. She explained that her medical history contributed to her being unhoused, although it was not the main contributing factor. Louise was asked to leave her long-term rental of over 10 years after the death of her landlord, which led to her couch surfing and staying with friends for several months, until she secured another place to live. Louise expressed that she could not utilize shelters because of her medial issues, but she was eventually able to get on a list for senior housing.

GAPS IN FOOD SECURITY AND BASIC AMENITIES

Participants who were unhoused also explained that they lacked access to basic amenities, such as food and showers, particularly if they were banned from The Poverello Center. Haley noted that the food bank has been running low on some kinds of food, particularly healthier options. She also explained that the only place she knew of to take a free shower was at The Poverello Center, which is not a safe facility for her to shower because of her medical issues.

> *I can't go there because I'm immunocompromised. So, wherever there's a lot of people, I'm going to be getting sick. And then I get pneumonia…and no treatment works, and I'm sick that whole time, and I'm supposed to be working and pretending to be fine because of all this ableism. Like, you're not actually allowed to walk around and let people know that you're sick, you have to pretend to be fine. Though you'll starve to death, and nobody will care because we have no safety net.*

Food, showers, and bathrooms remained important to participants for meeting their basic needs but also for helping them feel less stigmatized and marginalized as people. Avery described driving to Bonner to pay for showers at the truck stop and said that *"just a soup kitchen would be amazing"* to help him obtain food. He said there was a point in his life where he did not have food stamps, so he ate *"the same thing from McDonald's twice a day for three weeks. It was horrible. It was horrible for my health. That's all I could do, because the cans, I couldn't even stomach to eat out of another can, so I just kept going to McDonald's."* Louise also noted problems in accessing food. She said that the $32 per month she receives for food is enough to buy a few loaves of bread and nothing else. Connor has had to go to different lengths when he has been hungry, as he explained:

> *I applied recently for EBT to help me with that, because honestly, there's been times where I've been really hungry that I've stolen from stores, just because I wanted something to eat. I hadn't eaten all day or since the day before, and it's lunchtime. And I'm like, just have... You know what I mean? It's not something that I'm proud of or want to do. But there's a lot of times where there's not a sack lunch around. You know what I mean? But I'll also use the food bank. During some of those times, I've been like, "Oh, I'll just go to the food bank." You know what I mean? And that's helped, too, sort of. It can be a little bit hit or miss at the food bank. But I appreciate that.*

Connor explained that he was grateful for the food bank, even if it is "hit or miss." He also explained that he was not proud of having to steal food, but when he hasn't eaten in a full day, he doesn't feel like he has any other options if he wants to eat.

Across these varied experiences, lived experts shared how they have interfaced with specific components of the rapid re-housing continuum in Missoula. Many of these experiences were positive, but others reflected challenges that may point to opportunities where one could have been diverted to programs aimed at the prevention of homelessness.

Section Conclusion

There remain significant gaps in prevention and rapid re-housing services in Missoula. The perspectives of lived experts show how histories of trauma, behavioral health and medical issues, and the complex interplay between these factors can exacerbate or compound vulnerability during difficult times in one's life. For individuals with these compounding factors, an enhanced prevention safety net could prevent transitions into houselessness. Lived experts also shared how access to basic services, including food and opportunities for showers and hygiene, could alleviate some basic pressures associated with the experience of being unhoused.

As documented, a set of efforts have been made to establish rapid re-housing or low-barrier access points to stabilization. Views of the successes of interventions vary, with overall support for the Emergency Winter Shelter, general support for the Temporary Safe Outdoor Space, and quite a bit of concern about the Authorized Campsite. Across all of these interventions, participants reflected on the need to balance safety with access to a variety of services to provide for the diverse needs of individuals who are unhoused. Participants highlighted how expansion of the case management workforce could provide support to individuals with limited knowledge of the bureaucratic process that would enhance their ability to access services for stabilization.

Continuum of housing options

The final building block of the *Reaching Home* plan set out to ensure a continuum of accessible housing options for individuals as they transition out of their experiences of houselessness. Figure 4 displays a model of the housing continuum, ranging from being unhoused to ownership of a market rate home. Many of the categories across this continuum were examined in the study, with perspectives from providers, community members, and lived experts.

Figure 4. The housing continuum

Across the housing continuum, the City of Missoula and its partners have supported a number of efforts to

diversify and strengthen the options available to individuals and families at all stages. However, supporting the expansion or building of new infrastructure has proven to be one of the more challenging goals to achieve during the span of the 10-year plan. Developing a robust housing continuum, as noted in the original plan, entails the alignment of a variety of financial, logistical, and political strategies. Participants mentioned the construction of new affordable housing projects, such as the Villagio and Trinity (at the time of this study, neither of which were open yet), as positive steps in building out the continuum. A few lived experts who were previously unhoused shared positive stories of securing housing through Missoula's resources, like Sierra who was able to purchase a house through a community land trust with financial support for a down payment and a section 8 voucher. While progress has been made, and the city and its partners continue to make concerted efforts to leverage resources toward strengthening the housing continuum, this section primarily highlights gaps and areas for continued improvement.

Emergency housing

Several participants, including individuals with lived experience and partner agency staff, identified the need for more emergency housing options. Although Missoula has multiple emergency shelter options, some are limited to specific subpopulations (e.g. Missoula Family Housing Center serves families and children) and others have higher barriers to entry or prohibit certain types of behaviors. The EWS is one available low-barrier option, but it is only open during winter months. Given these limitations, several individuals with lived experience explained that the existing emergency housing options are not always available to people in emergency situations.

In an interview with Thomas, a participant who was formerly unhoused, he described the many potential reasons that a family might be kicked out of a shelter with nowhere else to go.

> *Thomas: So maybe because mom got in a fight with a resident at The Poverello Center, that their family is X'ed from there, and the appeal process has a minimum number of days. And depending on the incident, people get lifetime bans for severe things, and there could be a number of instances. But even if we're just talking about there's a 30-day ban, okay, so that means mom and two kids are out. And there's not a voucher program for those things. You run down the list of things that you can do. And in the course of my professional experience, I have become very well versed at figuring out what I can do and what I'm able to do about finding resources in our community. But sometimes you get to the point where you've exhausted all those resources and leaving mom and her kids to sleep in a car with a couple extra sleeping bags because the two sleeping bags is the best thing that I could do that day is a hard pill to swallow… I don't see a reason why any family with children should be out on the street during the winter, period. There is no financial and ethical reason that you can justify to me.*

Thomas went on to explain that he has found a creative way to bypass this bureaucratic barrier and utilize the system to help families with emergency housing. He explained that he always asks the people he works with if they have been in the State Hospital or in a behavioral health crisis center in the last six months because then he can utilize "189 funds" for an emergency hotel. It is only through his work with certain agencies that he knows about this loophole. He would like to see more ways that he could help provide emergency shelter in these kinds of situations.

Other individuals with lived experience described similar situations where they may not be able to return to

a shelter for violating the shelter's rules or the shelter is unable to serve them due to a medical or behavioral health condition. A few participants also explained that congregate shelters do not feel like a safe option for them because the close proximity to others and little personal space can be triggering for their mental health conditions, such as PTSD.

Participants of the partner agency focus group specifically highlighted the need for "*direct immediate emergency housing for the elderly,"* explaining that *"there aren't any services like that"* in Missoula.

Participants also noted that Missoula does not have an emergency shelter specifically designated for women, while at the same time "*we can see in the data that that population is increasing. The number of homeless women is increasing, and they aren't accessing services at the same rate that homeless men are."* One partner agency staff member shared that many of their unhoused clients who are women feel the options available to them for a "safe" place to sleep mean choosing between varying degrees of sexual assault:

> *I can't even count how many women I talk to that they're like, "Oh, well, we sleep over here by these people because they just fondle me, and, well, if I sleep over here by myself, I'll get raped." They're sacrificing their dignity to have a safe place to stay, and it's not any fault of their own. And it's not. It's just situation cracks in the system.*

As noted in the previous section, several of the women who were previously and currently unhoused shared that intimate partner violence and physical and emotional abuse led them to become unhoused. One woman, Claire, wished to express to policymakers: *"People like myself, an older woman with grown kids, please don't just let people like us fall through everything. Please, see us. Please, hear us."*

Several direct service providers also underscored the importance of emergency financial assistance for hotel stays, finding that funding resources for non-congregate shelter through federal COVID-19 programs were particularly helpful for the clients they serve and expressed concern for when that funding may no longer be available. In general, participants described a variety of reasons why existing emergency housing resources are not sufficient or not available to specific individuals or families, and several expressed that they would like to see more emergency options available in Missoula.

Transitional housing

A few participants suggested that Missoula would benefit from more transitional housing options where individuals in particular situations, such as those in recovery after substance use treatment or those placed on the section 8 voucher waitlist, could receive temporary housing as a more permanent option is secured. One city staff member expressed that the city and its partners have *"been really focused on shelter and emergency response, that we've never quite been able to get to transitional housing, and the need for transitional housing, and being able to focus on that,"* suggesting that, while some resources exist, there is a clear need for more transitional housing in Missoula.

Participants of the partner agency focus group felt that transitional housing could not only reduce the number of individuals seeking emergency shelter or living on the street, but it could also serve as space where individuals could build the skills and support network to be able to retain permanent housing once they move into it. As one participant suggested, a transitional housing program could allow participants to

generate a "positive rental history," which is often required by landlords and property managers, and *"they could learn how to be a good neighbor, learn how to manage their bills, learn how to budget and do everything else while they're in our transitional program, and then move out into their own place."*

One focus group participant also expressed how helpful it was when the city purchased the Sleepy Inn motel and used it as a transitional, non-congregate housing facility during the initial outbreak of the COVID-19 pandemic. They went on to share their frustration that the motel is no longer being used for this purpose:

> *That was a functioning motel, and it's not the best motel, but it is shelter, and I know a dozen elderly... that are experiencing homelessness that would love to go in there temporarily until we find other, say, permanent housing. And that shelter, it's not being utilized, and it was a waste of our money. And what I was told was that it was going to be developed into some kind of housing, but when? We need... it now.*

Several individuals with lived experience also suggested that more step-by-step assistance between being unhoused and obtaining permanent housing could help to provide the support that many unhoused individuals require on their road to self-sufficiency. For example, Katie, a former resident at the ACS, thought that a differentiated system with smaller levels might help move people "up and out" of houselessness because "nobody graduates the Pov":

> *I wish that there was an end game or some sort of level system to help people up and out, not keep and create stagnancy in the homeless community. I feel like none of these places have a system where they help you up and out, or they have privileges or incentives. I always just see the same people here because there's no level system, no, "oh, we're going to get you out of here." Nobody graduates the Pov. It's just the same people milling around. And that's not good. To me, that's very disparaging, and that's a huge problem.*

David, a previously unhoused man in recovery, echoed Katie's sentiments:

> *There has to be this step-by-step ability to get out of the pit. Like I said, there's this gap that needs to be bridged, and I don't know what that looks like, but I definitely think having more low-income housing and more behavioral services and such and such... Just help people get out and then they'll stay out, but there's no way to get out once you're in, because the steps are too big. If you're trying to get from the first floor to the second floor, and there's only two stairs, that's not a very good system for getting up two levels of floors, right? You need more steps. You need obtainable, achievable steps.*

As David says, "there's no way to get out once you're in, because the steps are too big." These findings suggest that programs that provide smaller, more tangible "building blocks" while participants navigate their transitions could be useful, such as the type of transitional housing program described by partner agency staff. As participants suggest, more options for transitional housing and services could facilitate a more gradual transition to permanent housing and more readily set up individuals to retain permanent housing once they successfully obtain it.

Housing Choice Voucher Program

One HUD program that was frequently mentioned by participants that is intended to provide rental assistance to low-income households is the Housing Choice Voucher Program, commonly referred to as

Section 8. While this is a tool that direct service providers utilize in Missoula, many providers and individuals with lived experience expressed frustration with both the strict eligibility requirements of the program and the extremely limited number of units in Missoula that accept section 8 vouchers. Providers described the arduous process of helping clients get approved for a section 8 voucher only to be added to a long waitlist, sometimes a year or longer, and, once their turn is up, it can be nearly impossible to secure housing within the required timeframe.

One partner agency administrator described the stress and burden the section 8 application and waitlist process puts on their clients:

> *The waiting list that people have to wait on for housing is a year, 18 months deep. And when someone needs housing next week, and their solution is a year out, that's really hard for our people. I think is the biggest issue we see right now is that rent is just not affordable. And then the wait list for low-income housing or affordable housing is so long that once you get green lighted, you might not be in that same situation anymore.*

Service providers who often assist clients with the Section 8 process described it as "insane" and "heartbreaking." Another provider explained, "*We always just try to be as transparent with them as possible. Tell them like you can get this voucher. But right now, there's a 1% chance...and most people don't take vouchers... So, it's... I don't know. It seems like every single time you get somebody a voucher or these funds, it's providing false hope.*" As providers explained, the application and waitlist process for the section 8 program is stressful, burdensome, and often does not yield positive results for clients.

A few lived experts shared that they have spent years on the waiting list for a Section 8 housing voucher, like Amy, a mother living at the Missoula Family Housing Center who has been waiting for two years. Other participants who have been lucky enough to secure a Section 8 housing voucher could not actually use it due to the short time period (30 days, or 60 with an extension) allowed by the program to secure housing. Haley explained how the short time period is unrealistic for those who are unhoused:

> *With the housing voucher, they want to pretend that you got a great service: "Look, you got a housing voucher, and you didn't bother to take advantage of it and use it." Meanwhile, there's no place for you to rent, and you only have two months to use that Section 8 housing voucher…You have two months, and a normal person can't even find a place to live in two months, let alone if you have no money, and the landlord doesn't want you, because they've decided you're a lowlife, scum of the Earth because you have a Section 8 housing voucher. If you make a request, you can get one additional month. But even three months, even people who have a lot of money can't often find housing in three months because the vacancy rate is so low in Missoula.*

As these participants note, in the current market it takes a lot of time to find an available place to rent. Moreover, when using a Section 8 voucher, participants often feel stigmatized and that landlords do not want to rent to them.

Given the current circumstances in Missoula, the Section 8 voucher program seems to be an ineffective and inefficient rental assistance resource for individuals and families in need and potentially adds stress to their already stressful lives. As city and partner agency staff shared, the city and its partners are working to increase affordable housing options, including purchasing existing units and building new units that will

specifically serve or provide preference to households with Section 8 vouchers. But, as one city staff put it, "*that's a long game*," and the potential impacts of these strategies are not yet clear.

Permanent supportive housing

A need that was identified across participant groups and highlighted particularly by direct service providers was permanent supportive housing for higher need populations. As mentioned above, retaining housing can be challenging for many individuals who were previously unhoused, but it is particularly difficult for the elderly and those with disabilities or other medical and behavioral health conditions. According to one partner agency administrator, approximately one third of Missoula's population who is unhoused is in need of permanent supportive housing.

> Over half (55%) of participants who responded to the partner agency staff survey identified permanent supportive housing as a key need for Missoula's system to address houselessness. In addition, 21% of participants responding to the community survey identified "more permanent supportive housing for persons with disabilities" as a top need. Interview and focus group participants also frequently expressed concerns for individuals experiencing houselessness with disabilities and aging individuals who may be currently unhoused or at risk of losing their housing.

Individuals with lived expertise and direct service providers shared that there is a lack of options for individuals with disabilities and those who are aging. One individual experiencing houselessness interrupted an interview with Bill, an older man with a physical disability that led to his experience living outside, to say, *"People with special needs [like Bill], in wheelchairs and stuff like that. There's no place in this town to take care of them. Even the shelter, the Pov."* Participants noted that The Poverello Center could not take care of individuals with severe medical issues or mental illness, because the shelter does not have the expertise or resources to handle their particular vulnerabilities, such as incontinence or mental health disorders like PTSD. Therefore, individuals who are unhoused and have serious medical problems are often left to fend for themselves. A direct service provider further explained the restrictions at Missoula's shelters:

Sometimes [individuals who are elderly or disabled] are not even candidates for the shelter because the shelters have very firm boundaries about how much the staff are allowed to assist people. If somebody has pretty high needs, they just aren't a candidate to even stay in shelter because that's not the population that direct care is trained to work with.

While providers were understanding of why shelters have these types of restrictions in place, several expressed frustration and concern that there is no quality option for these subpopulations, feeling like they often "fall through the cracks." Another provider who does outreach to individuals who are unhoused provided this example:

> *We have one of our clients right now, he's an elderly guy and he wants to go into [substance use] treatment but because of his ADLs and his disability and stuff, they won't take him. And it's like, "Okay, so just because of his disabilities, you're going to deny him trying to be sober and get off the streets?" It makes no sense to me. Our most vulnerable people are the ones who are getting... To be frank, s-- on the most.*

As they explained, this client is elderly, disabled, and unable to manage his activities of daily living (ADLs) without additional support. He is, therefore, ineligible to receive services through Missoula's shelters, which ultimately limits his ability to receive the substance use treatment he is seeking.

