



Missouri Balance of State Continuum of Care 2020 Gaps Analysis

June 1, 2021

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EXECUTIVE SUMMARY

Homebase conducted a gaps analysis of the Missouri Balance of State Continuum of Care, at the direction of Community Partnership of Southeast Missouri. As part of the analysis, we conducted and reviewed the results of surveys and focus groups with provider and administrative stakeholders, and interviews with people with lived experience. We also analyzed available data. An analysis of HMIS was not conducted for this analysis due to data extraction issues.

The Community Partnership of Southeast Missouri requested that a gaps analysis be conducted with a Targeted Universalism framework in mind. Targeted Universalism is an equity framework that promotes attaining a universal goal through the designing and implementation of multiple targeted strategies. The expressed goal of the Missouri Balance of State CoC's work is **"To reduce the length and frequency of homelessness through the equitable provision of resources."**

Therefore, the purpose of this gaps analysis was to assess the extent to which:

- a. resources are distributed and accessed equitably across the CoC, and
- b. system outcomes are equitable, to generate targeted solutions to advance all populations experiencing homelessness toward the universal goal.

KEY FINDINGS

The following subsections itemize summary findings from analyses conducted on the overall state of the homeless system of care, system access, progression through the system, perceptions of inequity, system outcomes, and system limitations and barriers.

State of the System

- Stakeholders are largely unaware of inequity in the system and most lack training in diversity, equity, inclusion, and belonging (DEIB).
- Resources are not equitably distributed across the regions and counties.
- Disinvestment in resources, especially shelter, may be impacting the rise of unsheltered homelessness.

Access to the Homeless System of Care

- People of Color (POC) experience homelessness at higher rates than people identifying as white.
- While more analysis is needed, overall access to the system appears equitable when comparing Stella data and Point-in-Time count data, including the prioritized populations.
- Over time, the average household is taking longer to access services than in prior years.
- The COVID-19 Pandemic complicates the interpretation of system data when seeking to confirm or refute the Point-in-Time estimates and the growth of homelessness since 2017.

Progression through the System and Project Type Access

- The racial disparity in housing-type access may be caused by the inequitable distribution of resources, such as emergency shelter and permanent supportive housing. Improving permanent housing access in these areas would improve access for a large portion of the white population as well.

Perceptions and Experiences of Inequity in System Access

A qualitative understanding about the perceptions and experiences surrounding inequity is important for the process of identifying strategies to address them. Examples include:

- Interview participants indicated that they experienced discrimination and stereotyping while first accessing the system as well as in the larger community. The participants did not feel they were denied access to services or resources on the basis of their race, although they may have been based on other factors.
- Stakeholders did not agree on the existence of or the extent to which inequity and disparities are present in the homeless system of care. As a result, systems that are used to monitor and address inequity are lacking. However, the purpose of this gaps analysis was to begin the process of identifying inequities to monitor and address.

Outcomes

- The rates at which households are exiting to “permanent housing destinations” are declining for all household types and subpopulations.
- Black households without children tend to take slightly longer to access the system, spend slightly longer time in the system, access permanent housing resources at lower rates, exit to permanent destinations at lower rates, and return to homelessness at slightly higher rates.
- While more raw data analysis is needed to confirm this finding, Rapid Rehousing and Permanent Supportive Housing are demonstrating efficacy and a high level of performance.

Limitations and Barriers to Meeting the BoS CoC Goal

- System-wide barriers to meeting the CoC goal center on distribution of resources, project type access, and current data limitations.
- Stakeholder focus groups and surveys expanded on these limitations, noting system-wide barriers to the goal that would require robust overhauls to certain aspects of the system and infusions of resources into other parts of the system.
- Solutions to many of these barriers are reflected in the Recommendations section.

RECOMMENDATIONS

The analysis of the data generated 7 key recommendations and 27 supplemental recommendations. The following summary list all 7 key recommendations:

System-Wide Recommendations (in order of priority):

Recommendation	Impact	Investment
1. CoC provider and affiliated services trainings	Medium-High	Low
2. (Equitable) Expansion of services	High	High
3. Community engagement	Medium	Low
4. Feedback loops and evaluation of systems	High	High

NEXT STEPS

Ongoing evaluation is needed for the Missouri Balance of State Continuum of Care (BoS CoC) to meet its overarching goal of reducing the length and frequency of homelessness through equitable provision of resources.

Further quantitative analysis of raw HMIS data is needed to verify and/or provide deeper understanding to many of the findings in this report. Moreover, the Missouri BoS CoC should consider developing ongoing feedback loops and evaluation processes to ensure that there is continual improvement over time as well as to ensure that any implemented solutions are efficiently and effectively meeting the gaps they are intended to address.

CONCLUSION

The Missouri Balance of State CoC has made valuable strides toward reducing the length and frequency of homeless through the equitable provision of resources.

The findings outlined in this report are meant to provide the Missouri BoS CoC with a baseline level of information from which to continually assess whether the system is improving upon its universal goal.

The recommendations in this report are meant to provide the Missouri BoS CoC with a variety of ways that the system could both address inequities and begin to improve upon its goal. These recommendations are not meant to be implemented at once, but rather strategically and over time as the system continues to gather more robust data that can allow in-depth needs assessments and evaluations of the system.

Coordinated Entry System Recommendations (in order of priority):

Recommendation	Impact	Investment
1. Reevaluation of assessment tools and procedures	High	Medium
2. Enhancement of internal operational structures	High	Medium
3. Update and expansion of the CE directory	Medium	Low



OVERVIEW OF THE GAPS ANALYSIS

The Community Partnership of Southeast Missouri (on behalf of the Missouri Balance of State Continuum of Care) contracted with Homebase to perform a gaps analysis of the Missouri Balance of State Continuum of Care (“Missouri BoS CoC” or “Balance of State CoC”). Homebase is a national technical assistance provider supporting efforts to prevent and end homelessness.

This analysis evaluates the current system – including coordinated entry, shelter, and housing programs – and identifies existing system gaps. This report also includes tailored and prioritized recommendations designed to improve the overall homeless system. There are also opportunities to build upon current efforts to better (and more equitably) meet the needs of people experiencing homelessness across all ten regions within the Missouri Balance of State CoC area.

The Community Partnership of Southeast Missouri requested that a gaps analysis be conducted with a Targeted Universalism framework in mind. Targeted Universalism is an equity framework that promotes attaining a universal goal through the designing and implementation of multiple targeted strategies. The expressed goal of the Missouri Balance of State CoC’s work is,

“to reduce the length and frequency of homelessness through the equitable provision of resources.”

Therefore, the purpose of this gaps analysis was to assess the extent to which (a) resources are distributed and accessed equitably across the CoC and (b) system outcomes are equitable. Based on data available, targeted recommendations were generated to advance the universal goal. Where data was limited

or where gaps were found to be systematic, broad recommendations were generated as a first step before identifying and developing more targeted approaches.

The report is structured as follows:

- **Overview of the Missouri Balance of State CoC:** Outlines the structure and regions of the Balance of State CoC as well as locations of Coordinated Entry Access points and the geographic locations of resources.
- **State of the System:** Analysis of changes in homeless populations within regions and potential causes for those changes.
- **Access to the Homeless System of Care:** Who is accessing the system, how long does it take and whether system access is equitable.
- **Progression through the System and Project Type Access:** Length time homeless in the system and the equitability of project type access and experience.
- **Outcomes of Exits and Returns to Homelessness:** Charting equitable outcomes across demographics and household types.
- **Limitations and Barriers to Meeting the Balance of State CoC Goal:** Summary of quantitative and qualitative findings with regards to system-wide and coordinated entry limitations and barriers.
- **Recommendations:** Prioritized recommendations based on the above analyses.
- **Conclusion**
- **Appendices**

Throughout this analysis and the creation of this document, Homebase collaborated with providers, administrators, and people with lived expertise. The team would like to acknowledge the unique challenges of rural homelessness, which includes the

Missouri Balance of State CoC and those serving within it, who are working tirelessly to address and prevent homelessness. We would like to thank the entire community for their participation in this process. Your efforts and candid responses are the foundation of the detailed needs assessment and recommendations contained in this document.

The current gaps analysis consisted of robust mixed-methods data collection that included extensive quantitative data review and analysis as well as qualitative data collection with consumers, stakeholders, and providers.

Table 1: Data Sources Overview

Data Source	What is Measured	Limitations
Point-In-Time Count (PIT)	A count of individuals experiencing homelessness at a given point in time in a community.	Estimate that is generally considered low as it misses hard-to-reach populations, such as unsheltered populations and people sleeping in vehicles and abandoned buildings.
Homeless Inventory Count (HIC)	A count of all of the available beds intended for individuals in a community experiencing or who have experienced homelessness.	Projects are not broken out by county and thus the locations of service sites are limited.
Longitudinal Systems Analysis Data (also called Stella)	Household-level Homeless Management Information System (HMIS) analysis that is processed through HUD’s Homelessness Data Exchange (HDX) 2.0 Stella system to measure and track system functionality. Stella analyzes data from Emergency Shelter, Safe Haven, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing projects.	While Stella and LSA offer a wealth of automated data analysis with visualization, this tool cannot be used to measure the intersections between subpopulations, projects, regions, and household types.
System Performance Measures	Aggregated Individual-level HMIS Data used to help CoCs set baselines and benchmarks. It aggregates the following project type information: Street outreach, Emergency Shelter, Safe Haven, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Other Permanent housing.	These measures are better for comparing different CoCs. Data within a CoC cannot be analyzed by individual project types, regions, or subpopulations.
In-depth Interviews	Interviews help identify a range of experiences and perceptions of people of color accessing the system.	Findings are exploratory and not generalizable
Regional and Systems Focus Groups	Focus groups help highlight challenges across regions and/or to a specific region type (Rural, Metro area, Southeast).	Findings are exploratory and not generalizable. Regions include counties that do not meet the overall grouping description (e.g., there are some counties within “Metro area” regions that are distinctly rural).
Mixed Methods Survey	A survey sent to all providers and stakeholders across the Missouri Balance of State CoC.	The overall response rate was sufficient for analysis. However, not all participants completed the survey.

For more details of the methodology use for this report, please reference [Appendix A: Methodology](#).



OVERVIEW OF THE MISSOURI BALANCE OF STATE COC

This section provides an overview of the Missouri BoS CoC's overarching goal as well as contextual and geographic background to the CoC's homeless system of care in the following sections:

- The Goal of the System
- Regions
- Resources
- Coordinated Entry

THE GOAL OF THE SYSTEM

As stated above, the goal of the Missouri Balance of State CoC is, **“To reduce the length and frequency of homelessness through the equitable provision of resources.”**

In order to achieve equity in housing resources, resources provided must meet the needs of all people in housing crises so that they can regain and sustain housing. Meeting all needs is challenging when people and households have different types and severities of need.

Complicating the progress towards the CoC’s goal is the historical and structural racism, sexism, sexual prejudice, and other discrimination that is embedded in our society, structures, and cultures. This added burden of intersectional need and discrimination undermines the means-tested distributions of care and resources typically relied upon in systems of care. The Missouri Balance of State CoC’s commitment to serving people in need with equity is a just and challenging goal.

What does “success” mean?

Defining “success” is important for bridging the gap between the status quo and the universal goal. Success defines the qualities through which the universal goal is attained and may highlight differing priorities between the system and the people the system is designed to service.

As defined in the universal goal, success is the equitable provision of resources that drives down the likelihood and duration of homelessness for all.

Interview participants, who were people with lived expertise of homelessness, explained that “success” means financial independence, being in their own home, and living a simple and happy life.

However, the narratives that participants shared demonstrated that trying to achieve this goal was very challenging: they wanted to be independent and work to earn a living wage, but a variety of compounding factors in the community and societal system continually prevented them from being able to do that.

The eligibility requirements, rules, and procedures that systems of care have in place ultimately hindered the progress of all of the participants. The single adult participants described a lack of programs available to them, stating that most are for families. The families explained that even those programs that serve them are unfortunately not equipped to handle their unique situations. On top of these barriers, all of the participants experienced at least one form of discrimination in the community and/or from service centers that negatively impacted their ability to seek help.

In contrast with the overarching goal outlined by the Missouri BoS CoC, the goals of the individuals with lived experiences

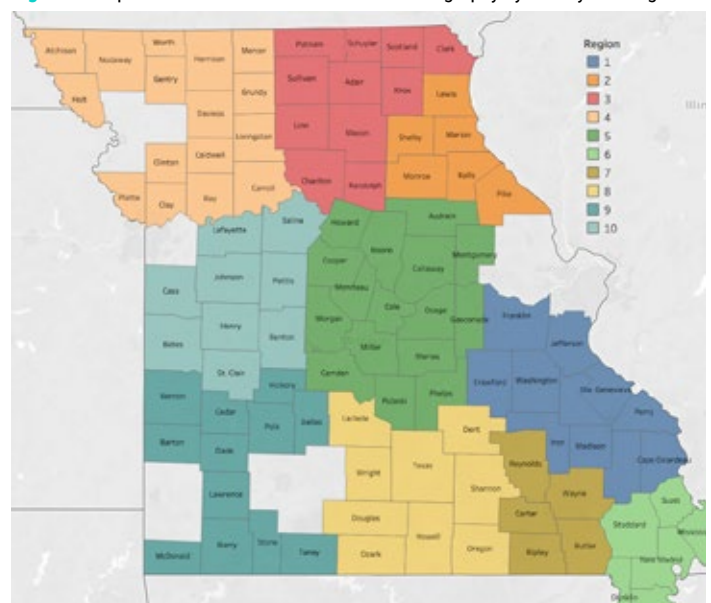
of homelessness often centered more on independence and larger life goals rather than just housing or reducing their length of time homeless.

REGIONS

The Missouri Balance of State CoC is the Continuum of Care for 101 counties across the State of Missouri. Coordination at this scale involves cross jurisdictional planning, funding, and implementation of programs and services to end homeless across all counties.

The Missouri BoS CoC is divided into ten regions based on geography, each covering a different number of counties. The map below shows the geographic breakdown of the Missouri BoS CoC.

Figure 1: Map of Missouri Balance of State CoC Geography by County and Region



The geographic regional breakdown visualized above only applies to the Balance of State CoC. These regions are also categorized into three groups based on geographic characteristics. The table and map below show the different categories by region.

Table 2: Regions and Geographic Categories

Region	Geographic Category
1	Southeast
2	Rural
3	Rural
4	Metro Area
5	Metro Area
6	Southeast
7	Southeast
8	Rural
9	Rural
10	Metro Area

The categorization of regions is helpful for focus group discussions and analysis as they help highlight similarities and differences between and across regions. Additionally, categorizations are helpful for spotting trends in the data. For example, we can ask the question: “Did homelessness grow more in rural or urban areas?”

Grouping regions into three categories (Rural, Metro Area, and Southeast) was suggested by key stakeholders on the basis that these regions share geographic trends.

- Rural regions 2 and 3 are contiguous regions without urban areas, whereas regions 8 and 9 have urban and semi-urban enclaves that are not included in their regions. Therefore, these four regions are distinctly Rural.
- Regions 4, 5, and 10 geographically align with a population and transportation corridor that runs from Saint Louis in the East to Kansas City in the Northwest, going through Cole and Boone County in central Missouri. Each region either borders or encompasses a large metropolitan area as well as rural areas. These regions are thus considered Metro Area regions.
- Regions 1, 6, and 7 share a mix of traits with the previous two categories. Region 1 borders Saint Louis but is not located along the east-to-west population and transportation corridors. Regions 6 and 7 contain population pockets (e.g., counties of Butler, Scott, and Cape Girardeau), but unlike regions 8 and 9, those population-dense areas are included in the BoS regional maps rather than excluded (see gaps in regions 8 and 9 on Figure 2).

The following three maps will help visualize these trends.

¹ American Community Survey 2018 Population Data Tables - Missouri by County, Retrieved from: <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2018/>

² Missouri Population Census Map (2010), Retrieved from: https://commons.wikimedia.org/wiki/File:Missouri_population_map.png

Figure 2: Map of Missouri Balance of State CoC Geography by Region and Geographic Categories

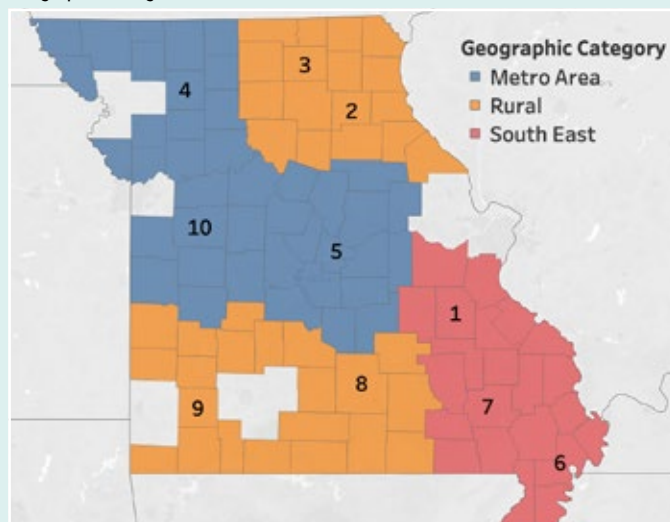


Figure 3: Map of Missouri 2018 Population Estimates (American Community Survey)¹

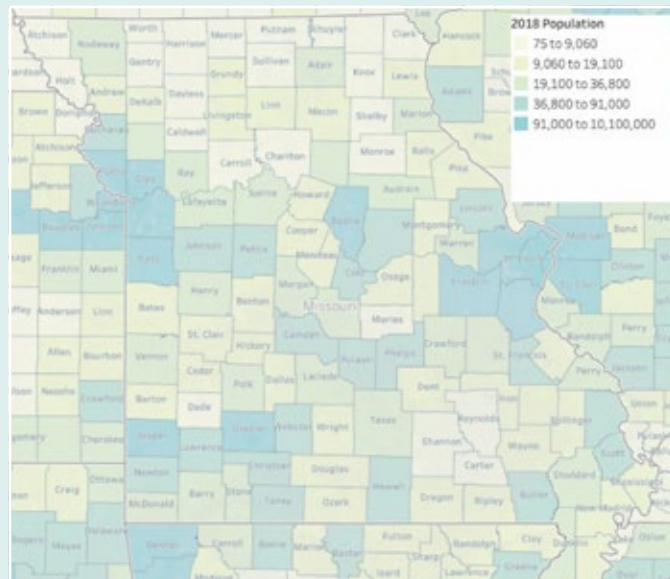
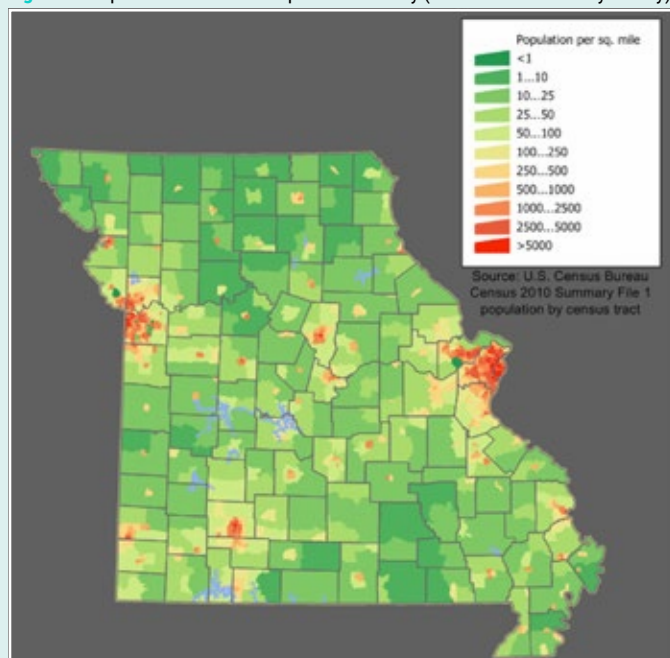


Figure 4: Map of Missouri 2010 Population Density (American Community Survey)²



RESOURCES

The Missouri BoS CoC coordinates the following services to people experiencing homelessness in the ten regions: Emergency shelters, Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Safe Haven (SH), Transitional Housing (TH), Coordinated Entry (CE), supportive services, and street outreach.

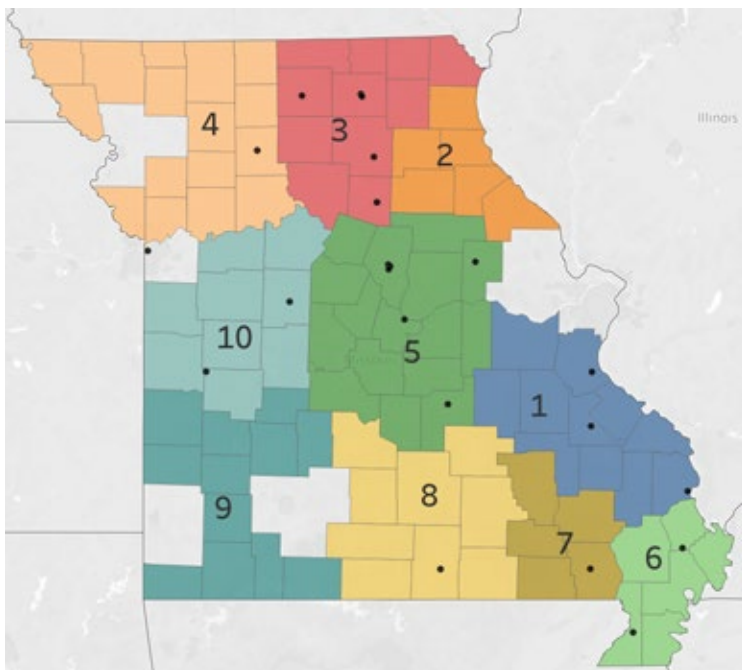
For more information on housing and resources in the Missouri BoS CoC, see section titled [Progression through the System and Project Type Access](#).

COORDINATED ENTRY

Coordinated Entry (CE) is a critical element of each CoC's system of care. CE is a process where people experiencing homelessness or who are at-risk of homelessness are assessed, prioritized, and connected or referred to other services. The four main elements of CE are: access, assessment, prioritization, and referral. People are able to access CoC housing resources and services based on how they progress through those stages. People experiencing homelessness also access other mainstream (non-CoC/CE) service provider resources that may also serve a wider population.

Across CoCs, CE systems may have different types of access points managed by different service providers or CoC representatives. Points of access can include phone lines or web sites that people can contact to start accessing homeless services such as street outreach workers and physical locations (e.g., shelters or drop-in centers). The Missouri BoS CoC has 24 CE access points throughout the ten regions, which are summarized in the map below.³

Figure 5: Map of Coordinated Entry Locations by County and Region (HIC 2020)



³ This map is based on the CE access points found on the MO BoS CoC website: <https://www.moboscoc.org/ce>. Some of these locations serve more than one region. Based on input from the Missouri BoS CoC personnel, it is possible that this map is missing some CE access points. This map does not reflect all agencies participating in CE. Additionally, some locations are missing because the site addresses are unknown to the Missouri BoS CoC Personnel.



STATE OF THE SYSTEM

To begin evaluating the degree to which the goal of the Missouri Balance of State CoC is attained and success is actualized requires the investigations of a number of questions:

- Does the provision of services match the need of people accessing services?
- Is homelessness increasing or declining?
- Is the rise or fall of homelessness equitable across sub-populations?
- Are resources distributed equally?
- How do providers, stakeholders, and people accessing services perceive equity in the system?

To address these questions, this State of the System section provides a baseline assessment of system functioning across the following metrics:

-
- Summary of the Progress Towards the Goal: What is Working Well
 - Estimates of People Experiencing Homelessness
 - Changes in Resources for People Experiencing Homelessness
 - Qualitative Responses to Increases in Homelessness
 - Overall Perceptions of Equity in the System

Table 3: Summary of Key Findings: State of the System

To evaluate the goal of reducing the length and frequency of homelessness through the equitable provision resources, this section evaluates overall system trends using the metrics of: (a) change in homeless estimates, (b) distribution of resources, (c) perception of system functionality, and (d) equity.

Success:

- The Missouri Balance of State CoC has managed to roll out a collaborative coordinated entry system across a large and rural geographic area with complex and competing needs.
- The system has improved in recent years, a direct result of the organized and intentional actions by CoC administrators.
- The Balance of State CoC administrators are already engaged in improving their reallocation and project development processes.

Challenges:

- Estimates indicated that the number of people experiencing homelessness is increasing, especially for those experiencing unsheltered homelessness in regions 1, 6, 8, and 9.
- Resources for people experiencing homelessness appear to be shrinking.
- Positions that require licensed professionals are going unfilled in rural locations.
- Limited resources and rural geography make regular training and coordination difficult.
- System inequities, specifically racial inequities, were highlighted by stakeholder surveys concerning access to and engagement in services as well as outcomes.

Key Findings:

- Stakeholders are largely unaware of inequity in the system and most lack training in diversity, equity, inclusion, and belonging (DEIB).
- Resources are not equitably distributed across the regions and counties.
- Disinvestment in resources, especially shelter, may be impacting the rise of unsheltered homelessness.

Summary of Recommendations:

To improve the equitable distribution of resources and promote understanding of equity issues and impacts, we recommend the CoC implement the following:

- Provide more CoC provider and affiliated service trainings:
 - Encourage a consistent and ongoing discussion and understanding about racial inequity in projects, counties, regions and across the balance of state.
- Equitable expansion of services:
 - Continue to improve the reallocation and project development process.
 - Continue to invest in emergency and long-term housing solutions, especially in those regions where resources are most limited in comparison to their estimated homeless populations.
 - Consider hybrid/remote positions for positions requiring licenses; shift job descriptions to allow for all non-clinical work to be completed by other positions.

