

REGIONAL SUPPORTIVE HOUSING IMPACT FUND REPORT

Equitable Evaluation Framework and Governance Report Overview

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LEAD RESEARCHER

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Overview

The Regional Supportive Housing Impact Fund (RSHIF) was launched in 2020 by a set of partners in health systems, homelessness services, business, and philanthropy. This program responded to the growing need for permanent supportive housing (PSH) for people experiencing homelessness with serious health care needs in the Portland metropolitan region. Health Share of Oregon (Health Share), an Oregon Coordinated Care Organization, is now convening RSHIF.

Health Share has stated an intention to address racial equity in homelessness. As chronic homelessness rates have grown, racial disparities have worsened for unsheltered Black, Indigenous, and other People of Color (BIPOC), and there are calls for funders, policy makers, and program implementers to develop activities that redress these inequities. One way to advance this racial equity work is to root research and evaluation in the communities that are most impacted by homelessness. In the case of RSHIF, that means Black, Indigenous, and other People of Color who have lived experience with homelessness. Health Share would like to develop long-term evaluation activities to know whether RSHIF is reaching its goals of centering on community members such as Black, Indigenous, and other People of Color who have lived experience with homelessness as well as other people experiencing homelessness.

Health Share contracted with Portland State University's Homelessness Research & Action Collaborative and Providence CORE to answer the question: *What does it look like for homelessness research and evaluation practices to be centered on or rooted in racial equity and people who have lived experience with homelessness?*

To answer this question, we interviewed community members including Black, Indigenous, and other People of Color who had experienced homelessness or housing insecurity and/or worked for homelessness service providers, in health care, or as researchers. We also conducted a literature review and environmental scan and drew on Portland State University's practice-based research experience in racial equity in the Portland metropolitan area. Across the interviews and literature review, we found broad agreement on how to engage in community centered, participatory research and governance.

Health Share is a historically White institution and the early composition of RSHIF's partners were from historically White institutions. We orient this research toward these early RSHIF partners while also knowing that in forming a new RSHIF governance body they have done some of the work discussed here. Recognizing their position as historically White institutions, for Health Share and its partners to develop an RSHIF evaluation framework that centers Black, Indigenous, and other People of Color, people who have lived experience with homelessness, and especially BIPOC who have lived experience with homelessness, the RSHIF initiative, and particularly Health Share as its convener, will need to:

- Understand and commit to shared definitions for key terms at the intersection of homelessness, race, and research and evaluation.
- Honestly and transparently assess organizational core values and commitments that matter for research and evaluation centered on Black, Indigenous, and other People of Color who have lived experience with homelessness.
- Articulate willingness to share power, commit resources, be flexible and engaged over time, upend the status quo, and be open to public criticism.
- Identify the intended approach to research and evaluation on a spectrum from community-centered to top-down governance and participatory processes.
- If choosing to engage in community-centered or community-informed approaches, devote time and resources to processes and governance structures that support the research and evaluation by locating power, engaging authentically, identifying and interrogating norms and assumptions, being thoughtful and humble, and replenishing community.

We summarize these definitions, values, commitments, governance types, and actions below and in more detail in the document.

Definitions

Health Share and RSHIF partners will need to understand and commit to shared definitions for key terms at the intersection of homelessness, race, and research and evaluation. We offer the following definitions as starting points for work that focuses on and uplifts Black, Indigenous, and People of Color, people who have lived experience with homelessness, and BIPOC who have lived experience with homelessness.

- Centering. Engaging transparently and honestly with community members when crafting and implementing research activities. Acting on community members' requests and expectations in determining whether a research activity is viable. Giving significant control and resources to community members.
- Centering on Black, Indigenous, and other People of Color instead of centering on "race." This puts the focus on the people whose experiences and knowledge you most want to uplift. To reflect the importance of racism and structures, you might also include centering on "racial equity."
- Centering on people who have lived experience with homelessness instead of saying centering on "community" or "lived experience."