Although there are some existing resources for permanent supportive housing in Missoula, including federal grant funding through HUD via the Missoula Housing Authority, participants expressed that the level of need for this type of housing is currently not being met, particularly with the ongoing housing crisis. A direct service provider expressed that many of their clients *"really do need permanent supportive housing,"* but, without many good options available, the provider is put in the difficult position of *"always towing that line of, 'Okay, I do believe they should get into housing, but also I'm not going to promise to a landlord that this person's going to follow the lease and be okay.'"*

One city staff member felt that, in general, *"the model of permanent supportive housing…does not exist in our community."* This participant expressed that permanent supportive housing has long been a gap in Missoula and is not necessarily improving, yet it continues to be a "really dire" need. Another city staff member echoed this observation, suggesting that the city and its partners are currently not well-equipped to provide permanent supportive housing:

> *I think permanent supportive housing is really challenging. And we don't have a good structure. We've got some new units coming online, but I don't think that have really strong service providers who know how to do that well and true to the model of permanent supportive housing.*

As this participant mentions, the city and several partners have collaborated on a forthcoming project, known as Trinity project, that will include 172 affordable housing units and 30 permanent housing units with a navigation center to provide housing services, but there was a consensus among city and partner agency staff that permanent housing services is an urgent gap that requires more attention moving forward.

Affordable housing

Another ongoing gap that was frequently mentioned across participant groups was affordable housing options that are truly affordable for low-income individuals and families. Lack of affordable housing was identified as one of the primary factors contributing to houselessness in Missoula at the time that *Reaching Home* was developed and continues to be a clear, seemingly more urgent, need today.

Several interview and focus group participants, including partner agency and city staff, individuals with lived experience, and community members, identified Missoula's lack of quality affordable housing as one of the primary barriers to successfully addressing houselessness and housing insecurity. In addition, half of the participants who responded to the partner agency staff survey identified "affordable housing" as a top need in Missoula's system to address houselessness. As participants noted, with population growth and demographic shifts in Missoula in recent years, the vacancy rates of available affordable housing stock are extremely low, offering few opportunities for individuals to find and secure affordable housing while also providing landlords and property managers the opportunity to increase rental fees.

The lack of affordable housing in Missoula was described as a bottleneck in being able to house individuals

experiencing houselessness and prevent others from becoming unhoused. One city staff member felt that, at this point in the plan's implementation, the gap in affordable housing has essentially halted meaningful progress on *Reaching Home*. As they reflected, "*I think we're heading in a really great direction in terms of implementation. But like any community right now, I think we're really stalled out because of housing, affordable housing, as you know. So, we have to be really creative.*"

In addition to the lack of affordable housing stock, several partner agency staff members mentioned barriers for their clients to be able to qualify for specific affordable housing. One participant mentioned that, while some new affordable housing units are being built, they often do not meet the HUD requirements for affordable housing. For example, they explained, *"You can't use any of the HUD funding at all if they're not rent reasonable…So, all the affordable housing that's going up in east Missoula, there's two-bedroom affordable housing that was billed, but it's not affordable to anybody we work with."*

Several participants with lived experience felt Missoula's affordable housing options were not reasonably available to individuals without housing. Claire, a previously unhoused participant, shared:

> *I feel really grateful and lucky to be in the apartment that I'm in. But I would say the housing problem is really terrible. And I know they've built a few more places that are supposedly affordable, but they're still not for someone in my position.*

As Claire noted, even "affordable housing" is not necessarily affordable for people making minimum wage. Similarly, Thomas, a participant who was previously unhoused said, *"I think one of the barriers that we have right now is we have a housing crisis for people who are under the best circumstance."* Some participants thought that part of the reason for the affordability crisis included the "greed" of "predatory rental agencies" who require a "double deposit" and "application fees." Avery, a young man living in his van, said:

> *Everything's so expensive now. There are so many people. I don't even have a little inkling of a hope of getting my own place by myself, or even with three other people… I've been trying to gather enough money to get an R.V. so I can at least have some kind of house. It's not realistic at this point to be chasing an apartment or a house. Because they're just, they're too expensive.*

Both employed and retired participants with lived experience explained that they had trouble finding an affordable place to rent in their price range, which has led to some participants living in places they characterized as unhealthy due to mold, the presence of chemicals associated with methamphetamine cooking from former tenants, housing being built on "old railroad tailing," or "electrical issues."

Section conclusion

Participants did not think there were adequate opportunities at any stage of the housing continuum for individuals who have experienced houselessness. In many ways, these barriers reflected one of the most consistent sources of frustration among all interviewees, both those who work to provide services and those who receive services.

There is a consensus in the value of a continuum of housing opportunities, ranging from the temporary outdoor shelter to programs aimed at making the purchase of a home. Participants reflected on how a

continuum may be the most responsive approach, especially if it is one where there is not a pre-determined path or progression, but a continuum designed to support residents, regardless of where they are on the continuum, in the manner that they prefer for achieving their individual understanding of housing stability.

Impact on outcomes for individuals

The efforts that have been undertaken during the past 10 years in the *Reaching Home* program, as outlined in previous Results sections, are fundamentally a community-wide effort to improve outcomes for individuals who have a spectrum of housing experiences. Study participants consistently reflected upon the ways in which efforts to build infrastructure have amounted to a significant generation of effort and resources, while also noting that these efforts are primarily aimed at supporting those who are unhoused. As noted at the start of this report, *Reaching Home* did not end the experience of houselessness in Missoula. Further, efforts to standardize and improve data collection to fully understand client experiences and outcomes remain in process, with a particular gap in consistent and complete data on client outcomes.

With these caveats established, this section of the report utilizes data collected since the adoption of MCES as a coordinated entry system, which incorporates HMIS data, to report on client characteristics and broad patterns of service demand since June of 2017 through September of 2022. In addition, this section utilizes interview data collected among those with lived expertise in the experience of being unhoused to report on the ways in which *Reaching Home* has contributed to stabilizing and supporting those who are unhoused in Missoula. Due to data quality limitations, this report is unable to include information about the prevalence of substance use, household type, number of times unhoused in the previous three years, number of months homeless, and foster care (see Table 2 for data quality details).

Client Characteristics: 2017-2022

MCES served 3,308 unique individuals and had a total of 3,939 MCES entries between June 2017 and September 2022. About 15% of clients (n = 513) had more than one entry in MCES, which is why entries are higher than the unique individuals served. In addition to basic demographic information, data is collected on characteristics of the household or individual who is entering MCES. These characteristics are self-report by the client during the intake process.

Across all years of data, the most common age group of those who were enrolled in MCES was 30–39, followed by 40–49 and 50–59 (Figure 5). Just under half of clients identified their gender as male (49.8%), followed by 32% female. All other gender identities are included in Figure 6. The most frequently identified primary race among clients was white (59.6%), followed by American Indian, Alaska Native, or Indigenous (14.5%). Just over 6% were Hispanic or Latinx. However, in Missoula, only 2.2% of the population are American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander, and 4.2% Hispanic or Latinx, indicating a large over-representation of these groups among the homeless population (U.S. Census Bureau, 2021).

Just over a third of entries into MCES report a Head of Household has a disability (Figure 7) (n = 1383, 35.14%), 11.3% report Veteran status, 2% report being pregnant, 7.2% report an experience of domestic violence, and 31.5% percent of individuals were deemed chronically unhoused. HUD defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, someone must have been sleeping in a place not meant

for human habitation or in an emergency homeless shelter during that time.

Figure 5. Age recorded at MCES intake

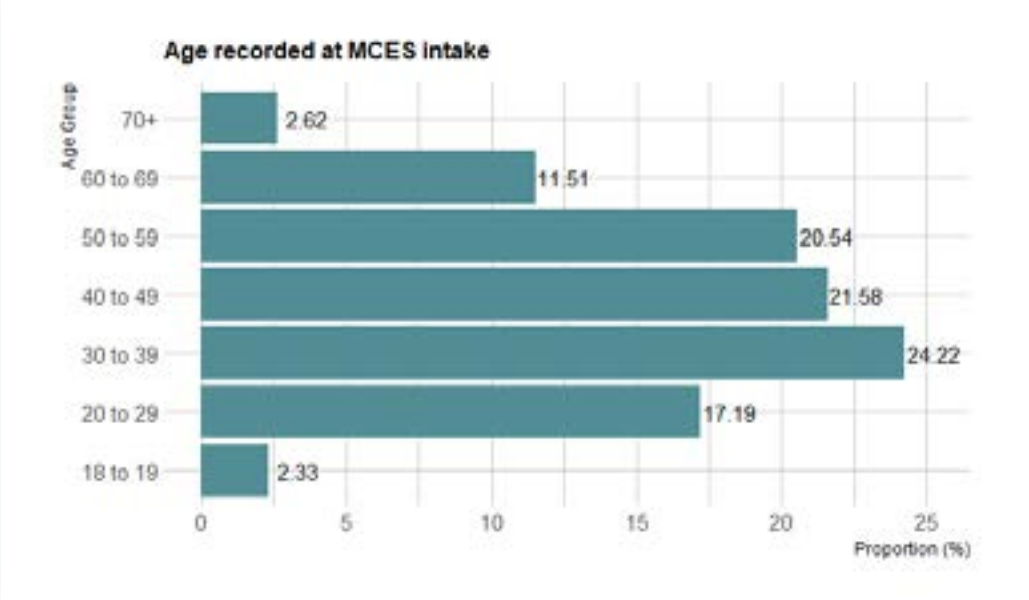
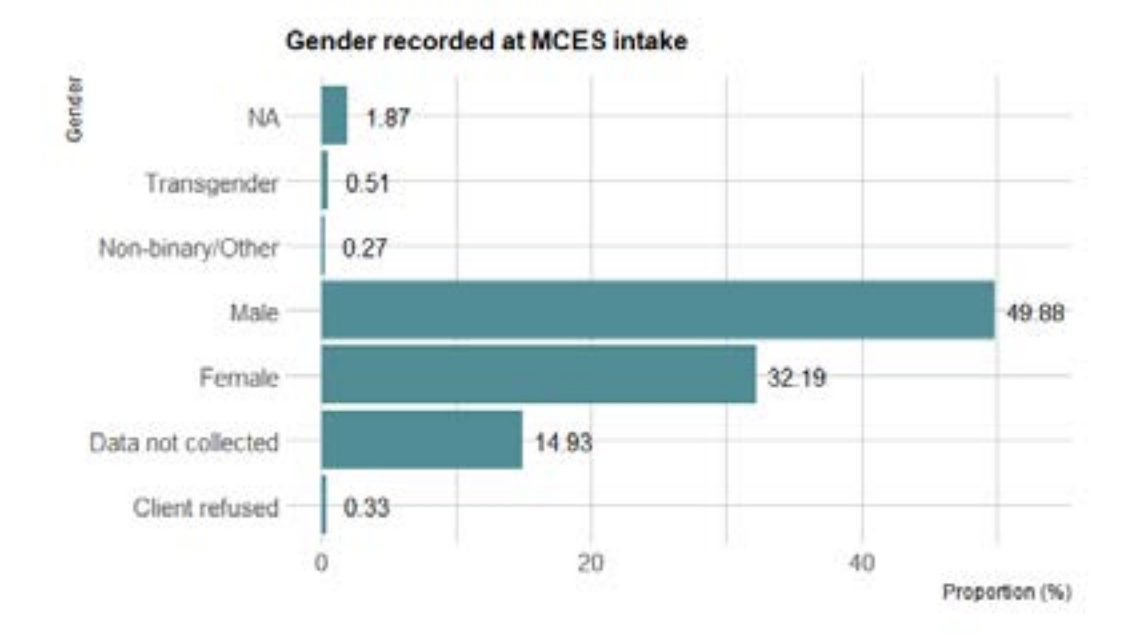


Figure 6. Gender recorded at MCES intake



Note: Non-binary/Other includes genderfluid, agender, culturally specific gender. Additionally, HUD has changed terminology around gender over the years from transgender man/woman to transgender as one category.