SUMMARY OF PROGRESS TOWARDS THE GOAL: WHAT IS WORKING WELL

Survey and focus group participants were asked how well the CoC is meeting its stated goal of “providing equitable access to housing for everyone in need, which includes the support services that are often needed for individuals and families transitioning out of homelessness.”

Survey responses averaged around the CoC *partially* and *mostly* meeting this goal.

Table 4: Survey Responses to How Well the CoC is Meeting the Goal

Not meeting this goal at all	0%
Minimally meeting this goal	10.26%
Partially meeting this goal	35.90%
Mostly meeting this goal	41.03%
It is meeting this goal	12.82%
Mean*	3.56

*Mean: Answer options were from 1 = not meeting this goal at all, to 5 = it is meeting this goal. The mean of 3.56 indicates that the average is between partially and mostly meeting this goal.

Survey respondents and each of the focus groups discussed current limitations to meeting the overall goal that are likely perpetual barriers to the system and thus should be considered from a long-term perspective (see [Limitations and Barriers](#) section).

Focus group participants shared that the Missouri BoS CoC has “come a long way” over the last decade towards meeting this goal. The implementation of the Coordinated Entry System throughout the Missouri BoS CoC over the last four years, which includes regular meetings and coordination across the CoC, were all cited as helping to support this goal.

Survey respondents indicated the following as supporting the CoC in its goal:

- Regular meetings
- Improved communications among areas, between regions, and across the CoC
- Improved and increased collaboration
- Case conferencing
- Increases in funding

⁴ HUD records of PIT counts for 2015 conflict with local estimates.

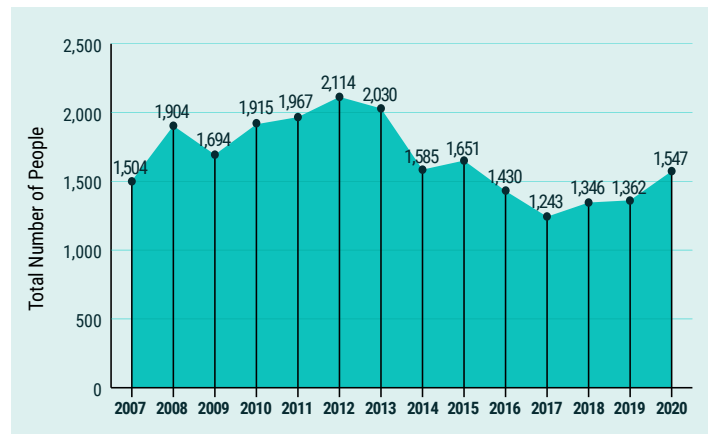
ESTIMATES OF PEOPLE EXPERIENCING HOMELESSNESS

While the stakeholder participants in surveys and focus groups mentioned how much progress has been made toward the Missouri BoS CoC’s goal, there are still many unmet needs for people experiencing homelessness in these communities. The following section outlines estimates of people experiencing homelessness across the Missouri BoS CoC to help outline where the Missouri BoS CoC has room to grow in reaching its goal.

Overview

System-wide Point-in-Time counts from 2007 to 2020 were used to examine the trends of people experiencing homelessness. To complement these data, regional homeless estimates were analyzed from 2015 to 2020.

Figure 6. Historical Point-in-Time Estimates (2007 to 2020)



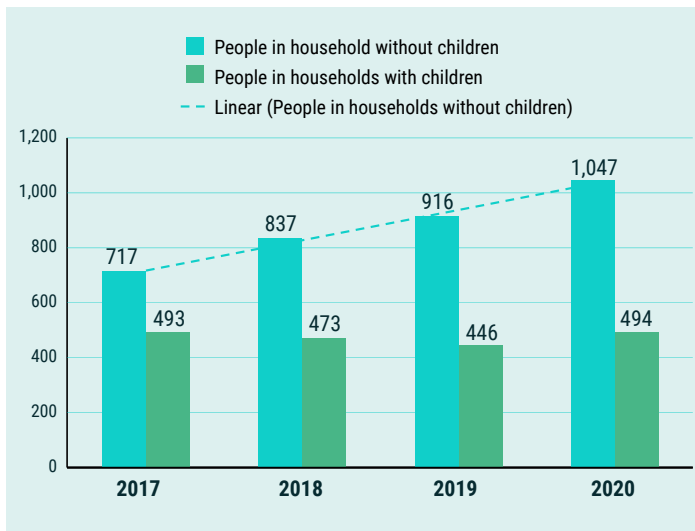
The 2020 Point-in-Time count estimated that 1,574 individuals were homeless on any given night, which is a 5% decrease since 2015 (1,652)⁴, but a 27% increase from 2017 (1,243).

- The number of people experiencing homelessness has grown every year since 2017 (Figure 6).

Few changes were observed across demographics and population categories when analyzing Point-in-Time counts and American Community Survey⁵ (ACS) estimates. However, there are disproportional rates of increased homelessness among some groups.

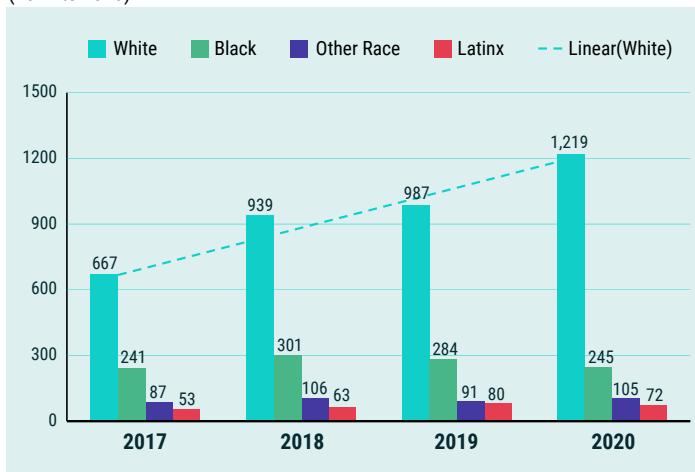
- While overall homelessness grew by 27% between 2017 and 2020, the homeless sub-population of people in households without children grew by 46%, and the sub-population of people in households with children saw no change (Figure 7). This means that single adult homelessness is on the rise.

Figure 7. Number of People in Households with/without Children (2017 to 2020) with Trendline for Households without Children



When examining the rates of growth across racial groups, the population of people experiencing homelessness who identify as white grew the fastest out of any group measured – by 82% between 2017 and 2020 (Figure 8).

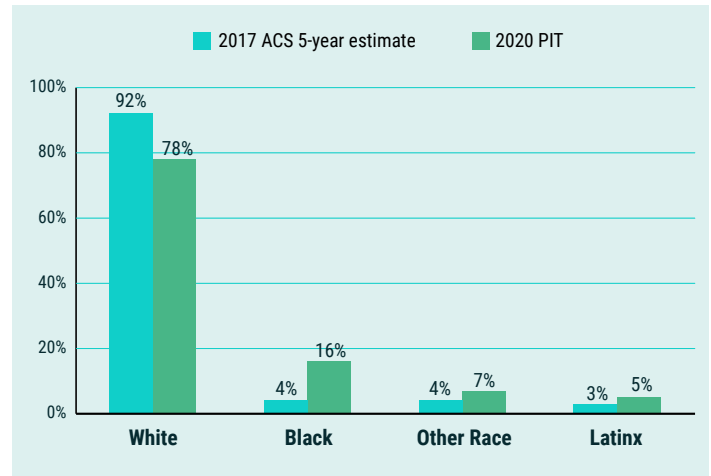
Figure 8. Racial Breakdown of Number of People Experiencing Homelessness (2017 to 2020)



⁵ Due to small county populations, populations and demographic estimates are produced every 5 years for the Balance of State CoC region. Comparing the most recent two estimates released by HUD, 2011-2015 and 2013-2017, we observe minimal demographic changes overall.

Despite the disproportional rates of increased homelessness among people who are white, people identifying as Black continue to experience homelessness at disproportionate rates when compared to any other group (Figure 9): people who are Black make up an estimated 4% of the Census population for the CoC’s geography and represent 16-26% of the populations experiencing homelessness.

Figure 9. American Community Survey (ACS) and Point-in-Time (PIT) Homeless Population Estimates by Race (2017 ACS; 2020 PIT).



No demographic or population category saw significant declines in terms of raw numbers. However, because people in households without children and who identify as white rose rapidly, many groups saw proportional decreases.

For more information on shifting demographics and specific sub-populations, please refer to [Appendix B](#).

Regional Estimates of People Experiencing Homelessness

As stated above, the Missouri BoS CoC covers a large geographic area and system-wide estimates do not adequately capture regional and subregional changes. To compliment system-wide estimates, regional Point-in-Time count estimates between 2015 and 2020 were examined with a focus on recent shifts in population growth between 2017 and 2020.

Figure 10. Regional Changes in PIT Count (2017 to 2020) and total Homelessness (2020)

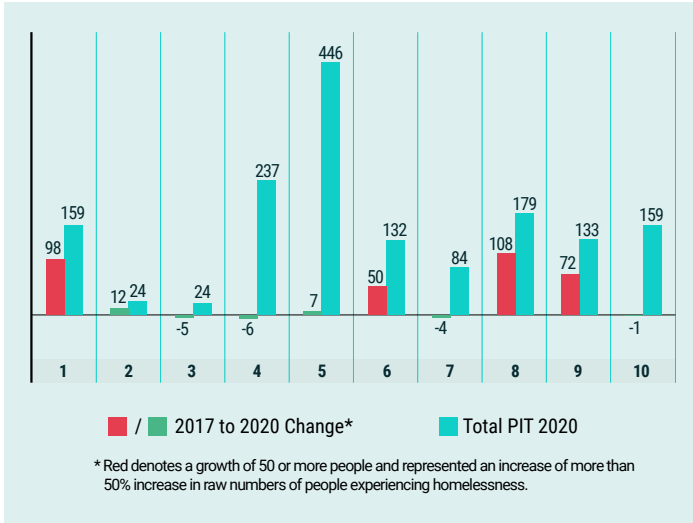
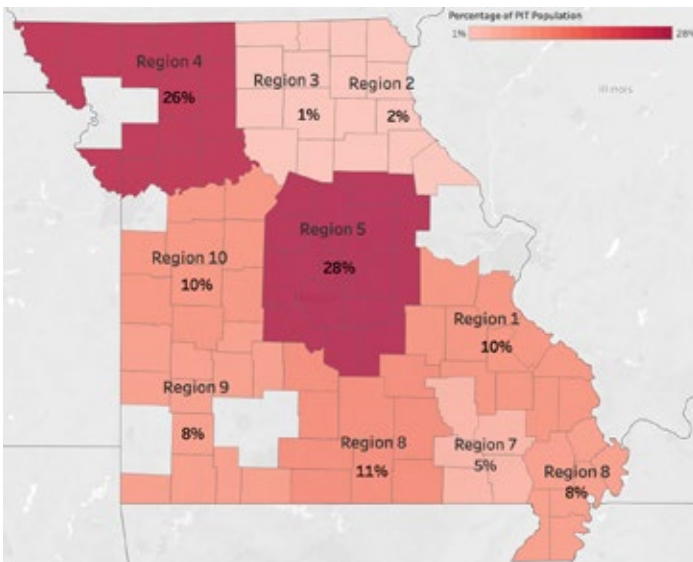


Figure 11. Percentage that Each Region has of Total CoC Homeless Estimates (2020)



Between 2017 and 2020, regions 1, 6, 8, and 9 saw a 61-152% increase in people experiencing homelessness that equated to 50 or more people (shown in red in Figure 11), while other regions mostly maintained the similar numbers of people experiencing homelessness.

Overall need has not shifted from one location to another. Rather, need has grown faster in some regions. Figures 10 and 11 show that the greater metro areas (regions 4, 5, and 10) maintained large homeless populations since 2017, and regions 7 and 3 saw minimal change.

Region 2 saw only a 12-person increase, but because there were not many people experiencing homelessness in that region to begin with, it constituted a 100% increase. See [Appendix B](#) for more details.

Overall Unsheltered and Sheltered Populations

As compared to all Balance of State CoC's in the country and the national average overall, the proportion of people experiencing unsheltered homelessness in the Missouri BoS CoC was below the national averages until 2020. Currently, 41% (652 people) of those experiencing homelessness in the Missouri BoS CoC go unsheltered on any given night, which is at or above the current national averages (Figure 12).

More than overall homelessness, unsheltered homelessness has increased across the Missouri Balance of State CoC in recent years. At the same time, the population of people in shelter is decreasing.

- While the overall change in unsheltered homeless from 2015 to 2020 is 27%, the change from 2017 to 2020 was 124% (Figure 13).

Figure 12. Percent Unsheltered Homeless by Year (PIT Count 2015 to 2020)

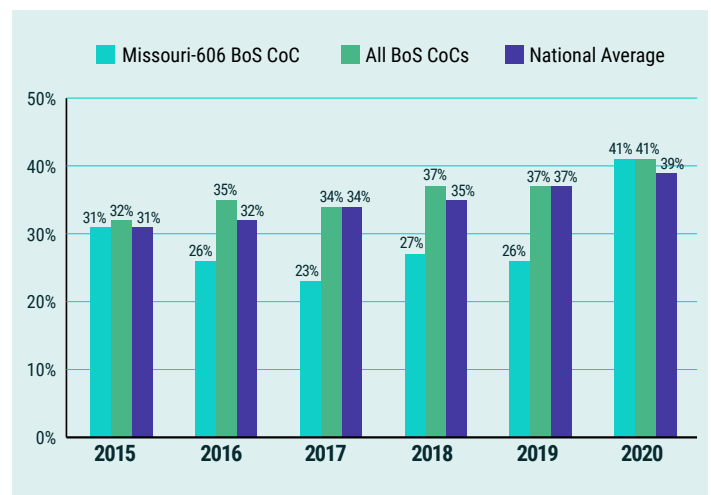
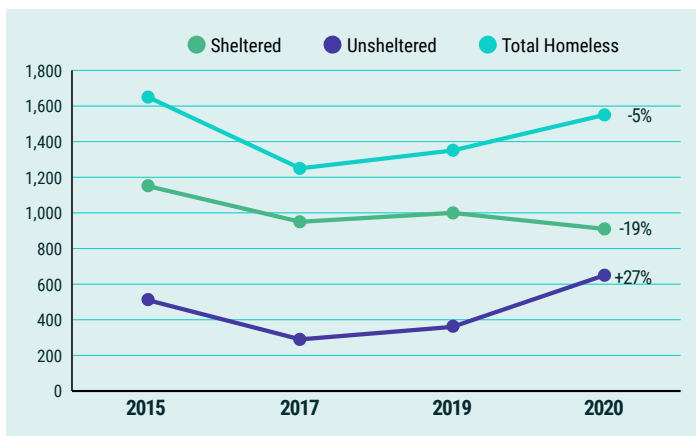


Figure 13. Changes in Unsheltered and Sheltered Homelessness (PIT Count 2015 to 2020)



Regional Unsheltered and Sheltered Populations

As discussed above, the proportion of people experiencing unsheltered homelessness grew across the Balance of State CoC from 31% in 2015 to 41% in 2020.

When looking at these data regionally, all, except regions 4, 5, and 7, have rates of unsheltered homelessness above the national average of 39% (Figure 14).

Figure 14. Regional Percentage of Unsheltered Homelessness (PIT Count 2020)

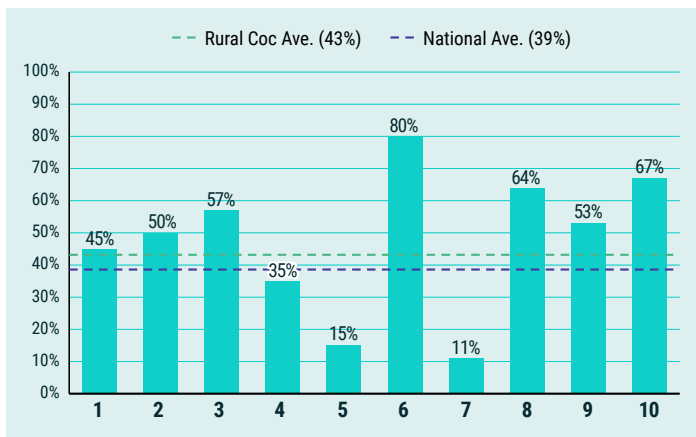
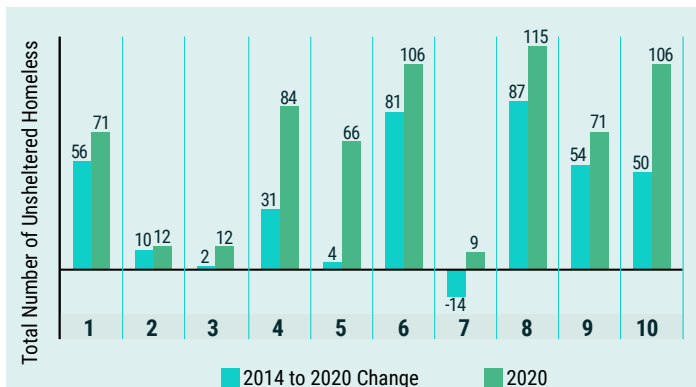


Figure 15. Changes in Unsheltered Homeless Numbers by Region (2017 to 2020)



Like the system-wide review of homelessness, regional changes in unsheltered homelessness provide added context. Most regions saw significant increases in their unsheltered homeless population from 2017 to 2020 (Figure 15).

- Only region 7 saw a decrease in the percentage of unsheltered homelessness population since 2017, while region 5 saw minimal (1%) growth in unsheltered homelessness.

For more detailed breakdowns of unsheltered homelessness by regions, please refer to [Appendix B](#).

Equity in Rates of Homelessness

Due to small sample sizes, the comparison of races and sub-populations by region was not conducted using the Point-in-Time count estimates. This is an important area for further research and will require multiple years of HMIS data to understand the distribution of need across the regions.

However, focus group participants noted higher **rates of homelessness among people of color in their communities** and stated that the unequal distribution of resources across the system contributes to further inequities. One participant explained:

“No, I don’t think the system is equitable. Not because agencies are putting barriers in place or that it is racially charged. It is due to lack of resources and types of housing programs and services.”

As an example, they stated, *“In region 4, if you are a single male, you’re going to have a harder time finding shelter than a woman with children, youth, or a survivor of DV.”*

Elaborating on this point, another participant explained, *“Regions and communities have been forced to prioritize resources. This leaves a gap in PSH for households who don’t yet meet the definition of chronic and may not be able to access RRH because they are too high-need for RRH resources that are available.”*

Overall, most participants were able to recognize at least some level of inequity both within their own regions and across the BoS CoC as a whole, but also cited a **need for more robust data to pinpoint where exactly those inequities are occurring.**

CHANGES IN RESOURCES FOR PEOPLE EXPERIENCING HOMELESSNESS

Overall Resource Shifts

As populations shift, resources also shift. However, resources shifts are not always made in response to populations of need, but rather by system policies. The current reallocation policy for low performing services, especially Permanent Supportive Housing, is a part of resource shifts that affect regional capacity for addressing homelessness. These changes are not tied to regional need but still affect the levels of resources and opportunities for access regionally. The Missouri Balance of State CoC changed their reallocation policy within the last two years to allow for performance improvement of low performing projects and they continue to review its CoC reallocation policies.

The Housing Inventory Counts (HIC) from 2015 to 2020 were used to measure resources and shifts in those resources (see end of [Appendix B](#)).

As reviewed above, the numbers of people experiencing homelessness appear to be increasing (based on 2015 to 2020 Point-in-Time counts). Further, the number of people and households accessing the system is either increasing or plateauing (based on 2015 to 2020 LSA and Stella data).

However, between 2015 and 2020, beds across all project types decreased; between 2017 and 2020, there was a decrease in beds for all projects except for Rapid Rehousing. This trend is observed for both domestic violence and non-domestic violence dedicated resources (Figures 16 and 17).

Figure 16. Percentage Change in Number of Beds Over Time by Type of Bed (2015 to 2020)

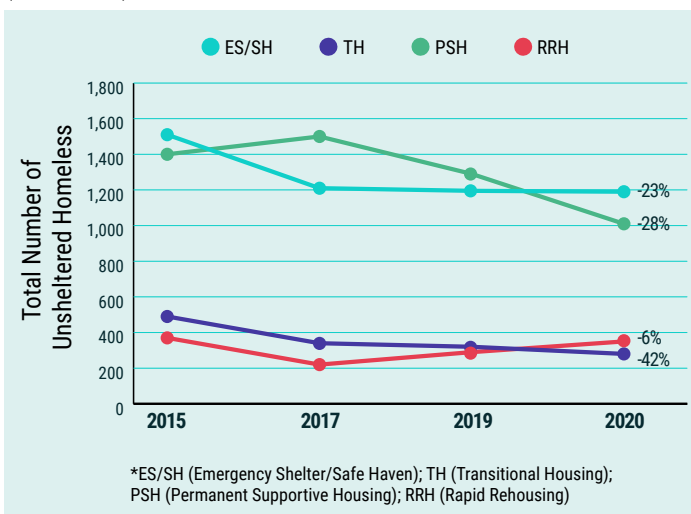
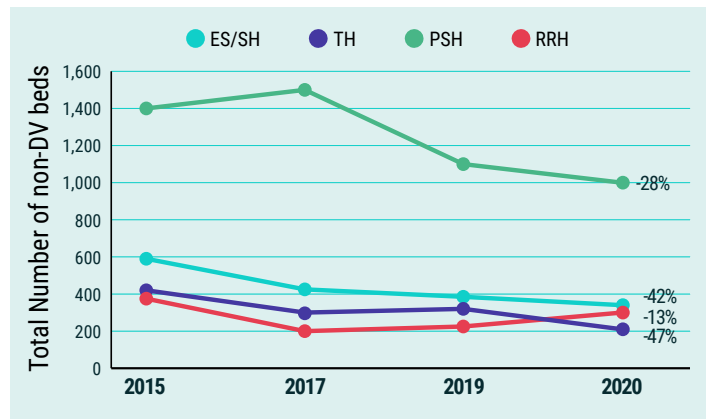


Figure 17. Percentage Change in Number of Non-DV Beds Over Time by Type of Bed (2015 to 2020)



With the consistent reduction of temporary housing resources, we expect to see a rise in unsheltered homelessness (Figures 14 and 15) even if the recent rise of homelessness overall is due to methodology changes in the Point-in-Time count or economic drivers.

Regional Resource Changes

While the above section outlines an overall trend of decreasing resources, shifts in regional homeless-dedicated resources is more nuanced.

- Emergency shelter beds have decreased across all regions that had them in 2015 (Table 5).

According to the geocode data, regions 1, 2, 3, 9, and 10 lost most housing resources overall or do not have emergency shelter projects based in their regions. The geocode data indicates that shelter location and shelter availability is an issue for rural areas. This was confirmed, in part, by region 9 indicating that they did not have a shelter project in the region.

Those regions seeing the largest jump in unsheltered homelessness (regions 1, 6, 8, and 9) also saw significant cuts in (or consistent lack of) investment in shelter resources.

- Three of the four regions that saw the greatest increase in homelessness altogether (regions 1, 8, and 9) saw significant disinvestment in resources (Tables 5-8).

The tables below display the changes in number of beds by project type and across regions between 2015 and 2020.

- Across most regions, most project types decreased (with few exceptions).
- ES/SH beds saw a decrease in number of beds in every region, except region 9 where the number of beds remained the same.
- The only two regions that showed an increase in number of beds across more than one type were regions 7 and 4.

Table 5-8 below outline the changes in the number of ES/Safe Haven beds, TH beds, RRH beds, and PSH beds from 2015 to 2020 in each region.

Table 5: Regional Change in Number of ES/SH Beds (Non-DV, 2015 to 2020)⁶

Region	2015	2020	Difference	% Change
1	150	33	-117	-78%
2	14	0	-14	-100%
3	1	0	-1	-100%
4	29	25	-4	-14%
5	294	177	-117	-40%
6	27	21	-6	-22%
7	61	47	-14	-23%
8	42	36	-6	-14%
9	0	0	0	-
10	36	3	-33	-92%
CoC Total	646	342	-304	-47%

Table 6: Regional Change in Number of TH Beds (Non-DV, 2015 to 2020)

Region	2015	2020	Difference	% Change
1	0	0	0	-
2	0	0	0	-
3	15	0	-15	-100%
4	134	144	10	7%
5	103	40	-63	-61%
6	52	0	-52	-100%
7	25	27	2	8%
8	4	0	-4	-100%
9	18	3	-15	-83%
10	68	10	-58	-85%
CoC Total	419	224	-195	-47%

Table 7: Regional Change in Number of RRH Beds (Non-DV, 2015 to 2020)

Region	2015	2020	Difference	% Change
1	152	31	-121	-80%
2	12	23	11	92%
3	21	0	-21	-100%
4	0	68	68	-
5	72	50	-22	-31%
6	0	5	5	-
7	21	88	67	319%
8	45	35	-10	-22%
9	10	4	-6	-60%
10	26	9	-17	-65%
CoC Total	359	313	-46	-13%

Table 8: Regional Change in Number of PSH Beds (Non-DV, 2015 to 2020)

Region	2015	2020	Difference	% Change
1	230	90	-140	-61%
2	104	79	-25	-24%
3	30	33	3	10%
4	97	73	-24	-25%
5	355	225	-130	-37%
6	64	95	31	48%
7	285	276	-9	-3%
8	58	36	-22	-38%
9	119	37	-82	-69%
10	56	65	9	16%
CoC Total	1398	1009	-389	-28%

⁶ The focus of this analysis was based on non-DV dedicated resources for the following reasons: (1) Data on Victim Service Providers (VSPs) are not shared with HMIS or the Missouri Balance of state in a way where data can be analyzed beyond the HIC and (2) the funding and management structure of VSPs largely occur outside the Missouri Balance of State Homeless System of Care.