Values and Commitments

Honestly and transparently assess organizational core values and commitments to those values that are central to the goal of centering on Black, Indigenous, and other People of Color who have experienced or are experiencing homelessness. These values include:

- Focusing on people first by: understanding and believing in the legacy of racism; building relationships; and putting people who are most impacted by an issue, or

outcome of a decision, or implementation of a program at the center when creating and conducting the work.

- Making public commitments to: hold your organization accountable and be transparent in your work, advance racial equity, and practice humility.

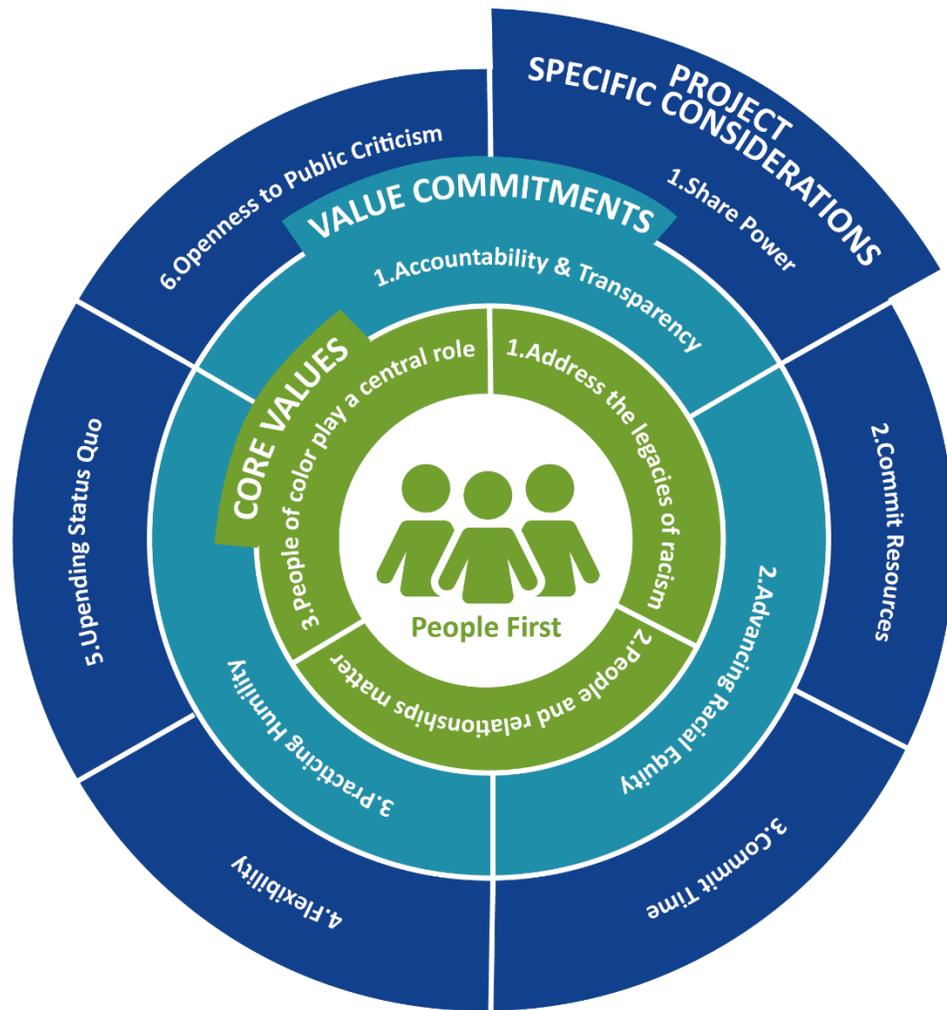
To assess values and commitments before starting project, Health Share and other RSHIF partners should begin answering the questions below:

- Can you commit to sharing power? For instance, who will decide which administrative data should be matched or shared? Who will decide what metrics to track? How will disagreements about these decisions be handled?
- What resources will you provide? How much staff time will be committed to supporting research questions, designs, etc. in a structure that includes Black, Indigenous, and other People of Color who have experienced or are experiencing homelessness? Will resources be put into identifying other ways of knowing what is working and what is needed beyond administrative data sets?
- Can you commit to a longer and more flexible time frame? Does the evaluation team have time to build relationships with one another and with participants in evaluation? Does it have the resources to support a longer process that opens space for emotional work? Is the organization willing to commit to flexibility in evaluation timelines and plans should disruptions or detours occur? Is it willing to seek out, adapt to, and trust approaches that feel new to you?
- Are you willing to upend the status quo? Is your organization willing to examine why it chose particular methods and identify how those methods may have caused harms in the past? Is it willing to let go of old methods for new ways of working together?
- Will you be open to public criticism? Is your organization willing to be told it is wrong or heavily critiqued for the methods it chooses and findings they produce (especially in public)? Is it willing to act on those criticisms?

You do not need to answer all of these questions to move forward, but you should have a sense of whether your organization can answer them, how you might find or reach answers, and what some of the answers are. Honesty when assessing organizational values and commitments will help you best identify and locate future work. Describing the need for honesty and transparency in work might feel like people assume your organization is dishonest or deceitful. Rather, this call reveals the gap that research and interviewers found between where historically White institutions' assessments place themselves in relation to where Black, Indigenous, and other People of Color placed them. We summarize values, value commitments, and starting questions in Figure 1.

Figure 1: Values and Value Commitments

What **values** and **value commitments** should organizations hold when working with Black, Indigenous, and other People of Color who have experience with homelessness?
What do they look like as Health Share and RSHIF move forward?

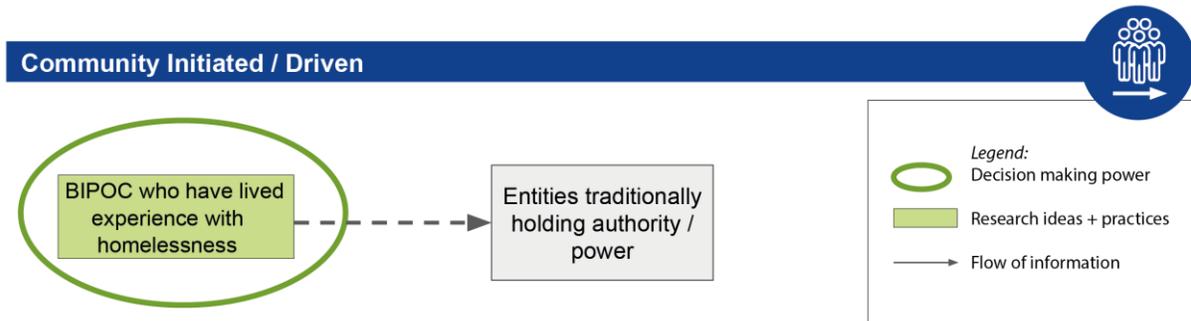


Participatory Process and Governance Spectrum

From this space of candid assessment, Health Share and RSHIF must identify their intended approach to research and evaluation on a spectrum from community-driven to top-down participatory and governance processes. To help do this we offer definitions for top down, muddled consensus, community informed, community centered, and community initiated or driven approaches to governance and evaluation.