Figure 7. Primary race recorded at MCES intake

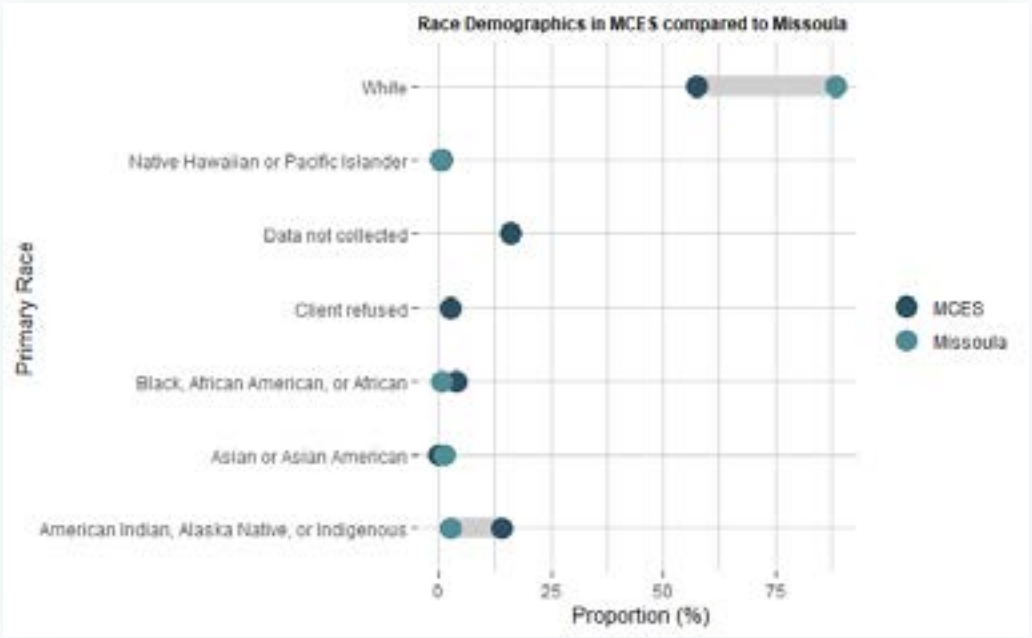


Figure 8. Ethnicity recorded at MCES intake

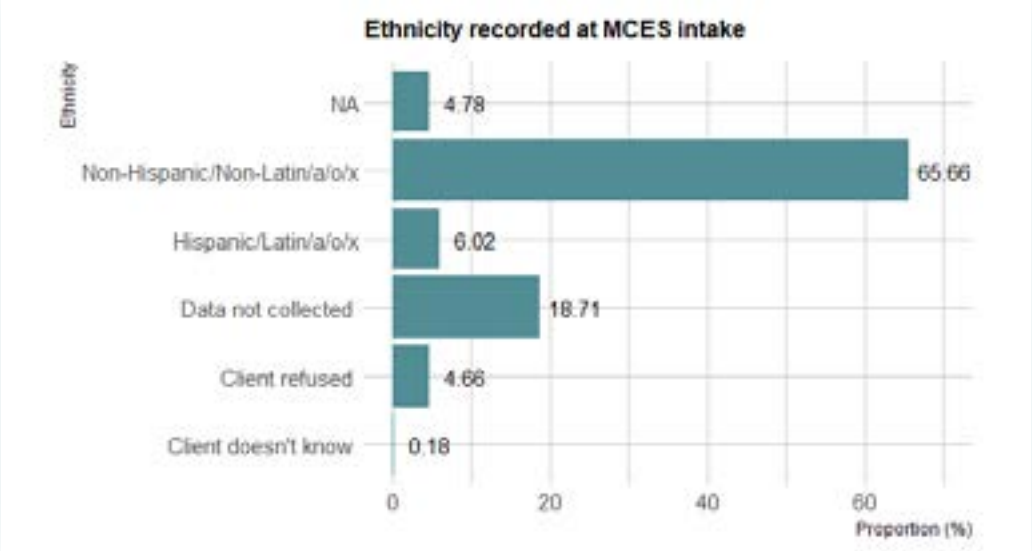


Figure 9. Head of household disability reported at MCES intake

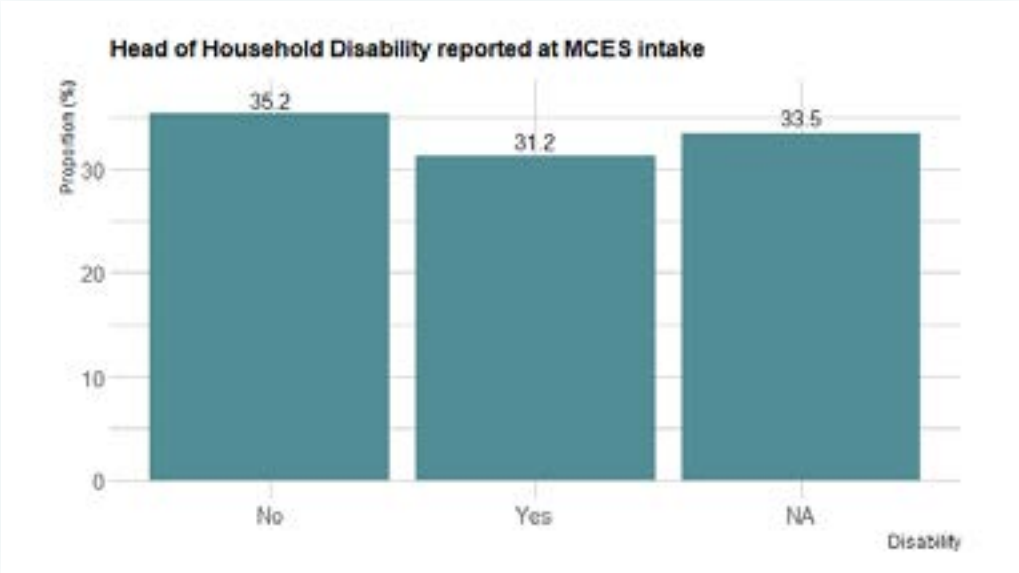


Figure 10. Veteran status reported at MCES intake

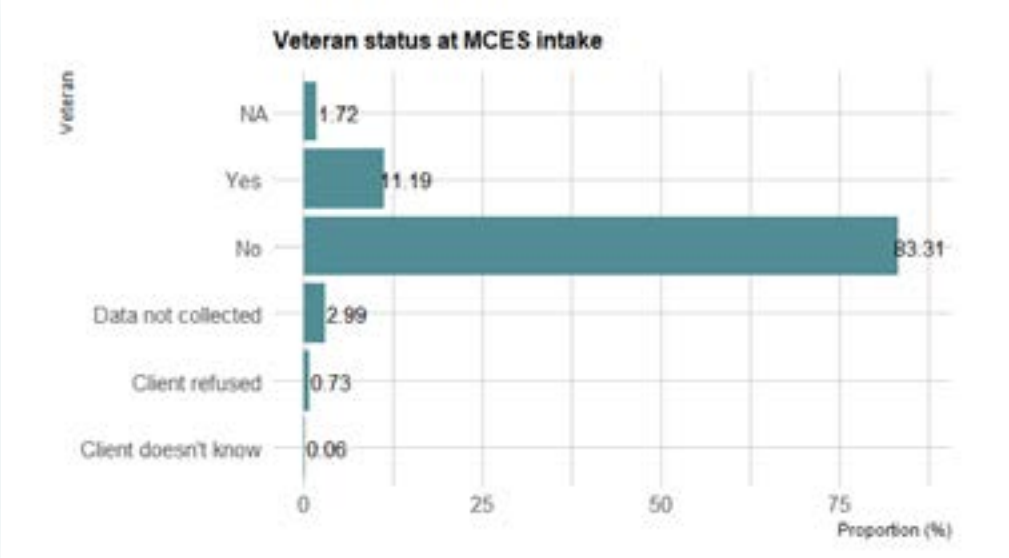


Figure 11. Pregnancy status at MCES intake

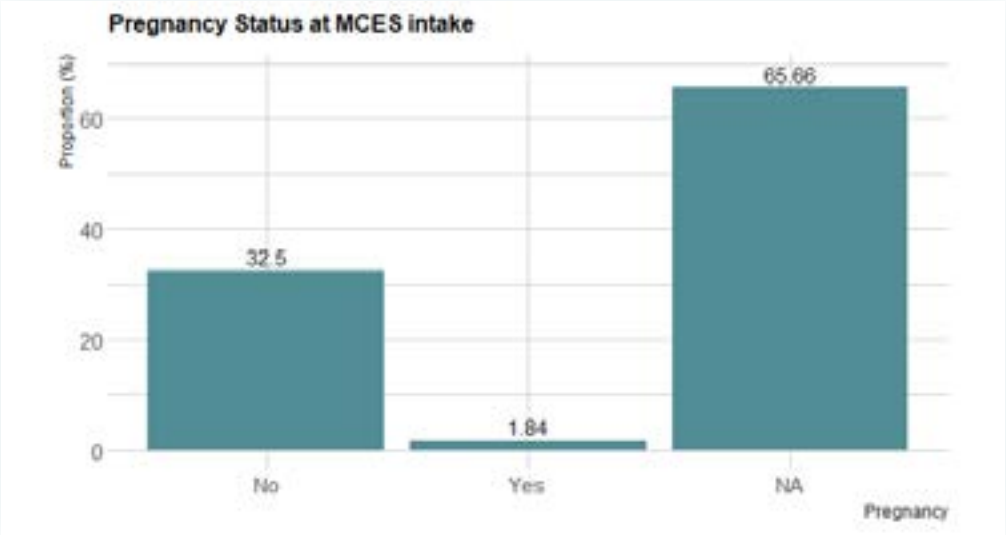


Figure 12. Experienced domestic violence prior to MCES intake

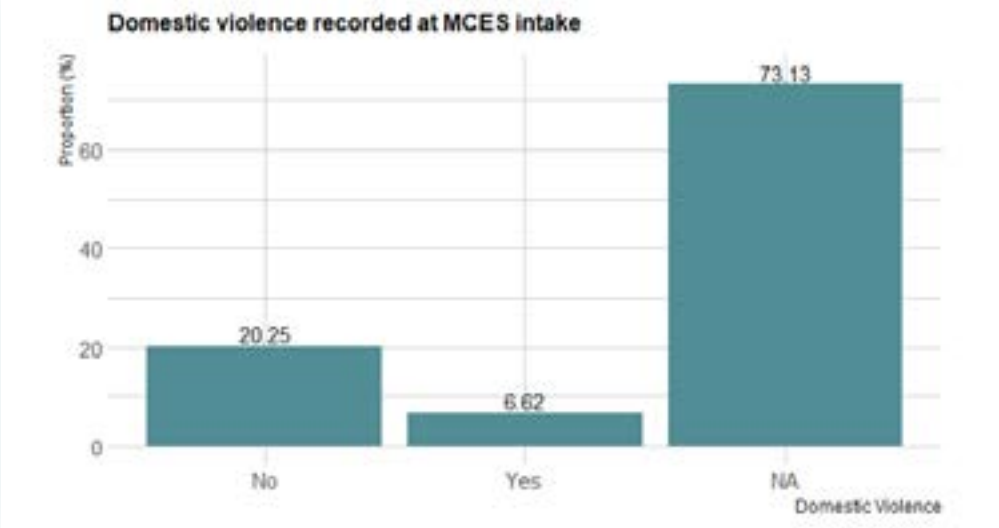
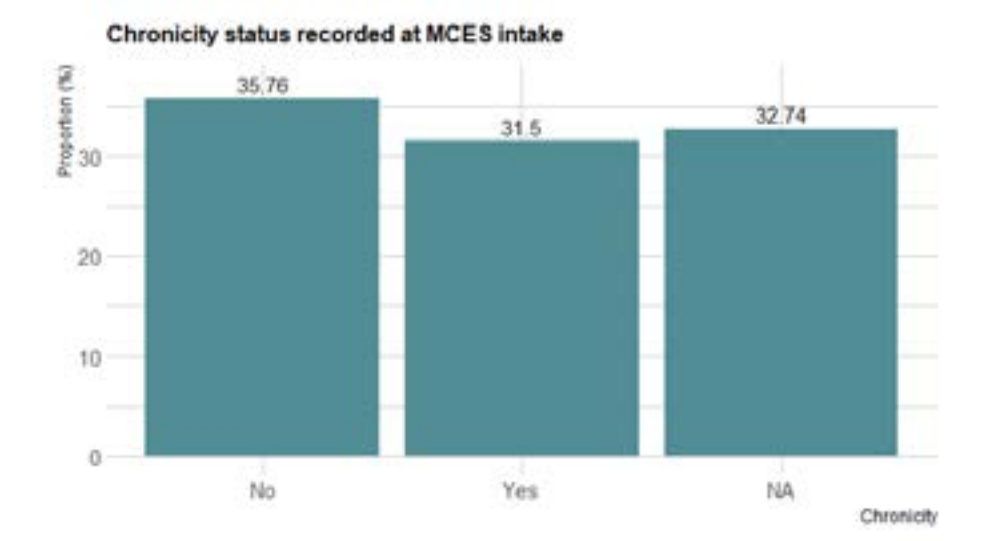


Figure 13. Chronicity status at MCES intake

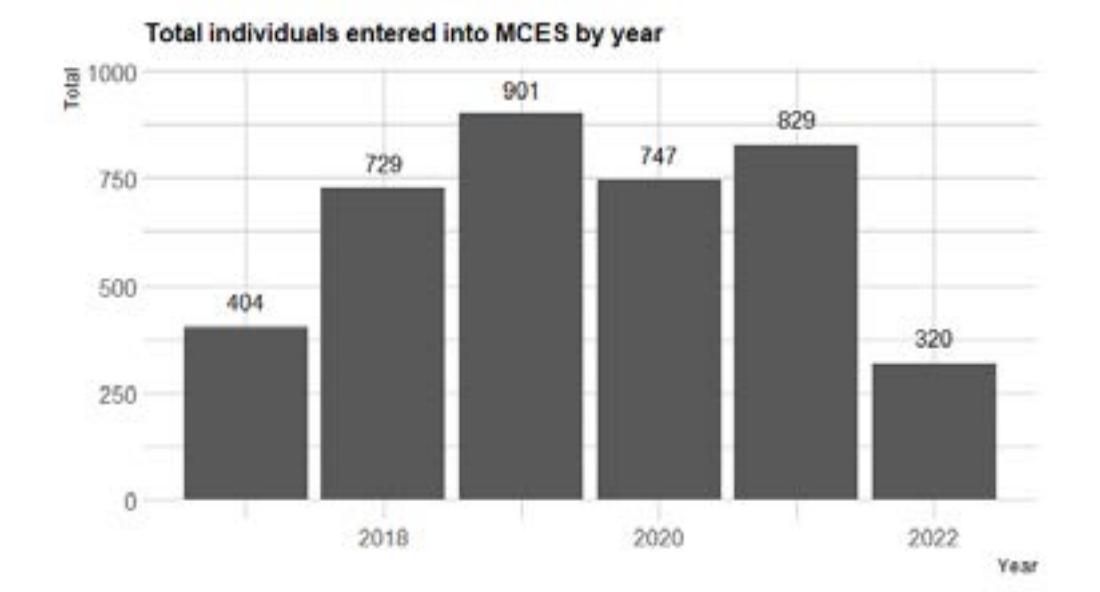


CLIENT ENTRY INTO MCES

The total number of individuals who entered MCES has remained relatively stable since 2018, when accounting for full calendar years (data for 2017 cover 6/1/2017-12/31/2017 and 2022 covers the time period of 1/1/2022-6/1/2022). Client entry data is determined by the date of entry in HMIS.

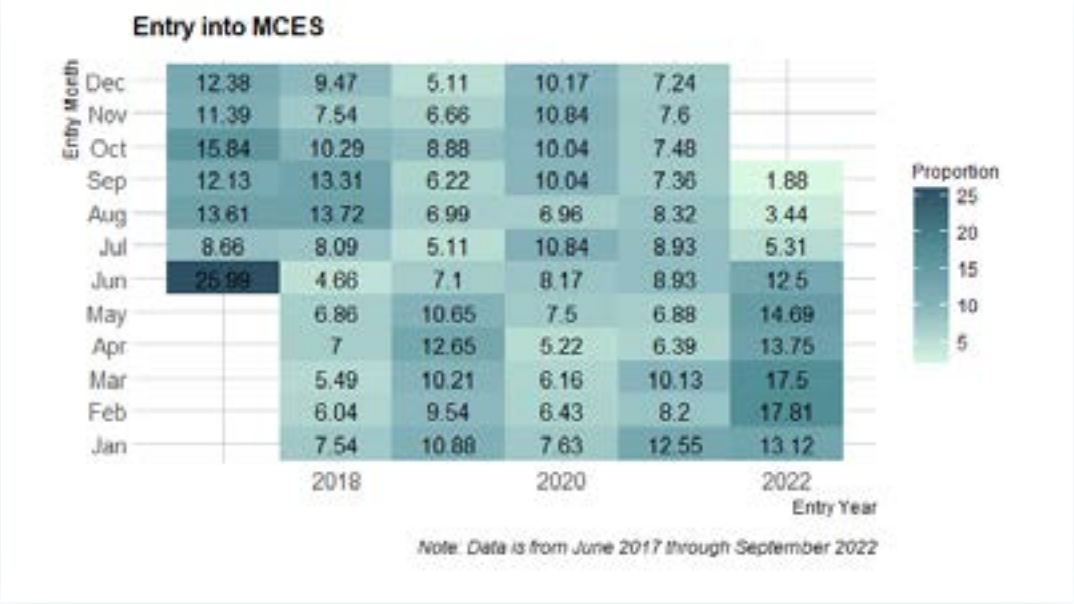
There were no distinct patterns of seasonality for client entry as portrayed in Figures 14 and 15, with the proportion of entries by month across all years. Alternatively, it may be that seasonal patterns are simply not present because they do not exist, one reason being that services are less seasonally reliant than they may have been historically, or anecdotally, the case (e.g., there is not just a warming center in the winter, there are options such as TSOS and, previously, ACS).

Figure 14. Total individuals entered into MCES by Year



Note: Totals for each year were calculated by summing the total number of entry dates across all entries, so individuals may have more than one entry in a year.

Figures 15. Proportion of clients entered into MCES over time



LENGTH OF TIME ACTIVE IN MCES

There are a number of limitations related to using of length of time measures collected via MCES. One is that the use of vulnerability scores should in effect be impacting length of time patterns; however, exploratory analyses showed little to no relationship between VI-SPDAT vulnerability scores and length of time active

in MCES. There are fewer observations for MAP, but it does have a relationship with time in MCES when exploring the current sample. This lends support for the MAP as an improved tool compared to the VI-SPDAT; however, this needs to be tested further when more MAP data is available. Conceptually, the use of the vulnerability score to prioritize services would impact the length of time one is active in MCES because it results in a ranked order of needs in which higher scores are served before lower scores and would ostensibly receive services more quickly. Alternatively, it is also possible that vulnerable individuals may spend more time in the system due to the potential need for ongoing services, in essence appearing in the system longer because they interact with the system more frequently.

MCES provides a source for understanding general patterns of service utilization and demand as well as illustrate general trends in service utilization since 2017. Overall, the average number of days an individual is active in MCES has declined since 2017, which is attributed to two primary influences: 1) implementation of data quality and management standards (i.e., the policy/procedure regarding client inactivity in MCES and exiting individuals after 90 days of inactivity, which was implemented in Summer 2019) and 2) the housing CoC is connecting individuals with appropriate levels of needed services. Figures 16 and 17 demonstrate how, since 2017, the average days that clients are listed as being in active service within MCES has steadily declined, from a starting average of 577 days in 2017 to 115 days in 2022.

Figure 16. Days active in MCES by year

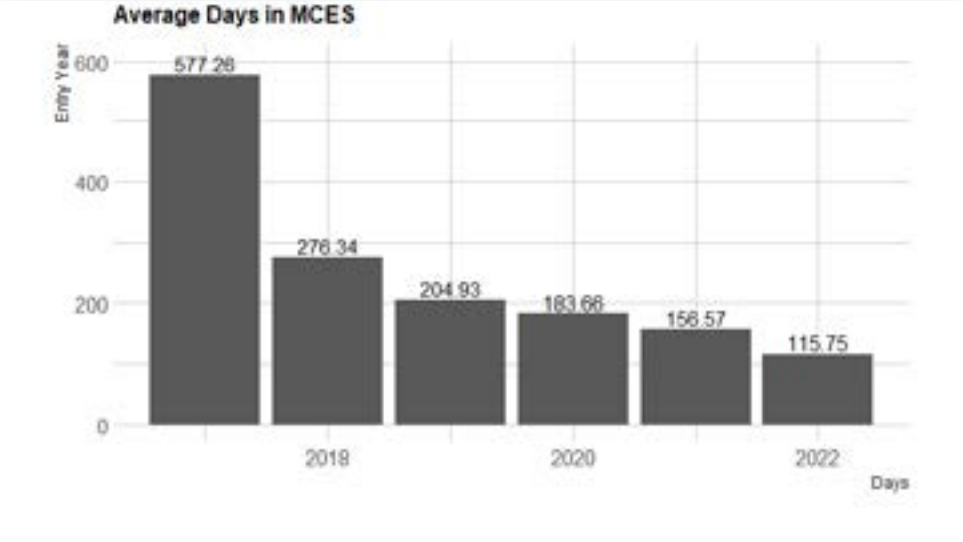
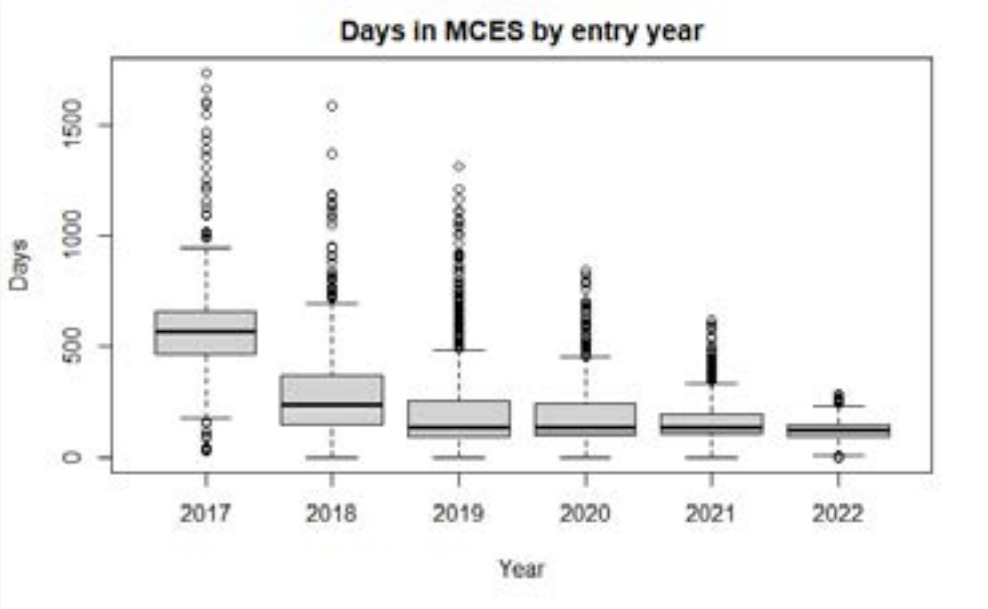


Figure 17. Days active in MCES by year



Note: The total days active in MCES was calculated from each entry and exit date, and an individual may have more than one entry per year. The solid black bar in each box represents the median, the greay box represents the upper and lower quartiles, the capped lines represent minumum and maximum, and the black circles represent outliers.

