


MISSOULA'S 10-YEAR PLAN TO END HOMELESSNESS: A RETROSPECTIVE EVALUATION

PRESENTATION OF REPORT FINDINGS

MARCH 8, 2023

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EVALUATION

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Missoula County is located on the ancestral land of the Séliš (Salish or “Flathead”) and Qlispé (Kalispel or “Pend d’Oreille”) Nations, and was and is a place also utilized by other Indigenous peoples, who non-Indian settlers forced from the Missoula valley, sanctioned by the U.S. government.

Indigenous neighbors are disproportionately impacted by experiences of houselessness in Missoula and nation-wide.



2012-2022 Implementation of Reaching Home

May 2022

City contracts with JGRE for Evaluation after conducting limited solicitation process; JGRE begins Stage 1: Planning

July 2022

JGRE begins Stage 2: Data Collection, including interviews, surveys, focus groups, and reviewing HMIS/MCES data

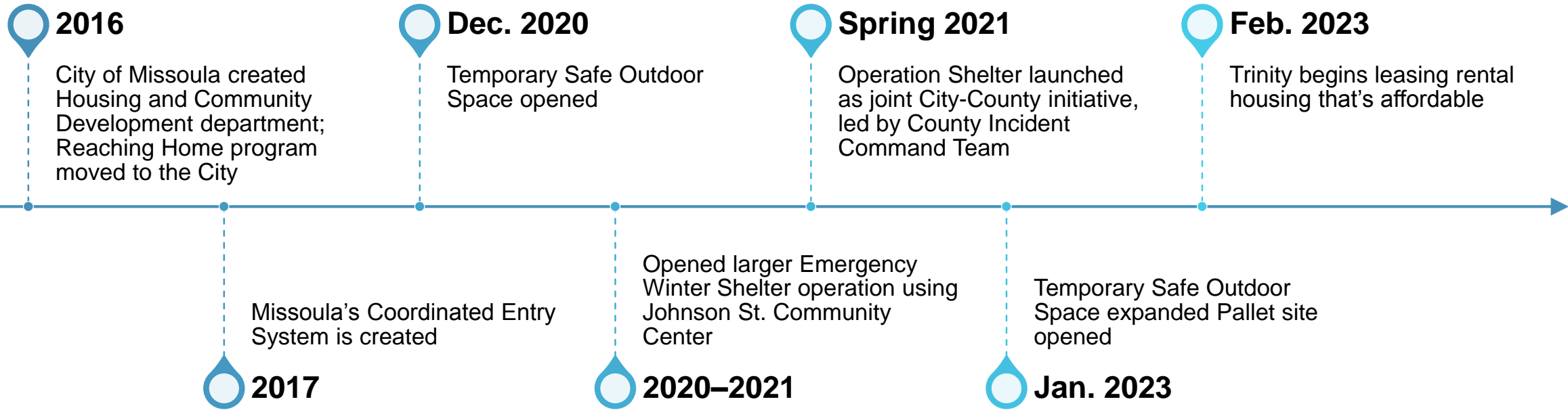
October 2022

JGRE begins Stage 3: Data Analysis and Final Product Creation

March 2023

Evaluation complete and finalized; community sharing begins

Background



REACHING HOME BACKGROUND

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

- Adopted by City of Missoula and Missoula County in 2012
- Guided by HUD's 2010 strategic plan
- Key principles:
 - 1) Housing First
 - 2) Homeless Prevention and Rapid Re-housing
- Four Building Blocks:
 - 1) Implementation of 10-year plan
 - 2) Service collaboration and coordination
 - 3) Homeless prevention and rapid re-housing
 - 4) Continuum of housing options

STUDY BACKGROUND

Retrospective evaluation

- Understand full scope of progress, successes, and gaps associated with *Reaching Home*
- Document the process of developing and implementing *Reaching Home*
- Study was guided by the four building blocks of *Reaching Home*



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- 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

EVALUATION GOALS

METHODS

Multiple methods of data collection:

Primary data

- Interviews
 - Key informants (City, county, and partner agency staff) (N=29)
 - Lived experts (N=23)
- Surveys
 - Community (N=601)
 - Partner agency staff (N=39)
- Focus groups (N=26)

- Administrative data
 - HMIS and MCES data

- Historic documents
 - News articles
 - Documents shared by Reaching Home staff (e.g. meeting minutes, presentations, etc.)

