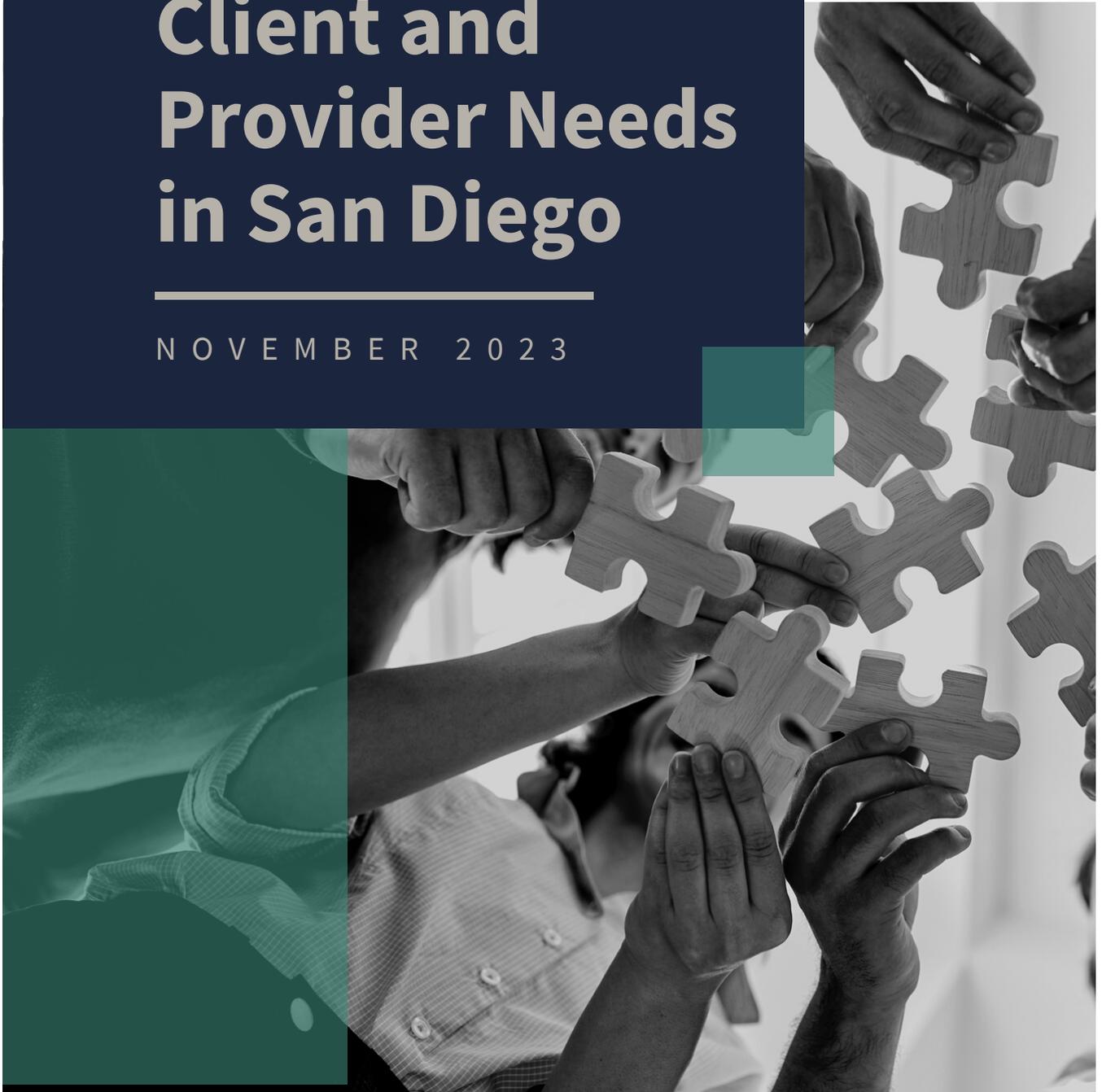


# Examining Client and Provider Needs in San Diego

NOVEMBER 2023



HOMELESSNESS HUB

UC San Diego

SCHOOL OF SOCIAL SCIENCES

Department of Urban Studies and Planning

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# Project summary

**Research Questions:** In our pursuit of actionable insights, we collaboratively formulated these pivotal research questions with stakeholders:

1. What essential resources are clients and providers currently lacking?
2. What disparities exist in client experiences across different organizations?
3. Given the proven effectiveness of permanent supportive housing (PSH), what unique needs arise for PSH residents?

**Diverse Partnerships:** Strategically, we aligned with organizations varying in their operational magnitude, funding mechanics, methodologies, and clientele focus. Specifically, we encompassed entities with diverse financial backings, ranging from sizable government grants to community donations, and those specializing in catering to niche client demographics or who offer general assistance.