In addition to the general patterns across all clients, MCES data can be used to examine if there are patterns or differences in average days within MCES and selected demographic or client characteristics. Listed below, there are signs of variability in the client characteristics that receive housing support for the longest amount of time compared to those that require support for the least amount of time (i.e., they are in MCES for a shorter period of time). These figures were created with data from all years:

- Time in MCES tends to increase with age (Figure 18).
- Males have slightly more days in MCES than all other genders (Figure 19).
- No distinct patterns for race nor ethnicity, except for clients with and indicator for "data not collected" for race, which had a much higher average number of days in MCES (Figure 20).
- Veterans and non-veterans have a similar average number of days (Figure 21).
- Individuals who are identified as chronically unhoused also have more days in MCES than those who are not chronically homeless (Figure 22).
- Clients who experience domestic violence (Figure 23) and those who are pregnant (Figure 24) have a slightly lower number of days in MCES than those without a domestic violence or pregnancy indicator.
- Clients with a head of household disability have more days in MCES than those without a head of household disability (Figure 25).

Figure 18. Age and time active in MCES

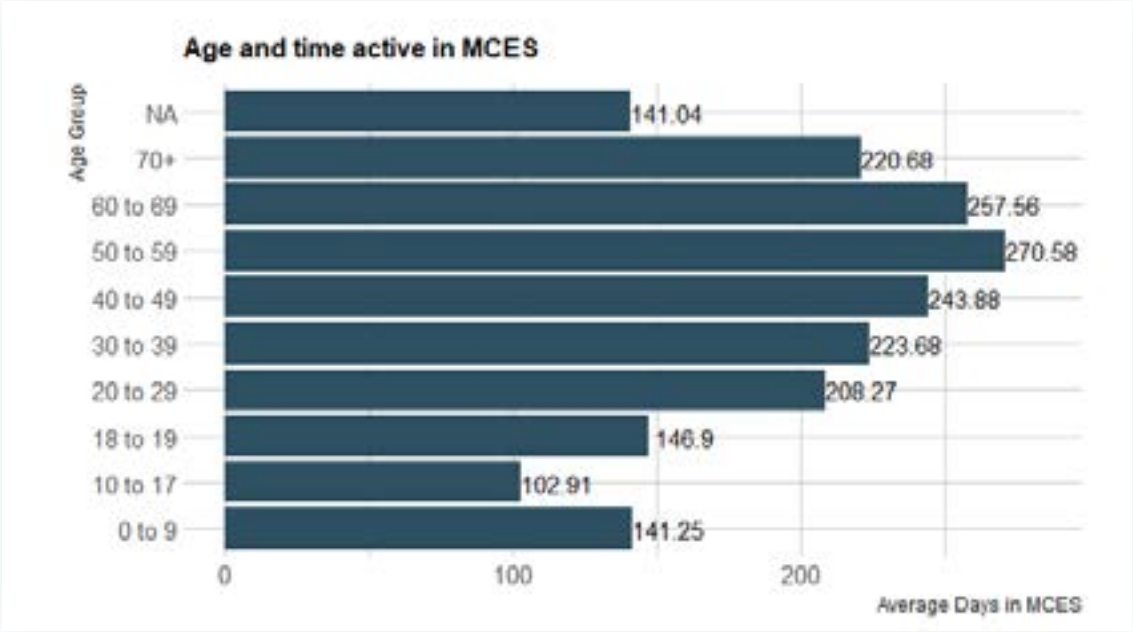


Figure 19. Gender and time active in MCES

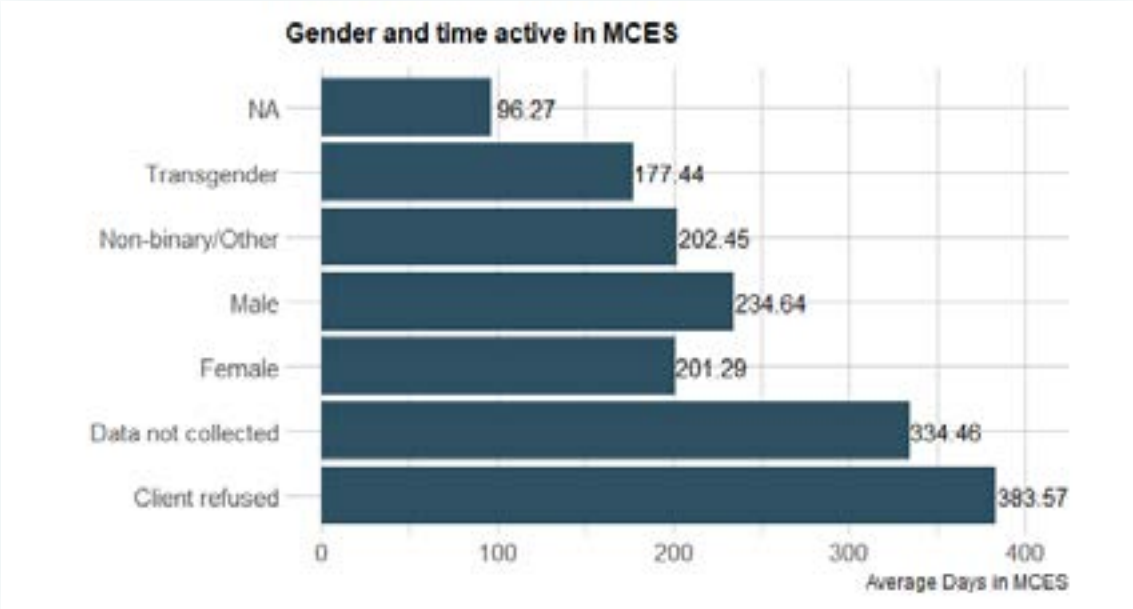


Figure 20. Race and time active in MCES

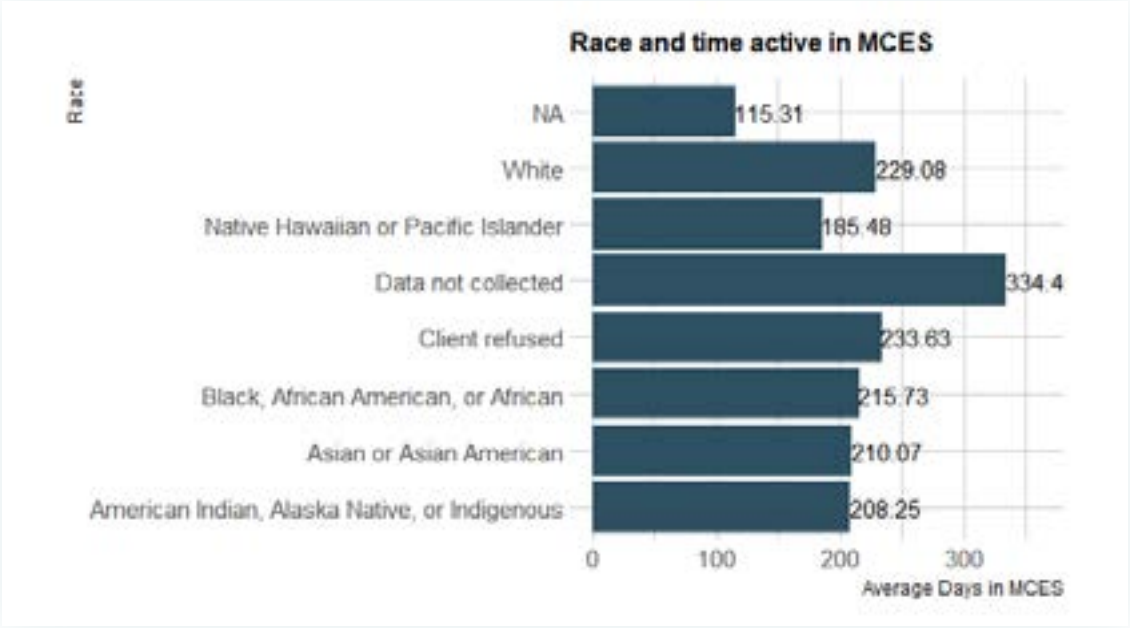


Figure 21. Veteran status and time active in MCES

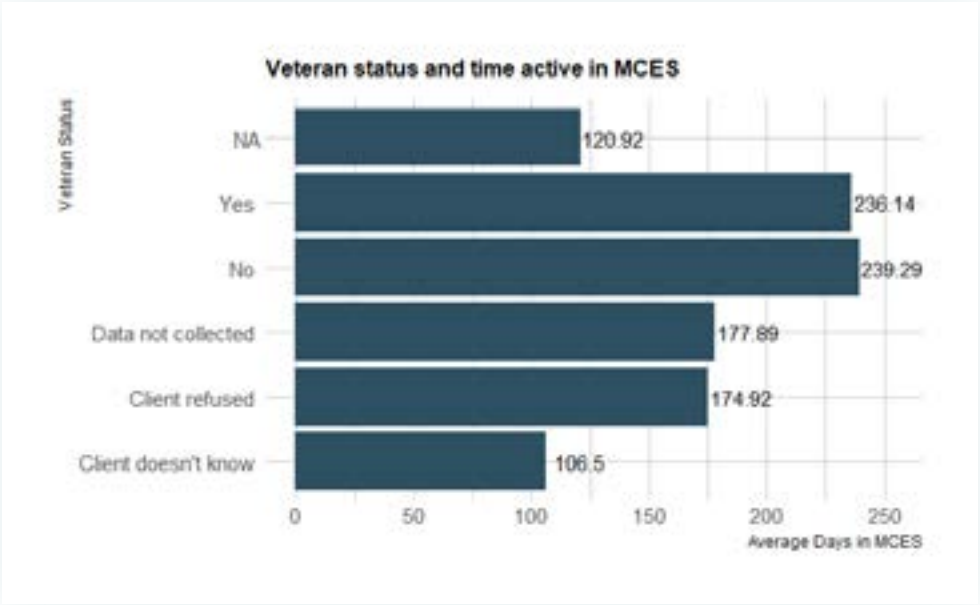


Figure 22. Chronically unhoused status and time active in MCES

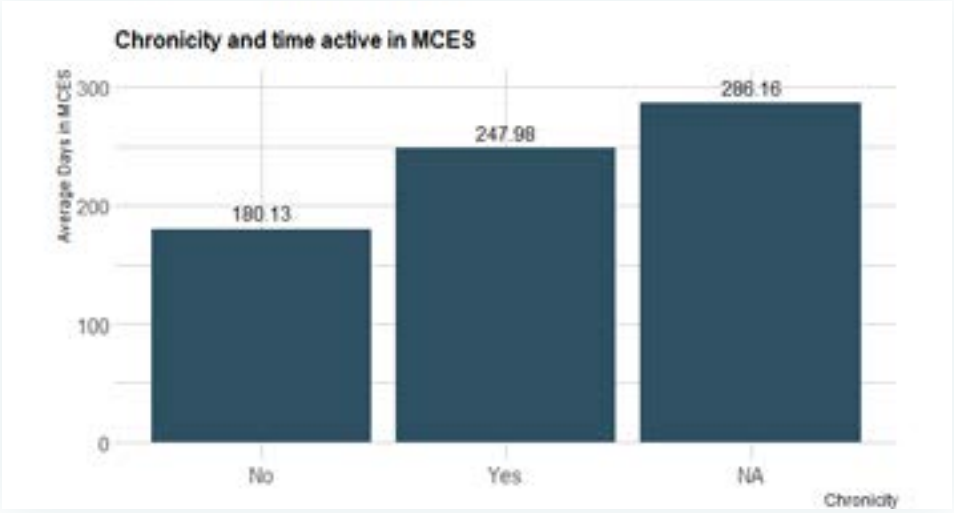


Figure 23. Experience of domestic violence and time active in MCES

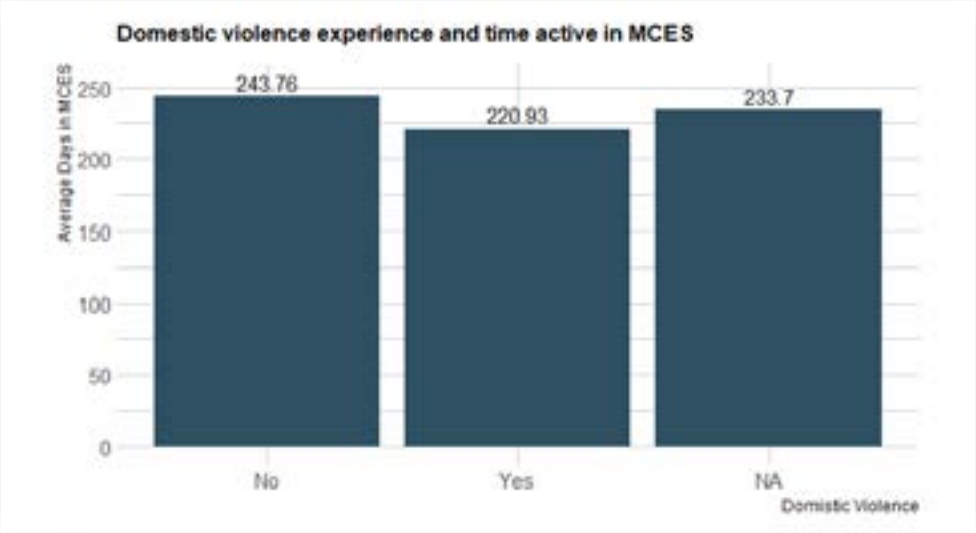


Figure 24. Pregnancy status and time active in MCES

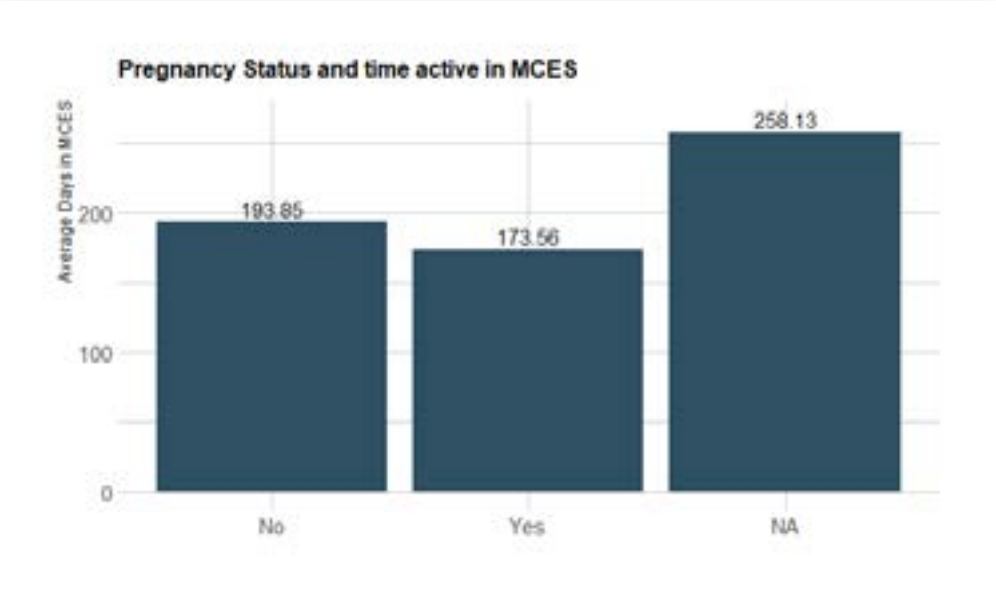
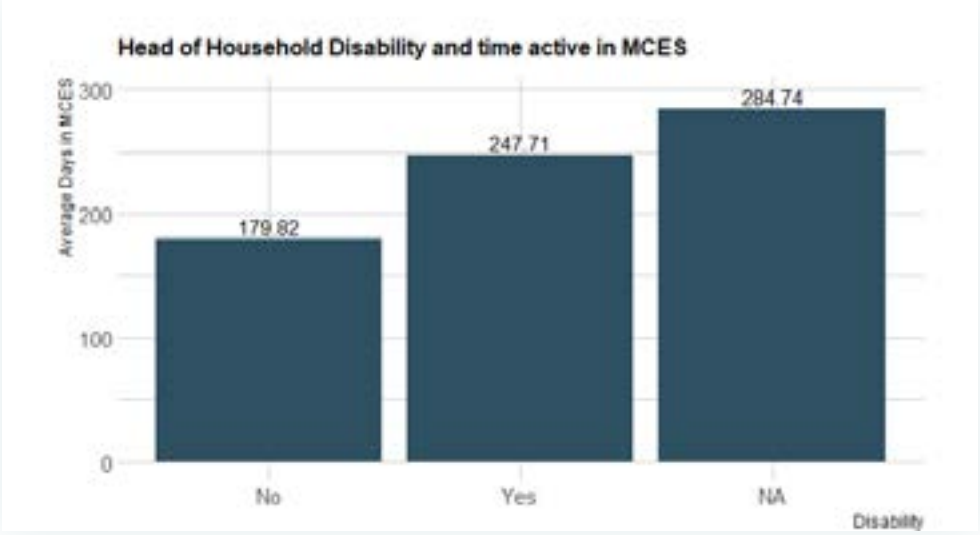


