

HOMELESSNESS SERIES

PART 2



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WIDENING THE DOORS OF HOPE

Addressing Coronavirus-Related Challenges Among Homeless Service Providers

NOVEMBER 2020

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INTRODUCTION

This research report is the second in a series on homelessness in Salt Lake County. It is focused on understanding the effectiveness and impacts of mitigation strategies adopted by homeless service providers as well as the innovations they are employing to withstand the effects of the coronavirus pandemic. Homeless service providers are engaging in a variety of innovative practices. Chief among them is the adoption of technology to reach clients and partners.

Positive coronavirus cases have surpassed 350 for individuals experiencing homelessness in the Salt Lake County – about 10% of that population over the course of the pandemic.¹ Homeless cases spiked in September 2020, with almost 100 active positive cases in shelters. This reflects a significant increase from the two active positive cases reported in the first research report.

This research report builds on the first of this series which focused specifically on understanding the effects of the pandemic on the Salt Lake County homeless service system. The report explores the coping strategies and innovations that providers are adopting to withstand the effects of the pandemic. For this report, we specifically asked providers to assess mitigation strategies and to identify those that are most helpful in reducing the impact of the pandemic on their organization. We also asked providers to identify the extent to which the pandemic is forcing their organizations to adopt innovative practices and asked them to share these practices in order to develop a set of effective practices from which other providers can benefit.

METHODOLOGY

This research report is based on original data collected via a short survey administered to homeless service providers in Salt Lake County from July 20, 2020, to August 7, 2020. The short survey consisted of 13 questions that prompted respondents to report on the service areas they work in, homeless subpopulations they serve, the extent to

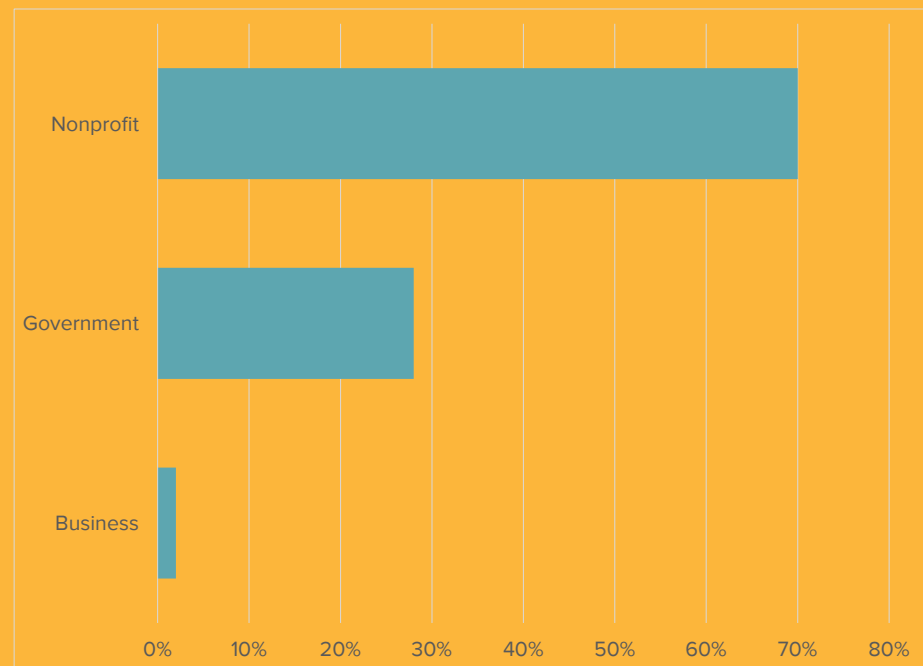


KEY FINDINGS OF THIS REPORT

- More than six months into the pandemic, it is clear that homeless service providers in Salt Lake County are staying agile and exploring opportunities to improve their operations and services in the community.
- A majority of providers are reporting that they are keeping their doors open, but doing so through health safety protocols and hybrid forms blending in-person with phone/online services.
- The most effective management-related mitigation strategies include participating in periodic Salt Lake County COVID-19 coordination calls, creating internal pandemic response teams, and collaborative efforts with other cross-sector agencies.
- The most effective staff-focused mitigation strategies are working remotely and implementing health safety protocols. All providers indicated that they had adopted remote working policies, and four out of five providers found that their remote work policies were very effective.
- The most effective client-centered mitigation strategies are related to making changes to client programming and (as with staff-focused strategies) implementing health safety protocols.
- Three-quarters of the survey respondents indicated that the pandemic had forced them to engage in innovative practices in order to cope and withstand the effects of the pandemic.
- In terms of administrative innovations, these include modifying the intake process from serving a single client at a time to grouping clients into cohorts, ensuring that they meet health safety protocols and then transitioning them together into receiving services.
- In terms of technological innovations, many providers have employed telehealth and video conferencing.

