

2022

Douglas County Homelessness Needs Assessment



“

There's a group of people that just want to get a leg up, get a place and get their life back in order. There are some people that want that, but they don't have the emotional or mental stability to keep it going and they end up back on the street. I would say, for the most part, there are people that just want to get back up off the ground.

”

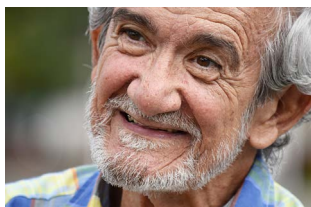
BOBBY*

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Acknowledgments

This needs assessment was made possible by funding from Douglas County, KS. Special thanks to City of Lawrence staff, Douglas County staff, direct service providers, housing advocates, and community collaborators who participated in the needs assessment process. An additional special thanks to all those individuals with lived experience of homelessness who shared their stories, insights and ideas on how to strengthen efforts to prevent and end homelessness. Without all of those involved, this project would not have been possible.



About this Project

Douglas County, KS, and the City of Lawrence, KS, have a mission of ending chronic homelessness in the community over the next three years. Affordable and safe housing is the foundation of health and well-being. All people deserve to flourish in their community in stable housing. The experience of homelessness severely diminishes the potential to thrive, the quality of life, and the health of hundreds of individuals and families across Lawrence and Douglas County. Leadership at the county and city levels are poised to make the appropriate investments needed to keep individuals and families in housing permanently. By infusing the community with the resources required for every community member to thrive, the causes and conditions of persistent homelessness can be overcome.

As part of that mission, Douglas County has contracted with the University of Kansas Center for Public Partnerships and Research (KU-CPPR) to conduct a needs assessment to inform and assess the system-wide conditions and needs related to the goal of ending chronic homelessness. This needs assessment aims to present the current state of homelessness in the county and to help equip leaders with the knowledge needed to make investments to address homelessness permanently.

**A note about names and likenesses: Throughout the needs assessment, to ensure confidentiality, all participant names have been changed and likenesses do not represent any actual participants.*

Executive Summary

A look at the issues around homelessness in Lawrence and Douglas County using available quantitative data, community conversations with service providers, and interviews with individuals with lived experience of homelessness reveal some key findings.

A complete picture of the population experiencing homelessness is needed.

The Homeless Management Information System (HMIS) is adequate to identify those with frequent interactions with the homelessness response system. Still, it fails to identify individuals who do not meet the strict Department of Housing and Urban Development (HUD) federal definition of homelessness, including many families. An incomplete picture of who is experiencing homelessness in Douglas County is a barrier to implementing effective homelessness interventions.

Racial disparities in who experiences homelessness warrant further attention.

There are racial disparities in who experiences homelessness in Douglas County, with minority groups experiencing higher proportional representation among the homeless community.

Gender disparities in who experiences homelessness warrant further attention.

The gender distribution of individuals experiencing homelessness is different than the national average. In Douglas County, about 51% of individuals experiencing homelessness identify as female (Homelessness Management Information System & Coordinated Entry System) HMIS & CES), with the national average being only around 39%. Through interviews with individuals with lived experience of homelessness, women described encountering unique circumstances related to safety and hypervigilance that were not experienced by their male counterparts. For example, female participants described navigating fears of sexual assault and exerting significant efforts to protect children in their care and themselves. Further, unlike the male interviewees, most female participants described domestic violence as a primary catalyst for homelessness.

KEY FINDINGS AT-A-GLANCE

- * A complete picture of the population experiencing homelessness is needed.
- * Racial disparities in who experiences homelessness warrant further attention.
- * Gender disparities in who experiences homelessness warrant further attention.
- * Continued and increased collaboration across providers is needed.
- * More options for affordable housing are needed.
- * Permanent supportive housing options are needed.
- * Explore opportunities for engaging individuals with lived experience of homelessness to provide decision-making input.

Continued and increased collaboration across providers is needed. A consistent, universal way of providers coming together to conduct Coordinated Entry and manage the By-Name list is necessary. All providers must communicate and collaborate to discuss the entirety of everyone in need.

More affordable housing options are needed. There is not enough affordable housing for everyone who needs it and not enough property owners are willing to accept vouchers and other forms of rental assistance. Increased engagement with property owners to educate them about vouchers and other housing subsidies is needed to create more housing opportunities for low-income renters.

Permanent supportive housing options are needed. There are few permanent supportive housing units in Douglas County, which is necessary to address the needs of individuals who experience chronic homelessness.

Explore opportunities for engaging individuals with lived experience of homelessness to provide decision-making input. Interviews with individuals who are currently or have recently experienced homelessness shared essential insights on their perceptions of home, what it means to have quality social support, and wisdom on what investments are needed to prevent and reduce homelessness. Most interview participants expressed enthusiasm for being able to share their insights and stories with researchers during interviews. Participants also frequently described a lack of engagement in problem-solving and a disconnect between feeling genuinely listened to by the community. Given those insights, there is an identified need to develop a continuous feedback loop or mechanism to engage individuals with lived experience on an ongoing basis. Continued, frequent, structured engagement of individuals with lived experience with community leaders and service providers is needed to drive decision-making in how human resources and community investments address homelessness.



Key Findings & Considerations

A look at the issues around homelessness in Lawrence and Douglas County using available quantitative and qualitative data from service providers, advocates, and individuals with lived experience of homelessness reveals some vital takeaways.

Racial and Gender Disparities

There are racial and gender housing disparities in Douglas County. Analysis across multiple data systems showed disparities for several groups in the community. Data on the racial makeup of individuals experiencing homelessness in Lawrence and Douglas County consistently showed that minorities make up a more significant proportion of those experiencing homelessness than the general population. Groups experiencing substantial disparities include Black or African Americans, whose representation in the people experiencing homelessness is nearly 5 times higher than in the general population. Likewise, American Indian, Alaska Native, or Indigenous people represent a disproportionately high percentage of those experiencing homelessness, with representation 3 to 4 times higher than in the general population.

Data on the gender identity of people experiencing homelessness also display disparities, not because the proportions are not in line with the general population but because they do not align with the typical gender makeup of the people experiencing homelessness regionally and nationally. In Lawrence and Douglas County, just more than 50% of the population experiencing homelessness is female. The local proportion of females in the population experiencing homelessness is counter to the national and regional trends, which see female representation among those experiencing homelessness less than 40%. This discrepancy between the proportion of females experiencing homelessness locally as compared to national and regional trends indicates a unique dynamic in Lawrence and Douglas County worthy of additional study for targeted interventions.



State of housing not meeting community need

The current state of housing in Lawrence and Douglas County does not meet the community's needs. An increase in supportive housing, especially permanent supportive housing, is needed to serve community members who have the most difficulty remaining housed. Data from this report points to a sizable portion of the population experiencing long-term and often cyclical bouts of homelessness. More than 40% of this population had experienced homelessness 3 or more times in the past 3 years, and almost 50% had been homeless for more than 12 months in the past 3 years. Data also indicated a high incidence rate of mental health and substance use issues within the population. The rates of chronic/cyclical homelessness, mental health, and substance use issues, as well as conversations with community providers, indicate that more than 150 individuals may benefit from supportive housing to help them break the chronic homelessness cycle.

The Corporation for Supportive Housing's needs assessment (released May 2022) focused on community permanent supportive housing needs within Douglas County. It found that 381 supportive housing units are needed in the community. Of those, individuals and families experiencing homelessness need at least 115 permanent supportive housing units (as identified by the Homeless Management Information System or mental health and substance use treatment systems).

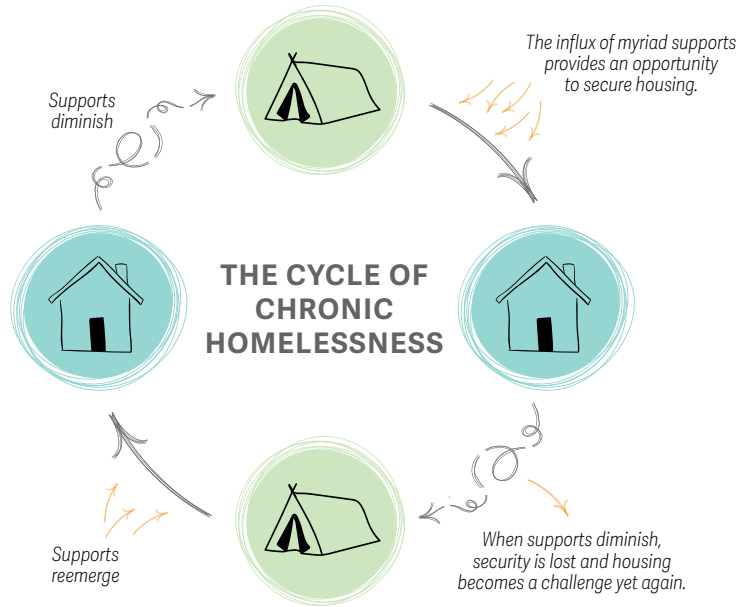
Beyond supportive housing needs, there is also a need to address housing affordability for newly homeless individuals or individuals at risk of homelessness. Data on housing affordability indicates that wages have not kept pace with the cost of housing in Lawrence and Douglas County. Individuals making a minimum wage in Douglas County would still find the market rate for a one-bedroom apartment more than \$200 per month higher than what is affordable at their income. Even after the challenge of finding available affordable housing, many individuals deal with difficulties regarding the application, requirements of the rental process, and a tight rental market.

Collaboration needed

Continued collaboration and shared client data are needed among community providers to best serve and understand individuals experiencing homelessness. Community providers currently collect adequate information on the populations they serve. However, the data collection remains compartmentalized across several different data systems, inhibiting the ability to get a comprehensive view of the population experiencing homelessness in the community. Since no one provider has access to the entirety of the population, continued collaboration across providers will help the community understand the unique needs of those experiencing homelessness to better target interventions and services. Collaboration and data sharing between the county, city, Balance of State Continuum of Care (B.S. CoC) and service providers will be critical as the community uses the coordinated entry and by-name lists. Having all who serve the population at the table to share information and appropriately prioritize those in need of housing is essential because not all data goes into a single system, and not all housing supports run through a single provider.