Transportation is a significant barrier for people experiencing homelessness in the Missouri Balance of State CoC area, due to the fact that:

- Shelter projects are clustered around high populations areas.
- Few resources are available in rural areas. Even when shelter projects are active in a region, the issue of accessing these resources is challenging.

The map below (Figure 18) displays the number of emergency shelters in each county (the label below each mark indicates the number of emergency shelters).

- Most counties have no shelters, and four regions appear to have no shelters. The county with most shelters is an urban county in region 5, Boone.

While some PSH projects are active in multiple regions, most counties do not have active permanent supportive housing projects to refer people in need. Even though PSH projects in the Missouri Balance of State are scattered site housing vouchers, households may need to travel a great distance to the locations where vouchers are distributed and to where housing units are available. Moreover, while region 1 has 2 PSH project operating within the region, many beds are targeting women only and women experiencing substance use are prioritized. Further examination of the PSH projects and their target populations is needed to determine where resources are needed in the BoS.

Similarly, staff must travel great distances to provide the supportive services that are needed to ensure housing retention for households needing additional support are reached. The following table is the geographic representation of Permanent Supportive Housing project locations by geocode. Note, there are currently no facility based PSH projects in the Missouri Balance of State CoC.

Figure 18. Map of Non-DV Emergency Shelters (HIC 2020)

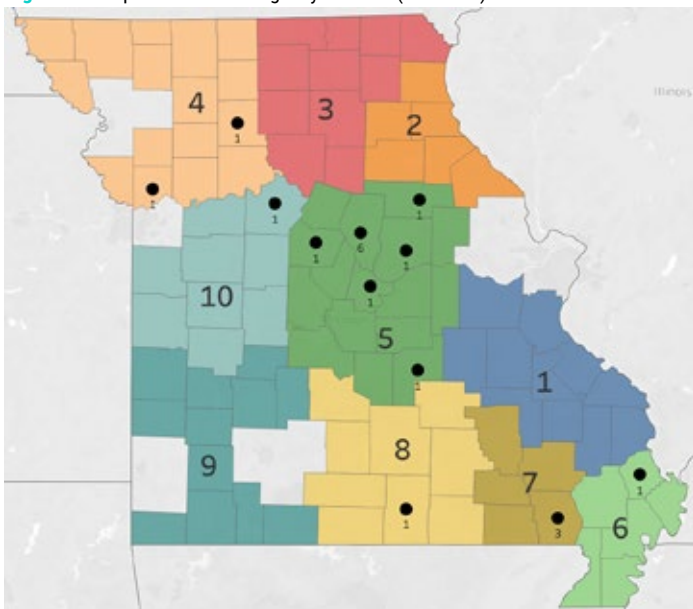
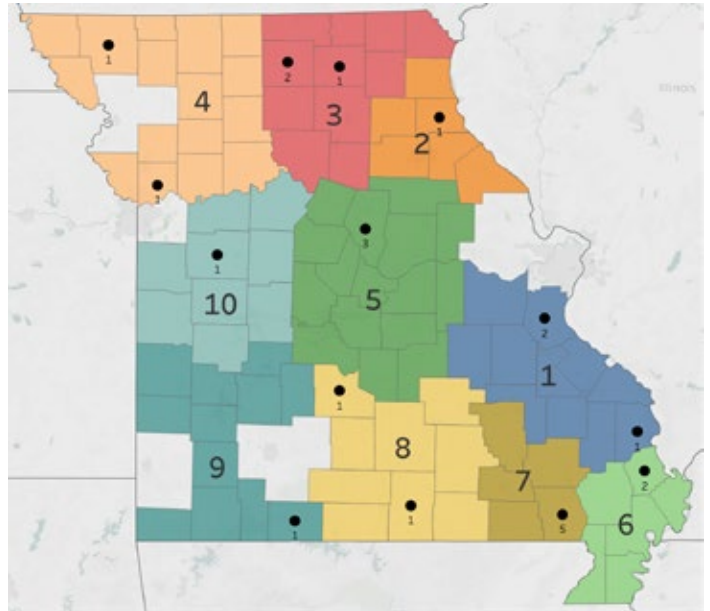


Figure 19. Map of Permanent Housing Resources Projects (HIC 2020 by Geocodes)



According to the geocode data, project beds are not equitably distributed across the region. Equitable distribution would require distributing resources on a number of metrics where needs and opportunity are balanced. For example, while region 4 may have more need for Emergency Shelter projects than region 9 (because region 4 has a higher rate of homelessness and unsheltered homelessness), region 9 has no access to shelter. An equitable decision about where new shelter resources should be located must take both of these narratives into account, as well as other local information and community assets.

However, reallocation or redistribution of resources is not in itself a solution to these problems. Rising levels of homelessness, especially unsheltered homelessness, is coinciding with a loss of TH and PSH beds. As opportunities for housing resources decline, access to resources is not hitting each region equally. The [Recommendations](#) section (under System-Wide recommendations, Expansion of Services) offers ways to begin addressing this issue of equitable resources allocation across the Missouri BoS CoC's regions.

QUALITATIVE RESPONSES TO INCREASES IN HOMELESSNESS

Stakeholders and providers were asked to describe what they are seeing in relation to homelessness numbers in their own regions. A few examples are presented below:

- Stakeholders and providers see the numbers of the homeless population increasing (which could also be reflective of the number of unsheltered homelessness increasing and/or the number of beds decreasing).
- Regions report increases in domestic violence-related homelessness, suicidality in clients, mental health needs, and substance use issues among their community members experiencing homelessness.

Participants in focus groups from all ten regions reported seeing the **numbers of the homeless population overall increasing**, including an increase in the numbers of unsheltered people experiencing homelessness.

- Participants noted that shuffling of individuals experiencing homelessness across county lines may create “artificial” increases in either county’s CoC due to duplications in data. Further, the lack of a shared data system makes it difficult to track the reality of homelessness counts.
- Without data and a shared system, regions have to rely on what they see, which is reported to be increases in homelessness and unsheltered homelessness.
- Some participants hypothesized that the change in Point-in-Time count may also be due to improved methodology and the integration of some outreach practices for Point-in-Time counts. Others objected to this, indicating that not all regions had resources or coordination to do anything beyond post fliers on their facility doors saying something to the effect of “come in and be counted.”
- Still others indicated that there was a rise in panhandling in rural areas and that they have seen panhandling for the first time.⁷

Related to this, regions reported an **increase in couch-surfing**, and noted that CoC and other homelessness funding or programs do not reach individuals who are in non-traditional homelessness situations (e.g., doubling up, precarious housing, couch-surfing).

Regions 2, 3, 8, and 9 also reported seeing **increases in domestic violence-related homelessness, suicidality in clients, mental health needs, and substance use issues** across the homeless populations within their communities.

⁷ While participants recognized that panhandling does not necessarily mean someone is experiencing homelessness, for the 2020-2021 fiscal year there was an acknowledgement of an increased need for supportive and preventative services.

OVERALL PERCEPTIONS OF EQUITY IN THE SYSTEM

Not all stakeholders and providers are aware of inequities across the homelessness system of care and/or the experiences of discrimination and inequity among people with lived experiences of homelessness. Of those who recognize that inequities exist, they see these primarily occurring in access to services, engagement in service center programs, and outcomes.

Survey participants were asked if they **perceive disparities in the following categories based on clients’ race or ethnicity**. The table displays the percentage of participants who indicated yes, they recognize racial and ethnic disparities in that area.

Table 9: Survey Respondents’ Perceptions of Race- or Ethnicity-Based Disparities in Different Categories Related to CoC Resources

Category for Assessment	Percent Indicating Yes
Access to services	21.88%
Access to coordinated entry	6.25%
Engagement in service center programs	15.63%
Assessment scores	3.13%
Types of referrals	6.25%
Outcomes	15.63%
None of the above	62.50%

Survey participants were also asked to provide examples of what they’re seeing. Below are two quotes from those surveys:

*“I think barriers exist for people of color in accessing services, especially in a time of COVID, because of the **burden placed on individuals to have to travel to a service provider or access them through the internet**. This disproportionately affects people of color, who may not have equal access to transportation or consistent internet to reach these services.” – survey participant*

*“I have read many stories of people being steered to **certain communities because of their race**. I have personally known many single minority mothers that have been forced to continue to live in the poor-quality, low-income housing that they have been in for years.” – survey participant*



ACCESS TO THE HOMELESS SYSTEM OF CARE

Equitable access to the system is a fundamental step in analyzing the functioning of any homeless response system. With that said, it must be acknowledged that the primary structural factors causing homelessness (e.g., housing cost, unemployment, medical expenses) are inequitable across race, ethnic, class, age, and other groups. Therefore, the rates of homelessness across the county are inequitable.

The Missouri Balance of State CoC has the goal of responding to inequity of need in an equitable way. The first step is to ensure that the system is reaching each population equitably such that populations experiencing homelessness disproportionately should access the system with those same proportions.

Because prioritization is a piece of an equitable response, the disproportionate enrollment of prioritized households may be a promising sign: it indicates that people who may need services most are accessing those services. However, without raw data we cannot separate demographics, such as race, from prioritized population, such as chronic homelessness or disability, to clearly observe equity or inequity. What is possible with the data provided is a baseline assessment of access across the following metrics:

-
- System Access for Consumers (qualitative reports)
 - Length of Time Homeless Before Entering the System
 - Overall System Access
 - Equity in System Access Across Household Types and Demographics

Table 10: Summary of Key Findings: Access to the Homeless System of Care

To evaluate the goal of **reducing the length and frequency of homeless through the equitable provision resources**, this section focuses on overall system access using the metrics of length of time homeless before entering the system, rates of access to any project, and experiences and perceptions about access from interview and focus group respondents.

✔ Success:

- Overall access appears equitable by race, ethnicity, and gender.
- Prioritized households (those with histories of domestic violence, families with children, and veterans) are accessing the system at rates that meet or exceed their Point-in-Time count estimate proportions.
- In 2020, the rate of people experiencing chronic episodes of homelessness and accessing the system rose above Point-in-Time estimates.

❗ Challenges:

- The average length of time households experience homelessness before accessing the system is growing.
- The age distribution of those accessing the system is shifting slightly older as the level of chronicity is increasing.
- Implementing and coordinating centralized projects and coordinated entry access points in a large, rural geography, where transportation is barrier to service, is a pervasive issue.

🔑 Key Findings:

- People of color (POC) experience homelessness at higher rates than white people. The rates of system access resemble Point-in-Time count estimates over time.
- While more analysis is needed, overall access to the system appears equitable when comparing Stella data and Point-in-Time count data, including the prioritized populations.
- Over time, the average household (across all sub-populations) is taking longer to access services. This may mean there are not enough resources and/or people are unable to access resources.
- The COVID-19 Pandemic complicates the interpretation of system data when seeking to confirm or refute the Point-in-Time estimates and the growth of homelessness since 2017.

👍 Summary of Recommendations:

To reduce the length of time people experience homelessness prior to entering the homeless system of care and ensure equity of access, we recommend the CoC:

- Expand community engagement with community partners (e.g., Criminal Justice, Child Protective Services, and Permanent Housing Authorities) to better coordinate, connect people to more services faster, and prevent long-term homelessness.
- Enhance internal operational structures by creating and updating an online dashboard that allows for sharing of information, resources, and regional updates.
- Expand coordinated entry access points and update the coordinated entry access point directory to improve access and ensure county-by-county coverage.

SYSTEM ACCESS FOR CONSUMERS

While initial reasons for housing insecurity or homelessness may seem disconnected from system access, if participants are unable to access needed prevention or diversion services from the homeless system in their communities, then they are more likely to experience homelessness.

- Primary reasons for homelessness:
 - Financial burdens, and
 - Problems with services and systems in the community.
- Primary barriers to system access:
 - System/program requirements, eligibility, and rules; and
 - Stereotypes and biases within the community and among providers.

Reasons for Housing Insecurity and Homelessness

All of the interview participants cited primarily **financial burdens** for their experiences of homelessness. Examples provided stemmed from either not being able to acquire a job with a livable income, not being able to sustain a job due to a disability, a history of incarceration, and/or broader systemic racism and discrimination that made finding gainful employment difficult.

Two participants cited their reasons for homelessness as due to **problems with the services and systems in the community** (1) discriminating against them (due to racism and homophobia), and (2) not working together well enough or not having the resources or structures to support them in their time of need. These sentiments were echoed by other participants.

Barriers to System Access

All of the interview participants cited **system and/or program requirements, eligibility, and/or rules that prevented them from being able to access or qualify for the help that they needed.**

Many of the barriers that participants cited were intertwined, as the example below demonstrates:

One participant, due to both a lifelong learning disability and a history of incarceration, was unable to acquire a formal job. To earn money, he would go door-to-door asking homeowners if they needed landscape or yardwork done. But due to racist misperceptions in the community, he has had the police called on him while doing this. Thankfully, the police in this community know him and were able to explain to the other community members what he was doing (due to his learning disability, this kind of communication can be difficult for him). However, given the history and present state of police violence against people of color and America's entrenched racism, as well as other encounters where people have told him he "shouldn't need help," these situations can create a sense of fear and hesitancy around seeking work in the community, making it even more difficult for this man to support himself.

He explained, *"Sometimes I don't want to ask for help. I don't like to ask, but I'm gonna try to get things the right way. I love my freedom."*

The **stereotypes and biases** that prevented individuals from seeking help when they needed it were present in the participants' narratives. To further compound the issue, the public system in place (such as police, CPS, and financial aid services) are not communicating with each other for sake of supporting those in need in the community.

Another participant explained that being a Black single father, there are **biases and misperceptions in the community that have delayed or prevented him from getting the financial help he needed to stay in his home.** When he first tried to obtain financial help through food stamps and TANF, he had to wait over eight months for approval, and he described how the DHHS workers did not think he should be raising his children on his own. Then, when the police served him an eviction notice after he fell behind on rent, they did not give him any information on where to get help.

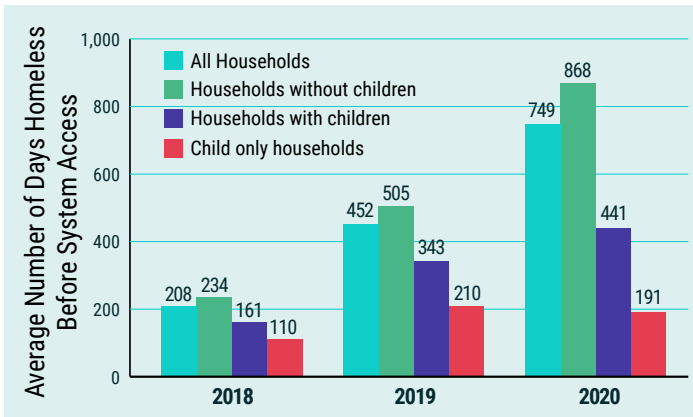
He explained that he is *"Scared to [try to get help] that I wouldn't get approved because I'm a single dad. They don't look at me as if I was a woman. I have to go through hoops. If it wasn't for [the help of friends and family], I don't know where I'd be."*

LENGTH OF TIME HOMELESS BEFORE ENTERING THE SYSTEM

Based on data from Stella (2018, 2019, 2020)⁸ the average length of time households experience homelessness before entering the system grew rapidly from an average low of 208 days in 2018 to an average high of 749 days in 2020 (Figure 18). While one of the goals of the CoC is to reduce the duration in which people remain homeless, the opposite is happening.

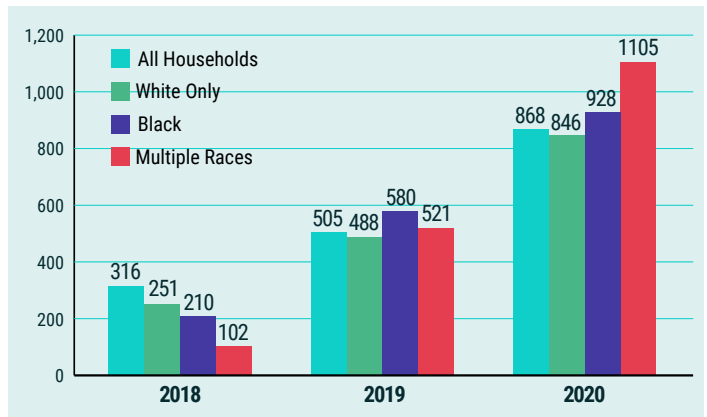
- Growth in the length of time homeless before system access can be seen in all demographic categories⁹ (Figure 20) for which data was provided and for which sample sizes were above 20 households¹⁰.

Figure 20. Days Homeless Before System Access by Household Types (2018 to 2020)



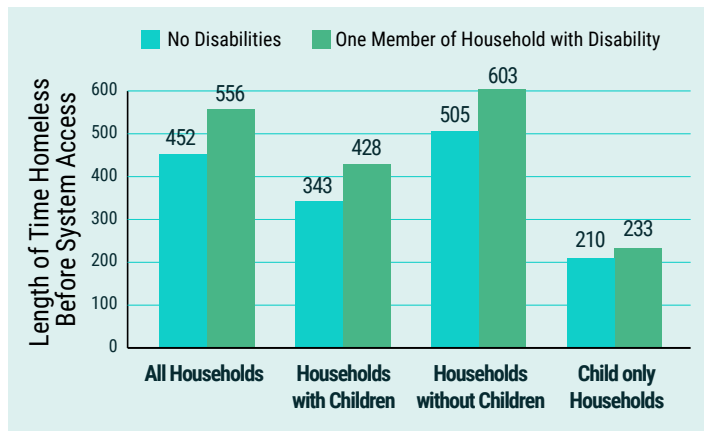
- Child-only households saw the lowest increase in length of time homeless prior to system access, from 110 days in 2018 to 191 days in 2020 (a 74% increase; Figure 20).
- With the exception of 2018, Black and multi-racial households tend to spend slightly longer periods homeless before entering the system than the average households, especially households without children (Figure 21).

Figure 21. Days Homeless Before System Access by Racial Category for Households without Children (LSA/Stella 2019)



- Across and within all household types and all years, households with at least one member having a disability tend to be homeless for the longest periods out of any group (Figure 22).

Figure 22. Days Homeless Before System Access by Households with and without a Member with Disabling Condition (LSA/Stella 2019)



There is enough evidence to warrant a closer look at these data. Using HMIS data to look at central tendencies and compare distributions across housing types and demographics will be important. With that said, the story is clear: it is taking people longer to access services. Please see [Appendix D](#) for more detailed tables.

⁸ Stella includes race, household type, veteran status, and DV status; excludes gender.

⁹ While growth was found to be consistent, there is some concern that the steep rise in length of time homelessness is due in part to data quality. (1) The use of the mean as the only measure of central tendency is problematic, there is no way to tell if the growth in LOH is universal or only seen in a small portion of the population or geography. (2) 2018 was the first year that the LSA was submitted and likely may have suffered from incomplete data, while 2020 data is complicated by the Covid-19 Pandemic. More research is needed to learn more about this concerning trend.

¹⁰ Sample sizes of less than 20 were excluded for the purposes of this analysis.

OVERALL SYSTEM ACCESS

To investigate system access, we compared the numbers of people accessing the system using Stella (a HUD performance evaluation tool) and HUD-defined System Performance Measures and LSA Stella population data¹¹.

- System Performance Measures: A large proportion of individuals accessing the system are first time homeless, meaning they have not been served by this CoC in over two years (Figure 23). No other trends emerged from these data.
- Concerning LSA / Stella, no trend emerges with regard to system users. Individuals accessing the system peaked in 2019 before sliding back toward 2018 levels (Figure 24). Had it not been for the COVID-19 Crisis in FY 2020, we may have seen an increase in people accessing the system overall.

Figure 23. System Performance Measures (2015 to 2020)

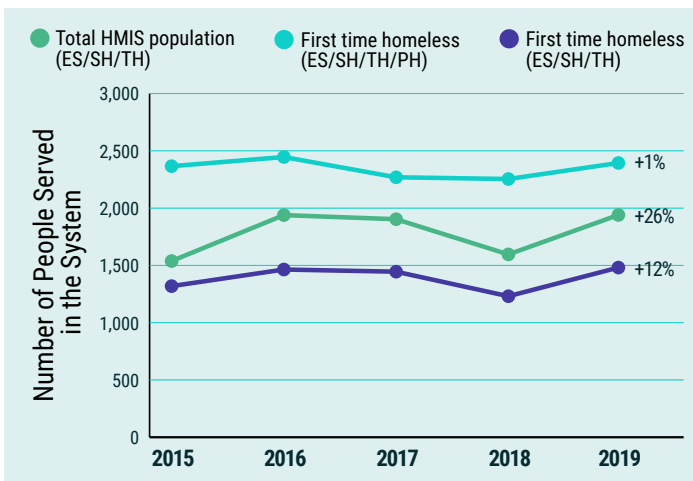
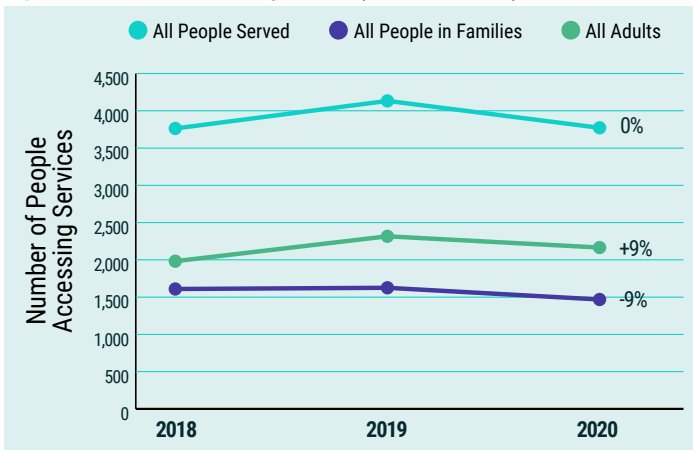


Figure 24. Individuals Accessing Services (LSA 2018 to 2020)



Household Type Access

The composition of people accessing the homeless system of care overtime was observed by comparing LSA (Stella) data sets across three years: Fiscal Years (FY) 2018, 2019, and 2020 (October 1 to September 30 for each FY). Concerning FY 2020 (10/1/19 - 9/30/20), these data include 6 months of data collected during the COVID Pandemic. While primary comparisons can be made between FY 2018 and FY 2019, observing FY 2020 data was important for identifying possible trends.

- When comparing households and number of people between FY 2018 and FY 2019, service use expanded significantly¹² (especially for people in households without children) from 3,763 people to 4,133 people. This was an increase of 10% (370 people: Figure 25).
- In FY 2020 there was a decrease in system use, though overall numbers stayed higher than 2018. Family participation dropped by 10%, and people in households without children participation dropped by 7% (Table 11).

Figure 25. People Accessing the Homeless System of Care by Household Type (Stella 2018 to 2020).

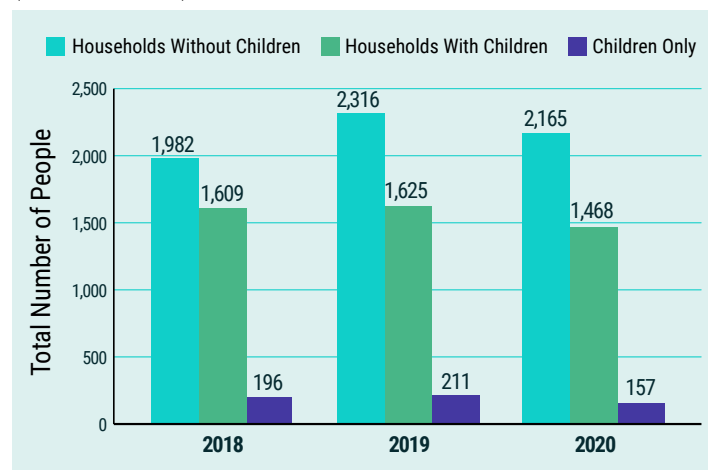


Table 11. People Accessing the Homeless System of Care by Household Type (Stella 2018 to 2020).

Household Type	FY 2018	FY 2019	FY 2020
All people*	3,763	4,133	3,772
Adults without children	1,982 (53%)	2,316 (56%)	2,165 (57%)
People in families	1,609 (43%)	1,625 (39%)	1,468 (39%)
Children only	196 (5%)	211 (5%)	157 (4%)

* Does not add to 100% as family composition changes over time.

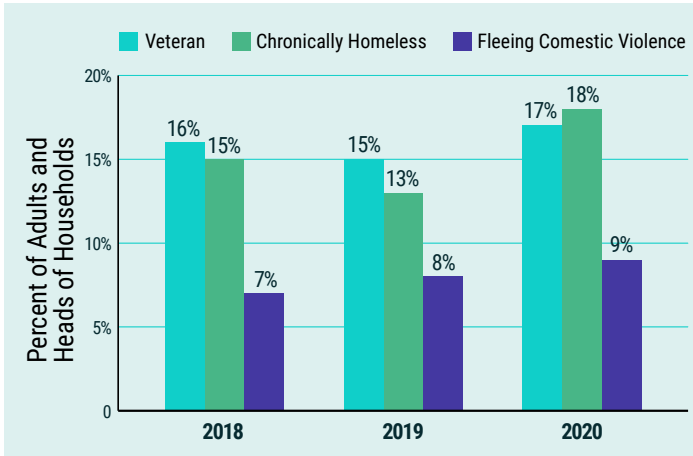
For more information on changes in overall access to the system, please refer to [Appendix C](#).

