

# Recommendations to Reduce Racial and Ethnic Disparities in Hudson, County's Homeless System

June 2022



In 2019, CSH launched the Racial Disparities and Disproportionality Index (RDDI) to quantify and analyze racial disparities in systems that overlap with supportive housing needs. In 2020 and 2021, with support from the Wells Fargo Foundation, CSH began work in five communities to apply the RDDI methodology in order to examine the relationship between housing opportunities and other sectors' outcomes as they pertain to racial disparities and inequity in San Francisco.

The twofold goals of this project are to provide local recommendations that leverage housing interventions as a means to reduce inequities in other, related systems, and to develop a model for using data on local disparities to initiate a local conversation that incorporates the insight and expertise of community members with lived experience.

## Key Partners

CSH would like to thank the Wells Fargo Foundation for making this work possible. Local partners that supported and helped drive this work include Hudson County, Supportive Housing Association of New Jersey, and Monarch Housing Associates.

## GOALS

CSH sought to apply a Racial Disparities and Disproportionality Index to local systems in order to identify disparities in system involvement and outcomes based on race or ethnicity. In doing so, CSH worked with existing local efforts to address racial disparities in the community. Ultimately, the results of the RDDI analysis were used to foster community conversations, leveraging the experiences of people directly impacted by homelessness, to develop systems change recommendations.

These recommendations are intended to improve intervention design and delivery, and local policy, so as to reduce disparities across systems. Further, CSH worked with Hudson County around developing a timeline to secure funding for and plan a county-wide data warehouse.



The purpose of the warehouse is to ease the flow of information across county agencies, ultimately seeking to improve care outcomes for clients and reduce disparities.

## RDDI BACKGROUND

Today's emergency punctuates the deep racial and ethnic disparities in our communities and across the country. Efforts to build multi-sector partnerships to create and sustain change grounded in equity have long been hampered by system-level data silos. The lack of multi-sector efforts to collect and analyze data has prevented holistic approaches to meaningfully address the root causes of racialized inequities.

To address this critical gap, CSH applies a Racial Disparities and Disproportionality Index (RDDI) that allows users to assess the relative likelihood that a racial and/or ethnic group's is engaged by a system or experiences a particular outcome compared to people not from that group. This methodology draws on work from the child welfare space, and is intended to allow for readers to examine disparate outcomes in a way that does not center the white experience as a relative norm.

## THE ROLE OF DATA IN CENTERING RACIAL EQUITY

Disaggregating data by race and ethnicity is key for system leaders and practitioners working to center racial equity in critical systems redesign. On average, systems tend to report data on whole populations, which overlooks key nuances in the differences in access, systems flow and outcomes across various population groups which may inadvertently exacerbate existing inequities. Disaggregating data by race and ethnicity helps to:

- call attention to racial trends, disparities and inequities that are masked by aggregated data, and
- allows for improved accountability in programming and policymaking.



Stratified data helps confront the intersectional implications of inequities. Racial equity is both a process and an outcome and must be centered in meaningful systems redesign work. Advancing racial equity means disrupting and dismantling structures that continue to produce inequitable outcomes.

## INTERPRETING THE RACIAL DISPARITIES AND DISPROPORTIONALITY INDEX

- An index of 1 signifies equal likelihood to experience an event
- An index below 1 signifies less likelihood to experience an event, and
- An index above 1 signifies greater likelihood to experience an event

In addition, the RDDI provides a standardized comparison between groups. The RDDI also includes a critical element distinguishing it from other standard indices. Whereas most other indices use white populations as the baseline comparison group for all other racial and ethnic groups (e.g., black rates / white rates; Native American rates / white rates, etc.), CSH's index compares each group to the aggregation of all other groups, and in effect de-centers "whiteness" as the standard from which all other groups are measured. CSH's Index can be viewed as the "likelihood of one group experiencing an event, compared to the likelihood of another group experiencing that same event."

## RDDI ANALYSIS AND RESULTS

The RDDI was applied to homeless system data accessed via Stella, and is drawn from the Hudson County CoC.