THE CYCLE OF CHRONIC HOMELESSNESS

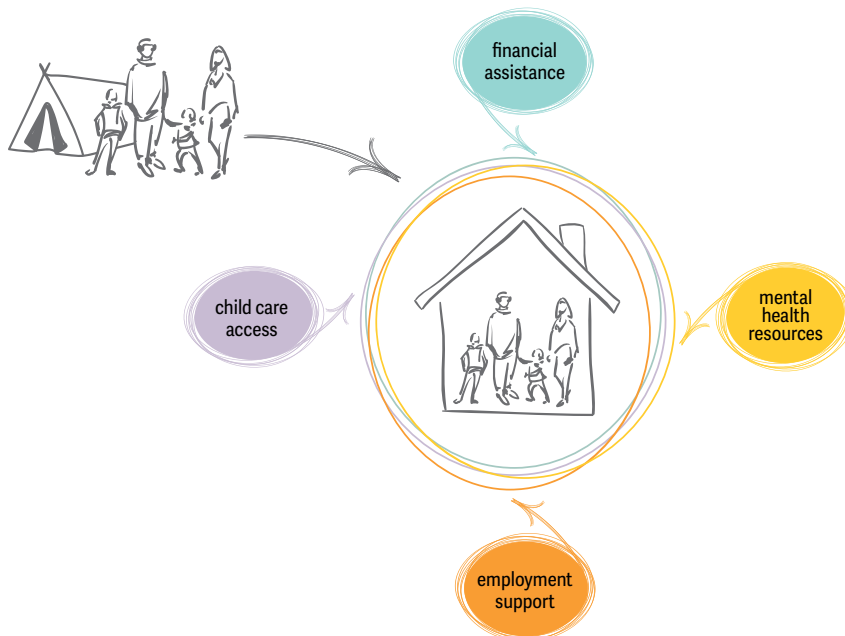
Housing insecurity persists in Douglas County, Kansas due to inconsistent and inefficient offerings of support which perpetuates the county's chronic homelessness dilemma.



VS.

PERMANENT SUPPORTIVE CARE

We can break the chronic cycle of homelessness by providing permanent, consistent, wrap-around, supportive care to those who struggle to maintain permanent housing in Douglas County, Kansas.



Quantitative Data Collection (Community Data Review)

Methodology

Researchers analyzed several sets of data to accurately count and characterize homelessness in Douglas County, including U.S. Census data, Point-in-Time (PIT) count, Housing Inventory Count (HIC), Kansas Balance of State Continuum of Care (CoC), Homelessness Management Information System (HMIS) and Coordinated Entry System (CES) data, U.S. Department of Education EDData data, National Low Income Housing Coalition data, and local program data from service providers in the Lawrence and Douglas County community.

Point-In-Time Count (PIT)

The PIT is an annual count of people experiencing homelessness in the Douglas County region of the CoC on a single night in January. The PIT count includes individuals who are unsheltered, in emergency shelters, and transitional housing. The local CoC is responsible for PIT planning, coordination, and execution. Data collected during the 2018-2020 PIT counts informed this needs assessment.

Housing Inventory Count (HIC)

The HIC is a point-in-time inventory of all the housing programs that provide housing units dedicated to individuals and families experiencing homelessness. The inventory is categorized into four program types: emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. Researchers examined 2021 HIC data to inform this needs assessment.

Both PIT and HIC are mandated by the Department for Housing and Urban Development (HUD) and provide baseline data for the CoC to understand the extent of homelessness in Lawrence and Douglas County and strategically inform and plan specific interventions.

HMIS

The [Homeless Management Information System \(HMIS\)](#) is designated by the Kansas Balance of State Continuum of Care to comply with HUD's data collection, management, and reporting standards. HMIS collects data on individuals experiencing homelessness or at risk of experiencing homelessness enrolled in intervention or prevention services.

HUD, policymakers, and the CoC can use HMIS data to better understand the extent and nature of homelessness in a community over time. An HMIS system can be used to produce an unduplicated count of individuals experiencing homelessness, understand patterns of service use, and determine the effectiveness of programs. The HMIS system can also improve service coordination among community providers over time. Only programs that receive HUD funding are mandated to use HMIS. For programs that do not receive HUD funding, participating in the HMIS system is entirely optional. Therefore, no organization currently has a complete picture of the population that is experiencing homelessness.

U.S. Department of Education

Researchers analyzed data collected on Douglas County from ED Facts, a U.S. Department of Education initiative to collect high-quality, school-district-level counts of students enrolled in a K-12 school. The ED Facts data system also collected data on students who had experienced homelessness at any point, for any length of time, during the 2019-2020 school year. While children and youth experiencing homelessness are also counted in the PIT count, each data source defines homelessness differently. For instance, HUD data sources do not count families who are doubled-up, or families who are living with others due to economic hardship or housing loss; whereas Department of Education data sources do count this as an indicator of homelessness. Examining a secondary data set offers a more robust understanding of the scope and depth of youth and family homelessness. It may also provide insight into how resources can be targeted most effectively.

National Low Income Housing Coalition

Douglas County's housing affordability numbers were obtained from the [National Low Income Housing Coalition](#)'s rental costs and wages report. The report compiles data from HUD's Fair Market Rent dataset, the U.S. Census Bureau's American Community Survey, and the U.S. Department of Labor wage statistics.

Coordinated Entry System

The Kansas Statewide Homeless Coalition provided researchers with anonymous data from their coordinated entry system. This system consists of data on individuals determined to need housing after an assessment using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). Coordinated entry system data includes demographics, VI-SPDAT scores, and lengths of stay.



Community Data Review

To characterize and describe the population of individuals experiencing homelessness in Douglas County, researchers studied data from several sources: HUD Point-in-Time Counts, U.S. Department of Education, National Center for Homeless Education, HUD's Housing Inventory Count, National Low Income Housing Coalition's affordability reports, Kansas Balance of State Continuum of Care's Homeless Management Information System and coordinated entry system and data from numerous service providers in Douglas County. The data shows that individuals are entering the system and being counted inconsistently across agencies. Likewise, some groups navigate the path towards re-housing more quickly than others. The impact of homelessness also appears to be experienced differently across demographic groups, as described below.

Census Data for Douglas County, KS

The U.S. Census Bureau ACS (American Community Survey) 2019 estimates the population in Douglas County is 122,259. The median household income is \$64,233. In Douglas County, 18% of the population and 15.7% of children under 18 years old live below poverty. The ethnicity and racial breakdown of Douglas County include 7% Hispanic/Latin(x), 78% White, 6% Asian, and 4% Black or African American.¹

Point in Time (PIT) Count Data

The 2021 count of individuals experiencing homelessness taken from the PIT count experienced disruptions because of the ongoing COVID-19 pandemic. However, data on the three previous years indicates an increase in the total number of individuals counted in Douglas County. Unsheltered individuals increased significantly from 48 individuals in 2018 to 75 individuals in 2020 ([Table 1](#)). The upward trend in unsheltered individuals is likely to have continued into 2021. The PIT count is conducted each January, so 2020 data do not include the impacts of COVID-19, which reduced the capacity of many congregate living facilities, including the Lawrence Community Shelter.

Race and ethnicity data from both the PIT count and U.S. Census indicate a higher proportion of white and non-Hispanic/Latin(x) in the general population than in the population experiencing homelessness. However, data suggest that minority groups make up a disproportionately high percentage of individuals experiencing homelessness. Groups experiencing this discrepancy include Black or African Americans, who make up only 4% of Douglas County's population but constitute 17% of the county's homeless ([Table 2](#) and [Table 3](#)).

Lawrence and Douglas County also see differences in the proportion of females in their communities and those experiencing homelessness. In the most recent U.S. Census, women are 51% of the county's population but account for 45% of the homeless population in the 2020 PIT count. Comparing that proportion to state and federal data shows that the county has more females experiencing homelessness than the state or nation ([Table 4](#)).

According to the PIT count, more children have been experiencing homelessness over the past 3 years. In 2020, more than 25% of individuals experiencing homelessness were children (Table 5).

While information reported on the annual PIT count is essential for HUD funding and reporting, it represents a limited, single timepoint snapshot of individuals experiencing homelessness in a community, likely leading to an undercount of individuals.² The tendency to undercount individuals experiencing homelessness may be particularly challenging for some populations, including unaccompanied children. An undercount might be explained by the narrow federal definition HUD uses for individuals and families experiencing homelessness. Families who are staying in a motel or doubled up with families or friends do not meet the criteria for homelessness by the federal HUD definition, therefore not being eligible for being served by programs who receive HUD funding.

HMIS data

Data from the HMIS utilized by the Kansas Balance of State Continuum of Care is continuously collected on individuals experiencing or at risk of experiencing homelessness within the community and includes additional demographics and characteristics of those individuals and the services they receive. HMIS data from October 2020 through September 2021 showed that 668 people experienced homelessness or were enrolled in homelessness prevention programs in the county. Many of these individuals engaged with multiple agencies and programs. Emergency shelters, rapid re-housing, and street outreach were the most utilized programs (Table 6 and Table 7).

Data from HMIS also indicated that individuals with a minoritized racial or cultural identity experienced disproportionately high levels of homelessness. Black or African Americans are represented at almost 5 times the rate in population than can be expected for Douglas County (4% Census, 19.2% HMIS). Likewise, American Indian, Alaska Native, or Indigenous people see an over-representation among those experiencing homelessness in the HMIS data (2% Census, 5.9% HMIS) (Table 8). A one-sample chi-square goodness-of-fit test confirms that there is a significant difference between the racial proportions of individuals experiencing homelessness and the general population in Douglas County ($X^2(5) = 683.75, p < .001$). Similarly, there is over-representation of Latino/Latinx individuals experiencing homelessness (8.3%) comparing to the general population (6.5%) ($X^2(1) = 4.49, p < .05$). These findings indicate that individuals with a minoritized racial or cultural identity make up a higher-than-expected percentage of the population experiencing homelessness.

Gender continued to be in line with the county demographic breakdown based on the U.S. Census. Still, it diverged from proportions seen at the state and federal levels for individuals experiencing

HMIS DATA SNAPSHOT

Individuals with a minoritized racial/cultural identity experience a higher rate of homelessness in Douglas County.

Black/African American

5X

American Indian, Alaska Native, or Indigenous

3X

homelessness. HMIS data included 51% female individuals, which was greater than the 45% collected for Douglas County during the 2020 PIT count and even further above the 39% federal and 37% state rates for females experiencing homelessness ([Table 9](#)).