METHODS

Qualitative analysis

- Interview and focus groups audio recorded, transcribed
- Thematic coding analysis using NVivo

Quantitative analysis

- Descriptive statistical analysis using R (i.e. annual frequencies and proportions based on HMIS intake variables)
- Data quality

Limitations

- Participant recruitment
- Agency staff turnover

RESULT SECTIONS REFLECT BUILDING BLOCKS

- Four Building Blocks:
 - 1) Implementation of 10-year plan
 - 2) Service collaboration and coordination
 - 3) Homeless prevention and rapid re-housing
 - 4) Continuum of housing options

Notable changes in Missoula over last decade

- COVID-19
- Housing market
- Shifts in City of Missoula departmental structure
- Plan development
- Communication

*“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.**” –Community member*

RESULTS: IMPLEMENTATIO N OF 10-YEAR PLAN

Facilitators during implementation

- Having a plan
- City leadership
- Partnerships and collaboration
- Funding

*“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.**”*—City staff member

RESULTS:
IMPLEMENTATIO
N OF 10-YEAR
PLAN

Barriers during implementation

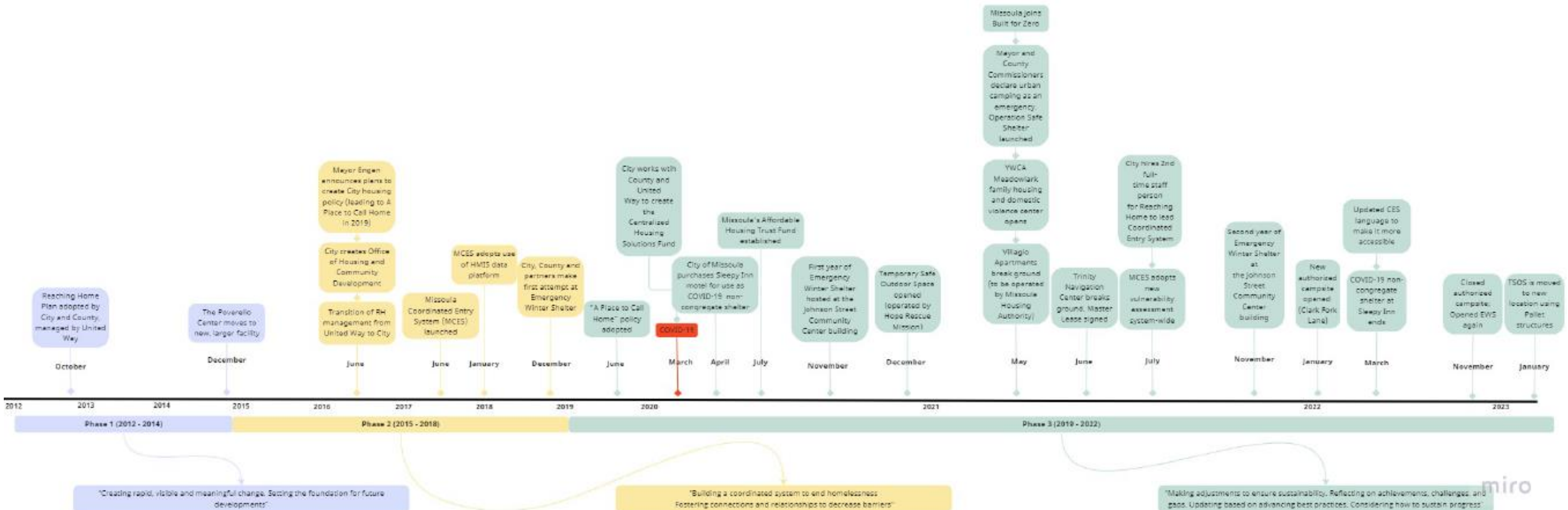
- Building trust and buy-in
- Funding
- Limited capacity