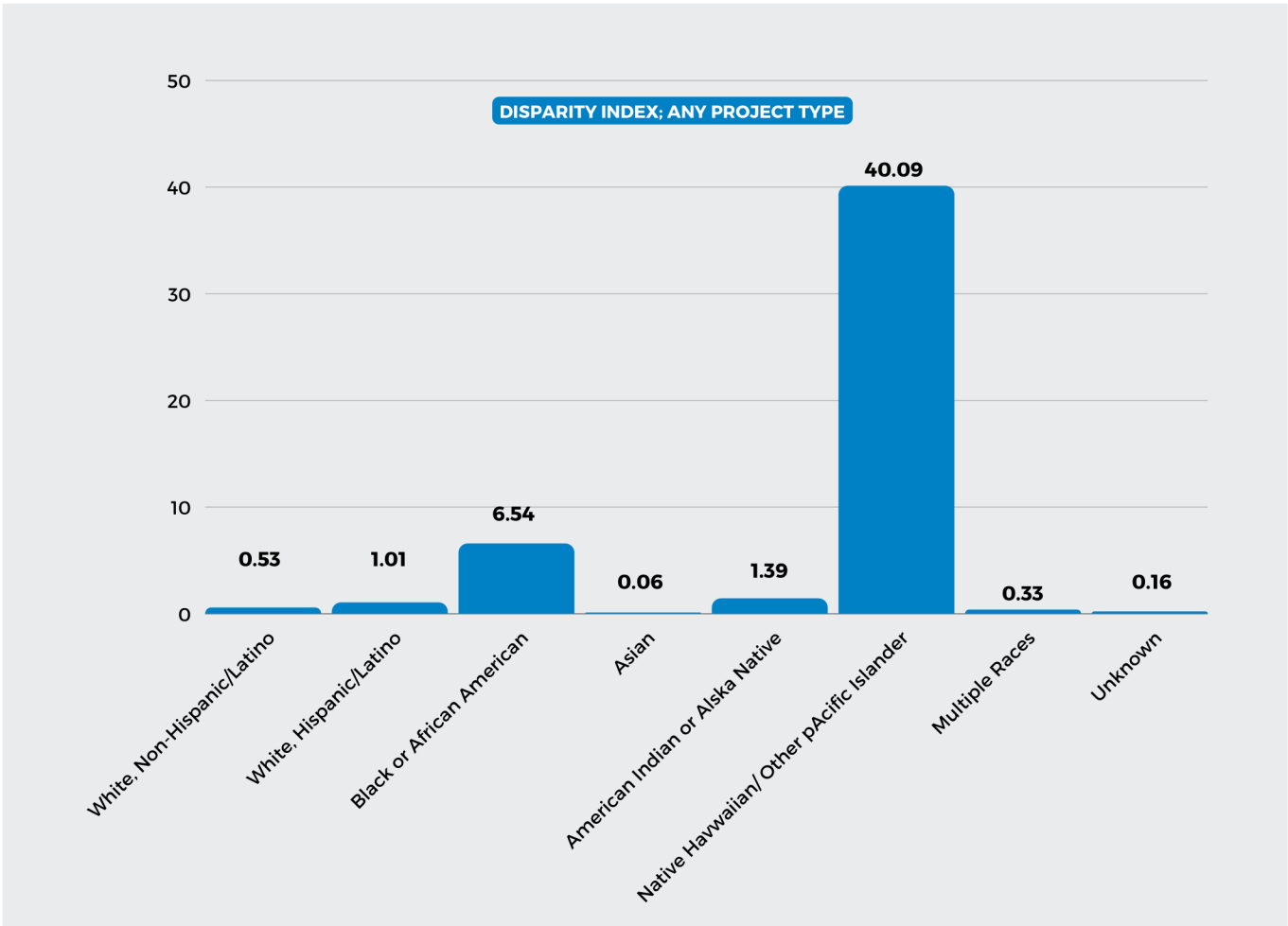
Stella is a strategy and analysis tool provided through the HUD Exchange that allows CoCs to analyze and visualize performance metrics. Certain data within Stella can be disaggregated by race, allowing users to analyze pathways through homelessness and outcomes for households within the homeless system from an equity perspective. Stella draws on data uploaded to the Homeless Management Information System (HMIS), and so only contains data from organizations that participate in HMIS. It is assumed that this is sufficiently reflective of the broader homeless services landscape.