The majority (84%) of the HMIS clients were heads of households, and more than half were single adults. The age of HMIS clients ranges from 16 to 74 years old, with the median age at 39. Middle-aged HMIS clients (ages 25 to 54) made up the majority (76%) of individuals who experienced severe mental issues. Fewer than 1% of individuals (n=668) were veterans.

Youth and Children

Younger adults (18-24) and middle-aged groups (25-54) made up the majority of HMIS client data (61%). While HMIS data shows 94 youth in Douglas County experienced homelessness last year, the U.S. Department of Education data indicated that far more youth (n=203) are experiencing homelessness, suggesting an undercount of youth in HMIS ([Table 10](#), [Table 11](#) and [Table 12](#)). An undercount of youth experiencing homelessness can contribute to their “invisibility” amongst the homeless population limiting the ability to target services and leverage funding to address their needs.

Chronic Homelessness and Additional Characteristics

Nearly one-third of individuals had experienced homelessness four or more times in the past three years ([Table 13](#)). Almost half (47%) had experienced homelessness for more than 12 months, and 41% had experienced homelessness 3 or more times in the past 3 years ([Table 14](#)). More than half reported not having any income ([Table 17](#)).

About 3 in 10 individuals indicated fleeing violent situations (n=130), and 36% experienced domestic violence (n=382). Most individuals (65%) reported having a disability or mental health issue, and about a quarter had chronic health problems ([Table 15](#)). Nearly one-third of individuals in HMIS reportedly had alcohol-use or drug-use disorders, and 60% experienced mental health concerns (see [Table 16](#)). Despite the high reported rates of chronic diseases, more than half indicated they did not have any health insurance.

A little more than half (n=381) of individuals in HMIS exited their HMIS-affiliated program over last year. Of those, 244 had a completed exit reason, with only about half leaving permanent housing and exiting to fewer permanent situations ([Table 18](#)).

Non-HMIS programmatic data

Not all organizations providing services to individuals experiencing or at risk of experiencing homelessness in Lawrence and Douglas County participate in the HMIS. Organizations that do not receive funding or only receive part of their funding through HUD often develop and keep their own system for managing data. Because of this, many individuals cannot be accounted for in the community solely by relying on PIT count or HMIS data, making these individuals challenging to identify in an unduplicated manner. However, despite the risk of duplication, examining different data systems can yield information about the wider community experiencing homelessness and be compared to the information from HMIS.

Bert Nash's city-funded Homeless Outreach Team engages with individuals experiencing homelessness to connect them to community resources.

Individuals participating in the outreach program do not need a mental health diagnosis to receive services. The Homeless Outreach Team partners with the City of Lawrence and receives federal grant funding. For data collected from October 2020 through September 2021, this program served an average of 139 people per quarter and 274 new clients. Of these, 14% were Black or African American, and 64% were White, reflecting the racial disparities in homelessness in the County. 45% were female, whereas 54% were male, and 1% were transgender individuals ([Table 26](#), [Table 27](#), and [Table 28](#)), paralleling the PIT count and HMIS.

Developing Caring Communities Committed to Action (DCCCA), Inc provides in-patient and outpatient substance-use disorder treatment programs, prevention, behavioral health court and drug court, and family preservation services for families involved in the child welfare system. They served 1,050 clients across their outpatient residential treatment programs from October 2020 to September 2021. According to DCCCA, individuals arrive for services after previous attempts to meet their needs through many other systems were unsuccessful. DCCCA's team prides itself on its team's ability to engage people who experience feelings of shame in recovery programming. DCCCA had slightly different proportions in the racial breakdown of the clients they serve than did other service providers, with 8% indicating Black or African American. DCCCA also has a high percentage of female clients (68%) but does offer programming explicitly targeting women, which may account for their high representation. ([Table 26](#), [Table 27](#), and [Table 28](#))

NON-HMIS DATA SNAPSHOT

Individuals experiencing or at-risk of experiencing homelessness served by local organizations who are not included in HMIS

Bert Nash

274

DCCCA

1,018

Family Promise

1,701

Willow

679

Heartland RADAC

668*

**estimate based on available program data*

Family Promise provides services for families experiencing homelessness or at risk of experiencing homelessness. From October 2020 through September 2021, they served 840 different families for a total of 1,957 families through their diversion, prevention, shelter, transitional housing, and stabilization case management programs. In 2021, 87% of households served by Family Promise did not qualify under the federal HUD definition as experiencing homelessness because they did not meet the stringent criteria set by HUD; therefore, they are not identified in HMIS. They are families experiencing homelessness who are doubled up with other relatives, sleeping in cars, staying at motels, or “couch surfing.” Because these families do not meet the HUD definition of homelessness and are not identified in HMIS, they may have little or no interaction with the homelessness response system and are not eligible to receive HUD-funded services. Of the individuals served by Family Promise, 14% were Black or African American, with an additional 12% indicating a multi-racial identity. Focusing their services on families with children, females made up 37% of their clientele, with 49% of those families served including children 17 and under ([Table 26](#), [Table 27](#), and [Table 28](#)).

Willow Domestic Violence Shelter provides shelter for individuals fleeing domestic violence and services to help program participants achieve self-sufficiency and meet their individual goals. The shelter is a nine-bedroom, 30-bed residence. The Willow also provides transitional housing and outreach, court advocacy, support groups, and emotional support through survivor access advocates. While Willow uses the HMIS system to collect information on program participants staying in a shelter because they meet the federal HUD definition of homelessness, program participants in shelters represent only 9% of total clients served. Willow served about 70 residential clients. It also provided non-residential services to more than 600 individuals in 2021. Black or African Americans made up 10% of those receiving services, with an additional 4% indicating a multi-racial background. Willow’s clients predominantly identified as female (75%), which is not unexpected given their target population is those who have experienced domestic violence.

Heartland Regional Alcohol and Drug Assessment Center (RADAC) provides case management services and intensive care coordination to individuals with a co-occurring mental illness and substance-use disorder. Intensive care coordination serves individuals identified through the Integrated Crisis Team in Douglas County, which includes partners from Bert Nash, DCCCA, the Willow, Lawrence Memorial Hospital, and Lawrence Community Shelter. Clients engaged typically present in hospital emergency rooms or have interactions with law enforcement due to an active mental health and/or substance abuse crisis. Intensive care coordination helps engage clients with community health services, including mental health, substance-use treatment, safe housing, and/or longer-term case management services to enhance stability and reduce costly community resources.³ Although researchers could not analyze data from a similar timeline to the other non-HMIS community programs, data obtained for 124 clients receiving services during December 2021 displayed similar patterns recorded in other community programs in HMIS. Black or African Americans made up more than 16% of those

being served, with another 5% indicating a racial identity composed of more than one race. American Indian, Alaska Native, or Indigenous people made up more than 7% of those receiving services, again representing a higher portion than in the general population. Heartland RADAC also reported that 50% of those receiving services identify as female.

Despite the known limitations in the data of potential duplication across programs and differing approaches to data collection, the pooled data from community providers yielded similar results to the HMIS data.

Coordinated Entry System Data

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

Spearheaded by the Kansas Balance of State Continuum of Care, the coordinated entry system is the entry point for housing and supportive services for those experiencing homelessness in the Douglas County region of the Kansas Balance of State Continuum of Care. Seven area organizations operate as coordinated entry access points, or hubs, where individuals experiencing a housing crisis can get their strengths and needs assessed. If the individual meets the federal definition of homelessness, a Homeless VI-SDPAT is conducted. The VI-SDPAT is a triage tool intended to determine potential housing and support needs for people experiencing homelessness.⁴

The assessment is used to make a prioritization determination for housing based on service needs and levels of vulnerability.⁵ The VI-SDPAT establishes scoring criteria that translates the person's current living situation and barriers impacting their ability to obtain and/or maintain housing into a numerical score that can inform the prioritization process. The assessment process is uniform among all access points, ensuring consistent processes across the region and providing equal and equitable opportunities to access services.



Once individuals have completed the assessment, they are placed on the By-Name List. The By-Name List is a real time, up-to-date list of all individuals experiencing homelessness within Douglas County that have completed an intake assessment through a coordinated entry access point. Prioritization for housing from the By-Name List is based on an individual's score on the VI-SPDAT, which measures the relative vulnerability of adults experiencing homelessness.

Additional factors contributing to prioritization include medical risks, domestic violence, or further victimization, and being unsheltered. The higher an individual's vulnerability score, the higher they are prioritized for housing placement on the By-Name List. All housing referrals to participating agencies are made through the By-Name List. Regional coordinators bring partners together for case conferences, review the list, and make referrals to housing and other services. The regional coordinator collaborates closely with housing providers, the referring agency, and participants to move program participants from homelessness to stable housing. All programs receiving HUD Emergency Solutions Grants (ESG) funding must participate in the coordinated entry process. All programs participating in the coordinated entry process must adhere to the Housing First model, an approach that views housing as the foundation of life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter.⁶

From October 1, 2020, to November 17, 2021, 325 individuals were recorded in the coordinated entry system. Among them, 51% were female, 48% were male, and fewer than 2% were transgender or a gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender). Data from the coordinated entry system shows that 21.3% of individuals were Black or African American or multi-racial, 8.7% were Hispanic or Latinx (Table 19), 17% of them experienced domestic violence, and about 1% were veterans. The average age of these individuals was 40 years old. Nearly all individuals (98%) entering the coordinated entry system were assessed with moderate to high needs for housing support. Out of the 325 individuals, only 19% were housed. The average number of days they waited to be accommodated was 97 days (about 3 months). For the rest who were not housed, they have remained on the list for an average of 188 days (just over 6 months) with a range from 5 to 406 days (13.5 months).

At the time of the analysis, 61 individuals had been able to find housing, with most finding a rental via rapid rehousing or an equivalent voucher (see Table 21). The gender (Table 22), race (Table 23), and VI-SPDAT score (Table 24) composition of the housed individuals are like those of all clients in HMIS (Table 20).

Permanent Supportive Housing

The current state of housing in Lawrence and Douglas County does not meet the needs of individuals experiencing or at risk of experiencing homelessness. An increase in permanent supportive housing is needed to serve community members who have the most difficulty remaining housed. Data from this report points to a sizable portion of the population experiencing long-term and cyclical bouts of homelessness. More than 40% of individuals in HMIS had experienced homelessness 3 or more times in the past 3 years, and almost 50% had been homeless for more than 12 months in the past 3 years. In combination with a high incidence rate of mental health and substance-use issues within the population, data analysis and conversations with community providers indicate that more than 150 individuals are experiencing cyclical or chronic homelessness and may benefit from supportive housing to help them break the chronic homelessness cycle.