¹² HMIS participation improved slightly in 2019 (49% to 54%) and may be partially responsible for some of the increase. The increase was concentrated in adults and heads of households without children, while family participation in the system was consistent. Furthermore, people in households without children made up 66% of the households accessing shelter.

Sub-Populations

When the fluctuations in system access of veteran, chronically homeless, and those fleeing domestic violence situations are assessed, only chronically homeless numbers are increasing as a proportion and overall.

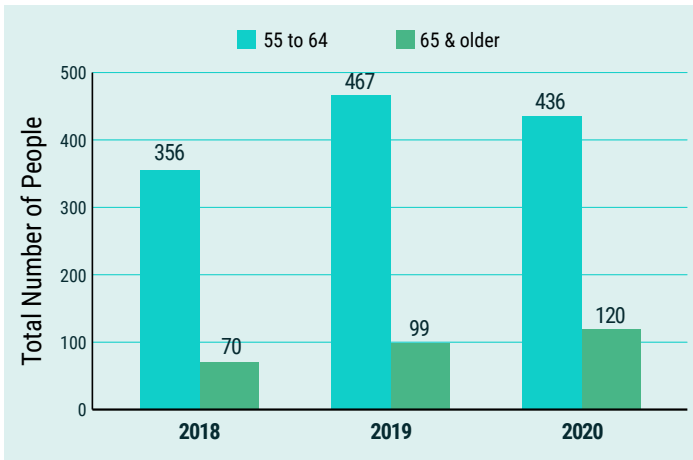
Figure 26. Percentage of All Adults and Heads of Household Who are Veteran, Chronically Homeless, or Fleeing DV LSA/Stella 2018 to 2020)



Age

When observing age of people in the system over time, the number and proportion of people aged 55+ increased by 33% between 2018 and 2019.

Figure 27. Access to the Missouri Balance of State CoC Homeless System of Care by Those Ages 55 and Above (LSA/Stella 2018 to 2020)



- People aged 65 and older increased by 71% between 2018 and 2020.
- The proportion of children aged 0-5 remained consistent.
- If trends continue, the Balance of State CoC may expect to see more young children and older adults in the future.

For more on access to the system access by age, please see [Appendix C](#) for more detailed tables.

Race and Gender

No significant changes in race, ethnicity, or gender were found between 2018 and 2020 in terms of overall system interactions. Potential disparities in system and project type access are examined in the next section. For more information on overall system access, please refer to [Appendix D](#) for race, ethnicity, and gender tables.



EQUITY IN SYSTEM ACCESS

This section evaluates quantitative data regarding overall system access by the following categories:

- Household type
- Veterans, Domestic Violence Survivors, Chronically Homeless
- Gender
- Race and Ethnicity

Household Type

People in families are accessing the system as slightly higher rates than those in non-families. This is expected due to prioritization of families and children, and the growth of unsheltered people in households without children is also seen in proportional increases of non-families accessing the system.

However, the Point-in-Time estimates for individuals in households without children are consistently underrepresented in the system (Figure 28), while individuals in families are accessing the system at rates above their Point-in-Time count estimates (Figure 29).

Figure 28. Individuals in Households Without Children, PIT Count vs. System Access

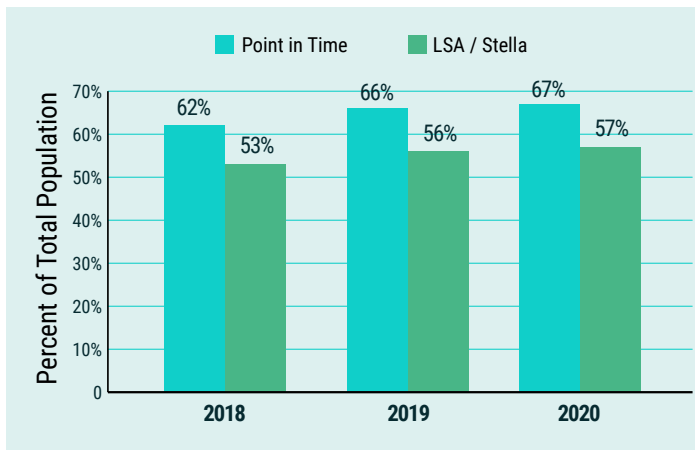
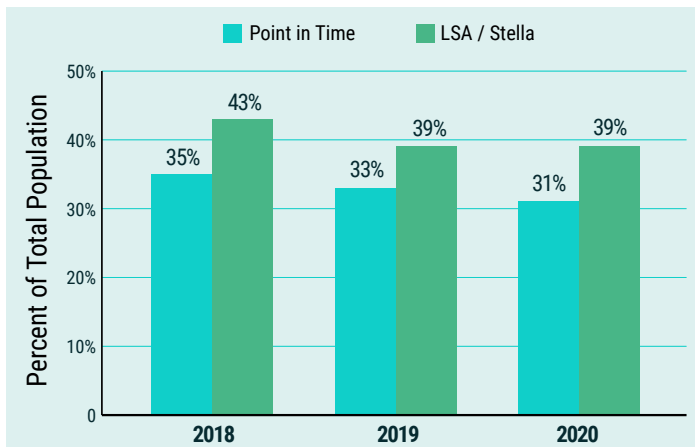


Figure 29. Individuals in Households with Children, PIT Count vs. System Access

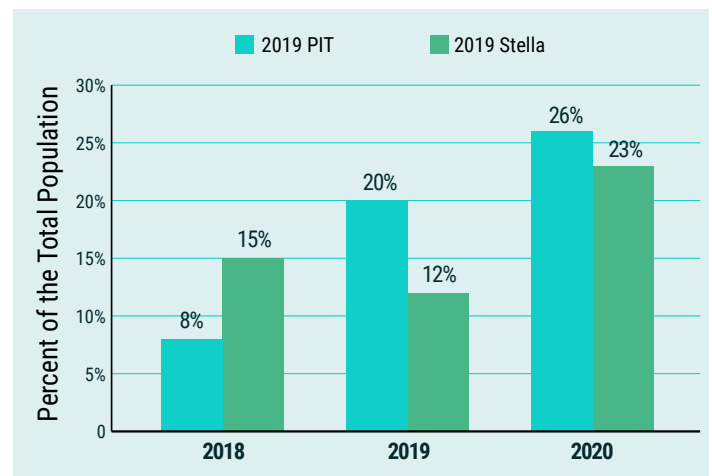


Veterans, Domestic Violence Survivors, and Chronically Homeless

Veterans are overrepresented in the homeless system of care. People experiencing chronic homelessness and domestic violence survivors may be underrepresented in the system. However, differences between Point-in-Time count and LSA/ Stella are likely due to data trends that cannot be analyzed without raw HMIS data.

- **Veterans** are overrepresented in the system, and this is likely due to a significant number of dedicated resources dedicated to veterans. However, there is a large housing project not included in HMIS and therefore, actual totals of veterans may be higher.
- In 2019, people experiencing **chronic homelessness** and accessing the system dropped as a percentage (due to an influx of non-chronic consumers) but rebounded in both proportion and raw numbers in 2020. The Point-in-Time count estimates and the Stella data modules may not be comparable for this category.
- For **domestic violence survivors**, the proportion of people in the system and estimated in the Point-in-Time count are similar. This is encouraging given that Victim Service Providers do not participate in HMIS and therefore their data would not show up in HMIS. Perhaps VSPs are connecting their clients through Coordinated entry.

Figure 30. PIT Count vs. System Access for Veterans, Chronically Homeless, and DV Survivors



Gender

There were no noticeable differences across gender categories. Point-in-Time count estimates and rates of system access were similar across the board (see [Appendix D](#)).

Race and Ethnicity

In terms of race¹³ and ethnicity, only people identifying as Latinx appear to be accessing the system at lower rates than their estimated proportion of the homeless population.

- People who are white and white only (that is, not Latinx) are accessing the system at rising rates. This increase corresponds with rising Point-in-Time count estimates.
- People who are Black are accessing services at or at higher rates than their Point-in-Time count estimate. However, they are already disproportionately homeless compared to their census estimates.
- Latinx and people of other races are experiencing homelessness and accessing services at disproportionately higher rates than their census estimates.



¹³ While white populations increased in the PIT in 2020, the same rate of increase was not observed in the LSA data set. This could be because street outreach is not a part of the LSA data set, system access was depressed during the pandemic, or other reasons.



PROGRESSION THROUGH THE SYSTEM AND PROJECT TYPE ACCESS

Overall access to the system helps examine who is reaching the front doors of the homeless crisis response system. The next step in evaluating system functionality and equity involves investigating what happens after populations access the system and more specifically, what parts of the system those populations access. To address these questions, this section provides a baseline assessment of project access and movement through the system across the following areas:

-
- › Length of Time Homeless Within the System
 - › Consumer Experiences of Extended Homelessness
 - › Equity in Length of Time Homeless
 - › Equity in Project Type Access
 - › Geography And Resources Distribution

Table 12: Summary of Key Findings: Project Access and Movement within the System

To evaluate the goal of **reducing the length and frequency of homeless through the equitable provision resources**, this section focuses on how long someone is homeless once they enter the system (after initial access) and analyzes equity in length of time homeless as well as in project-type access within the system.

Success:

- The length of time households experience homelessness within the system is similar across demographics and subpopulations, with a few notable exceptions.
- People fleeing domestic violence situations and families are being prioritized for permanent housing resources.

Challenges:

- Rules, eligibility criteria, and program requirements may prevent program access and extend length of time homeless for some households.
- Black households, especially those without children, are underrepresented in housing programs.
- Permanent housing resources are lacking in areas where people identifying as Black were captured in the 2020 PIT count.

Key Findings:

- The racial disparity in housing-type access may be caused by the inequitable distribution of resources. Improving permanent housing access in these areas would improve access for a large portion of the white population as well.

Summary of Recommendations:

To make projects more equitably accessible and responsive to populations it serves we recommend the CoC:

- To build feedback loops and evaluations of systems to reduce the disconnect between stakeholder perception and consumer experience of the system.
- To develop and maintain a dashboard of resources for the homeless system of care to ensure each region know what resources are available for their clients.
- Reevaluation of assessment tools and procedures.
- To provide service trainings to CoC providers (e.g., diversity, equity, inclusion, and belonging)
- Equitable expansion of services to ensure project level access is more equitable across regions. Equitable access and distribution of resources should be based on opportunity, need across all subgroups, so that all may reach the universal goals.
- Community Engagement: Homeless system partners that do not accept HUD funds may not agree with, understand, or implement with Housing First concepts in their programs. More can be done to educate the community about homelessness and trauma and the disparities across the system.

LENGTH OF TIME HOMELESS IN THE SYSTEM

Overview

The average length of time households spend in the system before exiting was similar across housing types during 2019 and 2020, averaging between 48 to 59 days in the system. However, in 2018, the family average was only 38 days, suggesting that the length of time families spend in the system may be on the rise.

Consumer Experiences of Extended Homelessness

Similar to other interview narratives in this report, a female couple had their homelessness lengthened by a lack of systems coordination and rigid rules for support.

The couple was reported to CPS by another service worker. While CPS did not find those reports to be accurate, they deemed the house that the couple was in (which they owned and were remodeling) as unlivable and sent the entire family to the local shelter. This inevitably was having a negative impact on their children and the entire family unit.

"Where our house is, we have land. And it's a small country village place. And everybody minds their business, it's quiet, the police aren't out there. That's where we decided we wanted to raise our kids. We know what the stereotypes are. It's everywhere, every day. At home, you at least want to be able to be yourself. And now, we can't, because we're not at home."

Unfortunately, **the shelter did not have a big enough room for the entire family to stay together.**

"It is hard to do because we're a family. It's hard to be split up. There's no room to do anything. We can't sit down and eat a meal together. The stoves aren't big enough to cook for all of our kids."

Moreover, the **shelter's rules and service requirements were unaccommodating to families in unique situations, and the rules ended up hindering the family and keeping them homeless for longer than necessary.**

They explained that the **"all or nothing" rules** meant that they could not receive the rent subsidy from the shelter program unless they found a rental for the subsidy amount or less. Unfortunately, with a large family, this was proving impossible. The rules were unaccommodating to the fact that the family is financially secure and can support themselves, and the only reason they needed help with rent was so that they could put their income toward renovations of their home (since it was

deemed unlivable while they remodeled). Similarly, the Habitat for Humanity application to have a new home built was attached to the shelter, and if they chose to go rent on their own, they would ultimately be withdrawn from the program and thus have their application withdrawn. They felt trapped.

The above narrative demonstrates how **the services that are supposed to help families in need – such as CPS and shelter programs – are often hindering their progress toward independence and self-sufficiency.**

Whether through racism, bias, or program requirements, these systems are ultimately falling short of what the community needs.

Equity in Length of Time Homeless

Based on analysis of the 2018-2020 Stella data, the following inequities were found in the length of time households spend homeless once they have entered the system of care:

- Black and multi-racial households, especially households without children (including transitional aged youth), tend to spend slightly longer time in the system than white households before exiting to a permanent destination (Figure 31).
- In 2019, Black households spent on average 13 days longer in the system, and Black households without children spent 17 days longer in the system.

Figure 31. Length of Time Homeless by Race (2018-2020)

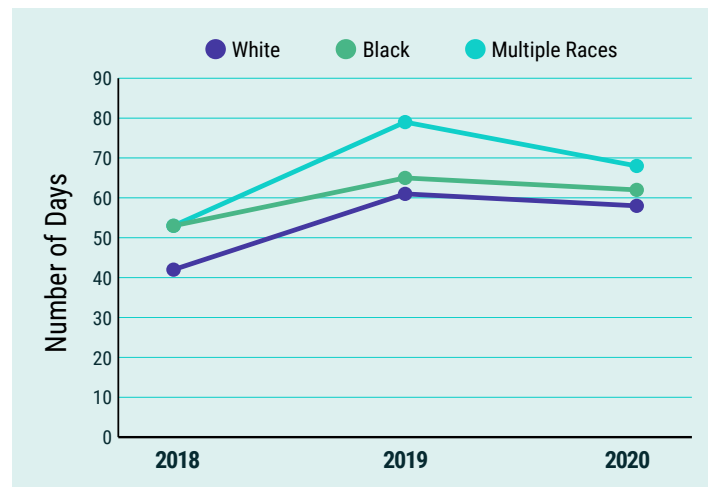
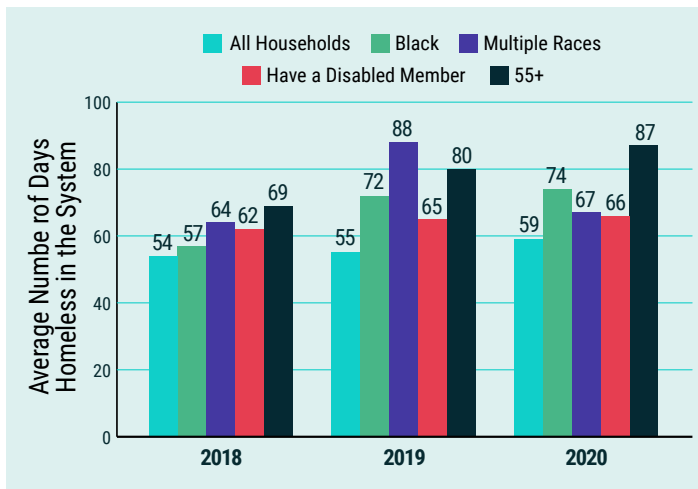


Figure 32. Average number of Days Homeless in the System by Specific Demographic Characteristics



- Concerning households without children, those with disabilities and those 55 and older joined those identifying as Black and multi-racial as populations with longer periods of homelessness within the system¹⁴ (Figure 32).



¹⁴ More data analysis is needed to understand how demographics intersect. Similar to other analysis barriers, we cannot examine these system performance measures by race, project, and destination without robust HMIS data. Additionally, the inequity found in this measure may be a result of inequities in resources distribution rather than services provision. Enough evidence of inequity is present to warrant further investigation.

PROJECT TYPE ACCESS

Due to the way the data is structured in Stella, we used a combination of individual level data, household level data, and adults and heads of household level data.

- When comparing *across* Family types, we chose to use Household level data.
- When comparing *within* Household types or between subpopulations, we used Adults and Heads of Household level data.
- Individual level data was only used to assess overall equity of access (when data was available) in accordance with the wishes of the Balance of State CoC.

Pathways through the Homeless System of Care (Household Level Data)

Due to complications concerning the Covid-19 Pandemic, 2019 data was used as a baseline for the Pathways Analysis.

- Few households without children and who are not Veterans accessed permanent housing resources: 68% of households without children interact with only shelter resources; only 27% of these shelter-only households exited to permanent destinations.
 - Limited resources for households without children as well as the location of other resources may impact these households' ability to access needed resources.
- On the other hand, only 26% of households with children interacted with shelter resources. Of the households with children, 70% are only interacting with permanent housing projects when entering and exiting the homeless system of care. Of all households with children, 74% are accessing permanent housing resources at any point.
 - Resource availability (such as low levels of family shelter resources and higher levels of Rapid Rehousing resources) as well as prioritization of families with children may be impacting these numbers. Only 51 shelter beds dedicated for families are available across the 10 regions and 70% of those are in region 5.

For the corresponding system maps copied from Stella 2019 system map view, please see [Appendix E](#).

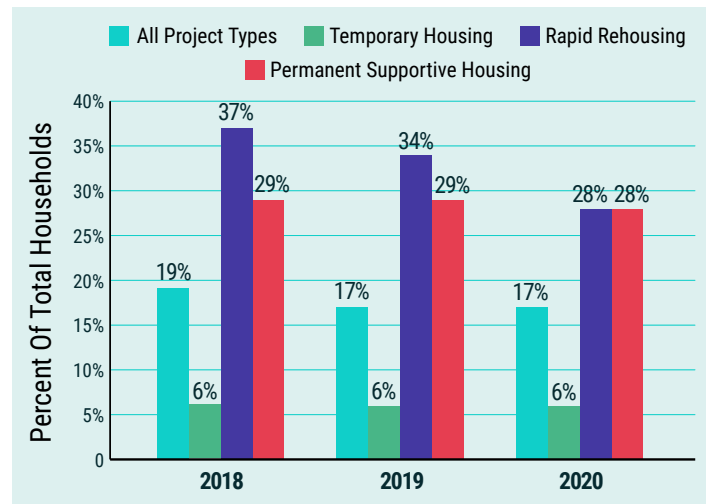
¹⁵ The data is not capturing where child-headed households are finding housing. They are often too young to rent an apartment or enroll in a Permanent Supportive Housing project.

By Family Type (Household Level Data)

In line with CES processes, families are being prioritized for housing. Families make up 17% of all households in the system, and they represent 34% of those accessing Rapid Rehousing programs and 29% of permanent supportive housing programs¹⁵ (Figure 33).

- However, as outlined in the above Consumer Experiences section, limited space in shelters for families may be an issue.

Figure 33. Percentage of Total Households in Each Project Type (2018 to 2020)



That families are being prioritized was also reflected in consumer and stakeholder interviews and focus groups, where participants explained that there are not enough resources for single men or nonfamilies (outside of the VA resources).

"In [our region], if you are a single male, you're going to have a harder time finding shelter than a woman with children, youth, or DV survivor." - stakeholder

"A lot of services wouldn't help me [when I first tried to get help a long time ago] because they don't think I should be raising my kids [as a single father]. That's the way it is." - consumer

For more detailed data tables, please refer to [Appendix E](#).

By Population

This section covers project type access by demographics, including:

- Veterans, chronically homeless, and people fleeing domestic violence,
- Gender, and
- Race and ethnicity.

Veterans, Chronically Homelessness, and People Fleeing Domestic Violence

Figures 34 through 36 below outline proportions of project type access for veterans, chronically homeless, and those fleeing domestic violence. The HMIS bars show the percentage of the total service population that is a part of each demographic (e.g., Veterans were 17% of the total service population in 2020). The following columns show what percentage of individuals is accessing each housing program that are represented by each demographic (e.g., in 2020, Veterans made up 35% of the RRH service interactions).

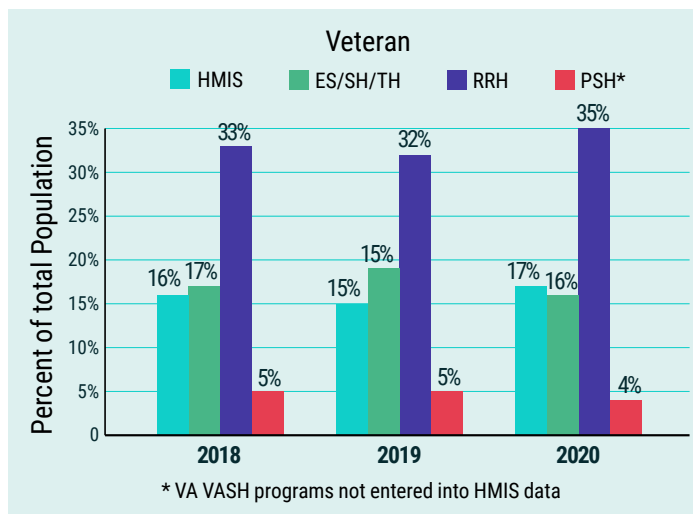
For full details on representation of these groups across project types, see [Appendix E](#).

As compared to their proportional representation within the HMIS system overall, we found that:

- **Veterans** are overrepresented in shelter and Rapid Rehousing projects (Figure 34).
- With the exception of 2019, **chronically homeless** are not overrepresented in permanent supportive housing projects (Figure 35), which brings up questions around the extent to which they are prioritized in the system.
- People **fleeing domestic violence** situations appear to be prioritized for housing resources (Figure 36).

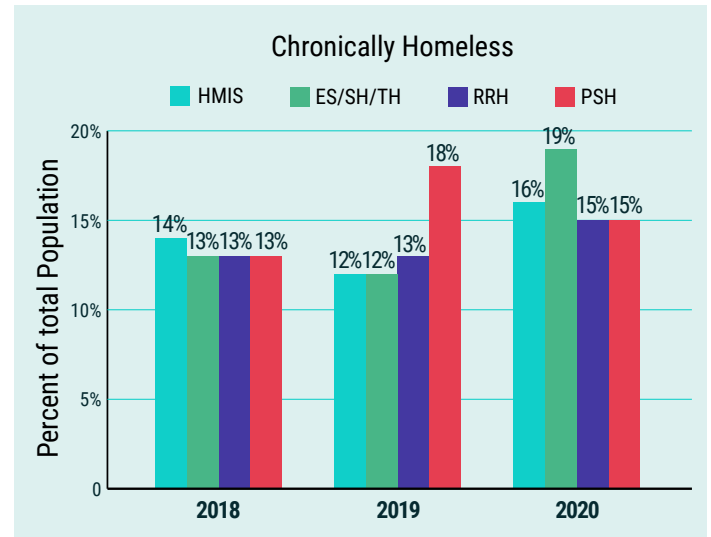
Veterans make up 32-35% of all RRH service interactions while only comprising 15-17% of the overall service population. While it appears that veterans are underrepresented in permanent supportive housing projects, this is likely due to a large VA VASH program not entering data into HMIS. Veteran dedicated resources are discussed in greater detail in the next section.

Figure 34. Veteran Representation Across Project Types (2018 to 2020)



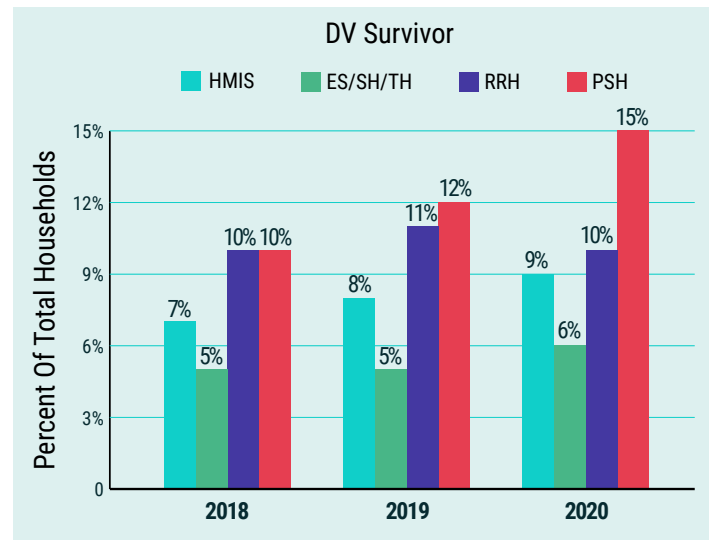
While **chronically homeless** individuals seem to be prioritized for housing resources, in 2020 (during the pandemic) data indicates that chronically homeless individuals were no longer accessing PSH programs at rates that exceed their overall system access. This suggests that the pandemic switched priorities and/or people experiencing chronic homelessness were finding it more and more difficult to access the system.

Figure 35. Chronically Homeless Representation Across Project Types (2018 to 2020)



People fleeing domestic violence situations made up just 8% of the system in 2019 but made up 12% of permanent supportive housing projects. In 2020, they made up 9% of the overall system users but 15% of PSH users¹⁶.

Figure 36. DV Survivor Representation Across Project Types (2018 to 2020)



¹⁶ However, 100% of 882 beds dedicated Domestic Violence Shelters or Victim Service Providers (VSPs) cannot participate in HMIS. Moreover, there are more VSP shelters than non VSP shelters in the Missouri Balance of State. Without these data, we are unable to know with certainty how people fleeing domestic violence are being prioritized.

Gender

Adults and heads of households identifying as female are accessing permanent supportive housing projects at a disproportionately higher rate than males, with females making up 41-48% of the service populations but 59%-61% of the permanent supportive housing population (average of 2018 through 2020 data).