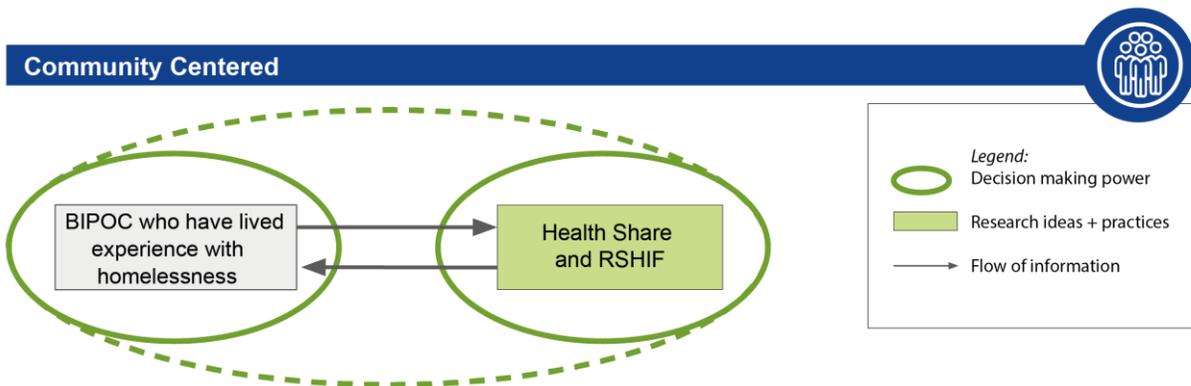
Community initiated/driven. People from a community collectively identify a problem, issue, or idea they want to solve or develop. They make all decisions.

Figure 2: Community Initiated/Driven



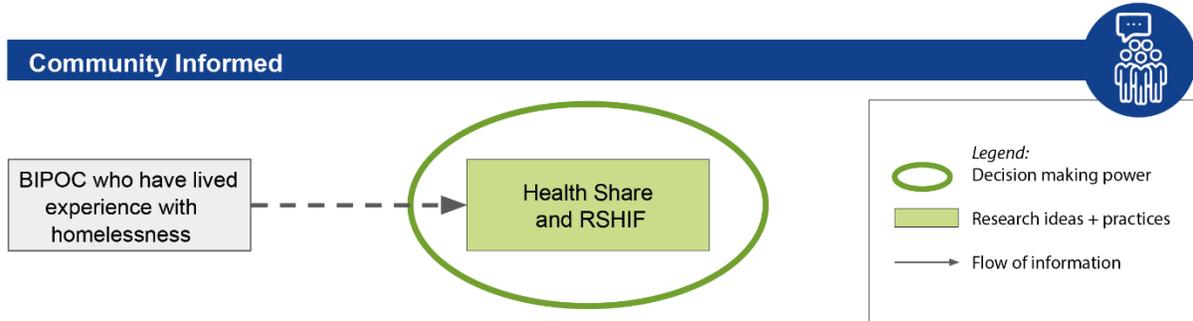
Community centered. Decision making is shared between conveners and Black, Indigenous, and other People of Color who have lived experience with homelessness from initiation of a project. All ideas, metrics, methods, and implementation are co-designed. Leadership from community members impacted by the project is preferred.

Figure 3: Community Centered



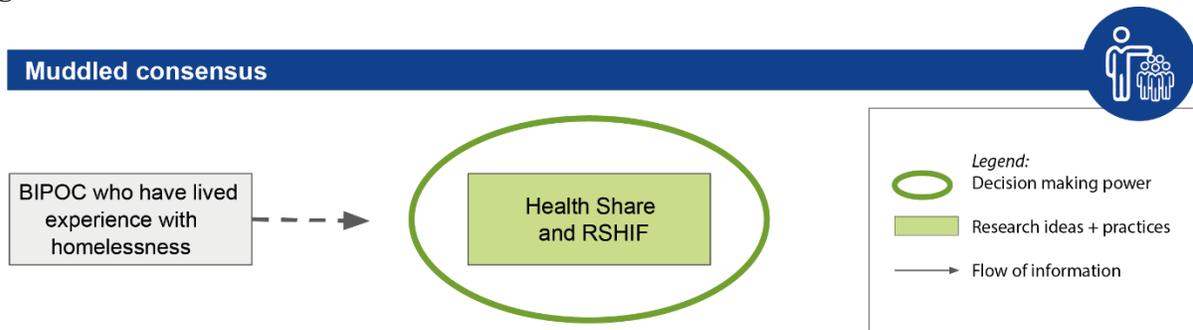
Community informed. Black, Indigenous, and other People of Color and people who have lived experience with homelessness are invited to share their insights and opinions on a given project, but decision-making authority is held by the convener.