Running concurrently with this needs assessment, the Corporation for Supportive Housing (CSH) needs assessment focused on permanent supportive housing needs in the Lawrence and Douglas County community. CSH's needs assessment released in May 2022 specifically focused on community permanent supportive housing needs and found that 381 units of supportive housing are needed in the community across multiple populations of individuals, including those experiencing homelessness.⁷ CSH's findings indicated individuals and families experiencing homelessness need at least 115 permanent supportive housing units (as identified by HMIS or mental health and substance use treatment systems). Beyond CSH's findings around individuals already experiencing homelessness, many of the other populations determined by CSH to be in need of supportive housing would be considered at risk of homelessness if supports were not provided.

Housing Affordability in Douglas County

Data on the affordability of housing from The National Low Income Housing Coalition also points to the difficulty in finding affordable units in Douglas County. The 2021 fair market rent in Douglas County was \$756/month for a one-bedroom and \$950/month for a two-bedroom. The annual income needed to afford one- and two-bedroom units would be \$30,240 and \$38,000. That equates to an hourly wage of \$15.54 for a one-bedroom and \$18.27 for a two-bedroom. The minimum wage in Douglas County is currently \$7.25, less than half of the hourly wage needed to afford the rent for a one-bedroom unit. An individual earning minimum wage in Douglas County would need to work more than 100 hours per week to afford a two-bedroom unit. Comparing the average renter's wage (\$10.66) to the amount needed to



Housing in Lawrence and Douglas County does not meet the needs of individuals experiencing or at risk of experiencing homelessness.

An increase in permanent supportive housing is needed to serve community members who have the most difficulty remaining housed.

afford a two-bedroom, renters in Douglas County still would not make enough to affordably rent housing without working more than 40 hours a week. Considering that individuals experiencing homelessness or in a housing crisis are often lower income, the rental market in Douglas County makes it exceedingly difficult to obtain and maintain affordable housing.

Additionally, there are significant gaps in the availability of affordable rental homes. The National Low Income Housing Coalition collects information on the shortage of affordable and available rental homes for the lowest-income households or households whose income is at or below the poverty guideline or 30% of their area median income. In Kansas, there is a shortage of 55,461 rental homes that are affordable and available for extremely low-income renters.⁸ ([Table 25](#))

The Lawrence-Douglas County Housing Authority

The Lawrence-Douglas County Housing Authority is a primary housing provider for low-income households in the community and is responsible for Section 8 and general housing voucher administration. There are 815 households actively using a voucher for housing, and an additional 320 households on a waitlist to receive a voucher. At the time of this report, the Housing Authority estimates the average time spent on the waitlist to receive a voucher is approximately 18 to 24 months.

When a voucher is issued, the household has 120 days to find a private property owner or property manager who will accept the voucher. If they cannot find a place to lease after 120 days, the voucher will expire, and the household will have to wait 6 months to reapply. The amount of time it takes for voucher holders to obtain a lease varies. 36% of households obtain a lease within 30 days, 26% within 60 days, 16% within 90 days, 14% within 120 days, and 8% over 120 days. Currently, the success rate for voucher holders, that is, the percentage of new vouchers issued that result in a lease, is 96%.

While housing authority vouchers offer individuals consistent support to pay rent, there are barriers to qualifying for a voucher. The applicant must have no prior evictions and pass a background check going back five years, excluding many individuals and families who have previously experienced a housing crisis. If a household does manage to qualify for a voucher, there are additional challenges to overcome in finding a place to live. There is a severe lack of property owners and managers willing to accept vouchers, making it difficult for voucher holders to obtain a lease before the voucher expires.

In addition to the public housing and voucher programs, the Housing Authority also administers housing programs explicitly designated for households experiencing homelessness. The Housing Authority participates in the Moving to Work (MTW) demonstration program, which provides them the opportunity to design and test innovative, locally designed strategies tailored to the community's needs. Notably, the Housing Authority has created several types of vouchers to serve the needs of specific populations in the community.

Next Step transitional housing voucher provides up to 36 months of rental assistance for youth transitioning out of the foster care system. Upon successful program completion, clients may transition to the general housing program. New Horizons Transitional Housing serves families with children experiencing homelessness who are currently residing at the Lawrence Community Shelter. This program is locally funded by grants from the city of Lawrence and Douglas County. At the time of this report, eight vouchers are active, and one household is actively looking to obtain a lease. There are also transitional housing vouchers for survivors of domestic violence, with a referral from a local provider. The safe housing voucher is issued to survivors of domestic violence who are referred by either Family Promise or Willow Domestic Violence Shelter. At the time of this report, 8 vouchers were active, and 2 households were issued a voucher and are actively looking for housing.

Finally, the jail re-entry voucher is for individuals exiting the county jail and referred by the Douglas County reentry program. At the time of this report, 3 vouchers are active, and 1 individual who was issued a voucher is actively searching for housing.

The City of Lawrence HOME Tenant Based Rental Assistance (TBRA) transitional housing program provides 24 months of rental assistance for households experiencing homelessness. The program has 11 active vouchers and an additional 8 households who have been issued a voucher and are searching for housing. The family must be referred to the program by an agency providing housing support services.

The state HOME voucher is a housing program specifically for individuals experiencing homelessness who have a mental health condition. Bert Nash refers clients for this voucher, and funding from Housing Authority subsidizes the rent. At the time of this report, 8 active households actively leased, and 8 households were issued a voucher searching for housing.

Even with programs specifically designed for individuals experiencing homelessness, revisiting the requirements through the Lawrence Douglas County Housing Authority may increase access to housing, and rental assistance may assist in providing additional opportunities for individuals to become housed. Requirements for many vouchers or rental assistance programs currently include positive residential history, including a lack of eviction for the individual or family member for the past three years and a lack of involvement in criminal justice. Changes to eligibility requirements would likely necessitate continued engagement with property owners/managers to understand the needs of the housed individuals and those providing housing.



Revisiting the requirements through the Lawrence Douglas County Housing Authority may **increase access to and opportunities for housing.**

HUD is engaged in ongoing efforts to make its programs and services more equitable and inclusive to households who may be eligible for their housing programs. HUD recognizes that individuals with criminal histories face barriers upon reentry into housing. HUD also seeks to acknowledge that individuals who have been involved in the justice system are disproportionately people of color, or individuals with disabilities. When citizens returning to communities from incarceration have access to stable housing, they are less likely to recidivate.⁹

To address equity and ease programmatic barriers to accessing rental assistance, HUD Secretary Marcia Fudge issued a memo on April 12, 2022, directing HUD program offices to identify all existing HUD regulations, guidance documents, and other policies that may pose barriers to housing for persons with criminal histories and their families, and to propose updates and amendments to increase inclusion in HUD programs. Each HUD office is directed to submit its findings and suggested updates on or before October 2022. This effort is a timely opportunity for the Lawrence-Douglas County Housing Authority to review their existing policies and utilize federal guidance to further address equity and ease programmatic barriers to participating in housing programs in the local community.



Qualitative Interviews

Methodology

Interviews with individuals with lived experience of homelessness

Interviews with individuals who were currently experiencing or had recently experienced homelessness were conducted to provide service providers and community leaders input and to shed light on the nuances of the homelessness experience. The semi-structured interviews utilized a grounded theory approach to better understand individuals experiencing chronic homelessness, particularly those not service involved. Specifically, a grounded theory approach allowed researchers to challenge assumptions about homelessness and ask questions in a way that did not make presumptions about the most critical aspects of the homelessness experience. This approach allows the interviewed individuals to create and construct the meaning of their own experiences and communicate those perspectives to leaders, policymakers, and the community. This approach facilitated the exploration of potentially untapped strategies to support the houseless population in Douglas County, KS.

To recruit participants with lived experience of homelessness, researchers partnered with social service providers and community advocates. Quantitative data collected from the PIT count, HMIS, and programmatic data revealed demographic disproportionalities among individuals experiencing homelessness, which aided researchers in strategically recruiting and sampling for interviews. To participate in an interview, individuals needed to either be currently experiencing homelessness or have recently experienced homelessness (within the last six months) within Douglas County, KS.

Partnering social service agencies provided participants with access to transportation, office space, and technology to participate in the discussion. Interested participants were connected to the research team by the social service agencies and Regional Coordinator. Interviews were conducted through a mixture of in-person and virtual platforms. Virtual interviews required a level of advance scheduling and logistical efforts that often proved difficult to engage with individuals with lived experience. These scheduling

difficulties necessitated the need for the research team to be flexible and travel throughout the community to meet the interviewee at the social service agency where they were receiving services to be interviewed.

The research team obtained written informed consent before conducting interviews. Quotes throughout the needs assessment use pseudonyms to ensure interviewee confidentiality. A semi-structured interview protocol ([Appendix](#)) guided the conversations.

Quote Attribution

Quotes throughout the needs assessment use pseudonyms to ensure participant confidentiality.

What was learned from individuals with lived experience

Researchers interviewed 10 individuals with lived experience of homelessness, which included a diverse sample across gender, race/ethnicity, age, length of homelessness, and life experiences. Individuals self-identified as having a persistent and severe mental illness (PSMI), substance use disorder (SUD), or having fled domestic violence. Individuals had varying lengths of homelessness, with some experiencing homelessness once for a short amount of time, while others experiencing homelessness chronically for a period that has lasted decades.

The analysis process yielded three primary themes. Within each theme, sub-themes were identified to articulate how themes were expressed across participants. These themes and sub-themes were:

 <p>PERCEPTIONS OF HOME</p> <ul style="list-style-type: none">* Home is a place where I don't have to be hypervigilant* Home is a place to meet my basic needs* Home is a place to live modestly	 <p>CHARACTERISTICS OF QUALITY SOCIAL SUPPORT</p> <ul style="list-style-type: none">* Genuine care for others* People who "get it"* "Providers are doing their best, but..."	 <p>WISDOM FROM THE COMMUNITY</p> <ul style="list-style-type: none">* Investing in the workforce* A place to keep my things* Avenues for experiencing joy
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Primary Theme 1

PERCEPTIONS OF HOME

Where I don't have to be hypervigilant | My basic needs can be met | I can live modestly

*“As far as I’m concerned, home is where you make it,
and this is home for me in Lawrence.”*

ALEAH

Researchers asked people with lived experience of homelessness to describe the place(s) they live or would consider home. Throughout each conversation, researchers learned how people experiencing homelessness perceive what makes a space feel like a home, insights on their idea of an ideal home, and what housing situations they find unacceptable. Participants described perceptions of what makes housing – or a physical dwelling – feel like a home. While all participants strived to obtain stable housing, they articulated that not all housing results in a feeling of security and sustainability. By asking participants to express their sentiments of home, the interviews illuminated nuances of housing that supported and promoted quality of life.