Most respondents were nonprofit organizations.

Figure 1: Service Sector of Respondents (N=46)



which their organizations have returned to normal operations, the extent to which mitigation strategies have been effective, and the extent to which they are engaging in innovative practices.

As with the first report in this series, the research team relied on multiple information sources in order to identify a final sample of 143 service providers. The research team received a total of 46 completed surveys, constituting an overall response rate of 32%. Of the 46 respondents, 70% were nonprofit organizations, 28% were government agencies, and one respondent was from the business sector (2%). (See Figure 1.)

Many respondents focus on human services, housing and advocacy services.

Figure 2: Service Area of Respondents

Organization Type	Number	Percent
Human Services	18	39%
Housing	15	33%
Advocacy	13	28%
Health	11	24%
Government	9	20%
Education	7	15%
Other	5	11%

The sample of respondents that participated in this survey also varies by service area. Most of respondents focus their efforts in the area of human services (39%) as well as in housing services (33%), advocacy (28%) and health (24%). Government services and education-related services are provided by a smaller percentage of respondents (20% and 16%), the former of which is reflective of the small percentage of governmental agencies that participated in this survey. The other category includes respondents that provide technology-related services, crisis response, civic or community related services, supportive employment, and general homeless services. (See Figure 2.)

Respondents serve a variety of homeless subpopulations. About half of respondents

(47%) note that they serve all homeless subpopulations. This is followed by organizations serving families (33%), single men or women (33%), and mental health needs (30%). Survey respondents also serve domestic violence survivors (26%), substance use needs (26%), veterans (26%), refugees and immigrants (24%), youth (22%), and young children and caregivers (20%). College students as another homeless subpopulation are also served (9%). The “other” category included respondents who serve older adults and the terminally ill as well as respondents that are not direct service providers or who are funders of homeless service providers. (See Figure 3.)

RETURNING TO NORMAL OPERATIONS

In April, Utah’s governor issued an advisory to stay at home when possible and Salt Lake County issued a public health order that limited permissible economic activity. The survey asked respondents to report the extent to which their organization had returned to normal operations once many of these restrictions had been lifted. About half of homeless service organizations (52%) continued to provide services in hybrid form or in a combination of both in-person and phone/online services. Interestingly, about 21% of respondents had returned to normal operations with social distancing measures in place. Few organizations temporarily or permanently closed

Nearly half of respondents focus on all populations.

Figure 3: Extent of Service Provision During Pandemic by Service Sector

	Number	Percent
All	22	48%
Targeted Subpopulation	24	52%
Families	15	33%
Single Men or Women	15	33%
Mental Health Needs	14	30%
Domestic Violence Survivors	12	26%
Substance Use Needs	12	26%
Veterans	12	26%
Refugee & Immigrants	11	24%
Youth	10	22%
Young Children & Caregivers	9	20%
College Students	4	9%
Other	6	13%

USING TECHNOLOGY TO ASSIST THE HOMELESS

Almost all homeless service providers are continuing to operate in-person though face-to-face interactions with their clients. However, in response to the pandemic, many have moved to a hybrid model that provides some portion of services online or over the phone.

Providers are taking many approaches to the hybrid model. This may include Zoom-type interaction for case management or a telehealth approach to physical and mental health services. However, it is most likely that providers are focusing on help over the phone. For example, Utah Community Action is receiving and reviewing applications for their rental assistance programs by phone, though making accommodations for in-person interviews if requested.

For truly online services, people experiencing homelessness might access the internet on their own smartphones, through friends or family, through public Internet networks, at libraries, at community centers or elsewhere.

Nonetheless, as shown in our survey and through conversations with providers, the vast majority of homeless service providers are continuing to offer in-person services.



Most organizations continue to provide services.

Figure 4: Return to Normal Operations by Service Sector (N=44)

Our services...	All	Nonprofit	Govt.	Business
... continue to be provided in hybrid form (online plus in-person with social distancing measures and other health	52%	60%	39%	0%
... are back to normal with social distancing measures and other health	21%	17%	23%	100%
... remain temporarily closed.	2%	0%	8%	0%
... have been closed permanently.	2%	3%	0%	0%
Other	23%	20%	31%	0%

services. Of responses in the “other” category, a total of five organizations (11%) are providing services remotely only. (See Figure 4.)