Key findings from the RDDI Analysis showed that:

- Black or African American Households are 7.54 times more likely than their peers to enter the homeless system;
- While the total number of households is low, Native Hawaiian or Other Pacific Islander households are over 40 times more likely to enter the homeless system than their peers.

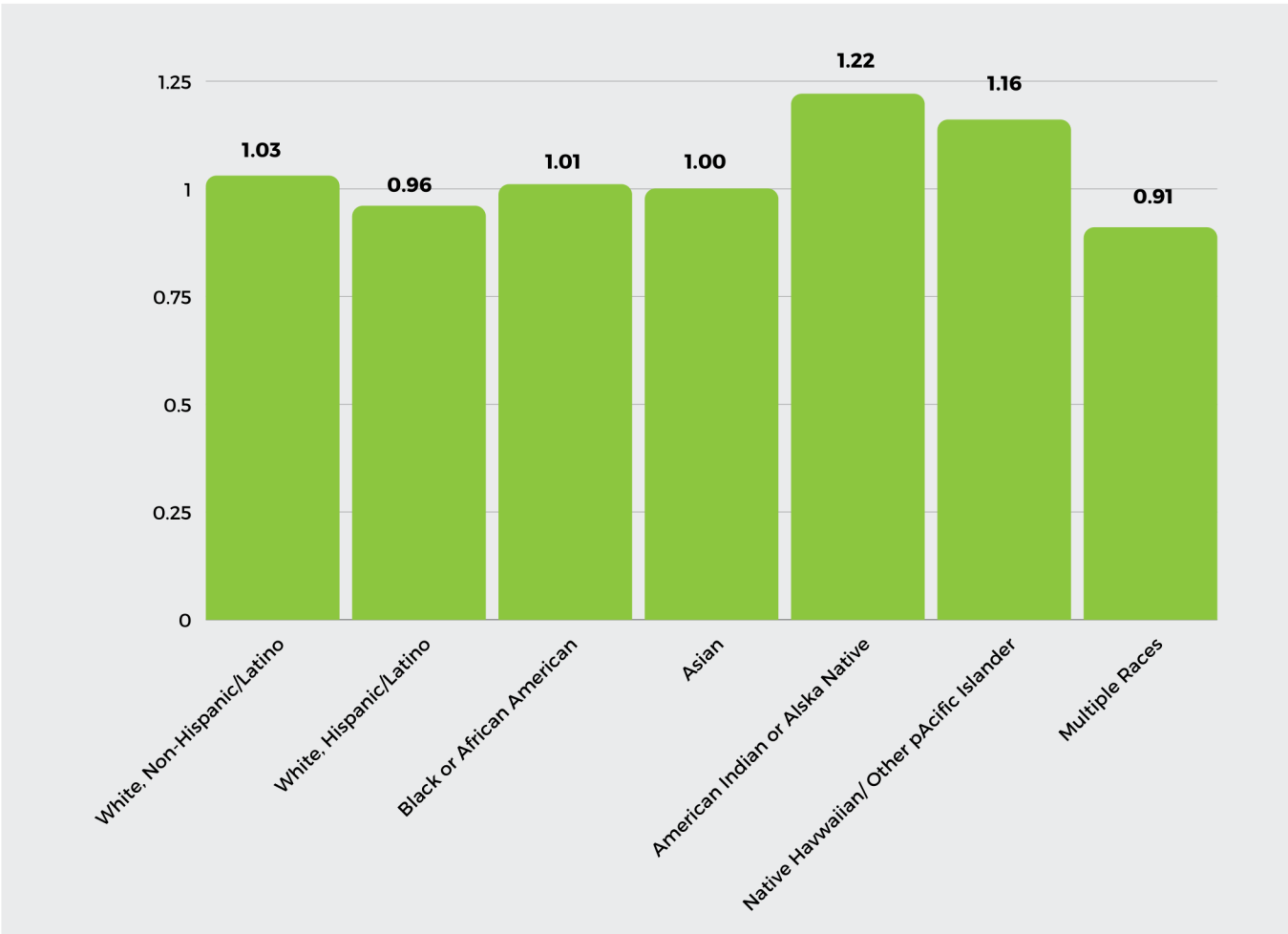
**Disparity Index: Likelihood to be served in any project type**