All participants articulated details that make a place feel home that were organized within three sub-themes: Home is...

- * where I don't have to be hypervigilant
- * a place to meet my basic needs
- * a place to live modestly.

Additional discussion on each of the sub-themes begins below.

*“Being a woman already is tough.
You already have to be on your guard at all times,
but when you have nowhere to go except the public,
that is scary.”*

IZZY

Home is a place where I don't have to be hypervigilant

Interviewees discussed their perception of home as somewhere where they don't have to be constantly "on guard" or hypervigilant to ensure their safety. Participants described experiencing constant stress, disrupting their ability to navigate one's environment, which was highly disruptive to every aspect of life. These experiences were evident when participants described no shelter (e.g., sleeping on the streets or at camp sites), and temporary housing (e.g., homeless, domestic violence shelters, couch surfing, or shelter organized by the city during extreme weather).

For those residing in homeless camps or sleeping on the streets, hypervigilance was articulated through the added difficulty of protecting one's belongings while also navigating basic physical and psychological safety. For example, one interviewee described how she would sleep on top her belongings with her child laying in her arms. Another participant described wandering the streets with her child every day to not impose upon friends with whom she was temporarily staying.

For individuals who frequented tent cities or slept on the streets, the constant state of hypervigilance was described by sleep disruptions due to monitoring for safety or preventing encounters with those in a mental health crisis. Interviewees consistently noted that for housing to feel like a home, they needed to be able to have a place that is private, secure, and where they can feel like they can relax. Further, participants described that home is a place without threats of physical or psychological violence, worries about theft, and disruption from others in crisis. For housing to truly meet the need, individuals expressed needing to be able to exist without such hypervigilance, and genuinely benefit from safety and security.

*"It's just being able to know that I have
somewhere safe at the end of the day
and during the day."*

JERRY

Home is a place to meet my basic needs

Participants also articulated that for shelter to be effective and sustainable, they wanted to be able to engage in meeting their own basic needs. They often described home as a place to prepare and cook meals, ensuring access to necessities, hygiene items, food, and water. Most notably, participants expressed the desire to be the catalyst to meet their own needs. Many interviewees discussed home as a place where they can meet their individual dietary needs and add a personal touch to their environment. Participants frequently addressed the importance of wanting to maintain cleanliness and agency over their environment. The ability to be the one to maintain a clean home and meet their own basic needs was integral to quality of life for participants.

*“I tell people a shower is the most important thing to me.
When I get a place again, I won’t ever get out of the bathtub, probably.
What a shower can do for somebody that has had trauma; it’s a miracle.”*

AUTUMN

*“... not being able to eat the food I wanted to eat.
I was vegetarian for two years and vegan for six months
before homelessness hit and I had to resort back to dollar meals
from McDonald’s and stuff like that. And that killed my body
after eating no meat at all, no animal products for six months.
Not being able to afford the food that I needed to make my body
feel good because I am lactose intolerant and meat makes
my stomach feel bad, and so I was throwing up and feeling awful
just because of the food I had to eat, because it was all I could afford.”*

IZZY

Home is a place to live modestly

Another critical component of perception of home for participants was a place where they could incrementally work towards their goals. They often articulated that to feel like home, housing needed to meet only their most modest space needs, without extra frills that might take extra effort. For example, numerous participants described the desire for housing that was not too big, so that it was feasible to maintain.

In addition, participants often described multiple utilities as a barrier for sustaining housing in the past. They desired to simplify the process, to scaffold independent living skills, and to take on responsibility incrementally. Participants echoed that housing was a conduit for achieving independence and that having a manageable living situation was integral for that sustainability.

*“Probably just a one bedroom
or not even like a one bedroom, but a studio
with, like, a not even a bedroom just the bathroom.
You know, just somewhere that I can just call my own.
That’s just pretty much it.”*

CHRISTOPHER

*“I don’t need anything extravagant.
Just somewhere where I can go home
and that I can call mine.”*

MARCUS



Primary Theme 2

CHARACTERISTICS OF QUALITY SOCIAL SUPPORT

Genuine care for others | People who “get it” | “Providers are doing their best, but..”

*“Some of these guys just want to be heard, you know?
And sometimes we just got to sit back and listen to them.
And that’s why I think it’s like a really cool place here
because we all just sit here and listen to each other
and we’re all here for each other.”*

CHRISTOPHER

Throughout the conversations, interviewees discussed many elements of social support that helped them access the resources needed to meet daily basic needs. These supports range from the social emotional support provided by other individuals who have gone through similar situations and social support from service providers and the community.

Interview participants frequently described the importance of quality social support from service providers, fellow homeless individuals, and program peers. There was emphasis on the prominent role that service providers and staff played in their lives. Interviewees shared that when staff had the appropriate conditions to provide individualized support, it strongly increased their ability to continue toward self-sufficiency, sobriety, and utility support to meet specific goals. One primary element of quality social support was the ability to help them anticipate challenges and proactively problem-solve barriers to independence. Three sub-themes emerged around social support:

- * Genuine care for others
- * People who “get it,”
- * “Providers are doing their best, but... ”

Genuine Care for Others

Participants frequently described elements of quality relationships with peers and service providers, which centered around the importance of authentic and genuine care. For instance, some service providers were described as family-like and providing care that went beyond “just doing their job.” Many participants expressed having lacked a model of genuine care in their own upbringing, either as victims of abuse, in experiences in the foster care system, or in circumstances of extreme poverty. They recognized the role of service providers and peers modeling genuine care and benefited from the depth of such intimate connections as empathy, unconditional support, motivation, and respite. Participants often noted that Lawrence providers were especially good at showing genuine care, and they shared experiences of providers in other cities and states as lacking empathy or using harsh approaches to homeless services. They often described providers in Lawrence as being more intuitive, positive, and supportive than providers they had experienced in other areas, which was vital to their success.

“Those people aren’t ever going to look at me differently, for being in a bad situation. I know that it’s not easy for everybody, but try to find somebody, one person, that is not going to judge you, that’s not going to hurt you, is not going to look at you differently. If you’re lucky enough to find that person just make sure that friendship works, because I would not be alive.”

IZZY

“The way that woman talked to me and spoke to me was very safe, she allowed me to share my story which was the first time anybody had asked me about my story. She asked me my situation, what I was going through, she apologized and let me know that she cared, like, I’m so sorry that you’ve had to experience this. I really want to help you. Phrases like that give women hope that someone’s listening, that someone cares.”

MAYA

People who “Get It.”

Participants described that when they had social support from people who “get it,” they felt more genuine empathy and respect in receiving the help they needed to problem-solve barriers proactively. Participants also often stated that when they had social support from people who “get it,” they felt more genuine and helpful connections that they needed to navigate barriers along the road to housing stability. For instance, many programs offered support groups or facilitated relationships between housing recipients to promote friendships and structure social time as part of the daily routine. Program participants were also directly taught social skills with how to engage in, and leverage, quality relationships with peers with lived experience of homelessness. Having service providers or peer support from programs was identified as being pertinent to overcoming certain hurdles and anticipating challenges.

*“Some of the same things that I went through
is just that kind of, you know, the camaraderie and the understanding
that like, yeah, we like talk about that stuff. How we can
do better at being ourselves again.”*

JERRY

*“A homeless guy recommended a certain kind of soap
to use that the smell didn’t go away, so that if you didn’t shower
for a week, I still smelled okay. And that was pretty awesome.
There’s a lot of people who are homeless tend to treat each other very well.
There’s a good community. The people care about each other,
they understand where you’re at.”*

IZZY

Providers Are Doing Their Best, But..

As described previously, quality social support was identified as a vital component of success, particularly from service providers who were able to show genuine care. However, participants experiencing homelessness were keenly aware of the diverse workforce challenges that staff and providers navigate. Interviewees identified high caseloads, lack of available team support, or not enough professionals to go around as persistent barriers to the staff being able to provide quality social support. Given that participants often described Lawrence service providers as having empathy and consideration for homeless individuals, they noted that capacity challenges posed a missed opportunity to leverage staff strengths. On rare occasion, participants would describe service providers as lacking appropriate knowledge or consideration for the homeless population. Yet, the overwhelming consensus among participants was that inadequate staffing was the primary catalyst for challenges with service providers. Notably, participants had an overwhelming sense that the providers and staff were doing their best, despite their difficult circumstances, which contrasted with how participants discussed providers elsewhere (i.e., lacking empathy or expressing outward hostility toward the homeless population).

*“It seems like they’re doing what they can.
You know. But it also seems like
it takes a while, probably because there’s a demand.”*

BOBBY

*“If there are places that you can stay,
like on friends’ couches, that is a much better situation
than trying to navigate resources or put yourself on
the waiting list. It doesn’t seem like a lot of hope for women
who are in my situation, women who are in domestic violence situations
often don’t have the strength to be their own advocate.”*

MAYA



Primary Theme 3

WISDOM FROM THE COMMUNITY Suggestions for Community Investments

Investing in the workforce | A place to keep my things | Avenues for experiencing joy

*“I’ll tell you.
Everybody needs just a little bit of help.”*

AUTUMN

During the interview, researchers asked participants what they wished others better understood about addressing homelessness in the community. Participants had many insights about how community leaders, service providers, decision makers, and community members could support individuals experiencing homelessness. The most common recommendations centered around expanding workforce capacity, training, and expertise. Other frequently identified needs pertained to ways to improve the quality of life for unhoused populations that may not be service involved.

Investment in the Workforce

Throughout all interviews, participants most consistently identified the vital importance of quality workforce to success with housing stability, sobriety, addressing mental health, and parenting young children. Individuals who had successfully navigated challenges most often attributed those successes to high-quality program staff and individualized support. Participants described the need to invest in the homeless response system workforce. It is very evident to the community that when staff were spread thin and had unmanageable caseloads, the quality of staff support suffered. Suggestions for the workforce centered around the need to increase capacity for functional support, crisis mental health support, and the need for differential response.