## **Methodology and Data Collection:**

- **Surveys and Interviews:** Our methodology was a mix of surveys and in-depth interviews. We garnered responses from 56 clients and 21 providers across the partnered organizations. The majority of these engagements were conducted in-person, while management-specific interviews were facilitated via Zoom.
- **Client Survey Demographics:** An interesting insight from our survey data indicated that 72% of the respondents had been utilizing services for more than a year. Our demographic split was broad; with notable representations from elderly individuals, those with physical disabilities or mental health conditions, and a diverse racial composition.
- **Deepening our Understanding with Client Interviews:** Post-survey, we embarked on extensive interviews to truly understand the nuances of client experiences. An addition of nine clients participated exclusively in interviews, enriching our data set.

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# Key findings

1. **Advocacy for Lived Experience:** A recurrent sentiment was the invaluable role individuals with firsthand homelessness experience could play in service delivery. Such personnel, having walked in the shoes of clients, ensure a genuine sense of connection and understanding.
2. **The Housing Conundrum:** A resounding frustration was shared by clients and providers alike about the acute shortage of affordable housing in San Diego. This discontent was magnified by the perceived inadequacy in housing navigation support. A sizable portion of clients expressed feeling marginalized, as many were not deemed "eligible" enough by current parameters to receive housing assistance.
3. **Improving Sense of Safety:** Many PSH residents, especially seniors and persons with physical disabilities, while thankful for their housing stability, desire improvements to PSH that would improve their sense of safety.

Our findings underscore a pressing need to rethink strategies, especially in ensuring every individual, regardless of their current predicaments, feels seen, heard, and adequately supported.

# Project overview



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## A collaborative approach to homelessness research



This research project was conducted as a collaborative effort across three different stakeholder groups in the San Diego Continuum of Care (CoC): advocates with lived experience of homelessness, service providing organizations, and a university researcher. This collaborative approach brought several strengths including lived experience insights that better shaped the project (including the creation of better research questions and the facilitation of participant recruitment), organizational context, university funding, and greater human power.



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## The topic



This project was designed to investigate the specific needs of persons currently experiencing homelessness, or who have experienced homelessness in the past, who are clients of nonprofit organizations within the San Diego CoC. Persons that we talked with were currently utilizing day centers, emergency shelters, and PSH in the City of San Diego.

This project was additionally designed to investigate what providers feel they need — from management to front-line staff to volunteers — to better serve their clients.



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# Research questions



Our research questions were developed collaboratively across all stakeholders. They included the following:

- To what resources and services do clients and providers wish they had access?
- How do client experiences vary across organizations?
- The effectiveness of PSH in helping people remain housed has been well documented. However, so too has the need to look beyond housing stability towards a more comprehensive evaluation of the intervention (Clifasefi et al. 2016; Raven et al. 2020 ). In this pursuit, what additional resources would improve the holistic health and wellbeing of PSH residents?

When deciding who to work with, our team made sure that our partnering organizations would vary in important ways: by size, by funding amount and source, by practices, and by populations served. In the end our five partners encompassed large and small operations, providers who rely primarily on large government grants and those who operate through donations, providers who are able to offer constant training to staff and those who are just getting by, and providers who specialize in serving one particular sub-population of clients and those who do not specialize.





## Method and data

Our methods included both surveys and interviews. We specifically conducted...

- 56 surveys with clients across three partnering organizations
- 65 interviews with clients across three partnering organizations
- 21 interviews with providers (5 managers and 16 front-line staff or volunteers) across all five partnering organizations

Surveys and interviews were, for the most part, conducted in person at our partnering organizations' facilities. Interviews with management were conducted over Zoom.

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# Client surveys



We used client surveys to quickly capture information on client needs and experiences with providers and to recruit for interviews. Approximately 72% of survey participants had been using services at the provider organization we recruited them through for over a year. Approximately 33% identified as women and 67% identified as men. Approximately 63% were aged 60 or older. While approximately 27% are living with a physical disability, approximately 20% are living with a mental health condition. Finally, while 9% of our respondents identified as Asian, 23% identified as Black/African American, 14% identified as Latino/a/Hispanic, 3% identified as Native Hawaiian/Pacific Islander, 31% identified as white, and 20% identified as some other race. While gender and disability status within our sample reflects the population experiencing homelessness in San Diego, we had more seniors in our sample than are experiencing homelessness within our CoC. This is most likely due to our inclusion of PSH sites. While it is hard for us to compare the racial/ethnic composition of our sample with CoC wide data — due to our collapsing of race and ethnicity — our percentage of Black/African American respondents reflects the disproportionate amount of Black San Diegans experiencing homelessness.