When analyzing responses by the sector of the respondent, results indicate that government organizations (23%) were more likely to report that services were back to normal with social distancing measures when compared to nonprofits (17%). Nonprofits, were more like to operate services in hybrid form (60%), i.e., through a combination of in-person and phone/online services.

EFFECTIVENESS OF MITIGATION STRATEGIES

For the first report of this series on homelessness, we asked respondents to identify the mitigation strategies that they had adopted in order to reduce the effects of the pandemic on their organization, and we identified those strategies as being management-related, staff-focused or client-centered. Those responses were used to develop the second survey.

Management-Related Strategies

Survey respondents assessed the effectiveness of management-related strategies in reducing the impact of the pandemic on their organization. (See Figure 5.) On average, homeless

Organizations most often found that Salt Lake County COVID-19 homelessness coordination calls and internal pandemic response teams were the most effective strategies.

Figure 5: Effectiveness of Management-Related Mitigation Strategies

	To a great extent	Somewhat	Very little	Not at all	Strategy not adopted
Participating in Salt Lake County COVID- 19 calls	48%	21%	19%	2%	10%
Creating internal COVID- 19 response team	45%	31%	7%	0%	17%
Applying for Cares Act funding	42%	37%	7%	0%	14%
Accessing existing partnerships	41%	45%	5%	2%	7%
Engaging in advocacy	36%	31%	21%	3%	10%
Assessing income and expenses	35%	42%	7%	2%	14%
Providing or securing funding for COVID- 19 mitigation	34%	29%	20%	5%	12%
Researching and pursuing new funding	26%	36%	24%	0%	14%
Developing transition plans to move across risk phases	24%	43%	19%	2%	12%
Renegotiating medicaid to include telehealth	24%	7%	10%	12%	48%
Planning for future events	23%	44%	14%	2%	16%

service providers implemented 11 out of the 14 strategies listed in the survey. We rank-ordered the strategies by *effectiveness* from *to a great extent* to *not at all*. Homeless service providers indicated that participating in Salt Lake County COVID-19 homelessness coordination calls was most effective in reducing the impact of the pandemic on their organization; few organizations rated this strategy as not effective at all (2%) and only a few had not participated (10%). Providers also indicated that the following management-related strategies were effective to a great extent: creating an internal COVID-19 response team (45%), applying for CARES Act funding (42%), accessing existing partnerships (41%), and engaging in advocacy (36%).

On the other hand, the management-related strategies that homeless service providers rated as not at all effective include renegotiating Medicaid to include telehealth (12%) and suspending volunteer programs (10%). But the results also indicate that these strategies were the least adopted by service providers.

Effects of Management-Related Strategies. The survey asked service providers to report their perceived effects of the management-related strategies they employed within their organizations. (See Figure 6.) In general, more positive effects were reported than negative effects, and the positive effects tended to focus on being able to retain key financial and human resources to the organizations, maintaining service levels for clients without disruption or in a more streamlined approach, and increasing collaboration within the organizations and across organizational boundaries. One service provider, for example, noted that “for the most part, clients have been able to access services with little disruption.”

On the other hand, some organizations experienced a decrease in program revenues as a result of changing service provision to online platforms. The implementation of new safety protocols also challenged both employees and clients, with employees feeling exhausted by rigorous cleaning procedures and clients feeling mentally or emotionally exhausted. Staff are also reported to be feeling being stretched thin. As one service provider observed, “More time and attention on COVID, means less attention on other aspects of our organization. It has encouraged staff/leadership to coordinate, and also has highlighted areas of needed improvement.”

Organizations reported various positives and negatives on the management front.

Figure 6: Reported Effects of Management-Related Strategies

Positive Effects	Negative Effects
Minimized layoffs, retain employees.	Less attention to other aspects of organization.
Increased collaboration between leadership, staff and community	Disrupted or changed existing operations .
Identified additional areas of needed improvement.	Creating challenges for non- frontline staff working from home.
Little to no spread of virus within residential facilities, staff, and others.	Staff needing to learn online platforms.
Ability to use loans and grants to cover hero pay.	Additional expenditures on PPE and cleaning products.
Streamlined approach for acquisition and distribution of PPE.	Decrease in program revenues .
Collaborative approach to testing and responding to positive cases.	Safety protocols exhausting for employees.
Staff has remained engaged and committed to work.	Safety protocols mentally/emotionally challenging for patients/clients.
Better- informed decisions.	Staff stretched thing .