The RDDI was further used to assess outcomes for households once they are in the homeless system, comparing them to all other homeless households rather than the county population at large. At this scale, it is notable that disparities were considerably less pronounced across groups. This analysis showed that:

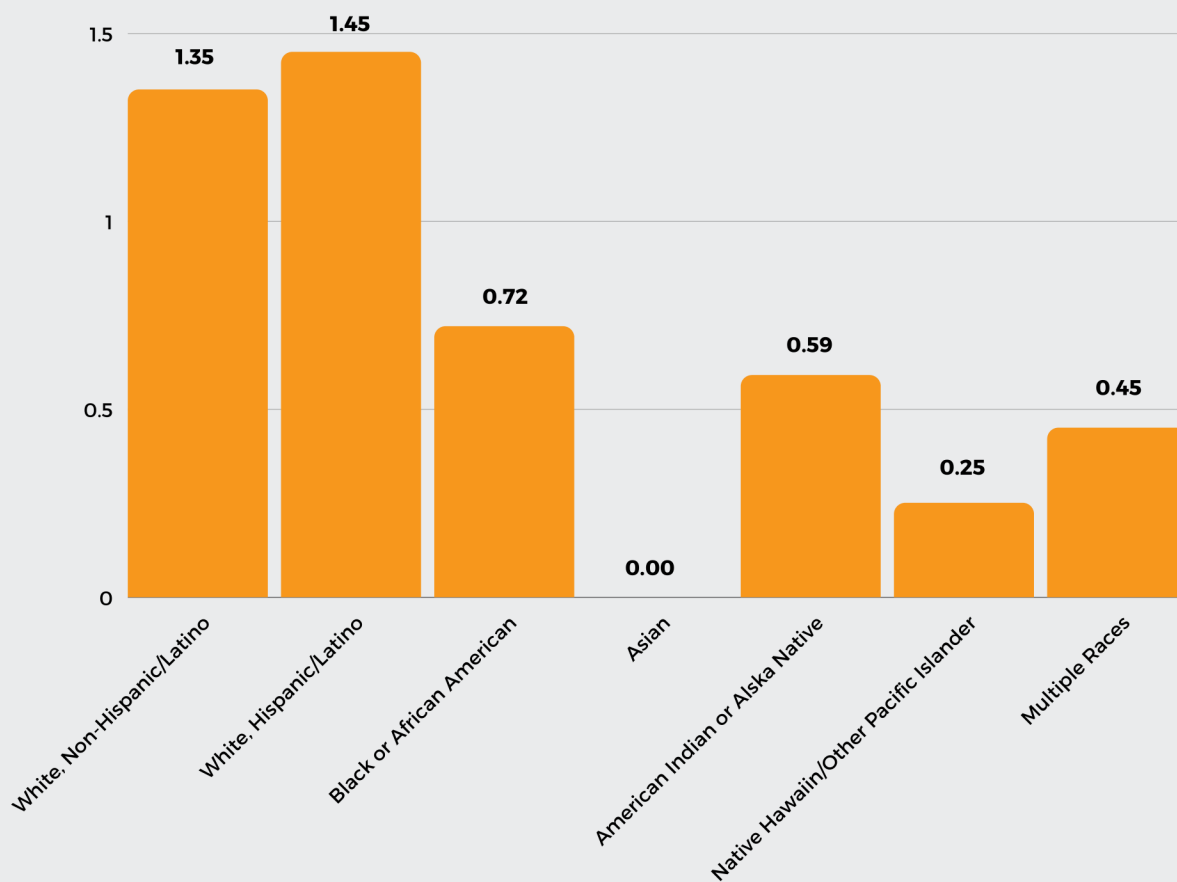
- American Indian or Alaska Native households and Native Hawaiian or Other Pacific Islander households are more likely to exit the homeless system to unknown destinations compared to their peers