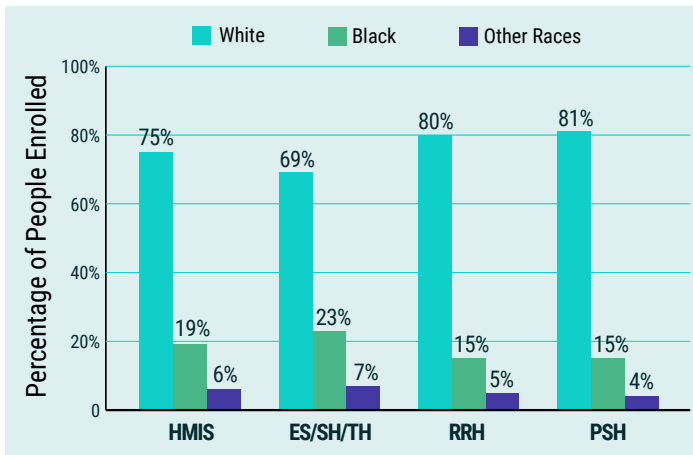
- Conversely, adults and heads of households who are female are accessing emergency shelter at disproportionately lower rates¹⁷ (38-41%) than males (59-61%).
- Females are not prioritized for Rapid Rehousing; however, VA Rapid Rehousing programs may be skewing these data¹⁸.

For details, see [Appendix E](#).

Race and Ethnicity

People of color, especially people who are Black and those in households without children, tend to have disproportionately lower rates of access in housing projects and higher rates of access to emergency shelter.

Figure 37. Participation in Project Type by Race (2020)



- In 2020 (Figure 37), adults and heads of households (whether with children or without) who are Black made up 19% of the homeless population accessing the system (HMIS column) but only 15% of the RRH and PSH population. In contrast, they made up 23% of the shelter population.

¹⁷ Without HMIS data, we cannot know the reason for these rates of prioritization (e.g., whether it is because females in families and those fleeing DV situations are being prioritized for PSH).

¹⁸ An analysis of the raw data is needed to control for gender, veteran, and family status when analyzing housing resources. For VA (VASH) PSH programs, these totals might be different.

¹⁹ Without HMIS data, we are unable to assess whether any of the above discrepancies hold true in every region across multiple years. The BoS CoC should examine the intersection of race and gender across family types.

- Underrepresentation in RRH and PSH programs by people who are Black was also observed when averaging data from 2018 to 2020 (Figure 38).
- This trend is also observed for adults and heads of household without children (Figure 39). However, the trend is not observed within families¹⁹.

Figure 38. All Adults and Heads of Household, Average of 2018 to 2020 by Race

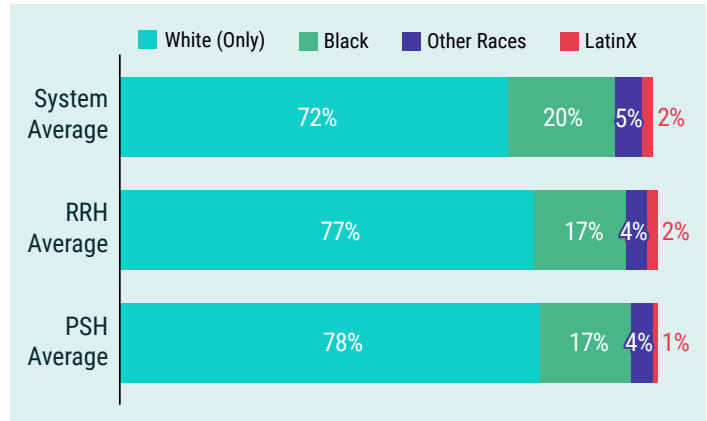
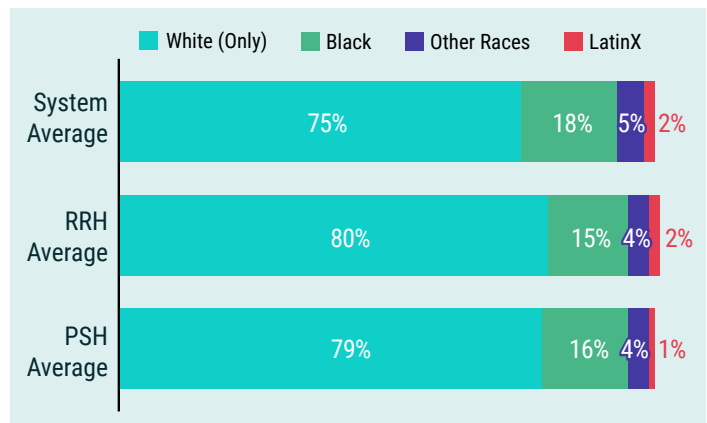


Figure 39. Adults and Heads of Household without Children, Average of 2018 to 2020 by Race

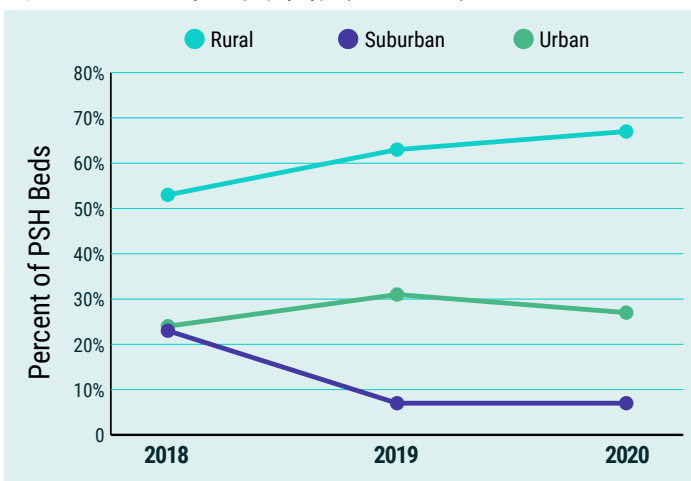


Geographic Differences in Access

Where people access resources is a critically important factor for the BoS CoC. The LSA data indicates that the majority of households accessing permanent supportive housing are in rural locations. On the other hand, the majority of Rapid Rehousing projects are in more urban areas.

Moreover, permanent supportive housing resources may have decreased in suburban areas. Over a three-year period, the percentage of Permanent Supportive Housing services provided in suburban areas has declined from 23% to 7%, whereas rural permanent supportive housing has grown from 53% and 67% (Figure 40).

Figure 40. PSH Beds by Geography Type (2018 to 2020)



Observing geographic location of resources using the HIC offers a more detailed analysis.²⁰ While there are likely different levels of needs and strategies implemented by regions, there is clearly an inequitable distribution of shelter and housing resources across regions.

- Regions 4, 5, and 10 (the most urban regions) have proportionally less PSH access than their PIT count estimates.
- Additionally, Regions 5 and 10 may have a deficit of Rapid Rehousing access compared to their PIT count estimates, while individuals seeking housing resources in region 4 might only have Rapid Rehousing available to them.

- Non-DV Transitional housing projects are consolidated in region 4 and non-DV emergency shelter beds are consolidated in region 5. Lack of non-DV temporary and emergency shelter space is a problem for the Missouri Balance of State CoC. Innovative solutions to temporary shelter are needed in every region.
- System-wide the utilization rate of ES/SH is 68%: Region 5 is 73% and outside Region 5 is 62%. While there are clear gaps in shelters access by region and county (within region), even when shelter space is available, transportation barriers, among others, prevent people from accessing.

Aside from how the Missouri BoS CoC outlines the regions, there are numerous other geographic breakdowns across regions that apply to other social services. Some of these regional breakdowns cover the entire state of Missouri. The BoS CoC's regional breakdown only includes the counties in the BoS CoC. These differences can complicate the coordination of homeless and other services (e.g., the Salvation Army, Catholic Charities, etc.).

²⁰ (Disclaimer) The team used the Geocodes to match each bed with each region. While there may be some projects that serve multiple regions, these resources are not mapped. The Geocode comparison is the best tool available and highlights a need to review HIC within regions (at the county level) to have a more accurate picture of gaps in services.

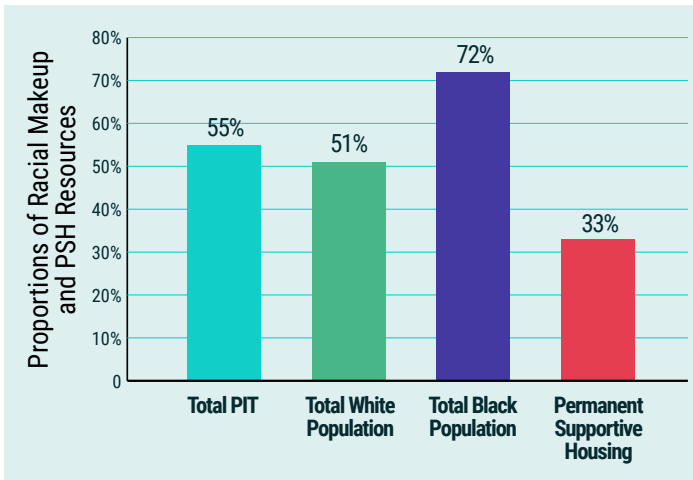
Race and Geography of Resources

In prior sections we discussed the inequities found in resource distribution, system access, and project type access. If geocodes are accurate, there are gaps in permanent housing resources that are larger in some regions compared to others. When we include an analysis of racial project type access and resource distribution, we find that in those regions where black populations are the highest, permanent housing resources are proportionally lower.

Black populations are more likely to be in urban centers and, therefore, the equity of access issue is likely related to equity of geographic distribution of PSH. In all regions where the Black population makes up more than 20% of the PIT count population, the percentage of PSH that exists in that region is lower than the percentage of the total PIT count (see Figures 38 and 39 below).

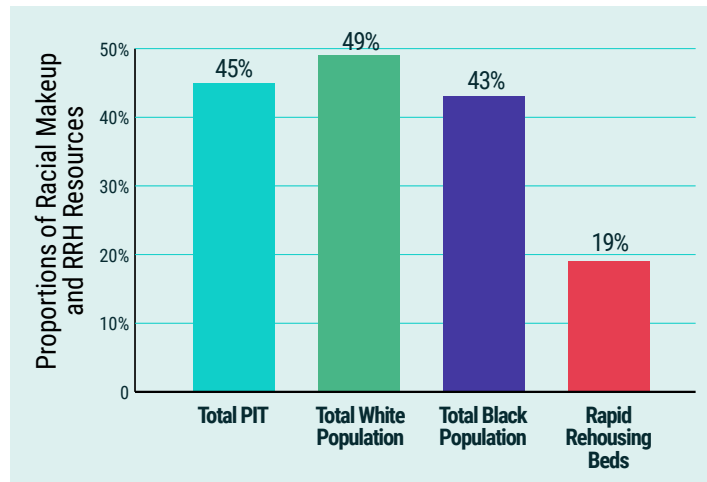
- Regions 4, 5, and 8 account for: 55% of the total PIT count; 51% of all people identifying as white; and 72% of all people identifying as Black (Figure 41). These regions control only 33% of PSH. This disparity hurts both Black and white clients in these regions, but Black clients are disproportionately affected.

Figure 41. Regions 4, 5, and 8: Proportions of Racial Makeup and PSH Resources²¹



- Similarly, regions 5, 6, and 9 make up: 45% of people experiencing homelessness; 49% percent of all those identifying as white; 43% of all those identifying as Black. These regions control only 19% of RRH resources (Figure 42). Regions 4, 5, and 6 also tend to have higher ES/TH resources than other regions.

Figure 42. Regions 5, 6, and 9: Proportions of Racial Makeup and RRH Resources



These data show us that locations where Black populations are highest also have the least PSH and RRH resources per person. Addressing racial inequity in housing access might involve increasing resources in areas where people of color are experiencing homelessness. These locations are also where rates of homeless people identifying as white are also experiencing homelessness at high rates.

The Missouri Balance of State CoC is utilizing the VI-SPDAT 2.0 to prioritize households for housing resources.²² Other CoCs that use the VI-SPDAT tool have found that the procedures can lead to the de-prioritization of households of color.²³ Thus, when relying heavily on the VI-SPIDAT, people of color are less likely to be prioritized for permanent housing resources when compared to people identifying as white. While there is evidence suggesting resource-distribution is to blame for inequities in the Missouri BoS, it is important not to overlook the possible effects of relying too much on a single prioritization tool. Some communities seek to address these inequities by expanding and standardizing case conferencing processes, implementing a vulnerability score, modification procedures, or tailoring a custom tool for their community. Without raw HMIS data, the evaluation team was unable to assess the impact these tools may be having on perpetuating inequity in the system. More research is needed to analyze the Missouri Balance of State's prioritization process.

²¹ Both white and Black households are likely negatively affected by the inequity of PSH resource distribution. The primary concern with these data is that HMIS does not break down projects by county or region. More research is needed to understand these trends and how the case conference process and the problems associated with the VI SPIDAT are involved in this racial inequity.

²² Missouri Balance of State Written Standards Retrieved from: https://5b4f327b-447e-411e-998c-29998c7004f2.filesusr.com/ugd/8ff-70b_9aaa1c70833240608e797b2514f9b93d.pdf

²³ CES Racial Equity Analysis (2019), C4 Innovates, retrieved from: https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity_Analysis_2019-.pdf

Subpopulation Population by Resources

Using geocodes to track where beds dedicated to specific subpopulations reveals similar trends as seen before. The number of people experiencing homelessness does not always match to the number of people experiencing homelessness in each region. While we should again acknowledge the weaknesses of the geocode data, the following issues arise:

- Few beds are available for non-veterans without children, especially in regions 6, 9, and 10.
- Youth beds are consolidated **only** in regions 4 and 5.
- Chronic and DV dedicated beds overall look more equitably situated across regions than other dedicated resources.
- Family Emergency shelter is lacking. Only 51 Beds are available and 70% of these beds are in region 5. Emergency solutions for Households with children are needed across the Missouri Balance of State.

It is not always appropriate to match estimates to resources. However there needs to be a threshold that triggers a review process to ask questions like, “Why does region 7 have 31% of the Balance of State CoC’s chronic beds but only 5% of the estimated population?” or “What are the experiences of Transitional Age Youth experiencing homelessness and with little access to resources across the Balance of State CoC?”



PERCEPTIONS AND EXPERIENCES OF INEQUITY IN OVERALL ACCESS TO THE HOMELESS SYSTEM OF CARE

While the data points to racial disparities in overall system access, a qualitative understanding about the perceptions and experiences of these disparities is important to identifying strategies in order to address inequities in the homeless system of care. This section thus outlines:

- Stakeholder and provider perceptions and awareness of inequities in access to the homeless system of care.
- Consumer experiences with discrimination and stereotyping in the community that impacted their access to the homeless system of care.

Table 13: Summary of Key Findings: Perceptions and Experiences of (In)Equity in Overall System Access

To evaluate the goal of **reducing the length and frequency of homeless through the equitable provision resources**, this section focuses on participant and stakeholder perceptions of equity in access to and experiences within the system.

Success:

- Several stakeholders acknowledged the difficulty of this topic, the existence of inequity outside and inside the system, and the desire to address inequity in the system.
- Even though inequity, discrimination, and stereotyping were described, consumers indicated that these experiences were not universal across all staff and projects, and that after staff got to know them the programs were more responsive to their needs.

Challenges:

- Because equity (especial racial equity) is a difficult topic to discuss and because there is not a standard training about equity and homelessness, inequities are not being discussed and are going unnoticed and/or unaddressed.

Key Findings:

- Interview participants indicated that they experienced discrimination and stereotyping while accessing the system as well as in the larger community. On the other hand, participants did not feel they were denied services or resources on the basis of their race, though they may have been based on other factors.
- Stakeholders did not agree on the existence of or extent to which inequity and disparities are present in the homeless system of care. As a result, solutions to address inequity in the system are lacking.

Summary of Recommendations:

To make projects more equitably accessible and responsive to populations it serves we recommend the CoC:

- To offer service trainings to CoC providers (e.g., diversity, equity, inclusion, and belonging)
- To build feedback loops and evaluations of systems to reduce the disconnect between stakeholder perception and consumer experience of the system.
- To create a Community Engagement program: Homeless system partners that do not accept HUD funds may not agree with, understand, or implement with housing first concepts in their programs. More can be done to educate the community about homelessness and trauma and the disparities across the system.

STAKEHOLDER AND PROVIDER AWARENESS OF INEQUITIES IN ACCESS

While quantitative data demonstrates some aspects of racial and other inequities across the homelessness system of care in the Missouri BoS CoC, this was **a topic that some survey and focus group participants were either unaware of or unwilling to discuss.**

When focus group participants were asked if certain groups experience more barriers in accessing the system, some responses included:

"We don't have a barrier. It doesn't matter what race. If someone comes to us and says, I need help because of x, y, or z... it doesn't matter, we try to help."

"Not necessarily - they will be referred, and they will all go through the same process."

In these instances, **participants attributed inequitable access to "differences within regions"** and that "rural areas have a tougher time responding to homelessness or once someone is homeless" because of a **lack of resources**. Further, these participants explained that they noticed there was a lack of data demonstrating racial or other inequities in access to the system or in homelessness more generally, and thus weren't completely sure about what inequities were happening.

However, other focus group participants connected inequities in homelessness and system access to the larger picture of **institutional racism as well as community-level discrimination.**

These participants recognized that POC and the LGBTQ community experience institutional discrimination that is both immediate and generational, and that they are "affected downstream" through issues such as homelessness.

*"I think we see that homelessness is a symptom of a lot of other issues, and I think if we look at the systematic and institutional racism... you see less access to credit and capital in savings and real estate and generational wealth and healthcare. **If you think about poverty and housing and resources and health care, people of color and the LGBT community are disproportionately affected in those areas, and then homelessness is kind of a symptom of a lack of access to those things and they're obviously disproportionately affected downstream.**"*



On the community-level side, these participants also noted some discrimination from community providers who "are not subject to CES policies because they don't receive federal funding" and that they often make "merit-based decisions based on racism and sexism."

*"Some of the faith-based programs don't really believe in housing first. And then what you run into, I think, [there] are some **merit-based decisions which I think are heavily influenced by some racism, sexism, probably other isms.** I do see some of that, but I don't have a great solution for that when many of those providers are not subject to coordinated entry because they don't get federal funds."*

CONSUMER EXPERIENCES OF DISCRIMINATION AND STEREOTYPING IN THE COMMUNITY

All interview participants described experiences of **discrimination and stereotyping** in their communities that made it difficult to ask for help. This included discrimination and unfounded negative judgment against people experiencing homelessness or in need of support; people of color; single fathers; LGBTQ individuals; and against individuals with a criminal record.

These experiences of discrimination and stereotyping are present before an individual becomes homeless, which means that individuals in need of help know – before even trying to access services – that they may encounter these barriers.

“They thought we were bad Black people. We got in here with all these kids... We’re the only Black people here. It’s more microaggressions than overt. I know the stereotypes, that they expect us to be loud and nasty and all of that. I know what they expect of us. So, we aren’t like that. We keep to ourselves, we mind our business, we keep our spaces clean, and that’s that... that’s why I miss having my own house.”

The culture of discrimination and stereotyping towards people in need of help – and towards the other identities that participants held – that interview participants described can contribute to participants feeling shame in asking for help as well as hesitancy to ask for help out of fear of microaggressions and covert racism.

When asked why he waited to ask for help, one participant explained, *“I was scared that I wouldn’t get approved because I’m a single dad... I have to go through hoops.”*

Other participants also explained that, given what they’ve experienced in the community, they are *“scared to ask for help”* or that *“It’s humiliating to have to ask for help.”*

All of these factors contribute to a community culture and service system that (while sometimes helpful) consumers who are people of color feel is inaccessible and/or perpetuates inequities and injustices that they already face.





OUTCOMES: EXITS AND RETURNS TO HOMELESSNESS

In this section, we examine the overall rates of outcomes across all project types²⁴. “Outcomes” and the definition of “success” mean different things depending on the person and the level of the system. For the purpose of this analysis, outcomes are measured by the rates households exiting to permanent destinations and the rates households returning to homelessness or the homelessness system of care. To include a review of equity, this section examines:

-
- Exits to Permanent Housing by Demographic and Subpopulation Types
 - Returns to Homelessness by Demographics and Subpopulation Types
 - Exits and Returns to Homelessness by Final Project Type

²⁴ Preferably we would examine outcomes by housing type and by region across demographic indicators, but we cannot do this without raw HMIS data.

Table 14: Summary of Key Findings: Exits and Returns to Homelessness

To evaluate the goal of **reducing the length and frequency of homeless through the equitable provision resources**, this section focuses on the system outcomes of permanent exits and returns to homelessness.

Success:

- Across all project types, households with disabled members, fleeing domestic violence are exiting to permanent destinations at higher rates.
- Comparing household types, families are exiting to permanent destinations at high rates even after falling in 2020.
- Few families are returning to homelessness after exiting to permanent destinations.
- Concerning all Rapid Rehousing exits, only 3% of those who have exited Rapid Rehousing projects return to homelessness after 6 months.

Challenges:

- Exits to permanent destinations are declining across the board.
- While households without children are exiting to permanent destinations at the lowest rate, only 41-51% of child-only households are exiting to permanent destinations.
- Black households without children exited to permanent destinations at lower rates than the average, and in 2020, the rate at which Black families exit to permanent destinations fell drastically (from 88% to 57%).

Key Findings:

- Exits to permanent housing destinations are declining for all groups.
- Black households without children tend to take slightly longer to access the system, spend slightly longer time in the system, access permanent housing resources at lower rates, exit to permanent destinations at lower rates, and return to homeless at slightly higher rates.
- While more raw data analysis is needed to confirm this finding, the Rapid Rehousing and Permanent Supportive Housing projects are demonstrating high rates of efficacy based on high rates of exits to permanent destinations and low rates of returns to homelessness; with a caveat being that rapid rehousing projects may struggle to connect clients to rental units.

Summary of Recommendations:

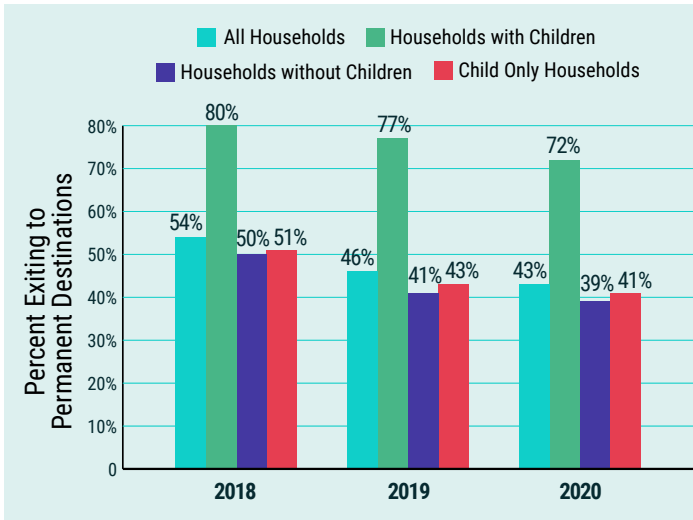
- Further evaluation of systems to understand the intersection of race, demographic, region, project type, and family type.
- Provider feedback loops: Discuss inequity with providers and set up a routine reporting mechanism to track improvement.
- Redefine what “performance” or “outcomes” look like for people in different communities by incorporating the perspectives of consumers.

EXITS TO PERMANENT HOUSING BY DEMOGRAPHIC AND SUBPOPULATION TYPES

Based on the 2018-2020 Stella data, rates of those exiting to permanent housing has fallen across all household types. In 2018, the rate of permanent exit was 54%. This fell to 46% in 2019 and again to 43% in 2020.

- Households with children consistently exited to permanent destinations at higher rates than all other housing types. Child-only households consistently exited to lower rates than other groups (Figure 43).

Figure 43. Percentage of Household Types Exiting to Permanent Destinations (2018 to 2020)



- Those fleeing domestic violence situations and/or that have a disabled family member exited to permanent destinations at a higher rate than all households²⁵ (Figure 44).

Figure 44. Percentage of DV Survivor and Disabled Member Households Exiting to Permanent Destinations (2018 to 2020)

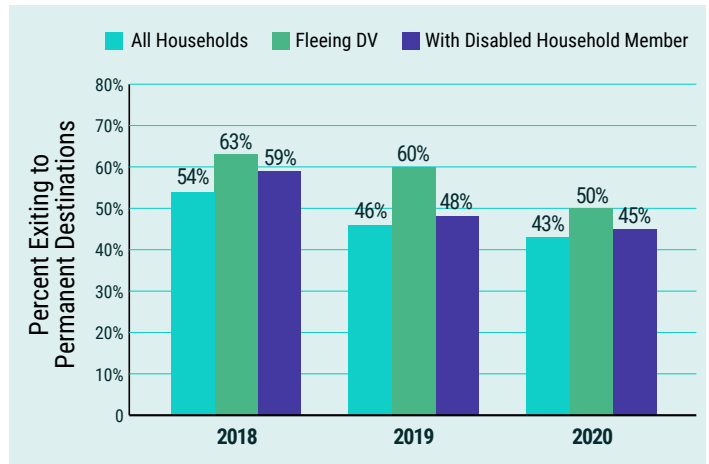
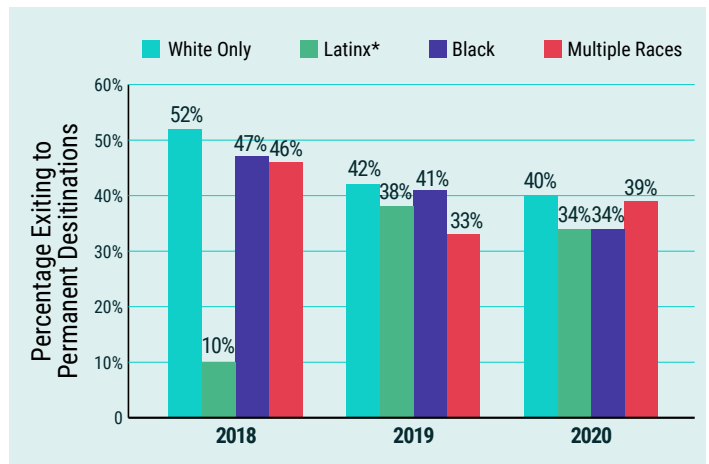


Figure 45. Percentage of Racial Groups Exiting to Permanent Destinations (2018 to 2020)



- Households without children and with a family member 55 or older exited to permanent destinations at higher rates (50%) than the average Household without children (41%). Combined with the findings above, this suggests that people who are elderly may be prioritized for services.²⁶

Refer to [Appendix F](#) for more information regarding to rates of exits to permanent destinations.