The most effective staff-focused mitigation strategies are working remotely and implementing health safety protocols.

Figure 7: Effectiveness of Staff-Focused Strategies

	To a great extent	Somewhat	Very little	Not at all	Strategy not adopted
Working remotely	81%	7%	9%	2%	0%
Providing staff with equipment to work remotely	77%	14%	5%	2%	2%
Implementing health safety protocols	72%	21%	2%	2%	2%
Investing in staff support	42%	19%	16%	7%	16%
Providing hazard pay to incentive staff	2%	7%	10%	10%	48%

Staff-Focused Strategies

We also rank-ordered staff-focused mitigation strategies by reported effectiveness and found that, on average, organizations adopted four out of the five strategies listed in the survey. (See Figure 7.) Homeless service providers indicated that working remotely was the most effective strategy in mitigating the effects of the pandemic on their organization with eight-in-ten identifying this strategy as effective to a great extent. No providers indicated that they had not adopted a remote-working policy. Most respondents also noted that providing staff with equipment to work remotely (77%) and implementing health safety protocols for staff (72%) are effective to a great extent.

Results also indicate that providing hazard pay to incentivize staff as a staff-focused strategy is the least effective strategy, with more organizations reporting that it is not at all effective (10%). But this strategy was the most reported strategy that had not been widely adopted by homeless service providers.

Effects of Staff-Focused Strategies. With regard to the effects of staff-focused strategies, providers report that staff are remaining productive and positive as well as feeling supported and comfortable. Working remotely and implementing health safety protocols for staff has allowed organizations to carry on without service interruptions or to reopen

while minimizing exposure for staff. Homeless service providers also report little to no spread of virus among staff as a key effect of staff-focused mitigation strategies.²

For some service providers, hazard or hero pay is not sustainable and there is a fear of being unable to retain employees. Some are also concerned about the challenges around working at full productivity while working remotely and the inability to provide full scope of services online due to nature of the service. As reported in the management effects, providers also report that staff are struggling with being isolated and unable to engage meaningfully via online platforms.³

Organizations reported a variety of effects around staff-focused strategies.

Figure 8: Reported Effects of Staff-Focused Strategies

Positive Effects	Negative Effects
Staff remaining productive and positive.	Hazard pay not sustainable and fear of inability to retain employees.
Remaining uninterrupted in services.	Challenging to work at full capacity while working remotely.
Able to reopen while minimizing exposure to staff.	Untenable to provide service remotely due to nature of services.
Learning new ways of working together.	Staff struggling within being isolated and unable to engage meaningfully.
Staff feeling supported and comfortable.	
Retaining staffing levels.	
Little to no spread of virus among staff.	

The most effective client-centered mitigation strategies are related to making changes to client programming and implementing health safety protocols.

Figure 9: Effectiveness of Client-Centered Strategies

	To a great extent	Somewhat	Very little	Not at all	Strategy not adopted
Making changes to programming or services	71%	17%	0%	2%	10%
Implementing health safety protocols	60%	14%	7%	2%	17%
Surveying changing needs of clients	38%	31%	7%	0%	22%

Client-Centered Strategies

Survey respondents reported that their organizations adopted two out of the three of the listed client-centered strategies (on average). (See Figure 9.) Homeless service providers reported that making changes to programming or services was the most effective strategy, with 71.4% noting that it had been helpful to a great extent in reducing the effects of COVID-19. About 60% of respondents also reported that implementing health safety protocols such as social distancing measures had been helpful to a great extent in minimizing the effects of the pandemic on their organization.

Effects of Client-Centered Strategies. Homeless service providers were also asked to report the effects of the client-centered strategies that they had adopted. (See Figure 10.) Overall, providers shared that they were able to open safely and to maintain clients enrolled in services, particularly because of their use of online platforms and adopted health safety protocols. In addition, through the continued provision of services, homeless service providers were able to also increase education about the coronavirus. Ultimately, only one negative effect was reported: that the coronavirus has distracted some organizations from their core mission.

Organizations reported more positive than negative client-centered strategies effects.

Figure 10: Reported Effects of Client-Centered Strategies

Positive Effects

Staff remaining productive and positive.