The effectiveness of services was highly dependent upon the individuals delivering the services and interaction with the community. Individuals expressed considerable empathy towards services providers and staff regarding their unmanageable loads and described the need for more individualized actions and support.

Increasing Capacity to Prevent Luck of the Draw

Interview participants said the timeliness and process of getting connected to services needed felt arbitrary and was influenced by workforce challenges discussed above, including lack of program availability and staff capacity. Participants commonly described that getting into specific programs or facilities was based on luck rather than a coherent system. While participants understood the reasons behind these issues, they also indicated that the feeling of the “luck of the draw” often led to increased hypervigilance and stress related to navigating resources. Individuals indicated that facilities such as domestic violence shelters, sober living programs, and intensive/individualized case management were hard to come by. As such, timing and luck contributed to gaining access to those resources. Participants often discussed difficulty navigating the immediacy of program openings, and a lack of planning and preparation that contributed to stress and anxiety. Participants all noted the necessity of expanding capacity for vital programs and expanding individualized case management to successfully navigate challenges associated with gathering documentation, fulfilling work requirements, and navigating unforeseen barriers.

Functional Support

All participants discussed the importance of having individuals to help them obtain government identification and other important documents. Those who were successful at obtaining those documents attributed success to having staff available to provide significant individualized support. Identification and important documents were difficult to obtain for varied, person-specific reasons (i.e., past military service, moving states, aging out of the foster care system, etc.) As such, having individualized support to help navigate these challenges allowed participants to find workarounds and navigate difficult systems. Some participants expressed that there was not enough support dedicated to helping them obtain these documents, or that the support offered was not individualized, leaving them to navigate a difficult system without assistance.

*“I’ve never been on a lease before,
so I don’t know how to get that going either.
I need to get my ID . And I guess the funny thing I got,
you know, remember the first stimulus check?
I got that in and at some point my I.D. lapsed.”*

BOBBY

*“I’m actually receiving help with, you know,
some of the legal stuff and getting my I.D. back
and stuff like that, which the paperwork to me is like
pretty daunting.”*

JERRY

Crisis Mental Health Support

Participants frequently discussed a lack of crisis mental health support in shelters and among emergency responders. Individuals managing significant mental health issues noted that, when in crisis, or just prior, they would like to see more targeted and well-trained staff to provide care. For those without mental health issues, they spoke of how other homeless individuals experiencing a mental health crisis became a safety issue for others, and desired compassionate staff trained to de-escalate. In cases where mental health crises were inflamed, participants spoke about unnecessary police or emergency responder intervention, which often led to involvement with the criminal justice system.

“Like, I mean, to help with like people that are having, a mental break. Being able to further help them while trying to de-escalate their mental break problems.”

SAMUEL

“If you don’t have trauma, if you are perfectly mentally healthy being homeless will kill you. It will kill you. It is the shame; the that way people treat you. It does not matter how good your life was before, the minute that you are unhoused... it’s a trauma. It’s a trauma, not having a home is traumatic. It’s devastating. And so, my thing is, if I could do one thing to help everybody that is unhoused I would say, get them a therapist. They need it. I needed one.”

IZZY

Differential Response

As a part of the conversation about the lack of comprehensively trained crisis mental health support, participants also described the need for differential response. A differential response is needed so that individuals experiencing homelessness could get the help they need without police or emergency responder involvement. Participants noted that due to a lack of training, homeless individuals in crisis due to being a victim of violence, experiencing mental health issues, or needing support to get sober were often unnecessarily arrested instead of receiving help. For example, one participant spoke of being a victim of police brutality after calling 911 for help after being a victim of an assault. Another participant described her experiences of being arrested after a domestic violence incident, while the perpetrator avoided consequences. Many participants expressed the significant need for a dedicated response team external to law enforcement and traditional first responders to intervene in instances of violence or mental health crises to de-escalate and prevent unnecessary contact with law enforcement. Further, participants described the need for individuals experiencing homelessness to access support and resources either prior to, or during a crisis, so that law enforcement could be avoided all together.

“There are other things that need to be advocated for but all I know is helping women get out of their situation immediately. Having funds set aside to put women in a hotel, so that they can... think about next steps, especially women with children... because they fear being homeless. They say it takes a woman to leave seven times for her to really leave the domestic violence situation. If she has other options, then she may not go back, you know that helped me not go back to my situation. Women will call the resources when they’re at the end of being able to tolerate their situation and so having that immediate help to offer them is what’s needed with no stigma. With no stigma, with no expectation that you’re going to fix it right away because you’re not going to fix it right away.”

MAYA

A place to keep my things

Every participant described the need for a place to store their belongings, such as a locker or a community center that could offer a secure location. The level of stress and strain that resulted from the difficulty of navigating life on the streets, in camps, or shelters while also carrying and protecting their belongings, was the most commonly articulated difficulty for all participants. This difficulty was compounded when the individual experiencing homelessness was also a caregiver to children, as many described sleeping on top of their belongings to prevent theft while sleeping with their children in their arms or struggling to carry toys and diapers as well as all other belongings. Those without children also described challenges, including the impact of carrying the load on their physical and mental health, and trying to avoid physical altercation while preventing theft of one's belongings. Interviewees also described consequences of theft such as being left without their identification, medication, or other basic needs that were hard to acquire.

“I think it would be a great idea if they had like lockers or something for people to have their stuff during the day or night at like a very low, like rent or whatnot. There’s just like a safe place to put your belongings during the day because like, thievery is pretty rampant out in the homeless community. And it’s very frustrating when you lose like sensitive information, like IDs and stuff like that. And the that’s... I don’t know. They don’t have that. And I think that would be like a cool thing.”

JERRY

“We had to sleep on top of our stuff. I had to sleep with her, you know my arms around her tightly.”

MAYA

Avenues for Experiencing Joy

Researchers asked individuals to describe 24 hours in their life, followed by a request to describe any aspects of their day that provided them with satisfaction or joy. Participants responded to this question in a variety of ways. Although participants focused a great deal on structural challenges of being homeless, they also described elements of life that brought them immense joy and respite. They portrayed enjoying cooking, listening to music, playing games, listening to the news, playing with their children, participating in healthy intimate relationships, and commiserating with like-minded peers who understood their life experiences. Participants described the need for more structured or intentional integration of experiences designed to promote joy, fun, and play in the daily environment. For example, one participant talked about the joy of being able to play mind puzzle games on his phone while living on the streets to keep his mind sharp. After his phone was stolen, he noted that his daily life became more difficult because he did not have a mental outlet or a way to provide a distraction from daily stressors. Participants described the importance of service providers attending to this more, either offering more opportunities for experiencing joy or play or investing in providing technology for those living in camps or on the streets to access music, watch sports, or play games.

*“Waking up, just me and the kids,
and just knowing that we have a house and we’re together
is really great. Waking them up and seeing their smiling faces
and knowing that I’ve done everything that I can
to provide them that sense of security.”*

ALY

*“When we’re all just listening to music...
like, we all just get in one big old group
and we’re all out there just having a hay day
just joking around, just smoking cigarettes.
We’re just all out there just having fun.
And sometimes we even set up brunch things
and stuff like that, you know, like if somebody
can put in on it or somebody can cover somebody,
we usually do that type of stuff. It really t
urns out pretty nice.”*

ALEAH

Conversations with programs/service providers

Researchers also talked with local service providers and collaborators who provide critical services and support to individuals and families currently experiencing homelessness or at risk of experiencing a housing crisis. Discussions focused on understanding their assessment of the homelessness response system and making progress towards ending homelessness in Douglas County. Researchers reviewed and analyzed programmatic data from providers to learn about their service provision and derive knowledge about the nature and extent of homelessness in the area. Throughout the conversation, researchers welcomed ideas and insights on making homelessness rare, brief, and non-recurring. The feedback in this section is divided into two categories:



What is going well?

- * What are the strengths of the current landscape of housing and supportive service programs?
- * How are programs and services preventing and addressing homelessness?

Overview

Reliable Community Response
Enhanced, collaborative focus on community needs
New initiative partnerships



Gaps & Opportunities

- * What are the opportunities to advance the goals of preventing and ending homelessness?
- * What are the unmet needs in improving housing programs and supportive services?

Overview

Lack of affordable housing
Deficit of population-specific housing options
Insufficient supportive housing services
Poor perception of voucher holders
Under-accounting of the “invisible” homeless population



Reliable Community Response

There was consensus among service providers and collaborators that there is a robust community response to emergent crises or pressing needs. The management of homelessness and the city's and the county's infrastructure to "put out fires" is reliable.

Enhanced, collaborative focus on community needs

The city's enhanced community focus on addressing the needs of individuals experiencing chronic homelessness was lifted as a bright spot. The organizations providing services are collaborative and communicative, coming together to brainstorm solutions and help each other creatively. Additionally, service providers are resourceful and adaptive within their organizations, many using county and other resources to develop housing units and programs to meet the needs of the specific populations they serve.

New initiative partnerships

Beyond the services provided by the various programs listed above, many new initiatives were planned or began while collecting data for this needs assessment. Community conversations often highlighted these new initiatives as partnerships between the county/city government and local service providers. Following are just a few examples of initiatives that started during the needs assessment:

- * Initiative: Assertive Community Treatment Teams

Funding was provided to assemble Assertive Community Treatment Teams in the community, meant to bring together teams of specialists to provide wraparound supports to clients in community settings.

- * Initiative: Housing First Pilot Initiation

A Housing First Pilot was put in place to test the principles prioritizing permanent housing for individuals experiencing homelessness to stabilize their housing situation. At the same time, they work on other issues in their lives.

- * Initiative: Data-targeted Resource Distribution

Using data to target resources to those in need. Additional community partners have begun using My Resource Connection to view how clients are interacting with providers across the system, including health departments and first responders, hopefully diverting those clients from experiencing crisis.

- * Initiative: Housing and Prioritization Coordination

Coordinated entry and the By-Name List continue to involve more service providers and community members in the housing and prioritization process, which facilitates more collaboration and efficiencies in utilizing the community's housing resources.

* Initiative: New Affordable and Supportive Housing Options

Additional new affordable and supportive housing options are coming online in the community, including plans for build new adaptive housing solutions to match the unique needs of those experiencing homelessness.