**Of all exits, likelihood to exit to an unknown destination compared to all other groups**



- White, Non-Hispanic/Latino households are considerably less likely to receive rapid rehousing, and slightly more likely to receive permanent supportive housing than their peers;
- White households, both Hispanic/Latino and non-Hispanic/Latino were more likely to return to homelessness within 12 months of exit than their peers

**Of all exits, likelihood to return to homelessness within 12 months**





## COMMUNITY CONVERSATION PROCESS

Monarch Housing Associates (Monarch) and the Supportive Housing Association of New Jersey (SHA) each held focus groups to discuss the experience of homelessness and service engagement with people with lived experience and frontline workers respectively.

Monarch led engagement with consumer focus groups which included eight people in Hudson County who have experienced homelessness and were interviewed in late summer 2021.

Monarch organized their focus groups in four phases – Participant Engagement, Session Preparation, Session Facilitation, and Session Summary. Participant Engagement included requesting referrals from a variety of programs, discussing the project with each referred participant, and compensating participants for their time and expertise. Session prep included a review of the data on system inequities, identifying themes for discussion, and creating a set of guiding questions. The sessions themselves were recorded with two staff per session and used the themes and guiding questions to facilitate an open-ended conversation. Finally, sessions were summarized by the Monarch team to identify key barriers, policy implications, and connections to equity issues.

SHA led the service provider focus groups, which included the following 13 different agencies and 29 different individuals who were interviewed in the fall of 2021:

- Garden State CDC
- Hudson County Division of Family Services
- York Street Project
- Women Rising
- Hoboken Shelter
- North Hudson Community Action Corporation
- PERC Shelter
- United Way of Hudson County
- Family Promise Hudson County
- Covenant House
- Catholic Charities Archdiocese of Newark
- Jersey City Housing Authority
- Collaborative Support Programs of NJ (CSPNJ)

## RECOMMENDATIONS

*It is important to note that while not all of these recommendations include a racial equity specific element, it is the intention of these recommendations to have all agencies approach this work with equity in mind to ultimately reduce the racial and ethnic disparities that exist in Hudson County's homeless and housing systems.*

## Findings and Recommendations for Hudson County and Local Service Providers

### Finding 1

BIPOC people are less likely to receive disability benefits compared to white people, and BIPOC people face more barriers in receiving approval for disability benefits. It is important to note that Black people are more likely to have a disability than other races/ethnicities[1]. National studies have demonstrated existing stigma around disabilities and particularly for the BIPOC community, these stigmas create health care bias and other barriers to accessing health care. Health care professionals are less likely to recognize pain or provide a disability diagnosis for a BIPOC person compared to a white person[2]. Recognizing that receiving a disability diagnosis can help meet supportive housing eligibility criteria as well as provide income, these barriers can prevent the BIPOC community from receiving permanent supportive housing.

---

[1] Financial Inequality: Disability, Race and Poverty in America ([nationaldisabilityinstitute.org](https://nationaldisabilityinstitute.org/)) (see page 9, figure 2)

[2] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/>

In Hudson County, the outcomes in the HMIS analysis showed that Black/African American families were much more likely to receive Rapid Re-housing referrals than others, but that rates of Permanent Supportive Housing were relatively even across the board.

## Recommendation 1

Identify common barriers to receiving appropriate disability benefits for the BIPOC community experiencing homelessness or housing instability and work with relevant stakeholders to address them.

This can include using integrated data bases to identify who may be eligible for a disabilities diagnosis and have not received them, to get a sense of how many people this applies to. This can also include a review of the current process programs are using to help consumers document disability to determine if there are alternative solutions.

