

## Background & Significance

### Population of Interest

The Allegheny County DHS is developing a coordinated and collaborative system to improve access to comprehensive housing and medical resources and social services.

Homelessness can be defined as...

- (1) Lacking nighttime residence
- (2) Losing their primary nighttime residence within 14 days
- (3) Unaccompanied youth or a family with children experiencing persistent instability
- (4) Enduring domestic violence with no other residence (ACDHS, 2021)

The mortality rate of people who are unhoused is nearly four times greater than that of the general population due to unmet health needs. (O'Connell, 2005).

### Status of this Population in Allegheny County

The number people who are unhoused in Allegheny County:



- People who are unhoused in Allegheny County utilize emergency services to meet their basic needs.

## Objectives

- 1 Understand the nature of the services and resources available to unhoused people
- 2 Determine the facilitators and barriers to service delivery
- 3 Recommend future directions to improve access and utilization of available resources

## Methods

### Participation

Participating organizations were grouped based on the type of primary services and resources they provide into the following categories: **Social, Medical, and Blended**.

Health and Related Resource Providers (HRRPs) from each organization opted to participate in our project in one of three ways: (1) virtual focus group session, (2) in-person focus group session, or via (3) asynchronous survey.

### Focus Group Content

Each focus group session was hosted by 2-3 members of the Peer Network, and included the following content:

1. A Pre-Session Survey completed by each HRRP
2. Semi-structured interview, facilitated by Peer Network members



### Pre-Session Survey

- Collected information of organization services and resources
- A Provider Attitudes and Perceptions scale, was used to explore HRRPs' thoughts related to resource utilization and delivery
- This scale was comprised of two subsections: *interorganizational attitudes and intraorganizational perceptions*



### Semi-Structured Interviews

- Provided HRRPs the opportunity to expand on their attitudes and perceptions reported in the pre-session survey
- Explored HRRPs' challenges in addressing the needs of people who are unhoused
- Brainstormed solutions to the barriers identified with the intention of increasing sustainability of their work

## Results

### Demographics

Of the 23 organizations that were contacted, 7 focus groups were conducted (4 in-person, 3 virtual), with a total of 27 HRRPs participating via focus group. Additionally, 5 HRRPs from 1 organization participated using our asynchronous survey.

GROUP TYPE	PARTICIPATION STYLE		
	IN PERSON	VIRTUAL	ASYNCHRONOUS
Blended (n=12)	2	0	0
Medical (n=8)	1	1	1
Social (n=7)	1	2	0

### Provider Attitudes and Perception Scale

29 HRRPs completed this scale, expressing the following:

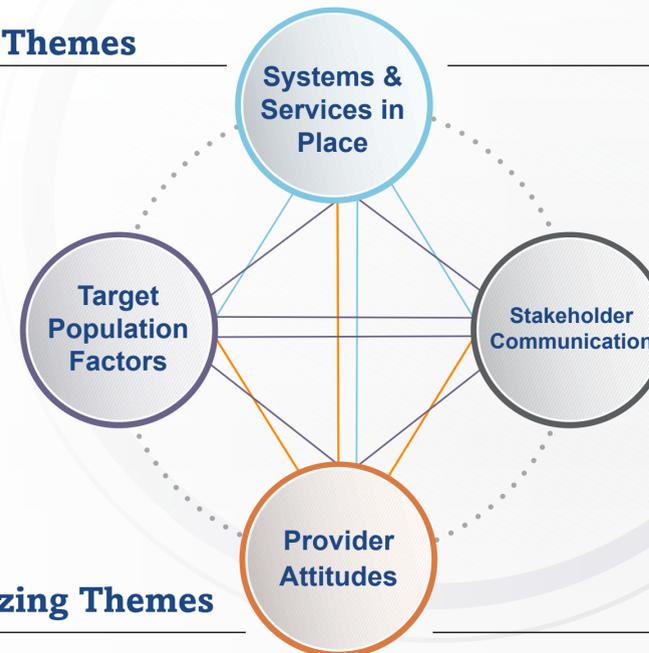
- **Nearly 100% agreed** that they have the necessary support from within their organization to provide resources.
- **86% agreed** that they are aware of a wide range of resources; however, 33% said that they receive inappropriate referrals from other organizations.
- **Nearly 50% believe** their referral sources do not know what their organizations do.
- **Nearly 75% reported** that a common barrier to the referral process is other organizations' inability to provide immediate help.

### Thematic Analysis

We identified the following global themes from our focus group discussions:

- (1) Target Populations Factors
- (2) Systems and Services in Place
- (3) Communication Between Organizations
- (4) Attitudes and Perceptions Among HRRPs

## Global Themes



## Organizing Themes

<ul style="list-style-type: none"> <li>• Psychological factors</li> <li>• Behavioral health</li> <li>• Habits/routines</li> <li>• Substance use</li> <li>• Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Healthcare system</li> <li>• Continuum of care</li> <li>• Housing</li> <li>• Resource Access</li> </ul>	<ul style="list-style-type: none"> <li>• Organizations</li> <li>• Technology</li> <li>• Rapport</li> <li>• Trust</li> <li>• Relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Stigma</li> <li>• Philosophies</li> <li>• Ideologies</li> <li>• Competition</li> </ul>
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## Future Directions

### Target Population Factors

"If someone is posing a risk, we have to look for a place they can go that will keep them, as well as our staff, safe."  
(Shelter staff member)

- Continue efforts to improve access to behavioral health services

### Systems and Services in Place

"The system is slow, outdated, and not reliable because most organizations don't regularly use it."  
(Shelter staff member)

- Update the efficiency of tracking systems like Allegheny Link



### Stakeholder Communication

"It's often who you know...you have to find the spies."  
(i.e. external contacts)  
(Outreach organization staff member)

- Use HRRP feedback to continue improving interorganizational collaboration

### Provider Attitudes

"You cannot give someone quality care when you have 100 other people on your caseload."  
(Shelter staff member)

- Focus on health student education and develop a standard screening tool for identifying unhoused people

## Limitations

- Availability of HRRPs was sometimes limited, resulting in a decreased response rate to recruitment emails and fewer participants in focus groups.
- Our inability to provide compensation also deterred some organizations from participating.

## Acknowledgements

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