*“I think our **greatest challenge continues to lie with engagement and true 100% buy-in** from the service community, the service providers.”—City staff member*

*“**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...**we just really don’t have the capacity to do it.**”— City staff member*

RESULTS:
IMPLEMENTATIO
N OF 10-YEAR
PLAN

REACHING HOME TIMELINE



RESULTS: SERVICE COLLABORATION AND COORDINATION

- Missoula Coordinated Entry System (MCES)
 - Benefits and successes
 - Barriers and limitations
 - Data quality

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. –Direct service provider

Results: MCES data quality

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.

RESULTS: SERVICE COLLABORATION AND COORDINATION

- *Reaching Home* and direct service providers
- *Reaching Home* and law enforcement

“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.” –Direct service provider

“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] 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.” – Member of law enforcement

- Operation Safe Shelter
 - The Emergency Winter Shelter at Johnson St. (EWS)
 - Temporary Safe Outdoor Space (TSOS)
 - Authorized Campsite (ACS)

**RESULTS:
HOMELESS
PREVENTION AND
RAPID RE-
HOUSING**

Results: Homeless Prevention and Rapid Re-Housing

- Prevention and diversion services
- Retention services
- Behavioral health treatment services
 - 53% partner agency staff identified top need
 - 40% and 35% of community members selected “better coordination with mental health services” and “more substance use disorder services”
- Case management

*“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.”* – Direct service provider

*“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.**”* – Direct service provider

*“**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.**”* – Direct service provider

EXPERIENCES BEING UNHOUSED

- Factors leading to homelessness and experience of homelessness are diverse and complex
- Among lived expert participant group:
 - Previous and current trauma
 - Behavioral health and medical issues
 - Gaps in food security/access to basic resources

What would you like Missoula policymakers to know?

“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...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.— Avery, Lived expert

*“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.” – Jonathan, Lived expert*

RESULTS: CONTINUUM OF HOUSING OPTIONS



- Most difficult building block to implement
- Gaps and areas for continued improvement:
 - Emergency housing
 - Transitional housing
 - Housing Choice Voucher program
 - Permanent supportive housing
 - Affordable housing