Figure 25. Disability and time active in MCES

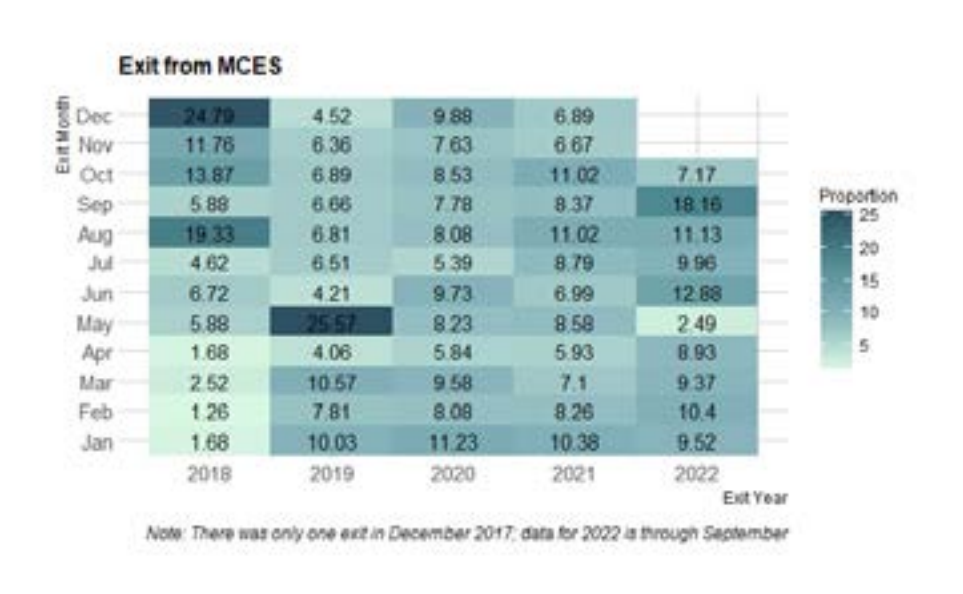


CLIENT EXITS FROM MCES

The total number of client exits from MCES has fluctuated across the five years of MCES data examined for this report. As with the examination of client entry data, there were no distinct annual or seasonal patterns of exits. The differences displayed in Figures 26 and 27 are likely due in part to administrative and policy changes, leading to inflated exits in 2019 compared to 2018. Overall exits were low in 2017 as it was the first year of the utilization of the MCES system. A notable data point occurs in May 2019 when a large percentage

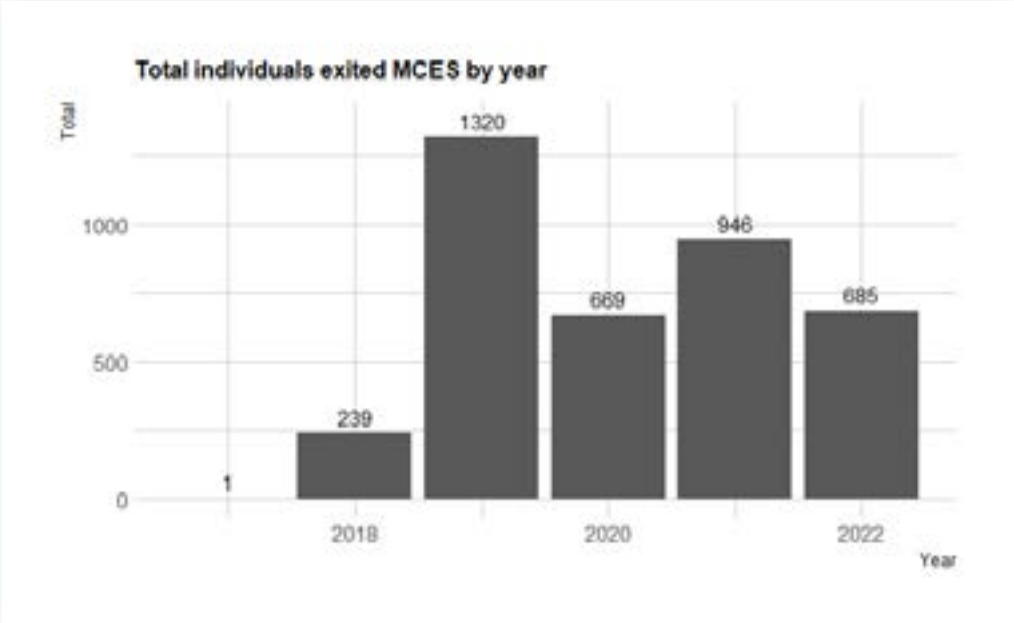
of individuals exited the system. This aligns with the implementation of the exit policy after 90-days of inactivity.

Figure 26. Proportion of clients exited from MCES across time



Note: 2017 is not included because there was only one exit from MCES, which took place in December; clients may have more than one exit from MCES a year.

Figure 27. Frequency of exits from MCES by year



Note: Clients may have more than one exit from MCES a year.

Understanding client outcomes, as indicated through exit destination, is limited by a large proportion (just over 63% of clients, n = 2479) that either did not complete an exit interview or for whom no exit data was collected. With this limitation in mind, there are some patterns that emerge from data collected among those with a known exit destination. There are 33 levels of exit destinations in MCES, which can be sub-categorized into permanent housing, non-permanent housing, and other exit destinations. Across all years, approximately 23% of entries were known to have exited to a permanent housing destination (n = 910). Among those with a known exit destination, the most common exit destination was to a "rental by client, with no ongoing housing subsidy" (6.8%), followed by "rental by client, with RRH or equivalent subsidy" (5.1%). Of the remaining MCES entries, 9% exited to a non-permanent housing destination (n = 353) and 5% to "other" exit destinations (n = 197) during the time period of June 2017 – September 2022.

Of permanent exit destinations, the proportion of clients staying or living with family has increased. The proportion of clients exited to "rental by client, with no ongoing subsidy," has remained stable, whereas rental by clients with differing subsidies varies with time. Of those exiting to non-permanent destinations, the proportion of individuals in a place not meant for habitation has fluctuated but increased since it dropped to its low in 2018. The number of exits staying with friends or family has also varied, but it has generally decreased over time. There was also an increase in exits to other houseless systems, which is largely is due to greater communication among statewide Coordinated Entry (CE) leads. For example, if someone moves from the Missoula CE to the Butte CE, that individual may have previously been exited to no information ("no exit interview" or exited to inactivity). Now, the CE lead in Butte reaches out to the CE lead in Missoula to update their status, and the individual can be exited from MCES.

Figure 28. Proportion of exit destination outcomes

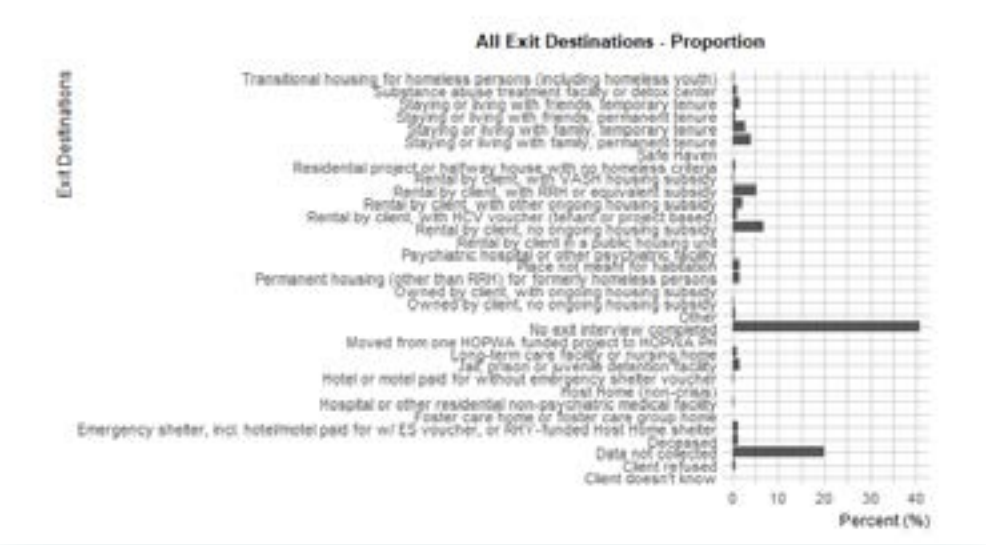


Figure 29. Proportion of permanent housing exit destinations by year

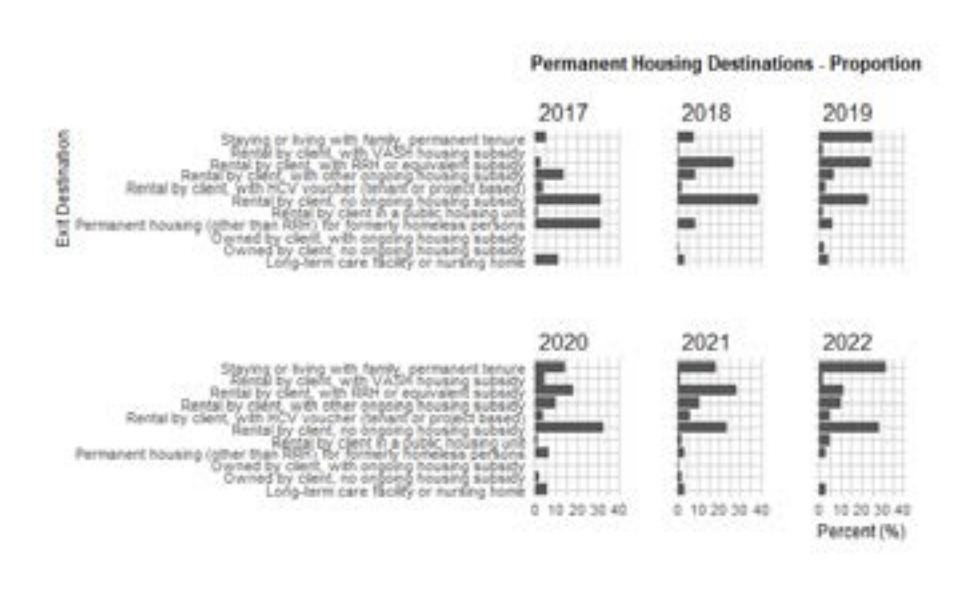


Figure 30. Proportion of non-permanent housing exit destinations by year

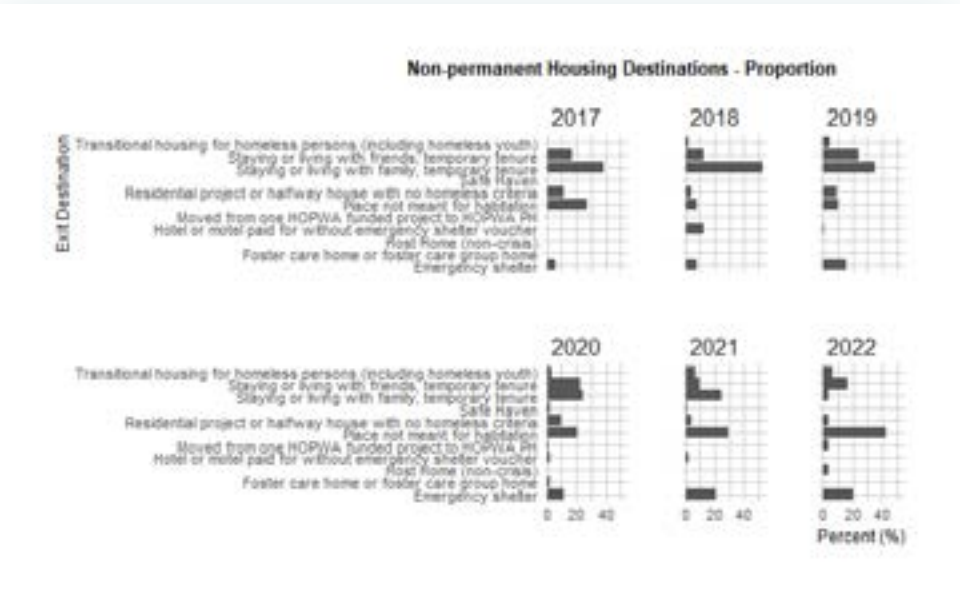
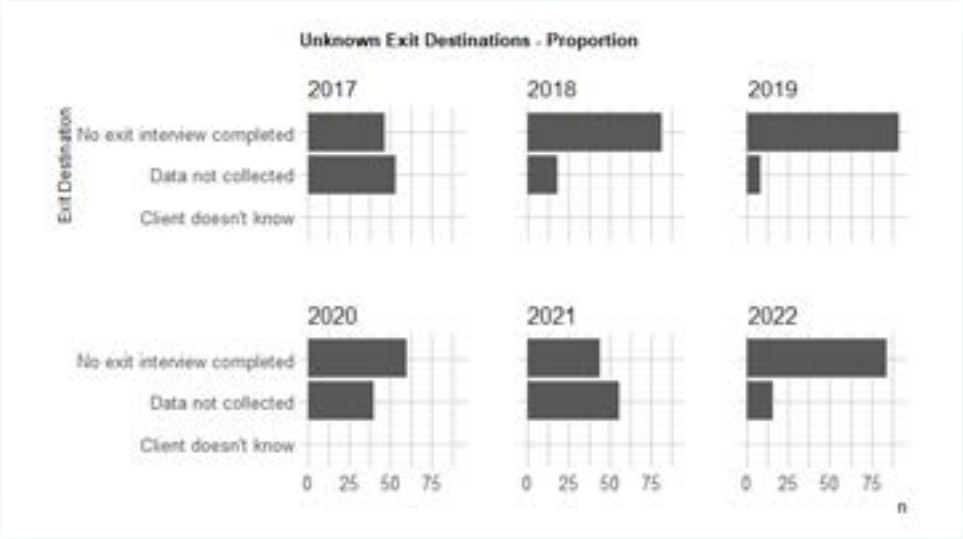


Figure 31. Proportion of other exit destinations by year

Figure 32. Proportion of unknown exit destinations by year



Of known exit destinations, the most common reason for exit from MCES was for completing a program, followed closely by exit for a housing opportunity prior to program completion. In HMIS, "program completion" means that an individual left the respective program or project prior to a formal end marker, which varies by program and project. Expectedly, unknown exit destinations are often exited from MCES because the individual is no longer in contact with an MCES partner.