**6 out of 10 are  
60 or Older**



**Almost 1 in 3  
Live with a Physical Disability**



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# Client surveys



The following sample questions from our client survey provide a sense of the breadth of our inquiry. Questions included:

1. What services specifically drew you to this organization?
2. In terms of location, is this provider accessible to you?
3. In terms of hours of operation, is this provider accessible for you?
4. In terms of your ability status and specific needs, is this provider accessible for you?
5. Are providers and volunteers at this organization friendly?
6. Are providers and volunteers at this organization knowledgeable about services you are interested in?
7. What resources has this organization helped you to find?
8. What resources do you wish this organization would connect you to?
9. Compared to other organizations, are providers at this particular organization friendlier?
10. Compared to other organizations, are providers at this particular organization more knowledgeable about services you are seeking?
11. When you lost your housing, was there someone you could have reached out to for assistance?

# Client needs

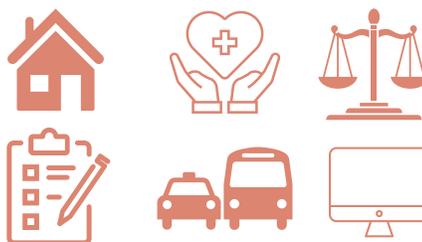


78% of our survey respondents found providers at our partnering organizations to be friendly and 69% found providers to be knowledgeable about services they were interested in. Interestingly, the organization with the least amount of funding had the highest satisfaction levels for clients in terms of finding providers at that site to be both friendlier and more knowledgeable than providers at other sites.

Respondents across all organizations highlighted what they wanted more assistance with, including:

- Finding physical health and mental health services
- Finding legal services
- Completing benefits forms
- Accessing transportation

Unhoused respondents specifically wanted more assistance with finding housing and accessing computers.

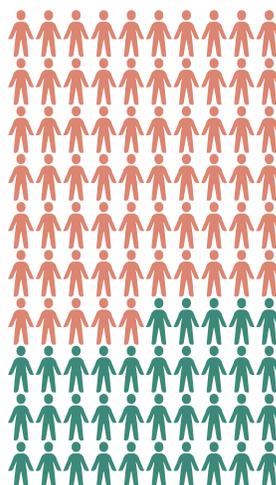


# Social isolation



The majority of survey respondents noted a high degree of social isolation. When asked if there was someone that respondents could have reached out to for assistance prior to losing their housing, 65% said no. For respondents who stated that there were friends or family they could have relied on, it was additionally noted that they refrained from contacting these social ties because they did not wish to be a burden.

**65% of respondents did not have  
someone they could  
reach out to for assistance**





## Client interviews



We used our surveys to recruit for in-depth follow-up interviews. Interviews allowed us to dive deeper into the questions that we had on our survey and allowed us to learn about client needs and experiences in greater detail. An additional nine clients joined us for interviews alone, bringing our total participation up to 65 persons.

# EMPATHY

## Lived experience desired

A major finding from our project is that clients want to see more persons with lived experience working for service providing organizations. This was specifically true for our interview participants still experiencing homelessness. Persons with lived experience of homelessness have a personal understanding of what clients are going through and would help clients to feel seen and connected to their providers.

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*"I've lived here  
too."*

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## Not enough housing, not enough assistance

A major finding from our project is that clients who are currently experiencing homelessness are frustrated by the lack of affordable housing in San Diego as well as by the lack of housing navigation clients receive as they attempt to locate their options. This is especially true for clients who are not prioritized for permanent supportive housing. Many clients we talked with lamented that they were just not old enough, poor enough, or sick enough to qualify for the housing assistance they need.

*"I'm not ticking  
off the right  
boxes."*



## The benefits of PSH and resident needs

The PSH residents we spoke with were consistently thankful for the stability of their housing. It gave residents the chance to focus on other things like improving physical and mental health. While housing stability provided a sense of security, many residents still felt unsafe to some degree. Many commented on the neighborhood location being unsafe. This was especially true of senior participants. Participants with physical disabilities additionally highlighted that their buildings were not as accessible as they should be, with elevators going out and with bathtubs that are hard to get in and out of.