* Initiative: Broadened Housing Options

Increased engagement with property owners and managers, including an initiative specifically geared to identify additional property owners willing to accept rental assistance and vouchers, and to work with local service providers and individuals who have experienced homelessness.

* Initiative: Community Leadership Investment

County and city investment in specific positions to lead the work and gather community partners to reduce homelessness, and the ongoing housing and houselessness stakeholder meetings.

County- and city-funded efforts include continued funding of needed emergency shelter resources such as the Lawrence Community Shelter and additional emergency options in response to changing conditions such as freezing temperatures and the pandemic. Funds also continue to be spent targeting longer-term housing solutions in rental supports, vouchers, utility assistance, and funding for the construction of new affordable units.





Lack of affordable housing

Every collaborator interviewed told researchers that affordable housing is the single most needed resource to prevent and end homelessness in the county. Currently, there is not enough affordable housing available to everyone. Community collaborators estimate that there are only 40 vacant properties in the entire county at any given time.

Deficit of population-specific housing options

In addition to free-market-rate affordable housing, there is a need for housing to meet the needs of specific populations. While community providers expressed the sentiment that the principles of the *Housing First* model should drive the community model of housing, they also acknowledged that a continuum of housing and wrap-around support must be present to ensure the program's success.

One example of this is supportive housing with trauma-informed design elements for individuals who have experienced chronic homelessness, require supportive services, and/or have behavioral health concerns. The trauma-informed design supports a “wrap-around” recovery environment that includes the physical environment and supportive services.¹⁰ Trauma-informed design may help lower levels of stress a person is experiencing, decrease maladaptive coping behaviors, increase feelings of safety, promote healing, and reduce the likelihood of re-traumatization. Designing the physical environment with trauma-informed considerations can help put an individual on the path to recovery and improve mental health outcomes.¹¹

Notably, Douglas County currently has no permanent supportive housing units. Collaborators see individuals fall out of housing back into homelessness because they do not have the supportive services they need to remain housed

Transitional housing units are lacking as well. Many service providers interviewed for this assessment indicated there are not enough transitional housing units, and the COVID-19 pandemic has only been exacerbated the need.

Poor perception of voucher holders

Increased engagement with property owners and property managers are needed to increase available, affordable housing stock. Researchers learned from community conversations that households who receive a voucher from the Lawrence-Douglas County Housing Authority have a challenging time leasing up, despite having a guaranteed source of income. Trouble obtaining leases is attributed to a lack of property managers and owners willing to lease to households with vouchers. Community advocates have learned that property owners tend to be concerned with the “quality” of tenants attached to the voucher, suggesting that they view voucher holders as problematic tenants. Community advocates continue to build relationships with property owners, listening to their concerns about leasing to individuals with vouchers and providing education and support necessary so local property owners and property managers feel comfortable and confident in accepting vouchers.

Advocates communicated a strong desire for rental properties to be owned and managed by individuals who are locally based and invested in the health and well-being of the local community. Additionally, advocates noted a worrying shift from local property owners to out-of-state, corporate property owners. Community collaborators recognize that if local property owners cannot afford their property, housing units may end up in the hands of those with no personal stake in creating affordable, safe housing opportunities in the community. The Housing Authority is working with local property owners to be a resource to keep their units safe, affordable, and connect to other supports necessary for local property owners to stay in business. The Housing Authority is also engaged with workgroups to develop incentives for property owners who engage with the Housing Authority, including access to listings, networking opportunities, and financial incentives.

Under-accounting of the “invisible” homeless population

Determining how to identify and count the “invisible” populations experiencing homelessness. There is a strong effort and community focus on identifying and meeting the needs of individuals experiencing chronic homelessness. Those experiencing chronic homelessness represent some of the community’s most vulnerable members. Community collaborators indicated that many individuals and families, who, due to their housing situation, do not meet the federal HUD definition of homelessness and therefore are not eligible for many programs and services geared towards people experiencing a housing crisis. Due to their lack of eligibility, they may not interact with the homelessness response system and are not identified as needing formal response systems.

HMIS is an adequate system to identify difficult-to-house people who have frequent interactions with the homelessness response system. Still, it is not a sensitive instrument for capturing those who do not meet the HUD federal definition of homelessness, including many families. An incomplete picture of who is experiencing homelessness in Douglas County impedes the ability to use HMIS most effectively.



Limitations

The current HMIS and coordinated entry system data collection systems have only been in place since the summer of 2020, and full implementation of the county systems is a rolling process. Given the relatively recent change in data collection systems, data from these systems and others was limited to the timeframe of October 2020 through September 2021 or closely adjacent as possible for non-HMIS data. This truncated timeframe reduces the ability to observe individuals experiencing homelessness across time and county patterns of homelessness in the county.

HMIS and the coordinated entry system provide robust data collection tools for providers participating in those systems. However, multiple, and inconsistent data collection approaches are still used across providers in the community. Some providers enter information only into their non-HMIS system, while others enter clients into multiple systems. For this reason, it is challenging to count unduplicated numbers of individuals experiencing homelessness.

Currently, the numbers of individuals in the HMIS analysis are unduplicated, but the system does not capture the full breadth of those experiencing homelessness in the community. For example, HMIS data only point to an unduplicated count of around 100 children experiencing homelessness in Douglas County.

In comparison, data from the U.S. Department of Education lists more than 200 children/students experiencing homelessness. Other children are likely being captured in non-HMIS data systems used by providers. Still, the inability to establish an unduplicated count for the community leads to an incomplete picture of those experiencing homelessness.

Beyond difficulties in establishing an unduplicated count of individuals experiencing homelessness, the population itself can be hard to assess because of its shifting and stigmatized nature. Individuals experiencing homelessness are often on the move because they are forced to change locations based on local ordinance and their need to seek multiple services in different community areas. Stigmatization also leads many individuals to be reticent to share their housing status or to discuss their experiences with individuals (service providers or researchers) who have yet to gain their trust. The concern about being judged based on their housing status leads many individuals to experience a form of “hidden homelessness” and can hinder their participation in services meant to serve individuals experiencing homelessness. For the same reasons, conducting interviews for the needs assessment presented challenges. Although the proposed number of individuals to be interviewed was achieved and a wide variety of experiences and

LIMITATIONS AT-A-GLANCE

- * **Truncated timeframe** limited the ability to observe the population across patterns of time and county
- * **Inconsistent data collection approaches** make it hard to count unduplicated numbers and get realistic picture of homelessness in the county
- * **Many unheard voices unaccounted for** due to the shifting and stigmatized nature of the population
- * **Only a snapshot in time is represented** of the needs around homelessness

perspectives was represented in the sample, scheduling took longer than expected. Additional voices were inevitably missed in the final analysis. Because of this, continued engagement of individuals with lived experience is suggested as the community works toward its goal of eliminating homeless data collection timeframes.

Finally, this report represents only a snapshot in time of the needs around homelessness in Lawrence and Douglas County. During the data collection timeframe for this report, multiple initiatives around homelessness reduction were planned and implemented. While this indeed represents a strength in the community's passion to address this issue, it also highlights a limitation of this report. As soon as it is released, it will become a historical artifact and no longer be up to date. This report should act as a guide for future endeavors at reducing homelessness. Still, continued evaluation and analysis of the state of homelessness in the community must ensure plans are tied to the current needs of individuals experiencing homelessness.



Endnotes

- 1 American Community Survey Census Data, 2020. Retrieved December 2021 from censusreporter.org/profiles/05000US20045-douglas-county-ks
- 2 National Alliance to End Homelessness. (n.d.) Who Experiences Homelessness: Youth and Young Adults. Retrieved December 2021 from endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth
- 3 Heartland RADAC Intensive Care Coordination (ICC) Douglas County December 2021 Report
- 4 OrgCode Consulting, Inc. (2020) Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) Workbook. Retrieved December 2021 from kshomeless.com/uploads/1/2/9/8/129825788/single_adults_vi-sp-dat_v3_workbook.pdf
- 5 Kansas Balance of State Continuum of Care Coordinated Entry Policies and Procedures (2020). Retrieved December 2021 from kshomeless.com/uploads/1/2/9/8/129825788/ces_policies___procedures_-_v_6.0.pdf
- 6 National Alliance to End Homelessness (2016). Housing First. Retrieved December 2021 from endhomelessness.org/resource/housing-first
- 7 Douglas County Supportive Housing Needs Assessment (2022). Retrieved May 2022 from csh.org/wp-content/uploads/2022/05/Douglas-County-Needs-Assessment-2022.pdf
- 8 The National Low Income Housing Coalition (n.d.) Out of Reach 2021: Kansas. Retrieved December 2021 from reports.nlihc.org/sites/default/files/oor/files/reports/state/ks-2021-oor.pdf
- 9 U.S Department for Housing and Urban Development Office of the Secretary. Memorandum: Eliminating Barriers That May Unnecessarily Prevent Individuals with Criminal Histories from Participating in HUD Programs. Retrieved April 2022 from [hud.gov/sites/dfiles/Main/documents/Memo_on_Criminal_Records.pdf?utm_source=NLIHC+All+Subscribers&utm_campaign=470ce2c971-memo_041822&utm_medium=email&utm_term=0_e090383b5e-470ce2c971-293309294&ct=t\(memo_041822\)](https://hud.gov/sites/dfiles/Main/documents/Memo_on_Criminal_Records.pdf?utm_source=NLIHC+All+Subscribers&utm_campaign=470ce2c971-memo_041822&utm_medium=email&utm_term=0_e090383b5e-470ce2c971-293309294&ct=t(memo_041822))
- 10 Design Resources for Homelessness (n.d.) About Trauma Informed Design. Retrieved March 2022 from designresourcesforhomelessness.org/about-us-1
- 11 Design Resources for Homelessness (n.d.) About Trauma Informed Design. Retrieved March 2022 from designresourcesforhomelessness.org/about-us-1

Appendix A

Table 1. PIT Count by Year

PIT DATA	2018	2019	2020
Unsheltered	48	73	75
Emergency Shelter	152	188	148
Transitional Housing	94	135	185
Total	294	396	408

Table 2. PIT Count by Race

Race	Census	2020 PIT
American Indian or Alaska Native	2%	9%
Asian	6%	<1%
Black or African American	4%	17%
Native Hawaiian or Other Pacific Islander	<1%	1%
Multiple Races	6%	18%
White	82%	55%