Conduct a review of documentation requirements for all housing programs to determine if there are unmandated documentation barriers that may be preventing households from being referred or determined eligible for specific housing programs. Work with programs to remove unmandated program eligibility documentation.

Also, providing training for relevant service staff on how to ask questions and conduct interviews around disabilities to get more accurate responses than what is currently being received.

## Finding 2

Providers who serve people who are homeless or facing housing instability offer inconsistent hours, often just open between 9 am-5 pm Monday-Friday, making it difficult for consumers to access needed services. Consumers noted that mental health services, including support for suicidal ideations, are especially important to be able to access during off-hours.

## Recommendation 2

Conduct an analysis on what services are most needed and would have the greatest impact on this population if hours are extended (e.g., having a place for unsheltered people to go to in the evenings or weekends).

Following the analysis, have service providers explore ways to have social services / provider staff available in the evenings / weekends. This would likely require additional funding and the analysis demonstrated need could help in identifying new funding.

## Finding 3

“Data sharing” among consumers is at times considered scary or unknown terminology and overall, the Homeless Management Information System (HMIS) was not well understood in the consumer focus groups. While there is already a HMIS form people have to sign that is from the New Jersey Housing and Mortgage Agency, who oversees HMIS, an additional short document might be helpful.



Additionally, Hudson County is in the process of developing a data sharing system that streamlines housing opportunities and services for those with the highest barriers and needs experiencing homelessness. Thus, it is important that consumers are better informed when the homeless system is asking for their permission to share their information.

### **Recommendation 3**

Hudson County should develop a short document to describe the upcoming data sharing system and how this information can ultimately help the consumer.

It is recommended that this short document be used by provider staff to explain what data sharing means in the context of the homeless crisis system, and also distribute to people experiencing homelessness.

Additionally, Hudson County should provide training around HMIS to relevant providers and specifically front-line staff, so there is consistency in messaging to consumers when asking for consent in sharing consumers' information.

### **Finding 4**

Despite the challenges of the COVID Pandemic, certain processes that involve consumers have made positive changes, including adding virtual options to requirements like completing intake paperwork.

## Recommendation 4

Allow all processes that became virtual during COVID to stay virtual so consumers have another option to use if it's what works best for them. This can include, but is not limited to, offering virtual appointments, being able to confirm information via email, completing intake paperwork and electronically setting up, confirming and changing appointments.

## Finding 5

The BIPOC community face more discrimination from landlords when searching for an apartment, with or without a voucher. Of the clients that Hudson County's Housing Navigator serves, approximately 60 percent identify as Black/African American and 33 percent identify as Hispanic / Latino. In the consumer focus groups, participants explained that during their housing search, they often found landlords that were discriminatory, but they were not aware of a process to file a grievance.

## Recommendation 5

BIPOC consumers should receive additional support in their apartment search when receiving a voucher. Hudson County should have ongoing engagement with landlords to educate on this and also hold accountable.

Additionally, it is important that the County create a more outward facing grievance process for landlord discrimination to help impacted individuals and families.

Hudson County should also explore whether they can help consumers run credit and background checks to allow them to bring that information with them when engaging with landlords. Hudson County should also explore trainings for consumers on how to build back credit scores, to help in future apartment searches.

## **Finding 6**

There is general miscommunication and confusion around common rules, including what documentation is required, in accessing shelter, services and housing. This finding was true of both the consumer and service provider focus groups. A significant finding from the consumer focus groups was that is unclear where the responsibility lies in getting someone in need connected to shelter and services and housing (whether the consumer or the system is responsible).

## **Recommendation 6**

Hold conversations with providers to better understand current requirements for shelter, services and housing and identify where there may be requirements that are unmandated and can be removed.

Following these conversations, and possible changes in requirements, provide refresher trainings for service providers on required paperwork.

Implement a CoC 101 training that would be held on an ongoing basis to assist agencies with providing their new staff with accurate information regarding services available throughout the community.

## Finding 7

A significant finding from the consumers focus group was that people moving through the homeless and housing systems did not feel like they were treated with dignity nor respect.