Figure 33. Known exit destinations and reason for leaving

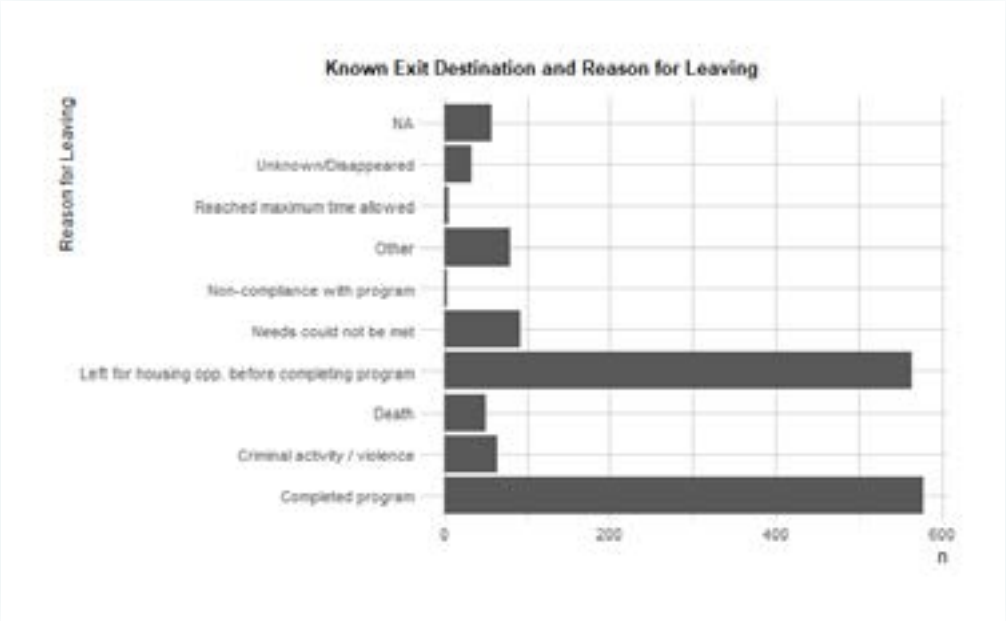
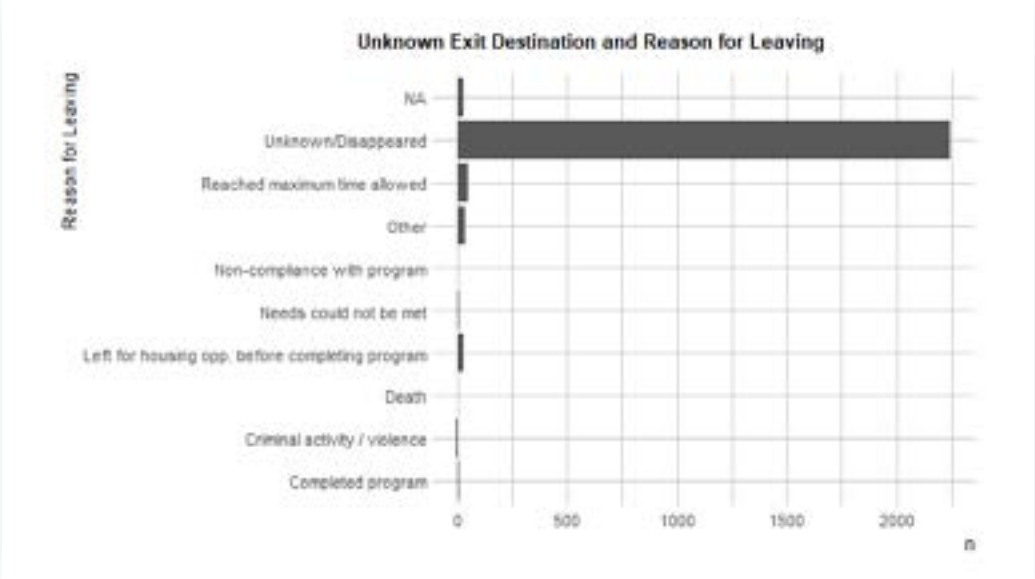


Figure 34. Unknown exit destinations and reason for leaving



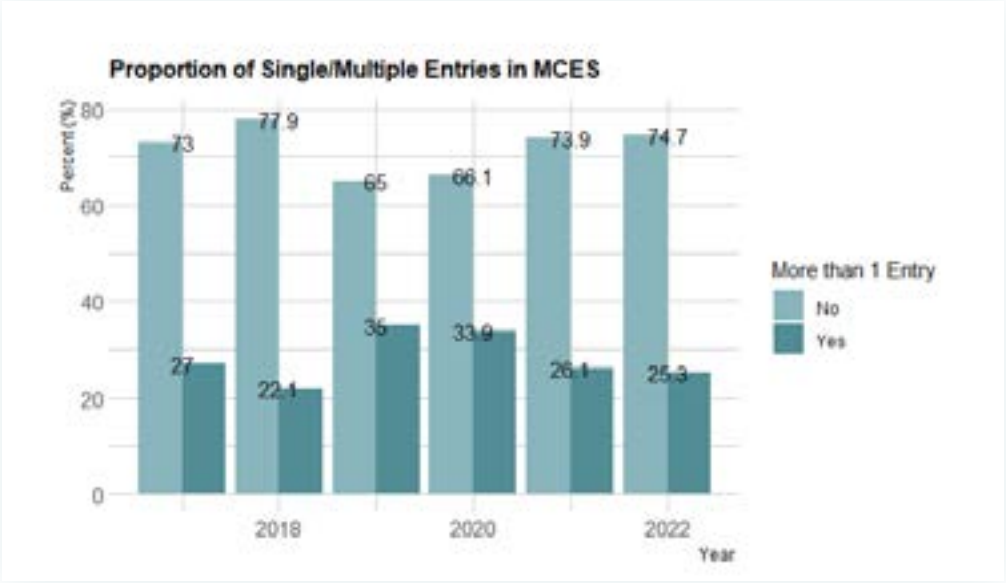
CLIENTS WITH MULTIPLE MCES ENTRIES

Measuring returns to MCES is similarly difficult to measuring time because the exact reasons for re-entering MCES are not necessarily known. The current data cannot describe why an individual exited and subsequently re-entered MCES, nor that individuals with only one entry were more successfully housed than those who have multiple entries. Additionally, the practice of client exits from MCES after 90 days of

inactivity likely inflates the number of returns to services for a subset of individuals. For example, those who are intermittently accessing services or individuals who have alternative and/or non-traditional service needs which result in less frequent system interactions.

Of all MCES clients, about 15% have had more than one entry in MCES, amounting to 513 unique individuals. Since 2019, the frequency and proportion of multiple entries has slightly decreased.

Figure 35. Proportion of multiple entries in MCES by entry year



As noted, MCES data have some significant limitations for providing a comprehensive picture or understanding of the outcomes among individuals who enter into MCES. With this limitation in mind, however, the efforts at improving data quality and completeness over time, as well as supporting broad utilization of the system, appears to have been having a positive impact on client outcomes. Clients are spending less time in MCES, and the rate of multiple entries has been in decline since 2019.

MCES client data offer one perspective on outcomes during *Reaching Home*, but these data are limited in their ability to convey personal experiences of outcomes. In interviews with lived experts, all participants were asked to reflect on the ways in which engagement with the homeless response system in Missoula shaped their outcomes. These qualitative data help to provide insight and additional details about the experiences of those served by the houseless care system and how those experiences shaped their outcomes.

A major limitation to MCES, and the *Reaching Home* plan more broadly, is that it does not currently serve individuals who fall under HUDs homelessness categories two and three. It is important to note that this barrier is not unique to Missoula, and many housing continuums follow these same guidelines, as outlined by HUD. However, this gap was highlighted by both key informants and lived-expert participants. One key informant noted that, categorically, some individuals will simply not be eligible for certain housing programs:

> *I mean, I think there are people who, categorically, under Coordinated Entry system prioritization, categorically are not going to be offered housing. And that's as bad as any other group that you say categorically are not*

> *going to go out for the housing. And so, what do we have for those people?*

Less visible populations of individuals who are unhoused, such as those who are "couch surfing," may exist between gaps in service designed for more visible groups like families or those living outside. For example, Jonathon, who has a history of adverse childhood experiences and is a survivor of sexual assault, explained that he reached out to the YWCA for help in "*emergency situations, even, for just temporary life situations, and they said they couldn't help me. Even though my life was endangered and stuff, and I had gone through some pretty rough experiences, and abuse, physical abuse, and threats and stuff.*" At present, the YWCA serves those fleeing domestic violence and families experiencing literal homelessness, which leaves individuals like Jonathon with fewer shelter options that do not fully align with their needs.

Others, such as seniors living on a fixed income after retirement, also reported that they fall through the gaps in service for housing. Louise, quoted earlier, was lucky because she was able to use her former job skills to gain access to a list for subsidized housing for seniors. But without the aid of generous friends letting her couch surf—rather than social services provided by the City of Missoula or the State of Montana—her options and outlook for the future might look very different.

Participants noted that there were gaps in services for vulnerable populations, like those who are disabled or experiencing medical issues. However, others such as Katie, the woman who lived at the ACS and did not want it to close, felt that there were not any services for "normal people":

> *There's no program for people that are not addicts or mental health. Because I don't have too many mental health issues or at all. I don't work with any mental health center or anything like that. There're just not any programs for people that are for a normal young person that's having a rough time that just wants to make their situation better and not be homeless. I just wish that there was a place that you could go to that would help you get out of a spot but not have to have mental health things. I'm just a normal person that would like to get up and out of this situation and get into a place.*

As Katie explained, she feels like "*normal young people*" are some of those that have fallen through the cracks in terms of accessing housing because they are not necessarily members of vulnerable groups.

Section Conclusion

The MCES has only recently established consistent data systems, which is reflected both in policy and procedure and in data quality. While MCES has improved data since its inception in 2017, there is a need for continual monitoring of data quality and completeness, and adjustments should be made accordingly with partnering agencies if data is not maintained to a definitive standard. The utilization of HMIS is an unavoidable barrier given HUD guidelines, and MCES is limited in the categories of individuals who are unhoused that it can currently serve, leaving some feeling as if they have fallen through the cracks.

Future considerations

In addition to completing a comprehensive retrospective evaluation, one of the foundational goals of this study was to use the contributions from study participants to inform a series of suggestions and recommendations for the next phase of *Reaching Home*. This section of the report presents perspectives on next steps from study participants.

In thinking of the city's role in addressing houselessness and housing insecurity, several participants felt that the city has a unique position within the community and an ability to leverage resources that individual service providers and non-profit organizations do not. In this context, most participants, including city and partner agency staff, individuals with lived experience, and community members, felt that it makes sense that the city provides a big picture vision for the community and leverages resources to support on-the-ground service providers. As one county staff member suggested,

> *I do think that it makes a lot of sense for the city and county to work as a collaborative entity and to spearhead and lead the process of addressing homelessness. I don't think that we can rely on the non-profit sector to fulfill that role there. It really takes local government to set an example and establish some values around how we're going to address homelessness in our community.*

Similarly, a direct service provider felt that the city should have a role in *"being a voice of reason and being a voice of collaboration and humanity, providing funding as necessary and letting the people that are the experts do their work, because I think that actually providing services to people in this situation's a lot more complicated than people think."*

A handful of participants did express that there should be limits to how the city engages in houselessness, such as ensuring that direct service providers remain the experts and are given the space to do their work. One member of law enforcement also expressed:

> *So, I think it's important that we provide some assistance, but I just don't want to see it get to the point where we just don't have any rules, and the rights of the tax paying citizens are continued to [be] put on the back burner to try to assist a lot of people that really don't want assistance or aren't in the frame of mind to get assistance. I think we should have these kind of programs, but to boil it down, it's society, and you have to follow society's rules.*

As they suggested, there is a role for the city to play in addressing houselessness and assisting individuals experiencing houselessness, but that should not come at the expense of other residents and key city services. These comments alluded to a desire for some level of accountability of individuals receiving services, which was often similarly conveyed by community members in both the online community survey and one of the community focus groups. These participants expressed that if city, county, and taxpayer resources are being spent on services, service utilizers should not be allowed to continually use those services without moving toward some kind of goal. Some partner agency and city staff also felt that there needs to be some level of accountability for agencies that receive funding and support from the city. One participant suggested:

> *We need some accountability to be like, "Hey agency, you're not actually meeting the needs, and the way you provide services is not working for the population we're trying to serve, and us as a group are calling that out, and we want to work with you to fix that."*

A city staff member also felt that holding agencies accountable is a unique role that the city can and should play. As they explained, since *Reaching Home* has transitioned to the city's management,

> *There's a little more accountability now with city government. We have elected officials holding folks accountable. We have other funding sources that these organizations need to access. And so, we've made things like full investment, or cooperation, or engagement, or compliance with the coordinated entry system part of some of our different granting criteria, like for [Community Development Block] grants or others that, if you want this funding, you have to be all in. And then we've tried to balance ongoing relationship building and bringing folks along with that accountability, and that group accountability from other folks that are vested members of the coordinated entry system as well.*

Overall, the feedback across participant groups suggests that the City of Missoula should maintain its current role in the effort to address houselessness, primarily in coordinating existing efforts and leveraging resources to support new initiatives, while at the same time ensuring that there is a level of accountability within the system and to taxpayers. Participants generally felt that the city's commitment to supporting residents who are unhoused through *Reaching Home* is important, given the city's unique position within the community, but there needs to be increased transparency and accountability moving forward.

Creating an updated plan

While there were a few participants who felt that a new plan was not necessary because the system has taken on a life of its own beyond *Reaching Home*, most city and partner agency staff felt that developing a new plan is a crucial next step toward envisioning the future, setting common goals, and ensuring accountability. One participant felt that having a plan is particularly useful in the context of the city and county's engagement in addressing houselessness because the work is constantly evolving and a clear roadmap for this work does not necessarily exist:

> *Having a plan in place that we could all rally around would be great because my joke is we're not building the plane as we're flying it, we're designing the plane while we're landing it. That's where I feel like we are with this work.*

Participants of the partner agency staff focus group agreed that a new plan was important because "*that way, if there's an end game, a goal to be met, that we all, as service providers, can break it up as a team to see how we can complete it.*" As they suggest, a plan would help providers understand their roles more clearly while all working toward a specific "end game."

Another participant of the focus group provided some suggestions for how a new plan could be structured to ensure it is effective and useful: "*And maybe there's a commitment for a 10-year plan, but it's evaluated every single year, right? But just that, yes, we're going to continue working on this issue. We commit to doing that for the next 10 years to try and reach this.*"

One partner agency similarly expressed that "*it is imperative to have a plan like Reaching Home to provide informed structuring guidance around what we will do to address people experiencing homelessness in the city because that problem hasn't gone away.*"

A city staff member also felt that Missoula needs a new plan, particularly since the events of the last few years have shifted the landscape around housing and houselessness so significantly, while, at the same time, Missoula's elected officials have become increasingly focused on addressing houselessness:

> *Reaching Home set us up really well for years one through eight to give us a roadmap, guidepost, and revolutionize our system. And now we're in such a different place that we need a new roadmap based on the realities that we're facing right now. We're especially feeling that right now as there's more focus and attention from our elected officials in the community on just the issue of unsheltered homelessness.*

As they described, at the time that *Reaching Home* was developed, the circumstances in Missoula were considerably different, and there is now a need for a new plan that is more relevant to the current reality. In this same vein, several participants suggested that a new plan should be flexible enough to accommodate changing circumstances and evaluated frequently to ensure that it remains relevant and effective. One participant also underscored the importance of a new plan being "a living document" and having "goals with measurable action items."

Continuing to build on Reaching Home successes

Partner agency and city staff generally agreed that the city and its partners have developed a strong framework for responding to and preventing houselessness and that the system is *"moving in a good, sustainable direction with the limited capacity that everyone has."* Several direct service providers expressed that they do not want to see *Reaching Home* end but, rather, "*continue to succeed and grow.*"

As one city staff member put it, "*We really have created this infrastructure that feels strong. It's really strong scaffolding, and we have everything we need in place.*" Many participants expressed that the city and its partners should continue to build on this "scaffolding" by increasing funding and capacity of existing programs as opposed to changing direction. One direct service provider underscored the importance of maintaining and expanding existing programs, particularly for the most vulnerable clients:

> *We can talk about implementing these services over the last 10 years, all day long. But I think if there isn't long-term sustainability under that, and these programs go away or they somehow look different, that destroys a lot of the work that those people and those ecosystems have worked to establish. Again, this goes back to the mistrust thing of, okay, the city prioritized this for the next 10 years, but now it looks completely different or it's gone. Now the city isn't caring about us or they're not funneling resources in. I can already hear patients saying that. And so, I think building a lot of sustainability for their current operations would be helpful and then expanding those services.*

Many participants expressed that there is great momentum within the community and among the city and partners for this work and future efforts should be focused on building "*stability and some continuity in what we're doing,"* particularly through supporting provider capacity and sustainability.

Improving communication and messaging

As noted above, one of the most significant weaknesses described by participants regarding *Reaching Home* has been the communication and messaging around it. The majority of participants expressed that the city and its partners should seek ways to improve communication about *Reaching Home* and specifically highlight what actions the city and partners are taking and how they are impacting houselessness. As one county staff member suggested:

> *I feel like the city has obligation to do the reporting on how the community's doing. I think that that would have value, just more regular information provided about the systemic approach to solving houselessness and how we're doing across the different goals that were outlined in the plan. And what's in the works. Like, "This is an area where we still have a lot of challenges, and this is how we're moving towards trying to solve for challenges that we're seeing." More communication would be great.*

A partner agency administrator similarly suggested that, moving forward, there needs to be a "robust communications plan" for *Reaching Home.*

In thinking how to communicate about the work, one community focus group participant suggested that the city and its partners should avoid jargon and "technical terms" to make the information more accessible to the general public:

> *Affordable, it's a technical word. When we talk about homelessness in Missoula, it is really technical. So, no one cares about what coordinated entry is. What they care about is the concept. I feel like it would be really helpful if it was communicated in normal layman terms so people can wrap their head around it a little bit easier.*

Similarly, in considering the term "affordable housing" and "houselessness," another focus group participant felt that communications should seek to define and explain technical terms and provide context to the community so that they can understand the complications of working in a system where, for example, HUD may have one definition of a term, the Department of Education another, the state another, and Missoula yet another.

In general, community participants expressed an interest in communications that provided more clarity, transparency, and outcome-based reporting. City and partner agency staff similarly agreed that improving communication should be a top priority moving forward.