Table 3. PIT Count by Ethnicity

Ethnicity	Census	2020 PIT
Hispanic/Latin(x)	7%	14%
Non- Hispanic/Latin(x)	93%	86%

Table 4. PIT Count by Gender

Gender	2020 US PIT	2020 KS PIT	2020 D.G. Co. PIT
Female	39%	37%	45%
Male	61%	63%	55%
Transgender	<1%	<1%	<1%
Gender Non-Conforming	<1%	<1%	<1%

Table 5. PIT Count of Children (Under 18) Experiencing Homelessness

PIT DATA	2018	2019	2020
Unsheltered	0	2	0
Emergency Shelter	32	39	33
Transitional Housing	52	62	81
Total	84	103	114

Table 6. HMIS Number of Clients Served by Agency/Provider between Oct 2020 to Sept 2021

Agency	n	%
Bert Nash CMHC	355	41.0
Catholic Charities NEK - Lawrence	131	15.1
City of Lawrence	100	11.5
Kansas Statewide Homeless Coalition	83	9.6
Lawrence Community Shelter	138	15.9
Lawrence Douglas County Housing Authority	9	1.0
Tenants to Homeowners, Inc.	50	5.8
Total	866*	100

**Counts are duplicated. These agencies served a total of 668 individuals.*

Table 7. HMIS Number of Clients Served by Program Type

Program	n	%
Emergency Shelter	280	32.3
Homeless Prevention	147	17.0
PH - Permanent Supportive Housing (disability required)	9	1.0
PH - Rapid Re-Housing	217	25.1
Street Outreach	213	24.6
Total	897*	100.0

**Counts are duplicated. These programs served a total of 668 individuals.*

Table 8. HMIS Client Race

Client Race	% in HMIS	% in Douglas County
American Indian, Alaska Native, or Indigenous	5.9	1.9
Asian or Asian American	0.8	5.7
Black, African American, or African	19.2	3.5
White	67.8	82.5
Native Hawaiian or Pacific Islander	0.5	0.0
Multi-Racial	5.9	5.9
Other	0.0	0.7
Total	100.0	100.0

Table 9. HMIS Client Gender (N=661)

Gender	%
Female	51%
Male	48%
Transgender	<1%
A gender other than singularly female or male	<1%

Table 10. HMIS Number of Clients by Household Type

Household Type	n	%
Household with Children	187	28.0
Household without Children	60	9.0
Indeterminable Household	36	5.4
Single Adult	385	57.6
Total	668	100

Table 11. HMIS Client Age

Client Age	n	%
0 to 17	94	14.1
18 to 24	62	9.3
25 to 34	142	21.3
35 to 44	146	21.9
45 to 54	117	17.5
55 to 64	61	9.1
65 or above	11	1.6
Undefined	35	5.2
Total	668	100

Table 12. ED Facts U.S. Department of Education Student Population

City	Unsheltered	Sheltered	Hotel-Motel	Doubled-up	Total
Baldwin City	0	0	0	42	42
Eudora	0	0	3	21	24
Lawrence	7	53	8	69	137
Total	7	53	11	132	203

Data source: www2.ed.gov/about/inits/ed/edfacts/data-files/school-status-data.html

Table 13. HMIS Number of Times Clients Were Homeless in The Past Three Years (N=347)

Rate of Homelessness	%
One time	38%
Two times	20%
Three times	10%
Four or more times	31%

Table 14. HMIS Total Number of Months Clients Were Homeless in The Past Three Years

Number of months	Number of Clients
1 month	63
2 months	36
3 months	27
4 months	10
5 months	7
6 months	18
7 months	8
8 months	7
9 months	9
10 months	7
11 months	3
12 months	26
More than 12 months	198

Table 15. HMIS Client Health Conditions (N=420-599)

Client Health Conditions	Percentage of Clients
HIV/AIDS	1%
Any disability	64%
Chronic health issues	26%
Disability condition	53%
Child development delays	11%
Mental health issues	60%

Table 16. HMIS Clients Alcohol or Drug Use (N=507)

Disorder	Percentage of clients
Alcohol use disorder	6%
Drug use disorder	7%
Both alcohol and drug use disorders	15%
No alcohol or drug use disorder	70%

Table 17. HMIS Client Income Source

Income Source	Number of clients
No income	421
Child Support	7
Earned Income	107
Employment Pension	1
Other Cash Income	2
Social Security Disability Insurance (SSDI)	27
Spousal Support	1
Supplemental Security Income (SSI)	89
Temporary Assistance for Needy Families (TANF)	4
Unemployment Income	8
Veteran's Disability Payment	1
Total	668

Table 18. HMIS Number of Clients Exited the Program

Reason for exiting the program	Number of clients who exited program
Rental by client	120
Staying with family or friends	29
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	28
Emergency shelter, including hotel or motel, paid for with emergency shelter voucher, or RHY-funded Host Home shelter	26
Hospital or Substance abuse treatment facility or detox center	23
Transitional housing, including hotel or motel	7
Jail	4
Permanent housing or owned by a client	4
Deceased	3

Table 19. CES Client Race (comparing to Douglas County Black population 4%)

Race	n	%
American Indian, Alaska Native, or Indigenous	28	9.1
Asian or Asian American	2	0.6
Black, African American, or African	48	15.5
Multi-Racial	18	5.8
Native Hawaiian or Pacific Islander	1	0.3
White	212	68.6
Total	309	100.0

Table 20. CES Clients VI-SPDAT Assessment Scores

VI-SPDAT Score	n	%
Minimum (0-3)	7	2.2
Moderate (4-7)	100	30.8
High (8+)	218	67.1
Total	325	100

Table 21. CES Number of Housed Clients by Destination

Housed clients by destination	n	%
Moved from one HOPWA funded project to HOPWA PH	1	1.6
Owned by client, no ongoing housing subsidy	1	1.6
Rental by client, no ongoing housing subsidy	4	6.6
Rental by client, with Housing Choice Voucher (tenant or project-based)	2	3.3
Rental by client, with other housing subsidies	2	3.3
Rental by client, with RRH or equivalent subsidy	51	83.6
Total	61	100

Table 22. CES Number of Housed Clients by Gender

Housed clients by gender	n	%
Female	32	52.5
Male	29	47.5
Total	61	100

Table 23. CES Number of Housed Clients by race

Housed clients by race	n	%
American Indian, Alaska Native, or Indigenous	4	6.8
Asian or Asian American	1	1.7
Black, African American, or African	14	23.7
Multi-Racial	3	5.1
White	37	62.7
Total	59	100

Table 24. CES Number of Housed Clients by VI-SPDAT Score

Housed clients by VI-SPDAT score	n	%
Minimum (0-3)	1	1.6
Moderate (4-7)	22	36.1
High (8+)	38	62.3
Total	61	100

Table 25. Housing Affordability in Douglas County

Conditions	1-Bedroom	2-Bedroom
Fair Market Rate	\$756.00	\$950.00
Wage Need to Rent Affordably	\$14.54	\$18.27
Minimum Wage	\$7.25	\$7.25
Hrs. Worked/Week to Meet Fair Market Rent at Average Renter Wage	80	101
Rent Affordable at Average Renter Wage	\$377.00	\$377.00
Average renter's wage	\$10.66	\$10.66
Hrs. Worked/Week to Meet Fair Market Rent at Average Renter Wage	55	69
Rent Affordable at Average Renter Wage	\$554.00	\$554.00

Data Source: reports.nlihc.org/oor/kansas

Table 26: Non-HMIS Program Demographics by gender*Bert Nash (n=274), DCCCA (n=1,018), Family Promise (n=1,701), Willow (n= 697), Total (n=3,672)*

Gender	Male	Female	Transgender	Other	Unknow/Refused
Bert Nash #	133	140	1	0	0
Bert Nash %	49%	51%	0%	0%	0%
DCCCA #	322	691	0	5	0
DCCCA %	32%	68%	0%	0%	0%
Family Promise #	846	626	0	0	229
Family Promise %	50%	37%	0%	0%	13%
Willow #	99	511	2	2	65
Willow %	15%	75%	0%	0%	10%
Total #	1400	1968	3	7	294
Total %	38%	54%	0%	0%	8%

Table 27: Non-HMIS Program Data Demographics by race/ethnicity*Bert Nash (n=274), DCCCA (n=1,018), Family Promise (n=1,701), Willow (n= 697), Total (n=3,672)*

Race/Ethnicity	White	African American	Native American	Alaska Native	Asian	Multi-racial	Other	Unknown/Refused	Hispanic
Bert Nash #	191	36	7	0	2	0	0	0	6
Bert Nash %	70%	13%	3%	0%	1%	0%	0%	0%	2%
DCCCA #	684	85	56	0	0	0	69	118	4
DCCCA %	67%	8%	6%	0%	0%	0%	7%	12%	0%
Family Promise #	598	239	67	0	3	208	6	499	81
Family Promise %	35%	14%	4%	0%	0%	12%	0%	29%	5%
Willow #	333	71	30	3	7	28	0	207	26
Willow %	49%	10%	4%	0%	1%	4%	0%	30%	4%
Total #	1806	431	160	3	12	236	75	824	117
Total %	49%	12%	4%	0%	0%	6%	2%	22%	3%

Table 28: Non-HMIS Program Data Demographics by age*Bert Nash (n=274), DCCCA (n=1,018), Family Promise (n=1,701), Willow (n= 697), Total (n=3,672)*

Race	Bert Nash #	Bert Nash %	DCCCA #	DCCCA %	Family Promise #	Family Promise %	Willow #	Willow %	Total #	Total %
0-17 yrs.	0	0%	0	0%	838	49%	26	4%	864	24%
18-24 yrs.	0	0%	312	31%	103	6%	104	15%	519	14%
25-59 yrs.	0	0%	694	68%	317	19%	535	79%	1546	42%
60 or more yrs.	0	0%	12	1%	6	0%	0	0%	18	0%
Unknown	274	100%	0	0%	437	26%	0	0%	711	19%

Appendix B

Semi-Structured Interview Protocol used to conduct interviews with lived experience of homelessness

- 1) Tell me about the place you live or would consider home.
- 2) Tell me what your day is like. Walk me through 24 hours in your life.
- 3) What would your ideal living situation look like?
- 4) What advice would you give to someone who has found themselves houseless regarding accessing support, finding things that are helpful, and avoiding things that are not helpful?
- 5) What do you wish others better understood about you and your experiences that would help them take steps to address homelessness in the community?