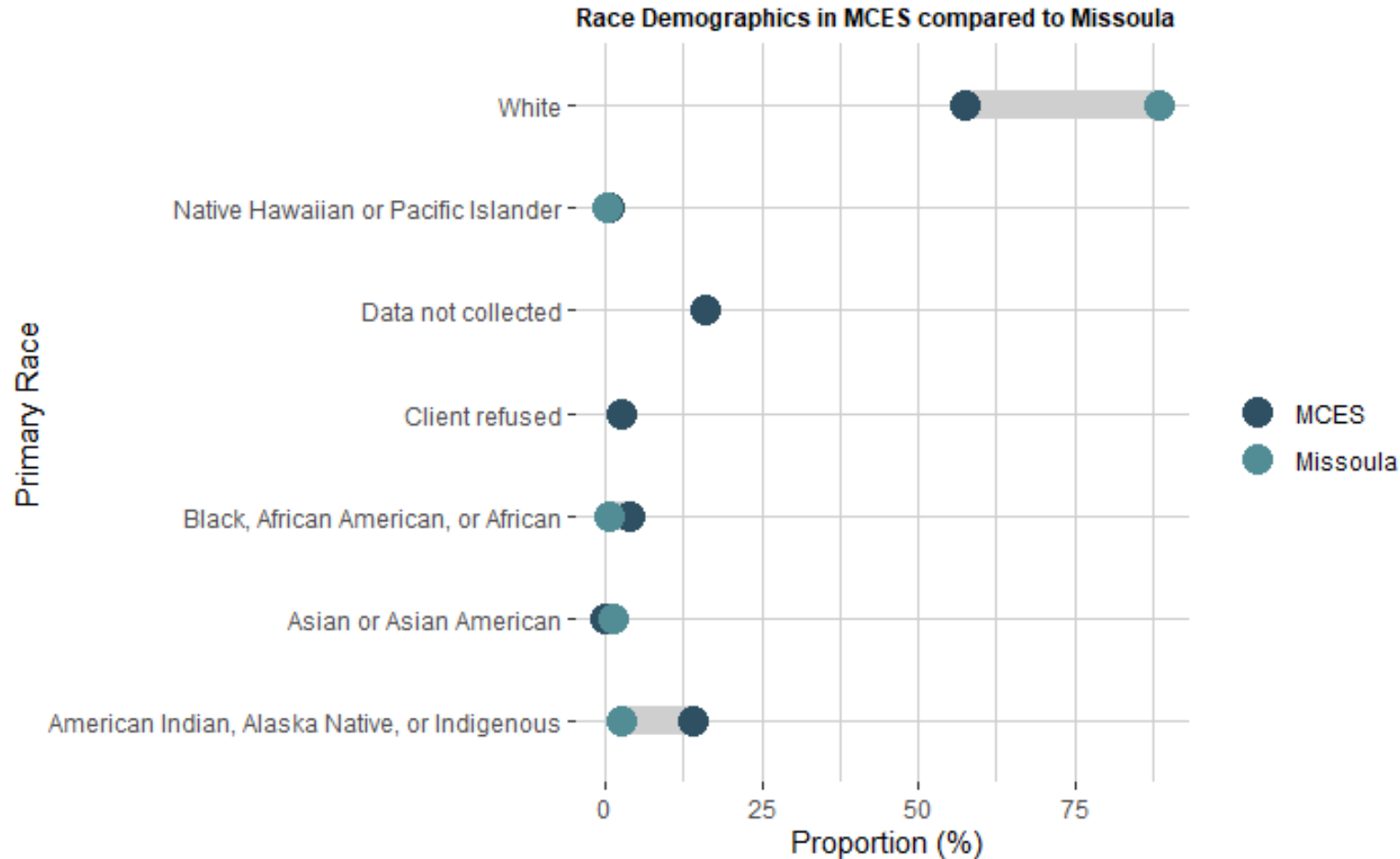
RESULTS: CONTINUUM OF HOUSING OPTIONS

*“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.**” – Claire, lived expert*

*“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.” – Katie, lived expert*

*“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.**” – Direct service provider*