²⁵ More data is needed to confirm these trends and whether the system is prioritizing these populations.

²⁶ 2019 Stella LSA data. See [Appendix F](#) for more information.

RETURNS TO HOMELESSNESS BY DEMOGRAPHICS AND SUBPOPULATION TYPES

Of those exiting to permanent destinations, fewer families returned to homelessness compared to other housing types. Of those exiting to permanent destination in the first 6 months of the reporting period, 0-3% of families returned to homelessness, while 5-7% of all households returned to homelessness (Figure 46). Please refer to [Appendix F](#) for the full table.

This trend was also observed when monitoring rates of return to homelessness 12 months prior to the current reporting period as well as observed in the following cohort analysis below. Due to sample sizes and lack of raw HMIS data, inferences with regard to race, ethnicity and returns to homelessness was limited.

- While sample sizes continue to be an issue for this analysis, households with children continue to stay in housing at higher rates (Table 15).
- People of color, especially those identifying as black or multi-racial, tend to have higher rates (than the average) of returns to homeless when exiting to temporary housing destination. When examining exiting to permanent destinations, trends are not clear. More data analysis is needed to examine these outcomes. For more information, please refer to [Appendix F](#).

Figure 46. Returns to Homelessness within 6 months (2018 to 2020)

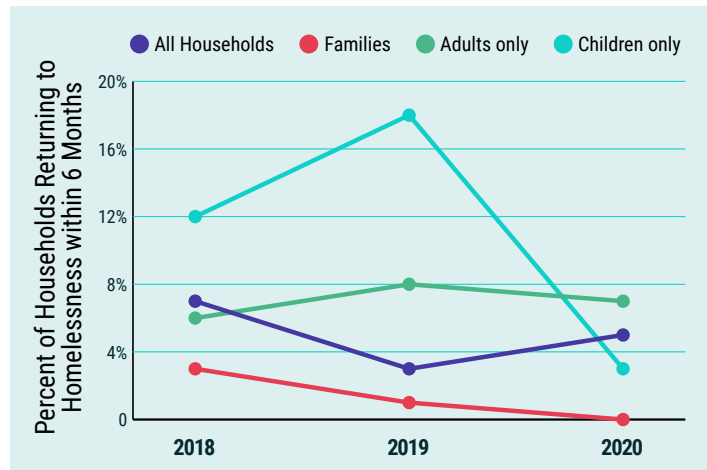


Table 15. Percent Returned to Homelessness within 6 Months of Exit, by Exit Type (from Households that Exited in the 12 months Prior to the Current Reporting Period; FY 2019 and 2020)²⁷

Population	Returns after permanent exit (2019)	Returns after permanent exit (2020)	Returns after temporary exit (2019)	Returns after temporary exit (2020)
All exiting households (1,546)	11%	10%	19%	23%
Family (198)	4%	3%	16%	7%
Adults Only (1164)	12%	11%	19%	25%
Child Only (181)	17%	17%	16%	12%
Transitional Age Youth (160)	15%	9%	11%	17%

²⁷ Cohort Analysis: Stella analyses LSA data with regards to returns to homeless in a cohort format. This allows communities to observe the rate of return for a select group to cohort of people. The groups are defined by the exit date, 6 months into the current reporting period, 1- 12 months before the current reporting period, or 12-24 months before the current reporting period. Using this technique, Stella allows us to compare demographics at different time points, 6 12, 24 months after exit. For this cohort analysis we utilized the 2019 1-12 months prior group and observed what happened to households 6 months after they exited to permanent housing destinations.

EXITS AND RETURNS TO HOMELESSNESS BY FINAL PROJECT TYPE

During discussions with stakeholders, concern was given to the rate of which people accessing the system are returning to homelessness. Overall, rates of returning to homelessness are consistent across years. Rapid Rehousing projects were singled out because (since 2017) there has been a reallocation PSH to RRH resources. Stakeholders are concerned that while RRH is a short-term subsidy and costs less to administer, the result is that people are returning to homelessness because they do not have access to Permanent Supportive Housing.

- Like all housing types, the rate at which people returned to homelessness is consistent across years: 6 months²⁸ after exiting Rapid Rehousing; only 3% of people are seeking additional support from the homeless system of care (Table 16).
- The CoC may want to investigate this issue further to understand what populations are succeeding or failing in Rapid Rehousing using HMIS data.
- Of all households exiting Rapid Rehousing, 85-88% are exiting to permanent destinations (Table 17).

Table 16. Returns to Homelessness Between 1 and 12 Months for Rapid Rehousing Projects (2018 to 2020)

Year	Number exiting to any destination type	Returns to homeless system 6 month after exit
2018	176	3% (5)
2019	190	3% (6)
2020	260	3% (8)

Table 17. Exit Destination for Rapid Rehousing Projects (2018 to 2020)

Year	Number exiting	Permanent destinations	Temporary destinations	Unknown destinations
2018	451	87%	10%	3%
2019	420	88%	10%	2%
2020	451	84%	13%	3%

However, there are signs that some households who enter Rapid Rehousing projects may not be exiting. About 1 in 3 households enrolled in Rapid Rehousing in 2019 did not exit during that same reporting period. This could be a data issue, a housing availability issue, or some combination of the two. More analysis is needed to identify what is actually happening in this case.

²⁸ To look at the longer-term picture and identify what populations are succeeding or failing in Rapid Rehousing, researchers will need to examine raw HMIS data. To improve RRH, the CoC could look to raise the proportion of people exiting to permanent destinations. However, this project is already performing at a high level.

Table 18. Proportion of households in Rapid Rehousing Projects that Exit (2019)

Household Type	Number of Households enrolled	Number of Households Exited	Percent Remaining In RRH projects
All Households	653	420	36%
Households With Children	219	124	35%
Households Without Children	431	276	36%
Veteran Households Without Children	219	155	28%

No significant trends were found regarding households returning to homelessness for Emergency Shelter, Transitional Housing, and Permanent Supportive Housing projects²⁹.

When observing System Performance Measures, the Missouri Balance of State continues to have a high performing Permanent Supportive Housing retention and successful exits as well as low rates of return to homelessness across permanent housing projects.

²⁹ Raw data is needed to analyze these categories effectively. See [Appendix F](#) for returns to homelessness tables.



LIMITATIONS AND BARRIERS TO MEETING THE BOS COC GOAL

This section covers system-wide barriers to meeting the BoS CoC Goal, including:

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- Summary of quantitative data on system-wide barriers, and
 - Qualitative data on system-wide barriers.

Table 19: Summary of Key Findings: Limitations and Barriers to Meeting the BoS CoC Goal

To evaluate the goal of **reducing the length and frequency of homelessness through the equitable provision resources**, this section focuses on system limitations and barriers to meeting the BoS CoC goal found through quantitative and qualitative analysis.

Success:

- CES's continual expansion and improvements; cooperation among agencies that work in or with the CES.
- The BoS is already implementing a new reallocation policy.

Challenges:

- Limited communication and coordination across regions reduce the ability to access "out-of-region services."
- Barriers and limitations to the Coordinated Entry System may be impeding equitable access and reducing efficiency.

Key Findings:

- System-wide barriers to meeting the CoC goal center on distribution of resources, project type access, and limitations with current data.
- Stakeholder focus groups and surveys expanded on these limitations, noting system-wide barriers to the goal that would require robust overhauls to certain aspects of the system and infusions of resources into other parts of the system.

SYSTEM-WIDE BARRIERS TO MEETING THE BOS COC GOAL

As described at the beginning of this report, the Missouri Balance of State CoC goal is to reduce the length and frequency of homelessness through the equitable provision of resources.

This section outlines (1) a summary of the quantitative findings related to system-wide barriers to meeting the BoS CoC goal, (2) Data analyses and data systems limitations, and (3) survey and focus group data highlighting the system-wide barriers that stakeholders see as preventing the BoS CoC from meeting its goal.

Summary of Quantitative Data and System-Wide Barriers

Findings from the quantitative data analysis included system wide program barriers that may be perpetuating inequity as well as data system barriers that prevent centralized staff from tracking, monitoring, and responding to needs as they arise and shift across the Missouri Balance of State.

Equitable Provision of Resources:

The quantitative data suggests that a primary barrier to the CoC goal is the distribution of resources across regions. While the CoC is already re-evaluating its resource reallocation policy and implementing new strategies to prevent drastic yearly fluctuations in resource allocation, the distribution of resources across regions does not match the need in each region. Addressing these needs require proactive development of projects and types of projects in targeted locations.

Similarly, there are inequities present in accessing the system and the projects therein. Households with a disabled family member or who identify as Black or multi-racial spend slightly longer periods of time experiencing homelessness than households identifying as white or without disabilities. Furthermore, household's identifying as Black and multi-racial are accessing housing projects at lower rates than those identifying as white and spend slightly more time in the system.

More analysis is needed to confirm the effect size and statistical significance of these proportional differences and how disability, region, and other demographics intersect with race and ethnicity. However, enough evidence has been found to make progress for targeted resource improvements in areas where resources are lacking. It may be the case that inequity in outcomes is a result of inequitable distribution of resources.

Reduce the Length of Time Households are Homeless:

Beyond the inequity in the length of time people experience homelessness before and during system access, the length of time people experience homelessness is growing across all demographics. Further analysis is needed to understand the regional effects of this trend and to observe additional measures of the central tendency. While more analysis is needed, there is no question that the trend is headed in the direction of households spending longer periods of time experiencing homelessness overall, which is the opposite direction of the CoC goal.

Reduce the Frequency of Homelessness:

For many regions, homelessness is increasing. However, for the most urban regions (4, 5, and 10), homelessness has remained stable since 2017. Interestingly, with the exception of region 7, the southern half of the state saw significant increases in homeless populations while regions to the north did not. This suggests that populations may be shifting.

Across the Balance of State region, more people experiencing homelessness are estimated to be white, older, and chronically homeless. The long-term impacts of COVID-19 pandemic and the significant federal government investment that followed may impact these trends moving forward. More data collection and analysis are needed to better understand these trends.

Qualitative Data on System-Wide Barriers

Survey participants were asked to explain their rating of the CoC's progress towards its goal and barriers to the CoC goal. Responses included:

- No standardized and consistent access portal
- Difficult processes
- Long wait lists
- Lack of wholistic or wraparound support for clients (which sometimes renders existing programs ineffective)
- Few resources in rural areas
- Criteria and service gaps causing people to fall through cracks
- Lack of affordable housing
- Lack of landlord participation
- Lack of CE participation, consistency, and accessibility
- Not enough funding or resources to serve everyone in need
- Staff capacity.

Table 20. Survey Responses to: "Which of the following do you think the BoS CoC would need to do to reach its goal?"

Improvements to Reach Goal	Percent who indicated item as a needed improvement
1. Improve coordinated entry system ³⁰	48.72%
2. Improve processes and procedures	41.03%
3. Increase the number of paid staff	35.90%
4. Improve the current data we have and use (e.g., HMIS)	20.51%
5. Improve funding reallocation procedures and oversight	12.82%

Focus group participants highlighted the following as system-wide barriers to meeting the Missouri BoS CoC's goal:

- Need for greater communication across regions,
- Need for greater coordination across regions, including:
 - Transportation across regions for consumers
 - Sharing of resources across regions
- Need for greater standardization at different levels of the system,
- Lack of funding and resources,
- Lack of affordable housing, and
- Lack of services and capacity.

Communication and Coordination

Focus group participants reported that many organizations did not know about the BoS CoC until recently, and that there was a delay in coordination and communication across regions.

"There are many resources I didn't know existed in my own region."

"I didn't know who to reach out to. Nobody would get back to you."

Related to this, focus group participants from all ten regions reported a **need for transportation across regions**, explaining that **the ability to coordinate services across regions is only useful to the extent to which consumers can access services across regions**. For many, this requires transportation services.

Similarly, participants also cited a need for a **flexible system for resource sharing and shifting across regions** in order to meet fluctuating needs of communities. Regional participants highlighted an issue with distribution of resources across regions. Specifically, they noted that some regions have affordable housing but not employment in those areas, while other regions have many opportunities for employment but no affordable housing.

³⁰ Barriers related to the CES are in the next section, "Coordinated Entry System Barriers to Meeting the BoS CoC Goal"

Standardization

Regional participants reported that not every participating organization is engaging in the CoC or CES as it was designed, and that some regions do not follow policies and procedures for the CES. They suggested that there may be a need for standardization across the BoS CoC:

"Maybe I don't understand the way it's supposed to work, but the system seems very clunky."

However, focus group participants also recognized that standardization across such a large geographic area may be difficult and create more barriers, and that standardization should be considered at different levels of the system (e.g., one level for the BoS CoC, another level for a region, and another level for a county).

Funding and Resources

Related to the above need for flexible funding and resources, rural areas tend to have less funding and resources than urban areas. **Without sufficient funding, none of the proposed solutions to improving upon the BoS CoC goal will be actualized.**

Currently, the BoS CoC has limited funding that is reallocated based on performance, and reallocated resources can, and often do, shift to different regions. While this is in line with HUD requirements, because the regions and counties of the Missouri Balance of state are so different, "performance" might be different in different geographies for different reasons. For example, a shelter project in region X might have a low utilization rate, but that might be because transportation is an issue or that there are only 4 beds and having even one bed available drops this program below a predetermined threshold. It might also be the case that this is the only shelter project remaining in region X and therefore the necessity of the service may prevent reallocation from happening until a shelter better situated to meet the needs of the community is able to replace the existing shelter.

Moreover, the process of allocating new or reallocated CoC funding is a reactive process. The Missouri BoS CoC, like many CoCs, has a process that calls for new applications, then identifies the amount of reallocated funding available, and then funds from among the applications submitted. Flipping the reallocation process of the Balance of State CoC to be more proactive by identifying and prioritizing funding prior to application submission would help address the imbalances of permanent and temporary housing projects across regions and counties.

The Balance of State CoC wants to prioritize funds equitably and based on need geographically, which requires improvement in quality and breadth of data.

With additional funding, the BoS CoC could support efforts to collect more robust, consistent data on the state of rural homelessness and use of services and programs across the BoS CoC. With this data, the CoC could more readily (1) assess what areas of the BoS CoC needs specific types of funding, and allocate accordingly, and (2) acquire additional state, federal, and other funding to support efforts to expand resources in rural regions.

Additional funding from all of the above sources could support areas of need, including:

- Additional and expanded supportive services
- Paid staff to manage the CES
- Paid staff to provide supportive services (e.g., case management)
- Consistent programmatic funding
- Community educational campaigns to address harmful misconceptions that stifle efforts to expand housing and services.

Lack of Affordable Housing

All ten regions reported a lack of affordable housing in their communities.

The issue of affordable housing is multifaceted. First, while Housing First is important, housing alone is not a solution to homelessness. What is needed is a more holistic solution:

"We need safe, affordable housing in locations with jobs and services."

"Transportation is a huge issue due to the fact that it is key to getting and maintaining a job. However, we are in a personal vehicle-reliant area and that takes a considerable investment of resources."

More specifically, regions also reported a need for more varied housing, including housing that can accommodate larger families (e.g., 3 to 4-bedroom options) or individuals with pets.

An issue arising from qualitative data was that most of the regions connected to affordable housing was cooperation with landlords.

- **Landlords have been increasing rent above the Fair Market Rent value** in the rural areas, which may be due to both an influx of population numbers from urban areas as well as other economic factors (such as the COVID-19 pandemic).
- **Landlords are engaging in illegal and discriminatory practices** by denying housing to individuals with particular backgrounds, such as being a survivor of domestic violence or having a criminal record.
- **Landlords are requiring income levels of 3x the monthly**

rent, which is uncooperative with housing subsidies, those with social security disability benefits, and individuals who can afford housing and their daily expenses but do not have such a high monthly income.

Services and Capacity

Related to the issue of acquiring affordable housing, many regions reported a lack of services and/or service capacity in their communities.

Most regions highlighted a need for paid case management staff. Without staff to help individuals with paperwork, connecting to services, and finding stability in housing and programs, many housing solutions end up being less effective over the long-term. Paid case management staff could also help with prevention efforts.

Further, there is a large opportunity gap in the breadth of services that are offered in a given region or community, and cited a need for increases in:

- Programs that apply to every sub-population
- Outreach and prevention efforts
- Transportation services
- Mental health and substance use programs
- Assessment centers
- Childcare services

Data Analysis and Systems Limitations

This section is organized into two sub-sections, (1) data analysis limitations and (2) data systems limitations. The Data analysis limitations subsection focuses on the limitations of this evaluation and the analysis of the data collected. Data systems limitations focuses on the limitations of the data collection systems across the Missouri BoS CoC.

Data Analysis Limitations:

There are many limitations with the current data that prevent in-depth, accurate analyses of the system. The Missouri Balance of State CoC asked that Homebase carry out the following:

1. Conduct additional analysis to understand changes in homeless populations within regions using HMIS data, stakeholder interviews, and other sources. **(Partially Met)**

A great deal of information was found through Stella data. Using data from Stella provides the Missouri Balance of State with a blueprint for quickly and easily updating this analysis to monitor the broad trends that emerged. Moreover, the research team was able to map focus groups, survey research and interviews to compliment trends.

Because the Missouri Balance of State CoC was unable to obtain raw HMIS data, however, most planned analysis was omitted. Not having access to raw data resulted in limited charting of changing populations over time. First, not all project types are included in Stella. Coordinated entry and outreach projects might be the first access point for individuals, and their data is vital for understanding who is accessing the system as well as who is being considered for housing resources. Second, not having raw data eliminates the possibility of understanding effect size, statistical significance, and intersecting trends.

2. Conduct additional data analysis by race and ethnicity utilizing coordinated entry system (CES) and system performance measure (SPM) data. **(Not Met)**

Because no raw HMIS data was provided and other data does not include the information required, no analysis of Coordinated Entry access, the prioritization process, or system performance measures were conducted beyond reviewing relevant documents, contacting access points, and holding a CES focus group discussion.

3. Engage in qualitative data collection through surveys, focus groups, and interviews, particularly with communities of color. **(Met)**

Homebase conducted provider surveys, stakeholder focus groups and in-depth interviews with people of color. Each qualitative component focused on equity and in particular, racial equity.

In future gaps analyses, the Missouri Balance of State CoC will be able to access HMIS data and to conduct in-depth needs and equity assessments for all of the regions and create a long-term plan for allocating resources accordingly. Once HMIS data is made available, we recommend that the CoC:

- Reexamine and include services-only projects, street outreach, and Coordinated Entry when conducting system access analysis.
- Reexamine project-type access (based on the total system access resulting from the analysis described in the point above).
- Reexamine the “length of time homeless” metrics, before entering the system and after entering services, to include other measures of central tendency (e.g., median) and cross tabulations to highlight intersectionality between demographics, regions, and other predictive factors.
- Examine population shifts in the service population, specifically with regards to regions 1, 6, 8, and 9 given that they witnessed the largest increases in overall homelessness.
- Reexamine outcomes by region as well as demographics and project type.
- Analyze VI-SPDAT scores and subsequent referrals by demographics, region, and administrating agency.

Data Systems Limitations:

Separate from data analysis barriers, data system barriers will continue to prevent accurate tracking, monitoring, and evaluation of current systems and programs. The primary data system barrier involves the geographic tracking of resources and households.

Stakeholders indicated that the geographic analysis of the HIC is limited by the fact that some organizations operate in multiple regions or counties, and service provision at the county-level is not tracked in HMIS or the HIC. This information is critical for tracking and monitoring system gaps and inequities in terms of resource distribution. There are two ways to solve this issue: (1) if a project operates in multiple counties, a sub-project for each county could be set up in HMIS even if a combined report is needed for funding and federal monitoring purposes, or (2) once a year the HIC is conducted using site addresses, zip codes, and number of beds per county. Without these steps, the Missouri Balance of State will not have a clear understanding of where resources exist.

COORDINATED ENTRY SYSTEM BARRIERS TO MEETING THE BOS COC GOAL

Access to Coordinated Entry

Access to Coordinated Entry was assessed through:

1. Coordinated Entry Directory for the state of Missouri, focusing on the locations for the Balance of State CoC, and
2. Surveys and focus groups with stakeholders and providers as well as interviews with consumers to understand the interactions between agencies and the system as a whole.

The Missouri BoS CoC CES has a hybrid approach to Coordinated Entry whereby regional committees determine each region's access points and assessment providers (which should cover the region's assigned geographic area). The system seeks to integrate physical, virtual, and teleconference access points into the Coordinated Entry system, and also notes that physical access points must be accessible to those with disabilities.

Coordinated Entry Directory

Overall, the 10 regions of the Balance of State CoC have 24 separate agencies listed as coordinated entry access points. Some of these agencies serve clients in multiple regions (e.g., the Columbia VA), but the CE Directory only listed one address and set of contact information, so it was assumed that it was only one location. Please refer to figure 2 on page 13 for the CES regional map.

CE Directory Analysis

In order to assess any gaps, the analysis team first attempted to obtain CE access information through websites for each of the CE agencies listed. While the information for some agencies could be discovered via their websites, some of the agencies listed either did not have a website or had websites that were not functional. Most of those with a website did not have information on CES assessment or access.

The following step was to call the agencies by their phone number listed in the directory: 18 of 24 agencies had a phone number listed; of those 18 agencies, seven (7) answered the phone when initially called and could direct the caller to the correct CES staff for assessment or more information; six (6) who did not answer had the option to leave a voicemail (of which, only three (3) returned the call within two days); and five (5) had phone lines that rang without an answer or eventually redirecting the caller to a voicemail machine. Of the 24 separate agencies listed, only 29% were immediately reached by phone.

The above points drastically limit a person's ability to access the CES via the information provided on the CES directory. It is recommended that this directory is updated and expanded to provide more information (see the Recommendations section of this report).

Survey and focus group participants also indicated a need for updates to the CE directory as well as broader CE participants and general enhancements to the CES as a whole (see Recommendations section).

Coordinated Entry System Functioning

Overall, survey and focus group respondents expressed that the Coordinated Entry System is working well in regard to its continual expansion and improvements as well as the cooperation among agencies that work in or with the Coordinated Entry System.

However, the Coordinated Entry System for the BoS CoC also has areas for improvement that are reflective of needs of the BoS CoC as a whole.

First, the Coordinated Entry System is hindered by a lack of funding, but there is a major opportunity present to further develop the CES, and support the CoC in meeting its goal of equitable access to housing for everyone in need. Even when the Coordinated Entry System is functioning as it should, the communities in the Missouri BoS CoC are lacking the resources they need to successfully resolve all barriers to housing, keep consumers housed, and provide consumers with the support services that will lead to lasting long-term outcomes.

As of the time of this gaps analysis, the Coordinated Entry System had barriers to access that prevented those in need from accessing the system and/or services, including issues around the Coordinated Entry System lacking in presence and community awareness.

Barriers to access included:

- **Knowledge of systems:** The current primary advertisements for the Coordinated Entry System include flyers, 211, and word of mouth. More outreach is needed to inform those in need of the available services.
- **Transportation:** The rural areas that comprise the BoS CoC often have few resources that are very spread out. Without transportation options, many consumers cannot readily or easily reach a CES access point or services that they need.
- **Telephone service:** Individuals without phones are often not able to access CES access points or services that are further away. The gap in geographically accessible services and access points is compounded by a lack of transportation and/or phone access.
- **Navigation of systems:** There is a need for physical locations with staff or volunteers to help consumers identify and complete necessary steps or paperwork for services.
- **Access point coordination and staffing:** The need for additional coordination and staffing meant the CES could not reach every person in need.
- **Assessment tools and process:** The CES has a phased assessment model that includes a prevention and diversion tool as well as the VI-SPDAT. Participants who used the prevention and diversion tool reported that it was difficult to use and that they needed more training on how to effectively and efficiently use it. Some studies have also found that the VI-SPDAT has perpetuated racial inequities in some communities. After the phased assessment model, prioritization and referral are determined by case conferencing. Case conferencing differs from region to region. All three of these steps may be contributing to inconsistencies and inequities across the CoC.
- **Training for providers:** The providers who participate in the CES need streamlined processes as well as thorough training on those processes.
- **Data to make informed decisions** about where to direct funding and services (geographically and by population) based on the needs of communities.

Each of these areas of the CES could be reexamined and improved upon in order to better meet the goal of equitable access for everyone (see [Recommendations](#) section).





RECOMMENDATIONS

After reviewing the results of the quantitative data collection, surveys, interviews, and focus groups, Homebase has identified the following recommendations for the CoC's consideration as possible ways to improve the CoC's progress towards its stated goal of equitable access to housing for everyone in need. For full tables of the recommendations and their details, see [Appendix G](#).