Remaining uninterrupted in services.

Able to reopen while minimizing exposure to staff.

Learning new ways of working together.

Staff feeling supported and comfortable.

Retaining staffing levels.

Little to no spread of virus among staff.

Negative Effects

Hazard pay not sustainable and fear of inability to retain employees.

Challenging to work at full capacity while working remotely.

Untenable to provide service remotely due to nature of services.

Staff struggling within being isolated and unable to engage meaningfully.

Homeless service providers are embracing innovations.

Figure 11: Extent of Innovation Adoption by Homeless Service Providers, and by Service Sector

	All	Nonprofit	Govt.	Business
To a great extent	77%	83%	67%	0%
Somewhat	21%	13%	33%	100%
Not at all	2%	3%	0%	0%

ADOPTING INNOVATIONS

This research also placed an emphasis on the degree to which organizations had engaged in new and untested efforts or innovations to further shield their organizations from pandemic-related challenges. Specifically, respondents were asked the extent to which the coronavirus pandemic has forced their organizations to adopt innovative practices.

It is notable that a vast majority of respondents indeed reported that the pandemic had forced their organizations to adopt innova-

tive practices (77%). Only one organization reported that they were not forced to adopt innovative practices and that their reasons for not doing so were related to a lack of financial resources and infrastructure.

A larger percentage of nonprofit organizations (83%) reported that the coronavirus pandemic had forced their organizations to adopt innovative practices when compared to government agencies (67%). (See Figure 11.)

Variety of Innovative Practices

Respondents were asked to report and describe the innovative practices that their organization had adopted in response to the COVID-19 pandemic. These can be broadly organized into administrative and technological innovations. (See Figure 12.)

Administrative innovations focus on the adoption of a new organizational structure, system or human resources. Examples of this type of innovation include modifying the intake process from serving a single client at a time to grouping clients into cohorts, ensuring that they meet health safety protocols and then transitioning them together into receiving services. Other administrative innovations include modifying work spaces to accommodate for social distancing, staggering work schedules and offering trainings (i.e., new volunteer orientation). These have helped homeless service providers adjust to the new realities brought on by the pandemic.

Technological innovations, on the other hand, focus on the adoption of a service, program or product that is new to the organization. Many of the respondents reported that they have

Homeless service providers have been employing a range of new administrative and technological innovations.

Figure 12: Examples of Administrative and Technological Innovations

Administrative Innovations

Redesigning intake process by grouping clients, testing before entering facilities, and quarantining for two weeks.

Modifying work spaces such as installing plexiglass barriers and rearranging meeting spaces.

Staggering work schedules.

Online training.

Remote patient monitoring,

New and more frequent leadership communication to organization.

Technological Innovations

Telehealth to connect with clients remotely.

Use of video conferencing platforms to connect with clients and staffs.

Remote security surveillance.

Social media to connect with community.

Project management software.

Creating outdoor services such as an outdoor clinic.

adopted telehealth as a tech method of connecting with clients and providing services. Others reported using video conferencing platforms in order to facilitate communication across their organization and with partners in the community. Some are also using social media platforms to conduct outreach to local stakeholders.

CONCLUSION

More than six months into the pandemic, it is clear that homeless service providers in Salt Lake County are staying agile and exploring opportunities to improve their operations and services in the community. A majority of organizations are reporting that they are keeping their doors open to individuals experiencing homelessness but doing so through health safety protocols and hybrid forms blending in-person with phone/online services.

There is clearly a range of practices identified by service providers that can be implemented to reduce the impact or negative effects of the pandemic on an organization. The pandemic has ultimately forced homeless service providers to engage in innovative practices in order to withstand its effects. Some of these innovations may prove useful even after the current health crisis has passed.

ENDNOTES

1 Utah Department of Workforce Services, Homelessness Data Dashboard, <https://jobs.utah.gov/housing/homelessness/homelessdata.html>. Numbers from March 1 through October 16, 2020 in Salt Lake County.

2 One service provider shared the following: “Staff know they are cared about, accommodated individual requests... consistently maintained essential staffing levels in residential programs... any staff or client positive COVID-19 cases were from external transmission; no internal spread of the virus.”

3 One service provider explained the negative effects in this way: “Due to the size of our organization... hazard pay for the organization was provided temporarily for staff. ... However, this was not sustainable for our agency, this is something that we are watching closely and we may see some challenges in terms of retention of staff in the near future as our partners are providing hazard pay.”



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