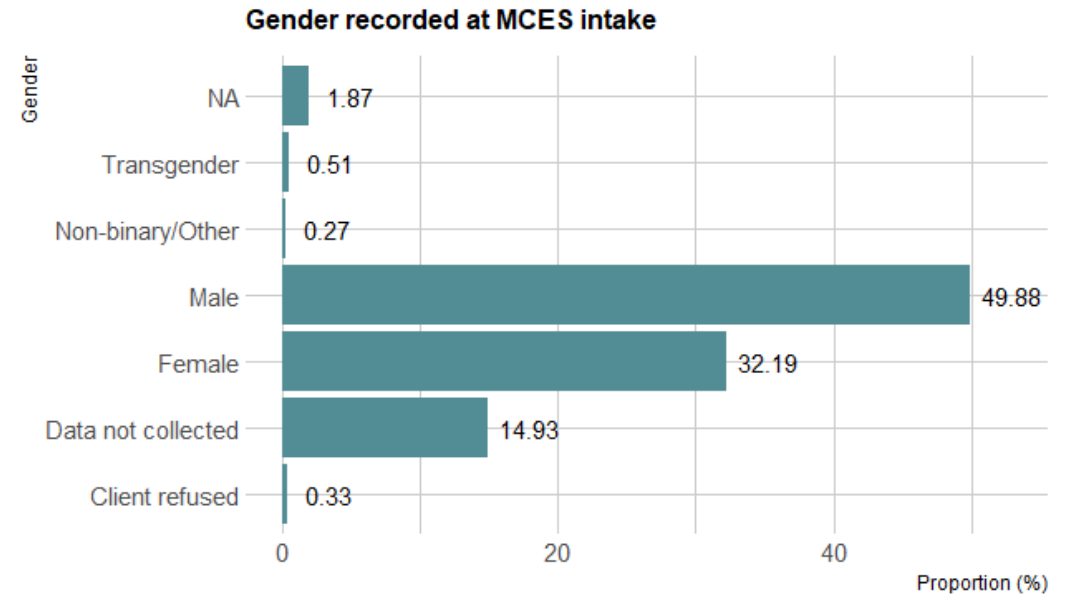
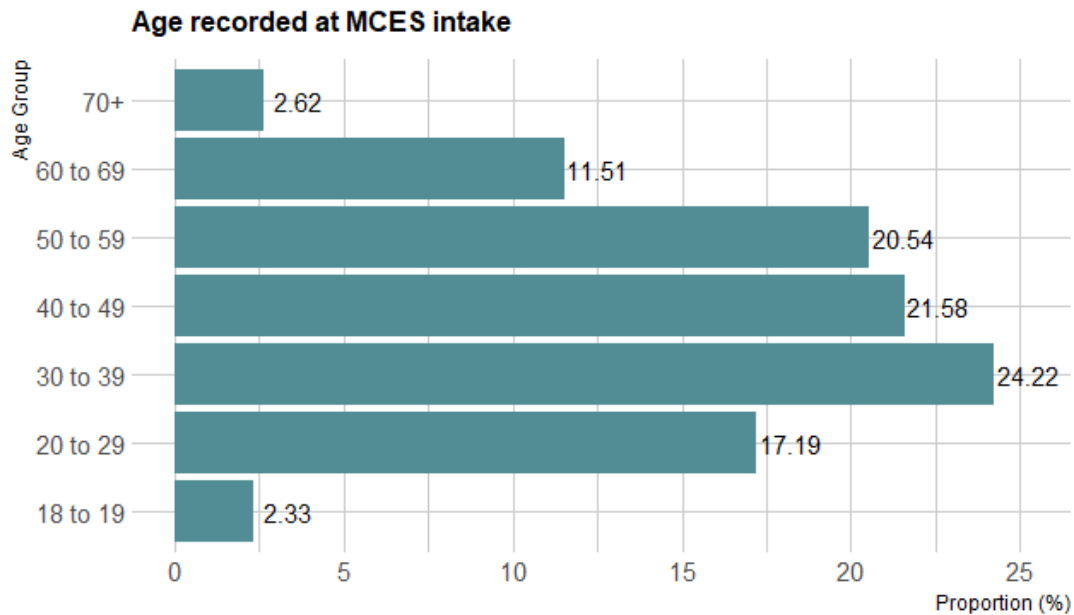
No distinct patterns for race nor ethnicity, except for clients with and indicator for “data not collected” for race, which had a much higher average number of days in MCES