Strengthening community engagement

Related to improved communications and messaging around *Reaching Home*, a few participants also suggested that the city and its partners should develop strategies for engaging the community, such as an advisory committee or community forum. One county staff member recommended *"involving the community in helping solve the problem because [the] community's very opinionated"* and *"having a community committee, having people that feel really passionate about these things involved in solving the problem so that it's not a top-down solution"* could be a valuable way in both helping the community to better understand the complexities of addressing houselessness and building community-generated solutions.

Similarly, a partner agency administrator shared, *"It takes a village, right? And I think we need to continue to have a diverse group of people at the table with different levels of expertise and awareness... and people with, like, lived experience really at the table of, what do we need?* Ultimately, these participants felt that creating opportunities to engage a variety of voices will strengthen *Reaching Home* as a community-wide effort and increase community buy-in.

Enhancing data collection and use of MCES

At the core of MCES, management and leadership are strong, and the system includes a large network

of providers that has led to higher quality data collection and reporting. However, collaboration requires continued effort beyond MCES, and it is necessary to continually encourage MCES buy-in from partner organizations.

MCES should continue to identify, track, and report data that reflect client interactions across multiple continuum of care (CoC) levels and include factors that contribute to preventing the experience of homelessness and/or sustaining and enabling exit from homelessness. It is also necessary to establish stronger strategies for tracking client success, retention, and outcomes. Partnering organizations report that they do not utilize HMIS in its full capacity for several reasons, as discussed previously. If possible, improve data accessibility for partners while limiting unnecessary data entry. Additionally, the city should aim to decrease the administrative burden for partners given their already low capacity for data entry. Another approach is creating data quality reports for agencies within the CoC to help track their data quality and provide more in-depth technical assistance when data quality is low.

Transparency/public facing communication regarding MCES and homeless outcomes is low. Dashboards that describe currently unhoused populations at the city and state levels exist, but they are limited and difficult to locate. Missoula community members highlighted a lack of communication and accountability regarding *Reaching Home* in general, but this is particularly true for how MCES data has been utilized and made available. This is due in part to the relatively recent stabilization of MCES data entry in 2020, but, as community-level knowledge about MCES continues to increase, it will be important to articulate outcomes and improve the availability of data regarding Missoula's unhoused population.

The system of prioritization could be more flexible to incorporate best available resources and direct service provider expertise. First and foremost, it is critical to continue to evaluate the MAP assessment, paying particular attention to its reliability and any potential bias. According to the MAP assessment developers, initial testing has not identified any racial or ethnic biases associated with the items or the total score, but these results were not publicly or empirically available and were simply stated on the developer's website. Although "*all the items in the MAP assessment have been drawn from established measures in the literature and are empirically supported based on published studies*" (PCNI, 2022), the assessment itself does not yet have an established evidence base that supports its reliability and validity. The MAP is still rooted in a similar format to the VI-SPDAT, which is problematic because some of the questions are mirrored in content and phrasing. For example, the MAP assessment still asks about recent visits to the emergency room, although some studies show that white women reported more visits to emergency rooms and formal healthcare use compared to Black women, which was one reason vulnerability scores appeared inflated for white women. Qualitative assessment methods are one way to mitigate racial and ethnic bias in how vulnerability is conceptually understood, such as restructuring intake to a narrative form rather than a traditional, clinical, and/or structured interview (Moxley et al., 2015).

Increasing affordable housing

Given the current housing crisis in Missoula and the lack of affordable housing available to residents, many participants suggested that the city and its partners consider "creative" ways to both increase the development of affordable, low-income housing units and limit the ability of landlords and property managers to raise rents and set prohibitive restrictions for applicants and tenants.

Many participants felt that landlords and developers have often taken advantage of the housing crisis by

reaping the financial rewards of increasing housing costs but at the same time felt that there may be ways to engage landlords and developers in the conversation to create better solutions to affordable housing. One partner agency staff member explained:

> *I think if the city can continue to be creative…and support the creation of, or preservation of existing affordable housing or new affordable housing. I don't know how Reaching Home is supposed to be successful if there's physically not places for people to live. And so that has to be the priority. One of my suggestions is we've got to get developers, and the city knows this, be a bigger part of these conversations, if we want to make home ownership possible for all people in Missoula.*

A city staff member similarly shared their thoughts on future strategies around affordable housing: *"I think we need to change the conversation a little bit around our key partners and around solutions. I think it does have to be more housing focus. We need more developers, contractors, realtors at the table."*

In addition to engaging property owners and developers, several participants expressed that they would like to see the City of Missoula explore policy options for "rent control" and other restrictions on landlords as well as continue to support flexible, immediate funding resources that can be used to help individuals who are unhoused and/or who are housing insecure pay for rental application fees or rental deposit.

Supporting substance use disorder management

As discussed earlier, available shelters such as The Poverello Center are not equipped to house those with serious medical management issues or disabilities because they do not have the necessary resources. Moreover, medical issues, accidents, and disability are major reasons that participants gave for being unhoused. This suggests that medical and substance use disorder management might also be important for keeping individuals housed.

Below, Phoebe discusses how crucial she believes housing is for those experiencing mental health struggles.

> *I know that the City and County are involved in mental health stuff through the Strategic Alliance for Improved Behavioral Health and other efforts. But also recognizing that you can't ask people to work on their mental health unless they're stably housed. Like you just can't. I just think that that's the most ridiculous thing I've ever heard in my entire life: "I want you to remember to take your meds," or "I want you to remember to attend all of these appointments," or "work on your coping skills while you're sleeping on the street." Give me a break.*

Phoebe highlighted how her experiences of houselessness informed her perspective concerning individuals attempting to improve their behavioral health while experiencing houselessness.

As discussed, similar to many housed Missoulians, the participants who were unhoused in our study discussed experiences, such as trauma, divorce, accidents, and medical or substance use disorders, which were linked to their current circumstances. However, one probable difference with those who are securely housed is a supportive network of individuals who may help to buffer the effects of trauma, accidents, substance use disorder, or mental disorders. This in turn often allows individuals time to recover or a safe place to "crash" while they work through next steps after a crisis or eviction. For example, David explicitly linked his success in recovery to having a safe and secure space to "lay low" while he searched for an open place in a treatment center. Notably, the participants experiencing houselessness in our study explained

that they did not have a supportive network of people with available housing resources to rely upon in times of short-term or long-term crises.

Conclusion

The aim of this evaluation was to understand how the strategies identified in the *Reaching Home* plan were implemented over the last 10 years and how these efforts shaped outcomes for individuals who have experienced houselessness in Missoula. During the course of the 10 years, a series of management shifts and external factors influenced the implementation of *Reaching Home* and its overall impact. Generally, the move away from the United Way of Missoula County to the City of Missoula has been deemed positive, but crucial elements to the plan, such as coordinated entry, have taken longer to fully establish, and the transition introduced additional administrative barriers.

One of the fundamental perspectives within the original plan was that, in order to end houselessness, there must be a robust and collaborative system of services with high capacity and coordination to support individuals with varying needs and views on housing. Accordingly, the Missoula Coordinated Entry System was perhaps the most observable outcome of *Reaching Home* efforts. Client flow through the housing continuum is more efficient, and Missoula now has a functional BNL and an accurate PIT count, which were aims described in the original *Reaching Home* plan. MCES has fostered better collaboration across service providers, and the leadership and management internal to MCES has been one of its greatest strengths.

The plan created a common, overarching goal for providers to collectively work toward, essentially leading to a shared operational framework. Missoula's system of services for individuals experiencing houselessness has developed into a supportive network of care in which partner agencies do not feel that they need to compete for resources. However, participating in *Reaching Home* necessitates that partner agencies commit to a higher level of engagement and coordination in addition to their normal operations. Capacity limitations are a major barrier to the level of engagement that partner agencies can offer. Law enforcement and first responders were also included in these collaborative efforts to address houselessness, but like partner agencies, coordination often requires more time and resources.

The shift to a housing system based on prioritization, rather than "first come, first served," resulted in some barriers; however, this follows national trends and can be partially attributed to HUD recommendations and requirements. The VI-SPDAT was endorsed by HUD and was the most prominently used assessment tool. Many other communities similarly needed to pivot to a different vulnerability assessment tool. Because the MAP is a new assessment tool, it is vital that MCES continues to monitor the tool for potential sources of bias or unreliability.

Reaching Home established rapid re-housing and low-barrier access points to stabilization with varying levels of success. Overall, there are higher levels of support for the Emergency Winter Shelter and for the Temporary Safe Outdoor Space but more concern regarding the Authorized Campsite. Across all of these interventions, there is a need to balance safety with access to a variety of services in order to provide for the diverse needs of individuals experiencing houselessness. It is necessary to expand case management capacity and provide individuals with limited knowledge of bureaucratic processes more support to enhance their ability to access stabilizing services.

Several additional gaps remain in prevention and rapid re-housing services. This is especially true for individuals with compounded vulnerability factors (i.e., history of trauma, behavioral health and/or medical issues). An enhanced prevention safety net is needed to continue preventing the transition to houselessness.

Although the *Reaching Home* plan highlighted treatment services for substance use and mental health disorders as a key need related to addressing houselessness, this need clearly remains unresolved. Further, there are glaring gaps in retention services for individuals who are unhoused once they have become housed. Much of the work within *Reaching Home* was centrally focused on getting individuals housed, and once clients were housed, providers were often no longer able to serve those clients.

Missoula has established a continuum of housing options: Emergency housing; transitional housing; the Housing Choice Voucher program; permanent supportive housing; and affordable housing. However, there are opportunities to improve access across all stages of the housing continuum for individuals who have experienced or are currently experiencing houselessness. The value of a continuum of housing opportunities, ranging from the TSOS to programs aimed at making the purchase of a home possible, is largely agreed upon, and *Reaching Home* has partially succeeded in this regard. Maintaining a continuum of housing options is the most responsive approach, especially if it is one where there is not a pre-determined path or progression but is instead designed to support residents regardless of where they are on the continuum or their individual preferences for achieving their own understanding of housing stability.

Overall, there was a positive impact on outcomes for individuals who are unhoused compared to 10 years ago: individuals are able to more easily access services, and there is a wider array of housing resources compared to before *Reaching Home* was implemented. Since the inception of MCES and the BNL, 32% of clients were housed at time of exit, either permanently or temporarily (n = 1263). Because higher quality MCES data has only recently been established (i.e., 2020), it will take more time to gather data that fully describes successful housing outcomes. Regardless, both the length of time an individual is active in MCES and the number of individuals with multiple entries have declined since 2017.

Across the 10 years of implementation, *Reaching Home* did not succeed in ending houselessness, but it did provide the foundational groundwork for Missoula's system of services to more strategically and collaboratively provide for individuals experiencing houselessness. Through *Reaching Home*, the City of Missoula has clearly established its role in supporting direct service providers and engendering a guiding vision and strategy for how the community, as a whole, prevents and responds to houselessness.

Based on the study findings, it is the view of the evaluation team that future efforts by the City of Missoula and its partners should focus on preserving the tangible and non-tangible infrastructure that has been built over the last 10 years while finding opportunities to continue building upon the successes of *Reaching Home* and strategically fill the gaps described by participants. Broadly speaking, the focus of new or expanded services should be on individuals categorized as "less vulnerable," such as those who fall under HUD categories two and three, as well as "more vulnerable" individuals in need of a higher level of services, such as those with serious medical or behavioral health issues and disabilities. In tandem with any future work, the city and its partners should prioritize strategies focused on communication and community outreach in order to engage the Missoula community more broadly in building solutions.

References

Creswell, J. W., & Poth, C. M. (2017). Qualitative inquiry and research design: Choosing among five approaches. 4th ed. SAGE Publications Inc., Thousand Oaks, CA, USA.

Cronley, C., & Patterson, D. A. (2010). How well does it fit? An organizational culture approach to assessing technology use among homeless service providers. *Administration in Social Work*, *34*(3), 286-303.

Cronley, C. (2022). Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness – critically appraising the VI-SPDAT. *Journal of Social Distress and Homelessness*, *31*(1), 23-33. https://doi.org/10.1080/10530789.2020.1852502

De Jong, I. (2020). A message from OrgCode on the VI-SPDAT moving forward.

Ecker, J., Brown, M., Aubry, T., Pridham, K. F., & Hwang, S. W. (2022). Coordinated Access and Coordinated Entry System Processes in the Housing and Homelessness Sector: A Critical Commentary on Current Practices. *Housing Policy Debate*, 1-20.

Glaser, B. G. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. Sociology Press, Mill Valley, CA, USA.

McCauley, H., & Reid, T. (2020). Assessing Vulnerability, Prioritizing Risk: The Limitations of the VI-SPDAT for Survivors of Domestic & Sexual Violence.

Pathways Community Network Institute. (2022). The Matching to Appropriate Placement (MAP) assessment, https://www.pcni.org/map

QSR International Pty Ltd. (2022). NVivo, https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

R Core Team. (2021). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. https://www.R-project.org.

Saldaña, J. (2009). The coding manual for qualitative researchers. SAGE Publications Inc., Thousand Oaks, CA, USA.

Schneider, M., Brisson, D., & Burnes, D. (2016). Do we really know how many are homeless?: An analysis of the point-in-time homelessness count. *Families in Society*, *97*(4), 321-329.

Shinn, M., & Richard, M. K. (2022). Allocating Homeless Services After the Withdrawal of the Vulnerability Index–Service Prioritization Decision Assistance Tool. *American Journal of Public Health*, *112*(3), 378-382.

Tsai, J., & Alarcón, J. (2022). The Annual Homeless Point-in-Time Count: Limitations and Two Different Solutions. *American journal of public health*, *112*(4), 633–637. https://doi.org/10.2105/AJPH.2021.306640

Wilkey, C., Donegan, R., Yampolskaya, S., & Cannon, R. (2019). Coordinated entry systems racial equity analysis of assessment data. *Needham, MA: C4 Innovations*.

Appendix A: Interview guides

Lived expert interview guide

Interview goals: Gather the lived experiences and perceptions of homeless adults regarding community service utilization in Missoula.
Subcategories of sample: Families, chronic and transient individuals who are unhoused

Introduction

Thank you for taking the time to speak with me today, we are interviewing you as part of an assessment to gather opinions and insights into the *Reaching Home* plan and its implementation. The main purpose of this study is to provide insight assessing the key outcomes of the plan and its application, and identify successes, gaps and areas for continued progress for addressing houselessness in Missoula.
The interview should take around 45 minutes. We have a couple of logistics to get out of the way before we get started.

4. Do you mind if I record this interview? The audio recording will only be viewed by the research team and there will be no personally identifiable information stored with the file.
5. When we use the information that we learn from these interviews, we will present all quotes anonymously.
6. Finally, you're welcome to skip any question.

Do you have any questions before we begin?

---

1. Can you tell me a little about yourself?
    a. What is your… age, race, educational background, employment status, marital status, household composition?
2. Are you currently unhoused?
    a. How long did/have you experienced houselessness?
3. What were the major influences that contributed to becoming unhoused?
4. What changes have you witnessed in the city since you have lived here?
    a. How have those changes impacted your life or the lives of people you know?
5. What do you consider to be the most important need(s) around supporting unhoused folk at this point?
6. What services are you aware of that the city provides to the homeless?
    a. How familiar are you with services that the city provides?
    b. What is your perception of services provided by the city?
7. What services do other (i.e., private orgs, non-profits, churches) organizations provide?
    a. What is your perception of these services?
8. What is your experience with services and programs to help meet your needs?
    a. Tell me about your overall experiences regarding social and community services, what are some of the services that you have relied on while you have been homeless?

   b. What are the social service groups, support centers, and/or meetings that are the most popular? Why? Least popular? Why?
   c. What are the easiest and/or best services you've accessed?
   d. Can you tell me about any experiences of needing services but not accessing them?
   e. Has the availability of these services changed over time?
9. Are there any programs now or in the past that you think have had a big impact on houselessness in Missoula, either positive or negative?
10. What is the relationship like between the unhoused community and first responders (police, fire) in Missoula?
   a. Can you share an example?
11. Based on your experiences and beliefs, what do policy makers and those who work with unhoused adults need to know?
12. We've talked about lots of aspects of being houseless in Missoula. What do you think is the most important issue for you?
13. Are there any questions that I have not asked, or issues not discussed which you would like to raise?
   a. Are there any topics that you would like to return to or say more about?

Key informant interview guide

Introduction

Thank you for taking the time to speak with me today, we are interviewing you as part of an assessment to gather opinions and insights into the Reaching Home plan and its implementation. The main purpose of this study is to provide insight assessing the key outcomes of the plan and its application, and identify successes, gaps, and areas for continued progress for addressing houselessness in Missoula.

The interview should take around 45 minutes. We have a couple of logistics to get out of the way before we get started.

1. Do you mind if I record this interview? The audio recording will only be viewed by the research team and there will be no personally identifiable information stored with the file.
2. When we use the information that we learn from these interviews, we will present all quotes anonymously.
3. Finally, you're welcome to skip any question.

Do you have any questions before we begin?

Tell me a little about yourself…

1. What is (was) your job, title?
   a. How did you get into this line of work?
   b. How long have you been working (or when and how long, for former staff) in your position?
2. What has been your/your organization's involvement in the implementation of the Reaching Home plan?

a. Broadly, what changes have you witnessed in the city since the RH plan started in 2012?
b. How has implementation of the plan changed over time?
c. How do you feel about the overall impact of the Reaching Home plan?
    i. To put it simply, has the RH plan mattered in how your organization operates?
        1. How has it influenced the way your organization develops policy and procedure?