There are trainings available for homeless providers, including on harm reduction, racial equity, serving the LBGTQ community, and trauma-informed approaches. However, these trainings are not done on a regular basis. One year trainings may focus on legal services and the LBGTQ community and the next year more heavily focused on mental health and first aid.

It is also important that information on structural racism, including Hudson County racial disparities of the homeless system, be shared in any of these trainings. An example of this includes that Black and Brown people are more likely to be referred to RRH instead of permanent housing.

At the federal level, HUD is focused on communities embracing a Housing First philosophy and Hudson County's commitment to these trainings and culture change could help show HUD and other funders this is a priority.

## Recommendation 7

Find opportunities, with or without training, for provider staff to be welcoming and making sure consumers feel as comfortable as possible. It is important that service providers demonstrate a shift in culture / hospitality so consumers feel respected and seen when accessing services.

Service providers would need to hold focus groups or have a regular, ongoing feedback loop to understand how consumers are being treated.

Create more uniformity around trainings that are offered to service providers, perhaps through a Department of Labor Grant or other funding stream that could allow these trainings to be made available at no cost to providers. It is also important that the trainings be offered at a convenient time for service provider staff.

## Finding 8

The majority of staff do not have lived experience or are BIPOC and this is an equity problem, given that they make policies and decision. It is common for service provider line staff to include BIPOC representation but rare to have BIPOC represented in supervision and leadership staff, who determine policies and major decisions that impact consumers. Additionally, there are limited staff overall who have lived experience of homelessness or housing instability.

## Recommendation 8

Service providers are encouraged to look internally at diversity of staff and increase BIPOC and PWLE, including BIPOC PWLE, in supervision, upper management, leadership and board membership and any other meaningful decision-making bodies.

- This includes looking at job descriptions and seeing whether education levels are appropriate and should be re-evaluated, and having a track within agencies to ensure PWLE have pathway to board and promotion to leadership positions.



Encourage Hudson County to monitor racial equity efforts of providers by having these organizations report out on diversity by categories. A resource service providers and Hudson County can reference is CSH's "[Bending the Arc Toward Equity: The CSH Race Equity Framework and Journey Toward Transformative Organizational Change](#)."

## Finding 9

N.J. police forces are far whiter than the rest of the state[3]. The current relationship between people who are homeless are not great. Hudson County needs to have alternatives to a solely police response, especially in calls tied to complaints of people being homeless and / or having a behavioral health crisis.

## Recommendation 9

Provide the Hudson County police department with training / opportunities to build rapport with homeless services in the community.

Hudson County should adopt a community response model to provide an alternative to police response when 911 emergency calls come in that can be better handled by health and social service professionals. To help Hudson County think through a community response model, [here is a toolkit](#) recently released from the CSG Justice Center that provides guidance.

---

[3] [N.J. police forces are far whiter than the rest of the state. See the town-by-town data. - nj.com](#)

## Findings and Recommendations for New Jersey State Government

### Finding 10

The overall lack of adequate permanent affordable housing as well as historically the lack of funding in permanent housing funding disproportionately affects the BIPOC community. Please see the NJ Institute of Social Justice's Redlining report to understand some of the history behind this[4].

### Recommendation 10

Encourage the state to prioritize federal funds, especially the influx of COVID related resources, towards increasing supply of permanent affordable housing.



---

[[4][https://www.njisj.org/new\\_institute\\_report\\_erasing\\_nj\\_s\\_red\\_lines\\_ties\\_generations\\_of\\_housing\\_discrimination\\_to\\_gap\\_in\\_g\\_racial\\_wealth\\_gap\\_in\\_the\\_garden\\_state\\_and\\_offers\\_policy\\_recommendations](https://www.njisj.org/new_institute_report_erasing_nj_s_red_lines_ties_generations_of_housing_discrimination_to_gap_in_g_racial_wealth_gap_in_the_garden_state_and_offers_policy_recommendations)

**If you have any questions or concerns regarding the report, reach out to Cassandra Warney, Sr. Program Manager, CSH.**

**[cassandra.warney@csh.org](mailto:cassandra.warney@csh.org)**