System-Wide Recommendations (in order of priority):

Recommendation	Impact	Investment
1. CoC provider and affiliated services trainings	Medium-High	Low
2. Expansion of services	High	High
3. Community engagement and education	Medium	Low
4. Feedback loops and evaluation of systems	High	High

Coordinated Entry System Recommendations (in order of priority):

Recommendation	Impact	Investment
1. Reevaluation of assessment tools and procedures	High	Medium
2. Enhance internal operational structures	High	Medium
3. Update and expand the Coordinated Entry director	Medium	Low

SYSTEM-WIDE RECOMMENDATIONS

For a table outlining the System-Wide Recommendations, see [Appendix G](#). Please note: the recommendations are outlined in this way to align with the tables in Appendix G.

1. CoC Provider and Affiliated Services Trainings

The below trainings would promote the CoC's goal of equitable access to housing for all in need by:

- Improving provider practices around diversity, equity, inclusion, and belonging (DEIB) and anti-racism/discrimination such that consumers feel more welcome, are more able to access and utilize services, and are treated in an equitable way by all service providers, and
- Supporting providers in using the Coordinated Entry System and other aspects of the CoC (e.g., HMIS, prioritization) as it is designed, which is meant to support equitable access.

In order to increase knowledge and awareness of the role of structural racism in homelessness, provide trainings on the following topics:

a. Diversity, equity, inclusion, and belonging

b. Anti-racist, anti-bias, and anti-discrimination including such topics as:

- Structural racism as a contributor to homelessness
- Structural racism within the homelessness system of care
- Interpersonal racism (e.g., microaggressions, stereotypes, and how these affect people seeking help)

c. HMIS, Litmos, Assessment processes, and Coordinated Entry, as survey respondents also expressed a need for further training in these areas.

2. Expansion of Services

Expansion of services in the following ways would support the CoC's goal of equitable access to housing for all in need and reducing the length of time people experience homelessness before entering the system by:

- Engaging in targeted increases in the availability of temporary and permanent housing opportunities in targeted areas (items a-b).
- Increasing opportunities for affordable housing and improved economic opportunity programs across all regions (c).
- Giving consumers access to the wraparound support services they need for housing programs to be successful in ending their homelessness and housing insecurity and/or prevent homelessness (items d-g).

In order to support the CoC's goal of providing equitable access to housing for everyone in need, the following expansions and/or creation of services are recommended:

a. Make targeted increases in shelter capacity. Emergency shelter is often the first place people come in contact with the systems and there are some significant shelter gaps across the Balance of State CoC region. Consider targeting new emergency shelter investment to regions 2, 3, 9 and 10. Additionally, shelter dedicated to families with children are needed in all regions, with the exception of region 5. Transitional Age Youth beds are only available in regions 4 and 5, moreover transitional housing projects are not located in many rural areas. Consider including Transitional Age Youth-dedicated emergency shelter if possible.

- In order to increase shelter capacity with limited investment, consider working with a network of partner providers, such as faith-based organizations, to increase shelter capacity. For instance, one option is to try to create a "hub and spoke" model, where a homeless service provider may serve as the hub and other providers, such as faith-based organizations, may be the spokes, which provide services in a more limited capacity. For more information on this model, see the HUD Rural CoC Guidebook³¹.

b. Make targeted expansion of permanent housing resources. Permanent housing projects are the quickest and most sustainable method for ending homelessness. Consider adding new rapid rehousing resources to regions 3, 5, 6 and 10. Consider adding permanent supportive housing to 4, 5, 8, 10. Moreover, a portion of permanent housing resources should be dedicated to non-veteran households without children as well as vulnerable single adults who are not experiencing chronic homelessness, which was expressed by stakeholders indicating that these resources are especially needed.

c. Advocate and collaborate for the expansion and availability of affordable housing and economic opportunities. Across the Missouri Balance of State, there is a mismatch of employment opportunities, housing availability, and homeless system resources. Much of these issues are beyond the scope of the CoC alone, but nevertheless impact the outcomes of the projects seeking to permanently house people experiencing homelessness. To address these issues the CoC could consider:

- Collaborating across counties to develop a system of connecting people to jobs and housing.
- Advocating for a variety of affordable housing options with the state and local officials.

d. Build a resource directory for consumers (both hard copy and online). According to qualitative data, many individuals did not know about available services when they initially needed support. This tool could be used to satisfy recommendation 3.b improving community education and engagement as well as Coordinated Entry recommendation 2.b listed below.

e. Expand paid case management staff (see example under Outreach and Prevention Services, section g, below)

f. Provide additional transportation services for consumers. The CoC could consider partnering with local transportation providers or providing mobile outreach to rural regions. Alternatively, the CoC could coordinate transportation on targeted dates from rural areas to centralized service centers that provide different types of services. Some CoCs have started their own transportation programs using a car or bus to connect homeless people to services. Another approach would be to coordinate donations of used cars or gas vouchers, or limited-time support for car insurance for people experiencing homelessness.

g. Expand outreach and prevention services. There is currently limited prevention funding for rural areas. Consider advocating for a state program similar to the one in Pennsylvania, where they developed a Homeless Assistance Program, a \$25 million state-funded program that provides homeless prevention and services. Funds are provided as block grants to each county. Half of total funding is used to provide rental assistance and most of remaining funds are used for case management purposes.

For federal funding sources that the BoS CoC could explore to support the above service expansion, refer to the HUD [Federal Funding Tool for Addressing Homelessness in Rural Communities](#). In addition, in 2021, there are several additional Federal funding resources that includes:

- American Rescue Plan Elementary and Secondary School Emergency Relief
- Emergency Housing Program
- Emergency Rental Assistance Program
- Homeless Students

3. Community Engagement and Education

The following community engagement and education strategies would support the CoC's goal of equitable access to housing for all in need by:

- Increasing landlord buy-in for participation in housing programs, which is essential for most rural community's homelessness solutions (item a).
- Promoting greater understanding of the need for services and support around expanded services and compassion in the community, which can prevent "not in my backyard" pushback from communities that prevents much-needed services from taking root (item b).
- Supporting those needing access to services from being overly criminalized and left without connection to needed services when other systems (e.g., police, child protective services) are involved in their lives (item c).

Without broader landlord and community support, many housing programs or services will be difficult to establish or maintain. The following is recommended to support the expansion of services in communities:

a. Increase landlord engagement. To improve landlord relationships and expand the number of landlords willing to lease to people with experience of homelessness or other varied backgrounds, the CoC can provide resources, including:

- Training and education on rental laws and tenant rights.
- Education related to non-discrimination and cooperation for individuals with varied backgrounds (e.g., "second-chances").

b. Engage in community-level education. To counteract harmful misperceptions and misinformation around homelessness and services, the CoC could provide resources and information to educate the communities in the BoS CoC region. These resources could also inform people at risk of homelessness about available services and how to access and navigate them.

HUD's resources for rural communities recommend some of the following strategies as examples of community education:

- Maintain visibility through networking and advocacy
- Raise awareness of rural homeless and housing needs by using media
- Focus message on "these are our neighbors" approach
- Public awareness campaigns
- Lobbying local government, and
- Attracting support or well-respected politicians.

c. Integrate community services. Integration of community services is needed so that services such as the police and child protective services are trained and aware of the needs of folks experiencing homelessness and can help to triage those in need to the appropriate services.



4. Feedback Loops and Evaluation of Systems

The equitable provision and access of resources requires that we engage in consistent and meaningful communication with the people trying to access services. Communication requires information flowing in both directions. The following feedback loops and evaluations would support the CoC's goal by:

- Ensuring that services and programs are adequately meeting the needs of consumers and are appropriately responding to cultural, class, race, gender, religious, and other differences.
- Ensure that the system-wide operations are functioning with fidelity and, if not, helping the CoC and local communities easily identify where improvements need to be made and how.

In order to provide the services that consumers need – and in the way that they need – it is recommended that various levels of feedback loops are established within the CoC and local communities in order to better evaluate systems of care and make ongoing improvements to reach the CoC's goal.

a. Build consumer feedback loops. The entire CoC should implement ways for consumers to provide feedback on the services they are (or are not) receiving, their experiences in accessing services, and their interpersonal experiences during receipt of services or progression through programs. This should include ways for consumers to alert the CoC to unnecessary barriers in accessing services. The final step in the loop is to circle back to consumers to inform them about the outcome of their feedback.

b. Create system feedback loops. Like consumer feedback, systems improvement requires that staff are included in feedback loops to advance the system and to monitor and understand staff turnover. System feedback loops should include:

- Providers
- Regions
- Balance of State CoC as a whole
- Communities

c. Evaluate the system of care in each community. By looking at the housing and services provided within each region, county, or city, more can be understood about how to respond to homelessness locally. The evaluation should look at:

- Diversity of programs to fit needs of entire community (e.g., individuals, families, etc.)
- Barriers within program eligibility requirements that prevent access and receipt of services
- Timely progress through programs, and
- Outcomes of different populations.

d. Evaluate system-wide coordination. The homeless system

of care is impacted by many other systems of care and improving coordination among them can more effectively end homelessness for the people the system serves. This recommendation calls for review of interactions and coordination:

- Between homeless system of care and related services
- Between homelessness system of care and government services (e.g., CPS, DHHS), and
- Between government services and homeless-peripheral services (e.g., financial services).

COORDINATED ENTRY SYSTEM RECOMMENDATIONS

For a table outlining the Coordinated Entry System Recommendations, please refer to [Appendix G](#). Please note: the recommendations are outlined in this way to align with the tables in Appendix G.

1. Reevaluation of Assessment Tools and Procedures

Reevaluation of the assessment tools and procedures would support the CoC's goal by:

- Helping to ensure that consumers are equitably prioritized for services and housing.

The surveys and focus groups highlighted the need for a reevaluation of assessment tools and procedures for the coordinated entry system so that individuals are more equitably prioritized for services they are eligible for. To respond to this need, the recommendations are to:

- a. Evaluate the equity of the VI-SPDAT and seek to counteract any inequities** through training, implementation of a new tool, a revised tool, or custom tool.

Another option would be to devalue the VISPDAT on the process of prioritizing households and move to a more equitable process. While prioritization schemes are required by HUD, they are not meant to be the sole determinant of service access. CoCs are starting to integrate procedures within their phased assessments that help standardize the processes for amending all prioritization scores based on contextual knowledge and care conferencing procedures.

- b. Implement a more robust phased assessment model** with considerations and follow-through systems for street outreach. Currently, CES policies reflect a minimal phased assessment model where prioritization is determined primarily by case conferencing (which can differ across regions). A more robust, standardized tool or process would serve the CoC's goal.

2. Enhance Internal Operational Structures

Enhancing the internal operational structures in the following ways would support the CoC's goal by:

- Removing barriers to equitable access and prioritization
- Ensuring that all CoC-affiliated providers and services have access to standardized policies and procedures that are meant to support equitable access and prioritization
- Streamline the processes and roles of the CoC, which ultimately saves resources and furthers the goal.

Feedback from surveys and focus groups highlighted the need for an internal structure for collaboration and communication, particularly regarding regional updates and data sharing across regions. Participants also discussed a need for written updates and a reexamination of staffing and leadership structures to help the CoC and CES be more efficient and effective.

- a. Update written standards.** By reviewing rules and eligibility for services and programs (e.g., consider who is excluded, how rules around receiving services are creating barriers) and updating CoC-wide written standards, the CoC may be able to improve equity.
- b. Create an online dashboard that allows for sharing of information, resources, and regional updates.** This would meet the need for both CoC-wide communication and collaboration as well as intra-region coordination.
- c. Evaluate how to engage in cross-region and cross-CoC data sharing.** Especially in regions that are near or that surround more urban areas outside of the Missouri Balance of State, stakeholders indicated that people experiencing homelessness are fleeing to their more rural locations. However, data do not follow people as they leave. People must start the housing process over when they enter a new Continuum of Care. Additionally, these bordering regions may not have a good sense of what resources are available in other CoCs that might better meet the needs of individuals.
- d. Define roles and build CoC/CES staffing.** Building out clearer expectations of the CoC, regions, and regional structures within the CES system and attaining resources to meet the expectations through paid regional CoC and/or CES coordinators would support stronger CE system implementation and improve outcomes.
- e. Assess and redevelop current funding distribution policies.** By identifying ways to ensure funding is allocated to areas with higher levels of need, the CoC could improve equity in housing and service.

3. Update and Expand the Coordinated Entry Directory

Updating and expanding the CE Directory would support the CoC's goal by:

- Streamlining both provider (to reduce the time it takes to access services) and consumer knowledge of services and how to access them (to improve equitable access).

Equity of access requires that everyone knows what resources are available and how to access those resources. Coordinated Entry is meant to coordinate the flow of people seeking services to the correct service. However, accessing CE can be problematic as access contact information is not universally up to date. Additionally, providers seeking alternative services for their clients are not always aware of what resources are available. Analysis of the Coordinated Entry directory determined that much of the information needs updating, particularly given the circumstances of the COVID-19 pandemic and how individuals might access the CES (e.g., prior walk-in availability might now be restricted to over-the-phone or appointment-only).

It is recommended that the CoC work with regions to:

- Update the CE directory contact information, methods of access and contact and include a system map of CE access points,**
- Expand the directory to include any other access points not currently listed,**
- Regularly update the information in the directory, and**
- Make the CE directory available in various formats, including through websites connected to services in every community.**



CONCLUSION

The Missouri Balance of State CoC has made valuable strides toward reducing the length and frequency of homelessness through the equitable provision of resources.

The purpose of this gaps analysis was to measure the extent to which (a) resources are distributed and accessed equitably and (b) system outcomes are equitable. The findings outlined in this report are meant to provide the BoS CoC with a baseline level of information from which to continually assess whether the system is improving upon its universal goal.

The recommendations in this report are meant to provide the BoS CoC with a variety of ways that the system could both address inequities and begin to improve upon its goal. These recommendations are not meant to be implemented at once, but rather strategically and over time as the system continues to gather more robust data that can allow in-depth needs assessments and evaluations of the system.

APPENDICES

- Appendix A: Methodology
- Appendix B: State of the System
- Appendix C: Access to the Homeless System of Care
- Appendix D: Equity and Access to the System
- Appendix E: Progression through the System and Project Type Access
- Appendix F: Outcomes: Exits and Returns to Homelessness
- Appendix G: Recommendations

APPENDIX A: METHODOLOGY

Quantitative Data Collection & Analysis

Homebase followed explicit instructions to focus on data prior to the start of the 2020 COVID-19 pandemic where possible. To conduct these analyses, Homebase analyzed the following data sources:

- 2007-2020 Point-in-Time Count Reports, accessed on the Missouri Balance of State website, received directly from the Community Partnership of Southeast Missouri, and from HUD's website.
- 2013-2020 regional Point-in-Time count reports, accessed on the Missouri Balance of State website, received directly from the Community Partnership of Southeast Missouri.
- Stella /Longitudinal System Analysis (LSA) data for the Fiscal years of 2018, 2019, 2020, accessed via HUD HDX 2.0.
- 2013-2020 Homeless Inventory Count Data (HIC), accessed from HUDs Website
- 2015, 2019, 2020 regional Inventory count data, received directly from the Community Partnership of Southeast Missouri.
- 2015-2019 System performance measure Data, accessed via HUD HDX.

Due to data extraction challenges, raw Homeless Management Information System (HMIS) Data was not used for this analysis. This fact limits the certainty of some findings; however, this report serves as a baseline and benchmark for future analysis of system functionality and allowed for more time gathering and analyzing qualitative and survey data.

Qualitative Data Collection & Analysis

Surveys

A survey was sent to providers and regional staff and asked participants about:

- How well the CoC is meeting its goal
- What is working well to support the CoC's progress towards its goal
- Limitations and barriers to this goal
- Whether participants have had trainings on equity and their usefulness
- Participant perceptions of racial or ethnic disparities within the system of care

Stakeholders had 2 weeks to complete the survey.

Focus Groups

Five focus groups were conducted with stakeholders from the Balance of State CoC as well as representatives from both the Coordinated Entry System and each of the ten regions in the BoS CoC. These representatives included:

- CoC leaders
- Regional list-holders
- Board chairs
- Committee chairs
- HMIS leads and managers
- Directors of programs
- Program, county, and regional coordinators
- Coordinated Entry access point and processing representatives
- Staff from various programs through the BoS CoC

Focus group questions and points of discussion centered on:

- Identification of system goal and the definition of success
- Overall functioning of the CES and CoC
- Supports and barriers to CES and CoC goals
- Connections across regions
- What changes each region is seeing in regard to
 - Unsheltered population numbers
 - Shelter, housing, and other programs
 - Funding sources and allocation
- Whether there are racial or other inequities present in
 - Access to the system
 - Access to and progression through programs
 - Within the community (and how that impacts services in the region)
- What is needed in order to improve the homelessness system of care.

Interviews

Interviews were conducted with five adults with lived experiences of homelessness and housing and food insecurity within the MO Balance of State CoC.

Interview participants included three women and two men, all people of color, between the ages of 36 and 60. One male participant who was renting a home had four children under the age of 18; two female participants living in the shelter shared seven children; and the other male and female participants were both single, without children under the age of 18, with both were renting their own apartments. No participants were unsheltered at the time of the interview.

Participants were asked questions on the following topics:

- Reasons for their housing insecurity and/or homelessness
- Barriers to seeking help
- What success means to them

APPENDIX B: STATE OF THE SYSTEM TABLES

Table 21. Regional PIT Comparison (2015 to 2020)

Region	2015	2017	2019	2020	Change 2015 - 2020	Change 2017 - 2020
Distinctly Rural Regions						
2	25	12	20	24	-4%	100%
3	69	26	22	21	-70%	-19%
8	118	71	77	179	52%	152%
9	140	61	138	133	-5%	118%
Southeast Regions						
1	142	61	81	159	12%	161%
6	136	82	123	132	-3%	61%
7	91	88	83	84	-8%	-5%
Regions Bordering Metro Areas						
4	238	243	205	237	0%	-2%
5	465	439	516	446	-4%	2%
10	227	160	97	159	-30%	-1%

Table 22. Census and PIT comparison (ACS 2017 5-Year Estimate and PIT Count 2017 to 2020)

Population	ACS 2013-2017	2017 PIT	2018 PIT	2019 PIT	2020 PIT
White*	92%	73% (667)	70% (939)	72% (987)	78% (1219)
Black	4%	25% (241)	22% (301)	21% (284)	16% (245)
LatinX	3%	4% (53)	5% (63)	6% (80)	5% (72)
Other Race	4%	5% (87)	7% (106)	7% (91)	7% (105)
Family	36%	40% (493)	35% (473)	33% (446)	31% (494)
Adults without children	64%	58% (717)	62% (837)	66% (916)	67% (1047)
TAY	-	6% (48)	9% (78)	10% (88)	9% (96)
Child HoH	-	3% (40)	3% (35)	1% (20)	2% (25)
Veteran	8%	7% (85)	8% (112)	8% (114)	6% (89)
DV	-	21% (256)	19% (250)	26% (356)	19% (300)
Chronic	-	20% (245)	26% (346)	20% (272)	17% (260)
Female	-	48% (597)		51% (700)	49% (776)
Male	-	52% (644)		47% (645)	784 (50%)

*Includes Latinx

Table 23. Regional Percent Unsheltered Homelessness by Year (2015 to 2020)

Region	Percentage Unsheltered				Change of % Unsheltered	
	2015	2017	2019	2020	2015 - 2020	2017 - 2020
Distinctly Rural Regions						
2	40%	17%	45%	50%	10%	33%
3	16%	38%	27%	57%	41%	19%
8	39%	39%	51%	64%	25%	25%
9	36%	28%	31%	53%	18%	26%
Southeast Regions						
1	18%	25%	36%	45%	26%	20%
6	43%	30%	51%	80%	38%	50%
7	20%	25%	12%	11%	-9%	-14%
Regions Bordering Metro Areas						
4	22%	22%	34%	35%	14%	13%
5	23%	14%	13%	15%	-9%	1%
10	58%	35%	26%	67%	9%	32%
All: Total	31%	23%	26%	41%	10%	18%

Table 24. Regional Change in Homeless Inventory Count Between 2015 and 2020 (HIC 2015 to 2020 by Geocode).

Region	Emergency Shelter / Safe Haven	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing
Distinctly Rural Regions				
2	-14 (-100%)	0 (NA)	11 (+92%)	-25 (-24%)
3	-1 (-100%)	-15 (-100%)	-21 (-100%)	3 (+10%)
8	-6 (-14%)	-4 (-100%)	-10 (-22%)	-22 (-38%)
9	0 (NA)	-15 (-83%)	-6 (-60%)	-82 (-69%)
Southeast Regions				
1	-117 (-78%)	0 (NA)	-121 (-80%)	-140 (-61%)
6	-6 (-22%)	-52 (-100%)	5 (+5)	31 (+48%)
7	-14 (23%)	2 (+8%)	67 (+319%)	-9 (-3%)
Regions Bordering Metro Areas				
4	-4 (-14%)	10 (+7%)	68 (+68%)	-24 (-25%)
5	-117 (-40%)	-63 (-61%)	-22 (-31%)	-130 (-37%)
10	-33 (-92%)	-58 (-47%)	-17 (-65%)	9 (+16%)

APPENDIX C: ACCESS TO THE HOMELESS SYSTEM OF CARE

Table 25. Changes in Population: Household Types (2018 to 2020)

Population	ACS 2017	PIT 2018	Stella 2018	PIT 2019	Stella 2019	PIT 2020	Stella 2020
Family	36%	35%	43%	33%	39%	31%	39%
Adults without children	64%	62%	53%	66%	56%	67%	57%
Children only households	-	3%	5%	1%	5%	2%	4%

Table 26. Changes in Population: Veterans, Domestic Violence Survivors, and Chronically Homeless (2017 to 2020)

Population	ACS 2017	PIT 2018	Stella 2018	PIT 2019	Stella 2019	PIT 2020	Stella 2020
Veteran	8%	8%	16%	8%	15%	6%	17%
Chronic Homeless	-	19%	15%	20%	12%	17%	18%
DV survivors	-	26%	22%	26%	23%	19%	28%

Table 27. Proportions of Gender Representation in Homeless Population (2018 to 2020)

Gender	PIT 2017	*Stella 2018	PIT 2019	Stella 2019	PIT 2020	Stella 2020
Male	52%	50%	47%	51%	50%	52%
Female	48%	49%	51%	48%	49%	47%
Other Gender	0.2%	0.4%	1%	1%	1%	1%

*All Stella data are Adults and Heads of Household

Table 28. Households in the System by Family Type (2018 to 2020)

Household Type	2018	2019	2020
All Households*	2542	2886	2637
Households with Children	483 (19%)	485 (17%)	448 (17%)
Households without children	1,860 (73%)	2,186 (76%)	2,030 (77%)
Children only	190 (7%)	206 (7%)	154 (4%)

*Does not add to 100% as family composition changes over time

Table 29. Chronically Homeless as a Proportion of the System (LSA/Stella 2018 to 2020)

	2018	2019	2020
Chronic homeless households	392 (15%)	376 (13%)	465 (18%)

Table 30. System Access by Age (LSA/Stella 2018 to 2020)

Age Groups	2018	2019	2020
0 to 5	365(10%)	389(9%)	385(10%)
6 to 17	794 (21%)	820(20%)	642(17%)
18 to 24	315 (8%)	402(10%)	360(10%)
25 to 54	1,845 (49%)	1,954 (47%)	1,816 (48%)
55 to 64	356 (9%)	467(11%)	436 (12%)
65+	70 (2%)	99 (2%)	120 (3%)
Unknown	18 (<1%)	28 (<1%)	19 (<1%)

Table 31. System Access by Race (Adults and Heads of Households, LSA 2018 to 2020)

Population	2018	2019	2020
White + Latinx	2,051 (74%)	2,298 (74%)	2,162 (75%)
White only	1,982 (71%)	2,228 (71%)	2,096 (73%)
Black	597 (21%)	650 (21%)	552 (19%)
Latinx	65 (2%)	70 (6%)	66 (2%)
Another race/ethnicity	134 (5%)	177 (6%)	169 (6%)

Table 32. System Access by Gender (Adults and Heads of Households, LSA 2018 to 2020)

Gender	2018	2019	2020
Female	1,364 (50%)	1,497 (48%)	1,364 (47%)
Male	1,402 (49%)	1,594 (51%)	1,493 (52%)
Other gender	12 (<1%)	34 (1%)	26 (1%)

APPENDIX D: EQUITY AND ACCESS TO THE SYSTEM

Table 33. All Households: Length of time Households Experience Homelessness Before Entering the System (LSA/Stella 2018 to 2020).

Household Type	FY 2018	FY 2019	FY 2020
All households	208	452	749
Family	161	343	441
AO	234	505	868
CO	110	210	191
White only	225	451	746
Latinx*	77	360	433
Black	191	471	764
Multiple Races	95	425	832
Fleeing DV	171	503	621
Have a disabled Member	264	556	832
First Time Homeless	167	398	722

* Small sample size.

Table 34. Family Households: Length of time Households Experience Homelessness Before Entering the System (LSA/Stella 2018 to 2020).

Population	2018	2019	2020
All	161	343	441
White only	157	358	432
Latinx	151	189	357
Black	172	331	538
Multiple races*	210	256	208
Fleeing DV	223	510	617
Have a disabled Member	193	428	530
First Time Homeless	250	259	424

* Small sample size.

Table 35. Households without Children: Length of time Households Experience Homelessness Before Entering the System (LSA/Stella 2018 to 2020).

Population	2018	2019	2020
AO	316	505	868
AO 55+	251	529	878
AO Veteran	238	381	541
TAY	168	407	394
White only	251	488	846
Latinx*	65	409	530
Black	210	580	928
Multiple races	102	521	1105
Fleeing DV	146	525	716
Have a disabled Member	289	603	931
First Time Homeless	186	456	840

* Small sample size.