Figure 4: Community Informed



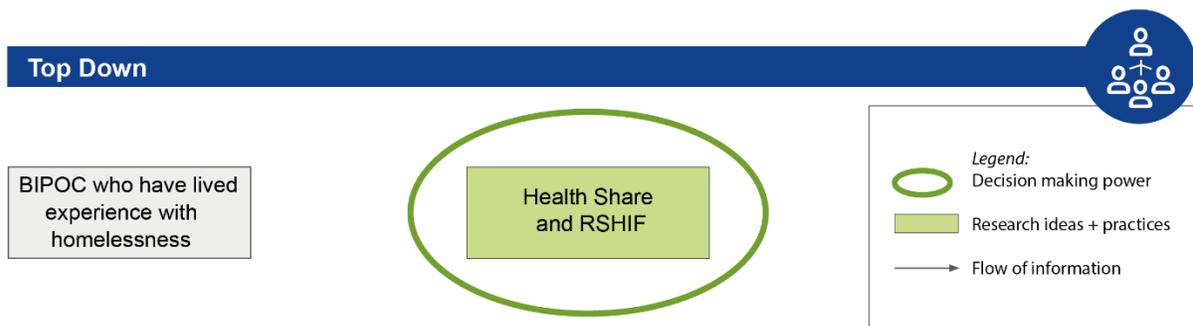
Muddled consensus. Decision making proceeds through confusion and lack of clarity on the impetus for and status of research projects.

Figure 5: Muddled Consensus



Top down. Ideas, funding, and implementation proceed with little to no direct input or participation from people most impacted by the identified problem or solution.

Figure 6: Top Down



Actions to Advance Community-Centered Research and Evaluation

If choosing to engage in community-centered or community-informed approaches, Health Share and RSHIF must devote time and resources to processes and governance structures that support the work through:

- *Locating power.* Name who started the project and who has been involved in crafting it. Ensure people not typically part of your discussions are represented and have decision-making authority.
- *Engaging authentically.* Start by assuming Black, Indigenous, and other People of Color and people who have lived experience with homelessness have experienced harms in multi-stakeholder processes and/or by your own work. Prepare to interrupt future harms while acknowledging previous harms. Accept conflict as part of the work.
- *Identifying and interrogating norms and assumptions.* Ask why you think something should be a certain way, or how it came to be that way. No knowledge production is value neutral; all research exists contextually.
- *Being thoughtful and humble.* Know who is already doing the types of work you do in the communities you wish to uplift. Approach your work with humility.
- *Replenishing community.* Understand the extractive legacy of research and evaluation in Black communities, Indigenous communities, and other communities of color and among people who have lived experience with homelessness. Compensate people for their labor, believe and act on what they share, and advocate for issues that they bring to the table.

Table 1, found below and in Appendix E, provides samples of actions that can be taken to demonstrate commitment of community centered and racially equitable process and governance to BIPOC and people who have lived experience with homelessness. Samples are given for each of the five qualities presented.

Table 1: Community Centered and Racially Equitable Process and Governance Qualities Sample Actions

	Locate power	Engage authentically	Interrogate norms and assumptions	Be thoughtful and humble	Replenish
Sample actions	<p><i>Recognize who has power and take steps to redistribute power through representation and funding.</i></p> <p><i>Champion racially equitable and community-centered practices that prove to be beneficial to BIPOC who have lived experience with homelessness.</i></p>	<p><i>Governance and evaluation spaces should strive to be free of microaggressions, racism, and discrimination.</i></p> <p><i>Build relationships by being accountable, honest, and supportive.</i></p>	<p><i>Identify the impacts your organization and your research has had on community members.</i></p> <p><i>Acknowledge and repair past harms.</i></p>	<p><i>Learn from and defer to BIPOC who have lived experience with homelessness, and to culturally-specific organizations.</i></p>	<p><i>Replenishing practices are nourishing and abundant. Key examples include compensating participants and returning to them with findings.</i></p> <p><i>Use findings that benefit BIPOC who have lived experience with homelessness to advocate for racial equity.</i></p>