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*“There is no security at night. And time and again residents hear people pulling on the front doors, trying to get in. This isn’t a safe neighborhood, especially for seniors.”*

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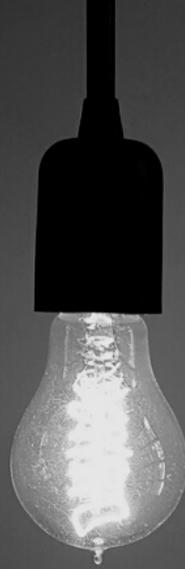
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# Provider interviews



We conducted interviews with providers at every level of an organization: from management to front-line staff to volunteers. We specifically used manager interviews to probe for organizational context including the size of the organization, its funding sources and amounts, and its practices. We additionally used manager interviews to ask if they had any additional questions they wanted us to ask during our research. While we have provided internal reports to our partnering organizations based on interest, a question that emerged across several manager interviews centered shared housing: whether or not clients would consider this option in a CoC with a severe lack of affordable housing. Manager interviews additionally yielded many other insights highlighted in this report.

We specifically used front-line interviews with providers to identify what their specific needs are, as they are the faces of their organizations, the ones directly serving clients every day. Through our interviews, we wanted to highlight what resources would make it easier for front-line providers to assist clients.



# Manager insights

The managers we talked with felt that a lot of differences across organizations come down to funding:

- Not all organizations have the funding to support clients in the ways they want to.
- Fragmented funding — or funding from a variety of sources — results in varying policies organizations must follow. As these policies often conflict, it leads to problems for clients.
- Many funding sources which support clients are short-term so when the funding ends, they have to explain to clients why they can no longer do things like provide bus passes.

Managers highlighted that not only is there not enough affordable housing in San Diego, but that it is extremely hard to find housing for older adults and persons with disabilities who have not been prioritized for PSH.

# Shared housing

Several managers shared with us their interest in promoting shared housing as a solution to the shortage of affordable housing in the private market and the shortage of housing assistance available through the San Diego CoC. Yet others we talked with who are engaging with this model feel that their efforts are being overlooked. Others shared that they perceive racial and gender disparities in what providers receive funding or recognition for their shared housing efforts. These contradictions merit further study. Because of our interest in including provider research questions in our project, we did ask survey participants about their interest in shared housing. While 40% of our survey respondents said that they would consider shared housing, almost everyone highlighted that an ideal version of shared housing would give them a sense of control over who they came to live with. Most respondents did not wish to live with someone that they may have conflict with, for instance if they had become sober but their roommate was still using drugs or alcohol.



**40% of survey participants would consider shared housing**



## On the front-line

Through our interviews with front-line providers, two themes emerged.

1. Front-line staff and volunteers want more training to work effectively with clients, specifically training to deliver trauma-informed care.
2. Front-line staff and volunteers additionally want more, and more recurrent training, to stay up-to-date about services, resources, and housing options for their clients.

Front-line providers additionally highlighted what they felt, from their experiences, clients needed. This included:

1. More safe locations where people can just relax without fear of being ticketed for loitering or being subjected to stigmatizing interactions
2. More understanding from their housed neighbors. Many providers recounted the stereotypes their clients must encounter on a daily basis and the toll this exacts.
3. More mental health services, specifically talk therapy. Many of their clients do not want to simply rely on drug therapies and want a chance to talk to someone.

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# Implications of our findings



When synthesized together, our findings have the following five implications.

1. Clients find our partnering providers accessible, friendly, and knowledgeable
2. Clients want more assistance connecting to available resources including mental health services and housing (especially those who do not qualify for PSH)
3. Clients want more providers with lived experience, especially clients still experiencing homelessness
4. Clients in PSH appreciate the stability but some desire more safety and accessibility, specifically seniors and persons with disabilities
5. Clients and providers are very aware of the stigma associated with homelessness



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# Recommendations



## For providers

Hire more persons with lived experience. Hiring more persons with lived experience would improve provider-client relations as providers with lived experience will have greater understanding of what clients are going through. Increasing the number of providers with lived experience would additionally assist in helping to mitigate the effects of stigma clients experience as providers with lived experience will have a greater capacity for empathy.

Provide regular training for staff. Providers should provide regular trainings for staff so that they may learn how to provide trauma-informed care and so that they are up-to-date on available services and resources clients may need.

## For the San Diego CoC

Build PSH options across the county. Many PSH residents are grateful for their housing stability but feel unsafe in their neighborhoods. Building new PSH options beyond the downtown and central San Diego neighborhoods in which they tend to be situated may help older clients specifically feel safer.

Engage innovative temporary housing solutions. The shortage of affordable housing and housing assistance in San Diego requires the CoC to get creative with immediate temporary housing options, including shared housing, single-room occupancy hotel preservation, tiny homes, or hotel/motel conversions.

## For research

Fully incorporate persons with lived experience of homelessness. Research on homelessness should fully incorporate persons with lived experience of homelessness. Such an approach yields better data and fosters equity as individuals most impacted by homelessness have their voices centered.

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# Team members and project funding



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