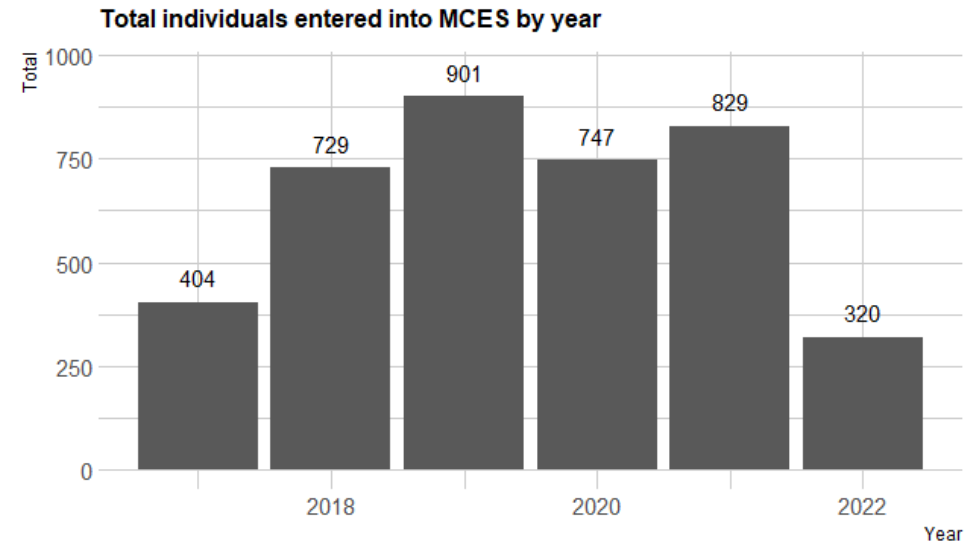
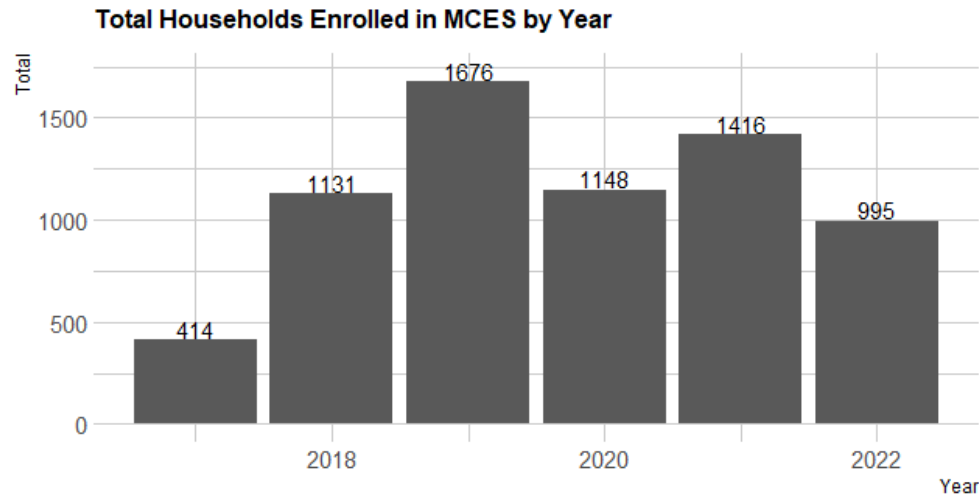