3. What do you think the role of the city should be in housing/homelessness/implementation of these types of plans?
4. What have been some of the greatest challenges or barriers in operationalizing the plan?
    a. Can you specify challenges internal to RH and external/systemic factors?
    b. How have you/your organization navigated those challenges?
5. From your perspective, what parts of the RH plan are working/have worked well?
    a. Do you feel that there are any ongoing or emerging gaps in the city's strategies to address housing instability?
    b. What about historically? What were previous gaps that you feel the RH plan was able to address?
6. What impact has Reaching Home had on those experiencing housing instability and houselessness?
    a. Are the impacts different for different demographics (e.g. youth, adults, families)?
7. How has the plan impacted service providers, both direct and indirect?
    a. What about continuity of services? (transitions and overlaps between the various providers/ elements of the housing system)
8. How has the changing housing and real estate market impacted those involved in Reaching Home and its related programs?
9. What has been your experience working with HMIS/MCES data systems?
    a. To what extent was the Coordinated Entry system developed as a result of Reaching Home?
    b. What do you see as the main benefit of MCES?
    c. Challenges?
10. What can you tell me about organizations that have partnered with RH? Can you describe those relationships?
    a. Which organizations have been the most involved? The least involved?
        i. What about City Council?
        ii. Other community support?
    b. How has communication been facilitated among partnering organizations and RH? Has this been successful?
11. What key lessons have you learned from working on/supporting the RH program?
    a. How does the work around RH lend itself to future work to address housing instability?
12. Looking forward to the next 10 years, what changes do you hope to see around the city's housing services and ability to address housing instability?
13. Is there anything else you think I should know about your involvement with Reaching Home and your position or organization?

Referral

14. Thank you, again, for taking time to talk with me. Now that you have a good understanding of what we're trying to learn, is there anyone else that you think I should speak with?
    a. Would you be comfortable giving me their contact information? Or, would you be willing to pass my contact information along to them?

Law enforcement, first responder interview guide

Thank you for taking the time to speak with me today, we are interviewing you as part of an assessment to gather opinions and insights into the Reaching Home plan and its implementation. The main purpose of this study is to provide insight assessing the key outcomes of the plan and its application, and identify successes, gaps, and areas for continued progress for addressing houselessness in Missoula.

The interview should take 30 minutes. I have a couple of logistics to get out of the way before we get started.

1. Do you mind if I record this interview? The audio recording will only be viewed by the research team and there will be no personally identifiable information stored with the file.
2. When we use the information that we learn from these interviews, we will present all quotes anonymously.
3. Finally, you're welcome to skip any question.
4. Do you have any questions before we begin?

1. Tell me a little about yourself…
    a. What is your job/title? How did you get into this line of work?
    b. How long have you been working in your position?
2. What is your familiarity with the Reaching Home Plan?
    a. What about other services re: housing that the provides?
    b. Has the plan had any influence on your role? If so, can you explain/elaborate?
    c. What are your thoughts about the Authorized Camping Site? The Temporary Safe Outdoor Space? Emergency winter shelter?
3. What kind of training have you had on mental health and homelessness?
    a. Does everyone in your department receive training?
4. What is the policy and procedure when responding to people in crisis?
    a. What is the role of first responders?
    b. Do counselors/advocates (Crisis Intervention Team, CIT) accompany them?
        i. What is the relationship with CIT? How are they embedded in your system?
        ii. When they are accompanied by CIT, how are those interactions compared to when not accompanied by CIT?
    c. Have you had any internal policy shifts that are a result of RH/the City's strategy toward addressing homelessness?
5. Do you interact with the Poverello Center's homeless outreach team (HOT)?
    a. What do those interactions looked like?
    b. Can you describe the relationship you have with HOT?
6. What other working relationships do you have with agencies/organizations that support unhoused individuals?
7. What changes have you seen in Missoula since you started working in your position re: the homeless population?
    a. Have you seen a shift in attitudes/culture towards this population?
    b. How has the changing housing and real estate market impacted your line of work?

8. What role do you think the city should have in addressing housing instability?
    a. What role do you think police, fire, first responders should have in addressing houselessness?

9. Is there anything I haven't asked that you think I should know re: your interactions and experiences with this population?
10. Referral – Now that you have an understand of what we are asking, is there anyone else in your department that you think I should speak with? If so, are you willing to share their names and contact information?

Appendix B: Survey guides

Partner agency staff survey guide

The City of Missoula, with support from JG Research & Evaluation, is undertaking an evaluation of *Reaching Home: Missoula's 10-year Plan to End Homelessness*. The results of the evaluation will aid the city in continuing to make improvements in supporting people who are unhoused or experiencing housing instability. The purpose of this survey is to identify, from front-line staff perspectives, the strengths and barriers that exist in the current continuum of housing services. This information will help the city make informed decisions about the future of housing resources and services. If you chose to complete the survey, please know that your response is anonymous.

1. What organization do you work for?
    a. Open response
2. Are you familiar with *Reaching Home: Missoula's 10-year Plan to End Homelessness*?
    a. Yes/No
    b. If yes, how would you rate your familiarity with the plan?
        i. Very familiar (high knowledge of the framework and plan), some familiarity, neither familiar nor unfamiliar, unfamiliar, very unfamiliar (no knowledge of the framework and plan)
3. Which aspects of Missoula's system to address houselessness and housing instability do you think work best? Select up to 3 options.
    a. Permanent supportive housing
    b. Permanent housing
    c. Transitional housing
    d. Affordable housing
    e. Emergency shelters (e.g., The Poverello Center, TSOS, Authorized Campsite)
    f. Outreach
    g. Supportive services
    h. Behavioral health treatment services
    i. Coordinated assessment – HMIS/MCES
    j. Case Management
    k. Referral system
    l. Other agency aspects (e.g., feeding and clothing), please describe:
    m. Other not listed, please describe:
4. Which aspects of Missoula's system to address houselessness and housing instability do you think have the greatest need for improvement? Select up to 3 options.
    a. Permanent supportive housing
    b. Permanent housing
    c. Transitional housing
    d. Affordable housing
    e. Emergency shelters (e.g., The Poverello Center, TSOS, Authorized Campsite)
    f. Outreach
    g. Supportive services
    h. Behavioral health treatment services
    i. Coordinated assessment – HMIS/MCES

j. Case Management
k. Referral system
l. Other agency aspects (e.g., feeding and clothing), please describe:
m. Other not listed, please describe:

5. The following questions are about actions you would like to see the city take to meet the most critical needs of the subpopulation(s) that you serve.
   a. Please identify the subpopulation(s) you work with: (e.g., elderly, veterans, unhoused women and / or families, etc.)
      i. Open response
   b. What actions would you like to see the city take to meet the most critical needs?
      i. Open response
   c. What actions would you recommend the city avoid taking?
      i. Open response
6. Do you have any other comments, questions, or concerns that are related to how the city is serving Missoula's unhoused population and addressing housing instability?
   a. Open response
7. In addition to this survey, JG Research & Evaluation is conducting focus groups with staff working with Missoula's unhoused and housing insecure community. Are you willing to participate in a focus group?
   a. Focus Group: Yes/No
      i. If yes, please provide your contact information: Name, Email, Phone
      ii. If yes, what are the best times that would enable you to participate in a focus group?

Community survey guide

The City of Missoula, with support from JG Research & Evaluation, is undertaking an evaluation of Reaching Home: Missoula's 10-year Plan to End Homelessness. The results of the evaluation will aid the city in continuing to make improvements in supporting people who are unhoused or experiencing housing instability. The purpose of this survey is to understand how community members think the city has been doing to meet the needs of those who are unhoused. This information will help the city make informed decisions about the future of these types of services. If you chose to complete the survey, please know that your response is anonymous.

1. Are you familiar with *Reaching Home: Missoula's 10-year Plan to End Homelessness*?
   a. Yes/No
   b. If yes, how would you rate your level of familiarity with the plan?
      i. Very familiar, some familiarity, neither familiar nor unfamiliar, unfamiliar, very unfamiliar
   c. If yes, how did you learn about *Reaching Home: Missoula's 10-year Plan to End Homelessness*? Was there a specific community-based or city-based agency that you learned about the plan from? (Open ended)
2. Do you know what the concept of "Housing First" is?
   a. Yes/ No
   b. If yes, do you support Housing First initiatives for Missoula?
      i. strongly agree, somewhat agree, uncertain, somewhat disagree, strongly disagree
   c. Definition: Housing First is an approach to creating policy that offers unconditional, permanent housing as quickly as possible to individuals who are unhoused, and often includes supportive services afterward.

    d. Do you have any additional comments about Housing First initiatives?
3. Do you know what the concept of "No Wrong Door" is?
    a. Yes/No
    b. If yes, do you support No Wrong Door initiatives for Missoula?
        i. strongly agree, somewhat agree, uncertain, somewhat disagree, strongly disagree
    c. Definition: No wrong door is an approach which means that individuals can enter any service with the expectation that even if it is not the most appropriate service, they will receive assistance in accessing the most relevant or appropriate service(s). For example, this might mean referral to other services or case management approaches.
    d. Do you have additional comments about No Wrong Door initiatives?
4. Do you know what the concept of "Functional Zero" is?
    a. Yes/No
    b. If yes, do you support Functional Zero initiatives for Missoula?
        i. strongly agree, somewhat agree, uncertain, somewhat disagree, strongly disagree
    c. Definition: Functional zero is a milestone, which must be sustained, that indicates a community has measurably ended homelessness for a population. When it's accomplished, homelessness is rare and brief for that population.
    d. Do you have additional comments about functional zero initiatives?

Do you have experience being unhoused while living in Missoula?

    e. Yes, I am currently unhoused
    f. Yes, I have previously been unhoused in Missoula
    g. No
5. Have you ever utilized housing assistance resources in Missoula?
    a. Yes/No
        i. If yes, please select the resources you have accessed/utilized:
            1. Affordable and/or Supportive Housing Programs
            2. Subsidized Housing/Housing Choice Voucher
            3. Rental Assistance
            4. Transitional Housing (e.g., the YWCA)
            5. Emergency shelter (e.g., The Poverello Center, Johnson Street Winter Shelter)
            6. Authorized Campsite and/or Temporary Safe Outdoor Space
            7. Homebuyer Down Payment Assistance Programs
            8. Other, please specify:
6. Where do you live?
    a. City of Missoula
    b. Missoula County (outside the city limits of Missoula)
    c. Other (please describe)
7. What is your gender?
    a. Female
    b. Male
    c. Other
    d. Non-binary
    e. Prefer not to say
    f. None of these are accurate (please specify):

8. What is your age?
9. What do you think are the greatest strengths in Missoula's system to address houselessness and housing instability? Select up to 3 options.
    a. Permanent supportive housing
    b. Permanent housing
    c. Transitional housing
    d. Affordable housing
    e. Emergency shelters (e.g., The Poverello Center, Temporary Safe Outdoor Space, Authorized Campsite)
    f. Outreach
    g. Supportive services
    h. Behavioral health treatment services
    i. Coordinated assessment – HMIS/MCES
    j. Case Management
    k. Referral system
    l. Other agency aspects (e.g., feeding and clothing), please describe:
    m. Other not listed, please describe:
10. What do you think are the greatest needs in Missoula's system to address houselessness and housing instability?
    a. More permanent supportive housing for persons with disabilities
    b. More mainstream assisted housing (e.g., Housing Choice Vouchers)
    c. Better coordination with mental health service providers
    d. More substance abuse services
    e. More employment training programs
    f. More or better paying employment opportunities
    g. Other, please specify
11. What actions would you like to see the city take to expand or improve its system to address houselessness and housing instability?
    a. (Open ended)
12. Do you have any other comments, questions, or concerns that are related to *Reaching Home: Missoula's 10-year Plan to End Homelessness* or how the city is approaching housing instability and/or serving the unhoused community?
    a. (Open ended)
13. *If yes, have been or are currently unhoused:* In addition to this survey, JG Research & Evaluation will be conducting interviews with individuals who have experienced houselessness this fall. Completed interviews will be compensated with a $30 Visa gift card. Are you interested in participating in an interview?
    a. Interview: Yes/No
        i. If yes, please provide your contact information:
        ii. If yes, what are the best times for someone from the research team to call you?
            1. Before work hours (e.g., 8:00am or earlier)
            2. Morning (e.g., between 9:00 - 11:00am)
            3. Lunch (e.g., 12:00pm)

4. Afternoon (e.g., between 1:00 - 5:00pm)
5. After work hours (e.g., after 5:00pm)

14. *If no, have not been or have never been unhoused:* In addition to this survey, JG Research & Evaluation will be conducting focus groups in your community this fall. Are you interested in participating in focus group with fellow community members?
    a. Focus Group: Yes/No
        i. If yes, please provide your contact information:
        ii. If yes, what are the best times that would enable you to participate in a focus group?

Appendix C: Data Dictionary

Table 1. MCES data dictionary

Variable	Definition
Client ID	HMIS client ID
Provider ID	HMIS Provider ID
Entry Date	Date format (MM/DD/YYYY)
Exit Date	Date format (MM/DD/YYYY)
Date of Birth	Date format (MM/DD/YYYY)
Ethnicity	Character variable with 5 levels: Non-Hispanic/Non-Latina/o/x, Hispanic/Latina/o/x, Data not collected, Client refused, Client doesn't know
Gender	Character variable with 6 levels: Male, Female, Transgender; Non-binary/Other, Client refused, Data not collected
Primary Race	Character variable with 7 levels: American Indian, Alaska Native, or Indigenous; Asian or Asian American; Black, African American, or African; Native Hawaiian or Pacific Islander; White; Client refused; Data not collected
Household Type	Character variable with 4 levels: Individual; Head of household with children; Co-Head of household with children; Youth (Age 18 - 24)
Disability	Does the person in the household who meets the CH length of time requirement also have a disabling condition? Y/N
Foster care	Have you ever been in foster care? Y/N
Pregnancy	Are you pregnant? Y/N
Substance use	Is substance use a barrier to you getting into/keeping housing? Y/N
Veteran	Are you a U.S. Military Veteran? Y/N

Variable	Definition
Destination Detail	Exit destination description, character variable with 33 levels: No exit interview completed; Data not collected; Client refused; Rental by client, no ongoing housing subsidy; Rental by client, with RRH or equivalent subsidy; Rental by client, with other ongoing housing subsidy; Rental by client, with HCV voucher (tenant or project based); Rental by client, with VASH housing subsidy; Rental by client in a public housing unit; Staying or living with family, permanent tenure; Staying or living with family, temporary tenure; Staying or living with friends, permanent tenure; Staying or living with friends, temporary tenure; Deceased; Permanent housing (other than RRH) for formerly homeless persons; Place not meant for habitation; Jail, prison or juvenile detention facility; Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded Host Home shelter; Long-term care facility or nursing home; Substance abuse treatment facility or detox center; Residential project or halfway house with no homeless criteria; Transitional housing for homeless persons (including homeless youth); Hospital or other residential non-psychiatric medical facility; Hotel or motel paid for without emergency shelter voucher; Psychiatric hospital or other psychiatric facility; Safe Haven; Client doesn't know; Moved from one HOPWA funded project to HOPWA PH; Owned by client, with ongoing housing subsidy; Owned by client, no ongoing housing subsidy; Foster care home or foster care group home; Host Home (non-crisis); Other
Reason for leaving	Reason for client exit, character variable with 9 levels: Completed program; Criminal activity / violence; Death; Left for housing opp. before completing program; Needs could not be met; Non-compliance with program; Other; Reached maximum time allowed; Unknown/Disappeared
Known destination	Is destination known? Y/N
Assessment Date	Date of housing vulnerability assessment, date format
MAP	Matching for Appropriate Placement (MAP) scores; has a score of 0-21 which is calculated from the total number of "yes" responses
TAY VI-SPDAT assessment score	Transition Age Youth Vulnerability Index – Service Prioritization Decision Assistance Tool, has a score of 0 - 18
FAM VI-SPDAT assessment score	Family Vulnerability Index – Service Prioritization Decision Assistance Tool, has a score of 0 - 18; Family includes pregnant individuals

Variable	Definition
VI-SPDAT assessment score	Single/Individual Vulnerability Index – Service Prioritization Decision Assistance Tool, has a score of 0 - 18
Chronic status	Chronic homelessness (HUD definition), Y/N
Long term homeless status	Long term homelessness, Y/N
Date identified	Date format (MM/DD/YYYY)
Date of birth	Date format (MM/DD/YYYY)
Date current homeless episode began	Date format (MM/DD/YYYY)
Num months homeless last 3yr	Total number of months unhoused
Num times homeless last 3yr	Total number of times unhoused
Current CES district	Coordinated entry district
Best place to find client	Location client can usually be found
Service provider	Primary service provider within housing CoC
Month	Indicator if a client is active in MCES that month
Month count	Ordered count of months active in MCES
Day count	Total days between each client entry and exit date
Multiple entries	Total number of times a client has an entry into MCES