RESULTS:
IMPACT ON
OUTCOMES
FOR
INDIVIDUALS

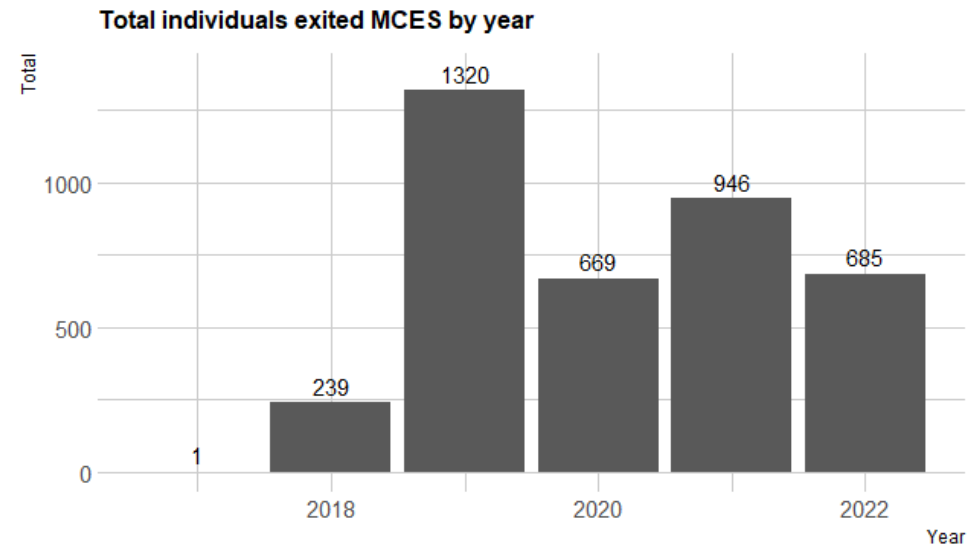
RESULTS: IMPACT ON OUTCOMES FOR INDIVIDUALS

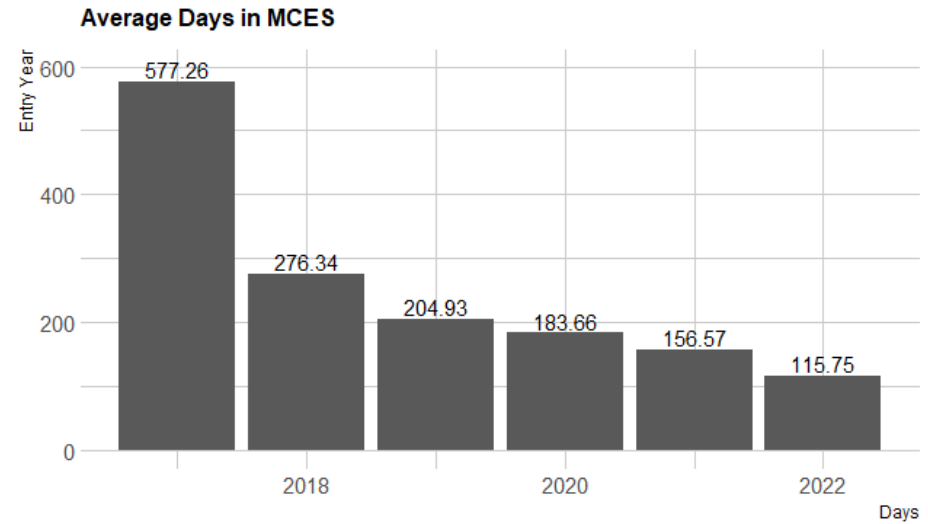
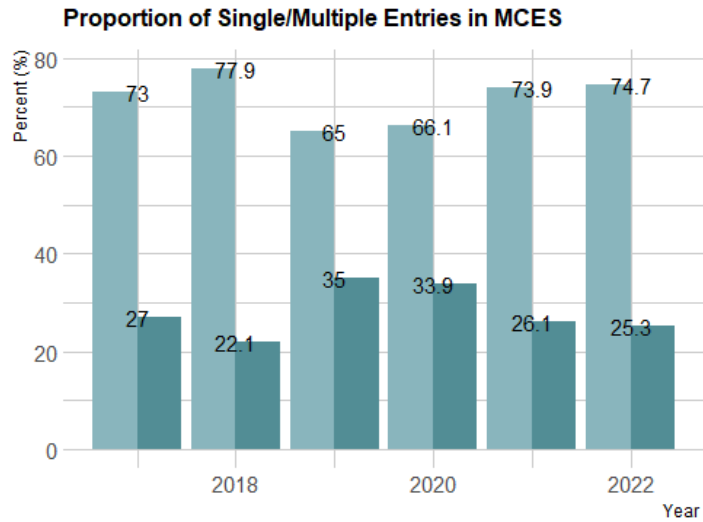
- Time in MCES tends to increase with age.
- Males have slightly more days in MCES than all other genders.





*Notes: MCES started in July 2017 and data for 2022 is partial;
Data was provided from July 2017 though June 2022.*





All Exit Destinations - Proportion



Other observations:

- Veterans and non-veterans have a similar average number of days.
- Individuals who are identified as chronically unhoused also have more days in MCES than those who are not chronically homeless.
- Clients who experience domestic violence and those who are pregnant 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.

RESULTS: IMPACT ON OUTCOMES FOR INDIVIDUALS

FUTURE CONSIDERATIONS

- The City of Missoula's role in addressing homelessness
 - Big picture goal-setting and implementation
 - Supportive coordination role
 - Leveraging funding
- Creating an updated plan
 - Sets long-term vision, "end game"
 - Frequently evaluated
 - Dynamic, living document
- Continuing to build on *Reaching Home* successes
- Improving communication and messaging
- Strengthening community engagement
- Enhancing data collection and use of MCES
- Increasing affordable housing
- Supporting substance use disorder management

- *Reaching Home* successfully established a collaborative framework
- MCES is a key accomplishment of the last 10 years
- Key gaps remain in services for those experiencing housing instability and homelessness
- Meeting the diversity of need is challenging but essential for success, requires creative solutions
- Shelter options have expanded in positive ways, but housing options remain limited
- Finding ways to more readily engage the Missoula community could benefit the support for and sustainability of programs

CONCLUSION

QUESTIONS?

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