Table 36. Households without Children and who are Transition Aged Youth - Length of time Households Experience Homelessness Before Entering the System (LSA/Stella 2018 to 2020).

Population	2018	2019	2020
All	168	407	394
White only	162	316	443
Latinx*	135	168	172
Black	197	641	405
Multiple races*	173	366	176
Fleeing DV*	44	199	146
Have a disabled Member	235	584	450
First Time Homeless	158	383	406

* Small sample size.

Table 37. Average PIT vs. Average Stella Participation (2018 to 2020)

Population	2017 ACS	2018 to 2020 PIT	2018 to 2020 Stella
White + Latinx	92%	74%	74%
White only	-		72%
Black	4%	19%	20%
Latinx*	3%	5%	2%
Another race/ethnicity	4%	7%	5%
Male	-	49%	51%
Female	-	50%	48%
Another gender	-	1%	1%
Veteran	8%	7%	16%
Chronic	-	18%	14%
DV	-	15%	8%**
Families with Children	36%	33%	40%

* Small sample size.

** PIT and Stella report DV differently. 8% represents households actively fleeing domestic violence. The average number of households a history of domestic violence is 24%

Table 38. PIT vs. Stella Participation by Race (2018 to 2020)

Population	ACS 2017	2018 PIT	Stella 2018	2019 PIT	Stella 2019	2020 PIT	Stella 2020
White + Latinx	92%	70%	2,051 (74%)	72%	2,298 (74%)	78%	2,162 (75%)
White only		-	1,982 (71%)	-	2,228 (71%)	-	2,096 (73%)
Black	4%	22%	597 (21%)	21%	650 (21%)	16%	552 (19%)
Latinx*	3%	5%	65 (2%)	6%	70 (6%)	5%	66 (2%)
Another race/ ethnicity	4%	8%	134 (5%)	7%	177 (6%)	7%	169 (6%)

* ACS, PIT, and Stella report ethnicity data differently.

APPENDIX E: PROGRESSION THROUGH THE SYSTEM AND PROJECT TYPE ACCESS

Figure 47. All Households Pathways Through the System (2019)

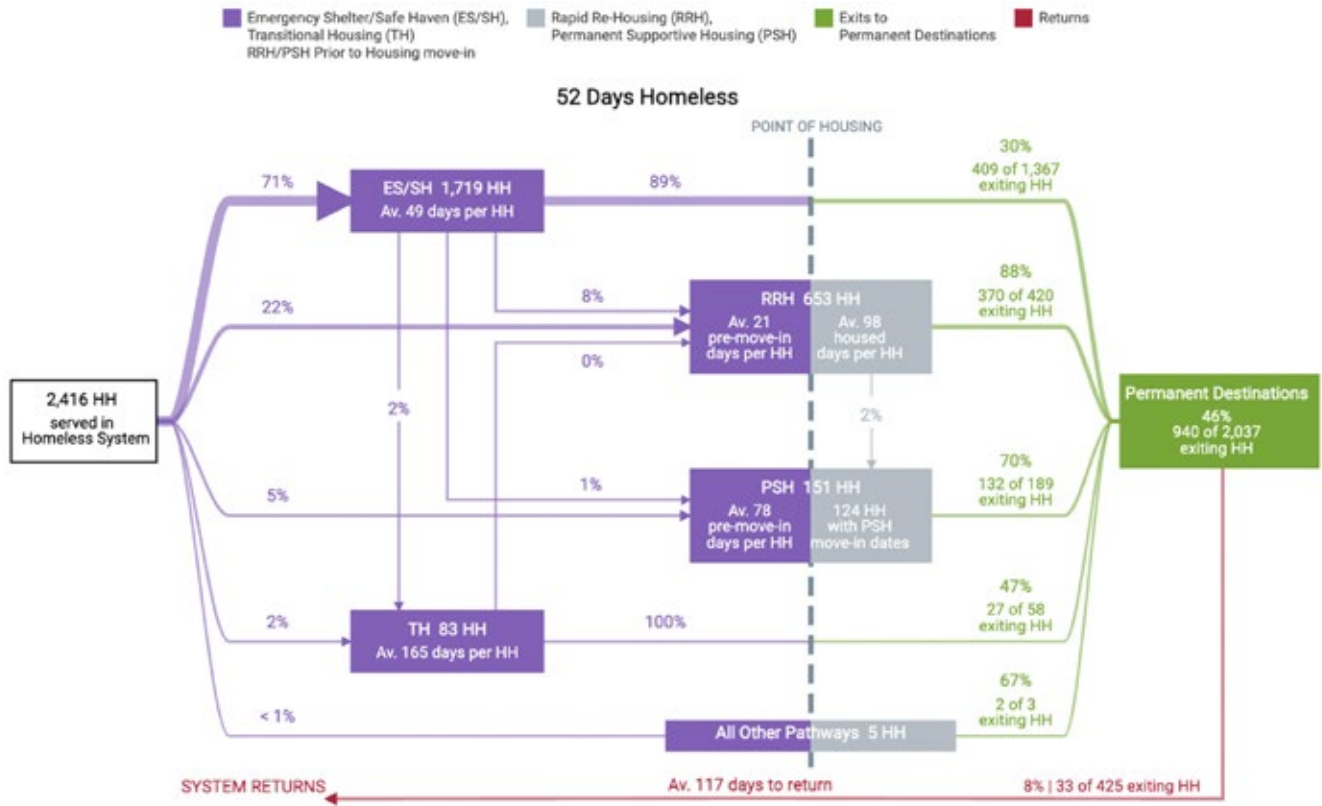


Figure 48. Households with Children Pathways Through the System (2019)

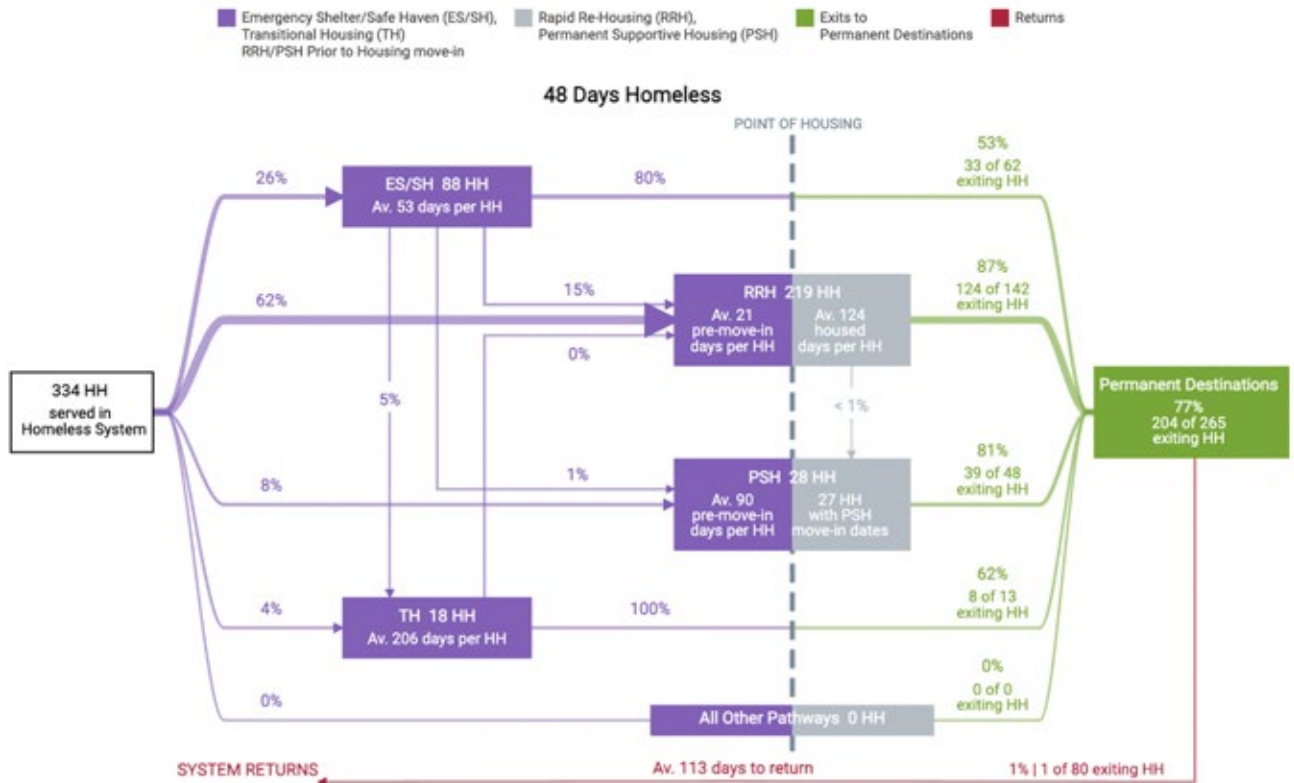


Figure 49. Households without Children Pathways Through the System (2019)

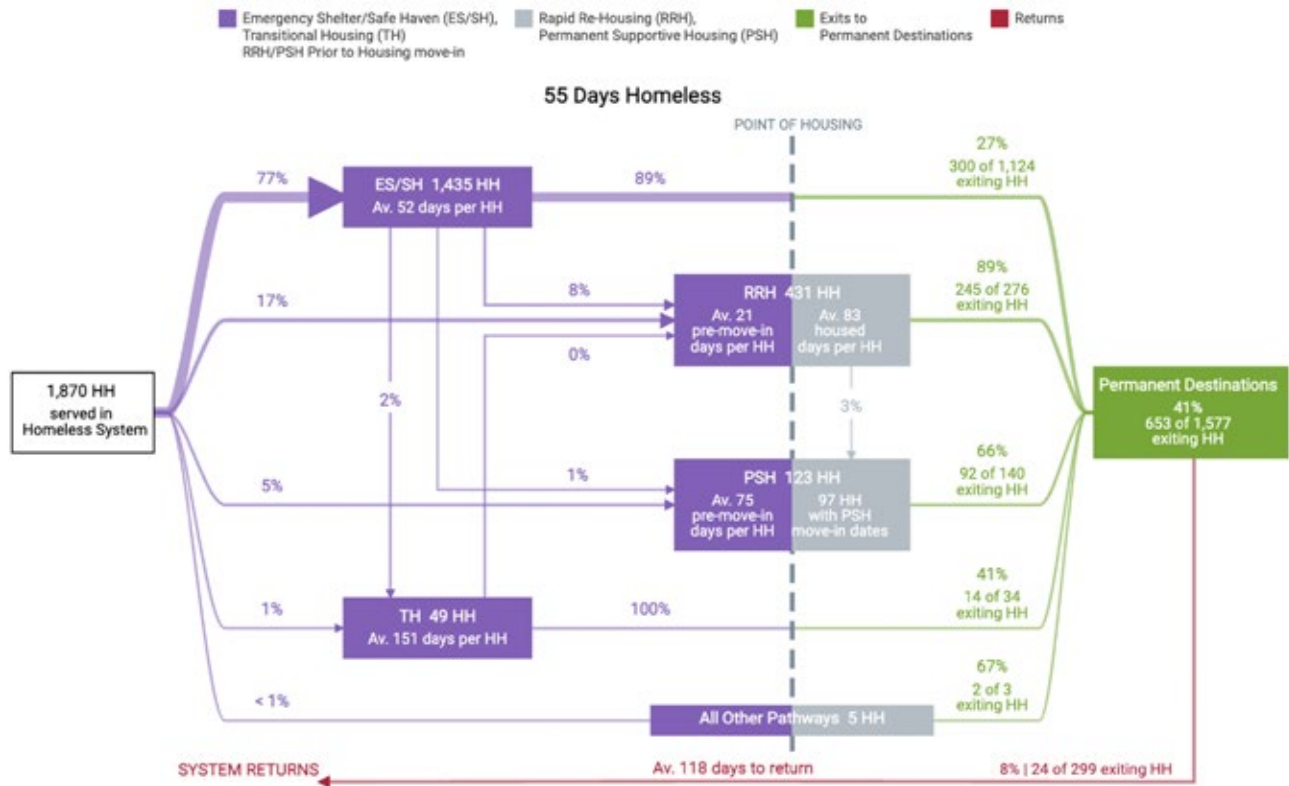


Figure 50. Veteran Households without Children Pathways Through the System (2019)

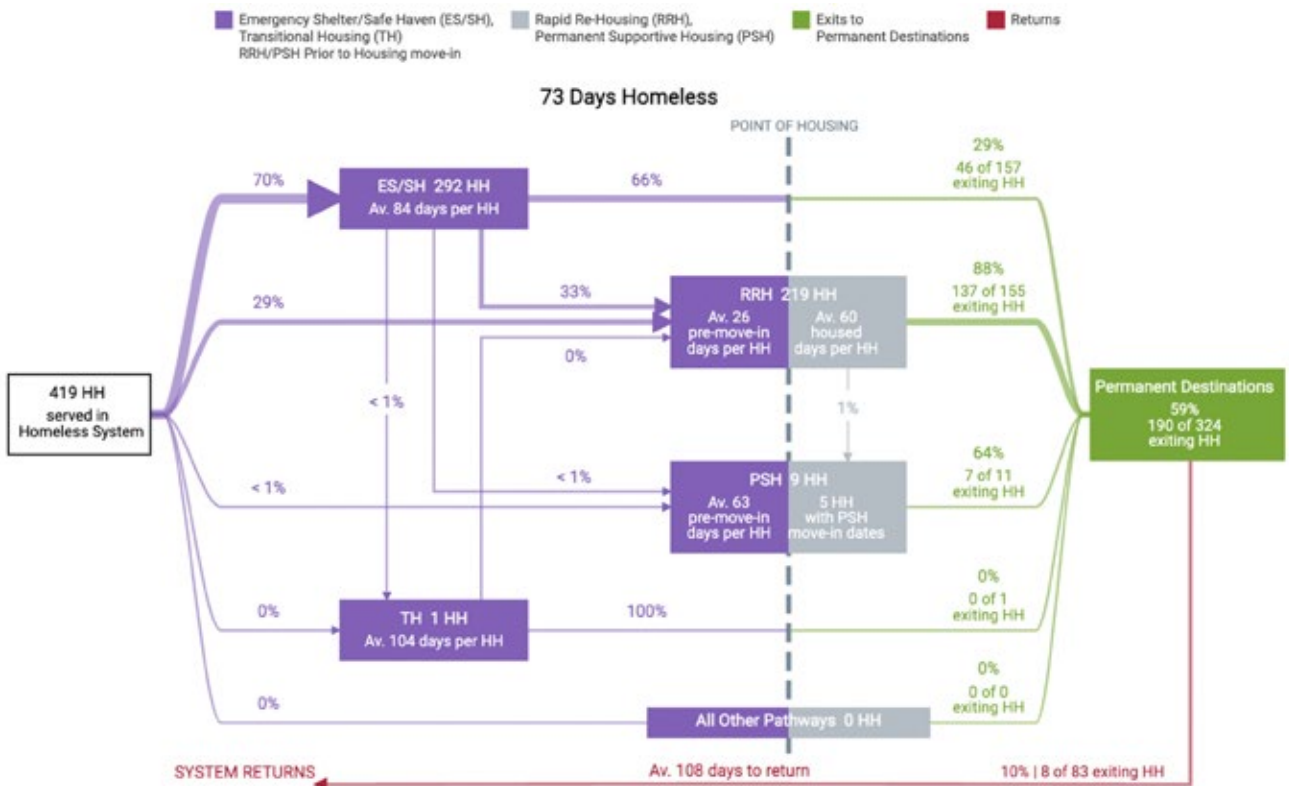


Table 39. Representation of Demographic Groups in Housing Programs as Compared to Overall Proportion in HMIS (2018 vs. 2019)

Population	Total HMIS System		ES/SH/TH		RRH		PSH	
	2018	2019	2018	2019	2018	2019	2018	2019
Total Adults and HOH	2,778	3,125	1,414	1,790	742	794	789	729
Veteran	16%	15%	17%	19%	33%	32%	5%*	5%*
Chronically Homeless	14%	12%	13%	12%	13%	13%	13%	18%
Fleeing DV	7%	8%	5%	5%	10%	11%	10%	12%

*Large VA housing programs omitted from HMIS.

Table 40. Representation of Demographic Groups in Housing Programs as Compared to Overall Proportion in HMIS (2019 vs. 2020)

Population	Total HMIS System		ES/SH/TH		RRH		PSH	
	2019	2020	2019	2020	2019	2020	2019	2020
Total Adults and HOH	3,125	2,883	1,790	1,556	794	848	729	654
Veteran	15%	17%	19%	16%	32%	35%	5%*	4%*
Chronically Homeless	12%	16%	12%	19%	13%	15%	18%	15%
Fleeing DV	8%	9%	5%	6%	11%	10%	12%	15%

*Large VA housing programs omitted from HMIS.

Table 41. PIT Count, Total System, and Housing Type Counts (2019 and 2020)

Gender	Total HMIS System			ES/SH/TH			RRH			PSH		
	2018	2019	2020	2018	2019	2020	2018	2019	'20	2018	2019	2020
Total Adults and HOH	2,778	3,125	2,883	1,414	1,790	1,556	742	794	848	789	729	654
Male	50%	51%	52%	59%	59%	61%	49%	48%	50%	41%	39%	40%
Female	49%	48%	47%	41%	39%	38%	51%	52%	50%	59%	61%	60%
Other Gender	0%	1%	1%	0%	2%	1%	1%	1%	1%	0%	0%	0%

Table 42. Participation in Project Type by Race (All Adults and HoH, 2018 to 2020)

Race	Total HMIS System			ES/SH/TH			RRH			PSH		
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
White (All)	74%	74%	75%	70%	69%	69%	77%	79%	80%	77%	79%	81%
White (Only)	71%	71%	73%	67%	66%	67%	76%	77%	78%	76%	78%	80%
Black	21%	21%	19%	24%	23%	23%	19%	17%	15%	20%	17%	15%
Other Race	5%	6%	6%	6%	7%	7%	4%	4%	5%	3%	4%	4%
LatinX / White	2%	2%	2%	3%	3%	3%	2%	1%	2%	1%	1%	2%

Table 43. Participation in Project Type by Race (Adults and HoH without Children, 2018 to 2020)

Race	Total HMIS System			ES/SH/TH			RRH			PSH		
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
White (All)	76%	76%	77%	74%	74%	73%	82%	81%	82%	78%	81%	82%
White (Only)	75%	74%	75%	72%	71%	71%	81%	79%	79%	78%	80%	81%
Black	19%	18%	17%	21%	20%	20%	14%	16%	14%	18%	15%	14%
Other Race	5%	5%	6%	5%	6%	7%	5%	4%	4%	3%	4%	4%
LatinX / White	2%	2%	2%	2%	3%	2%	1%	2%	2%	1%	1%	1%

Table 44. Percentage of Housing Programs Access by Family Type (2019)

All 2019	People served (FY-19)	Stella Households	*LSA ES/SH / TH	*LSA RRH	*LSA PSH
All	4,133	2,886	1,763	656	626
Family	39%	17%	6%	34%	29%
Adults Only	57%	76%	82%	66%	71%
Child Only	5%	7%	12%	-	-

*FY 2019 Heads of Household

Table 45. Percentage of Housing Programs Access by Family Type (2020)

Population	People served (FY-20)	2020 PIT HoH	LSA Households Served (FY-20)	LSA ES/SH/TH (FY-20)	LSA RRH (FY-20)	LSA PSH (FY-20)
All	3,772	1,180	2,637	1,523	848	654
Family	39%	14%	17%	6%	28%	28%
Adults Only	57%	84%	77%	84%	68%	60%
Child Only	4%	2%	5%	10%	-	-

Table 46. All Households: Length of Time Homeless in the System (LSA/Stella 2018 to 2020)

All households	2018	2019	2020
All households	50	52	56
Family	39	48	54
AO	54	55	59
CO	32	30	31
White only	49	46	53
White/ Latinx	42	61	58
Black	53	65	62
Multiple Races	53	79	68
Fleeing DV	36	37	49
Have a disabled Member	57	63	64
First Time Homeless	32	34	37

* Small sample size.

Table 47. Family Households: Length of time Homeless in the System (LSA/Stella 2018 to 2020)

Population	2018	2019	2020
All	39	48	54
White only	34	31	53
Latinx*	26	106	120
Black	51	76	49
Multiple races*	67	106	87
Fleeing DV	27	34	64
Have a disabled Member	38	54	67
First Time Homeless	28	31	28

* Small sample size.

Table 48. Households without Children: Length of time Homeless in the System (LSA/Stella 2018 to 2020)

Population	2018	2019	2020
AO	54	55	59
AO 55+	69	80	87
AO Veteran	86	73	75
TAY	60	47	55
White only	54	49	54
Latinx	36	47	56
Black	57	72	74
Multiple races	64	88	67
Fleeing DV	44	42	44
Have a disabled Member	62	65	66
First Time Homeless	33	36	39

Table 49. Households without Children and who are Transition Age Youth: Length of time Homeless in the System (LSA/Stella 2018 to 2020)

Population	2018	2019	2020
AI	60	47	55
White only	41	47	46
Latinx*	41	47	76
Black	106	48	70
Multiple races*	45	54	78
Fleeing DV*	60	15	35
Have a disabled Member	79	62	60
First Time Homeless	29	30	31

* Small sample size.

Table 50. Percentage of Overall Non-DV Beds Allocated by Region

Region	2020 PIT	% Total PIT	ES/ SH	% ES/SH	TH	% TH	RRH	% RRH	PSH	% PSH	Total Beds
Distinctly Rural Regions											
2	24	2%	0	0%	0	0%	23	7%	79	8%	102
3	21	1%	0	0%	0	0%	0	0%	33	3%	33
8	179	11%	36	8%	0	0%	35	11%	36	4%	107
9	133	8%	0	0%	3	1%	4	1%	37	4%	44
Southeast Regions											
1	159	10%	33	8%	0	0%	31	10%	90	9%	154
6	132	8%	21	5%	0	0%	5	2%	95	9%	121
7	84	5%	47	14%	27	12%	88	28%	276	27%	438
Regions Bordering Metro Areas											
4	237	15%	25	6%	144	64%	68	22%	73	7%	310
5	446	28%	177	62%	40	18%	50	16%	225	22%	492
10	159	10%	3	1%	10	4%	9	3%	65	6%	87

Table 51. Proportion of Black Representation in PIT Count with Percentage of Housing Inventory by Region (PIT and HIC 2020)

Region	% Total PIT	% Black	% Of total Black pop	% ES/SH	% TH	% RRH	% PSH
Distinctly Rural Regions							
2	2%	8%	1%	0%	0%	7%	8%
3	1%	0%	0%	0%	0%	0%	3%
8	11%	28%	17%	11%	0%	11%	4%
9	8%	2%	1%	0%	1%	1%	4%
Southeast Regions							
1	10%	20%	11%	10%	0%	10%	9%
6	8%	19%	8%	6%	0%	2%	9%
7	5%	10%	3%	14%	12%	28%	27%
Regions Bordering Metro Areas							
4	15%	26%	21%	7%	64%	22%	7%
5	28%	22%	34%	52%	18%	16%	22%
10	10%	8%	4%	1%	4%	3%	6%

Table 52. Percentage of Dedicated Bed Types by Region

Region	% Total PIT	Chronic (799)	Family (839)	Veteran (426)	DV Temp Shelter (882)	Youth (46)
Distinctly Rural Regions						
2	2%	10%	6%	-	1%	-
3	1%	3%	4%	-	2%	-
8	11%	4%	6%	-	11%	-
9	8%	5%	2%	-	11%	-
Southeast Regions						
1	10%	8%	5%	1%	16%	-
6	8%	12%	6%	-	4%	-
7	5%	31%	23%	50%	7%	-
Regions Bordering Metro Areas						
4	15%	8%	26%	1%	11%	67%
5	28%	11%	15%	46%	22%	33%
10	10%	8%	6%	2%	15%	-

APPENDIX F: OUTCOMES: EXITS AND RETURNS TO HOMELESSNESS

Table 53. All Households: Exits to Permanent Destination by Demographic (LSA/Stella 2018 to 2020)

Population	2018	2019	2020
All households	54%	46%	43%
Family	80%	77%	72%
AO	50%	41%	39%
CO	51%	43%	41%
White only	56%	46%	44%
Latinx*	36%	43%	38%
Black	54%	48%	38%
Multiple Races	47%	44%	41%
Fleeing DV	63%	60%	50%
Have a disabled Member	59%	48%	45%
First Time Homeless	50%	40%	37%

* Small sample size.

Table 54. Households with Children: Exits to Permanent Destination by Demographic (LSA/Stella 2018 to 2020)

Population	2018	2019	2020
All	80%	77%	72%
White only	78%	74%	77%
Latinx*	71%	67%	33%
Black	88%	83%	57%
Multiple races*	75%	78%	75%
Fleeing DV	84%	85%	70%
Have a disabled Member	79%	74%	75%
First Time Homeless	80%	72%	65%

* Small sample size.

Table 55. Households without Children: Exits to Permanent Destination by Demographic (LSA/Stella 2018 to 2020)

Population	2018	2019	2020
AO	50%	41%	39%
AO 55+	57%	50%	51%
AO Veteran	65%	59%	56%
TAY	42%	36%	28%
White only	52%	42%	40%
Latinx*	10%	38%	34%
Black	47%	41%	34%
Multiple races	46%	33%	39%
Fleeing DV	54%	45%	41%
Have a disabled Member	56%	45%	42%
First Time Homeless	45%	35%	33%

* Small sample size.

Table 56. Transitional Age Youth: Exits to Permanent Destination by Demographic (LSA/Stella 2018 to 2020)

Population	2018	2019	2020
All	42%	36%	28%
White only	41%	44%	27%
Latinx*	-	44%	33%
Black	49%	38%	24%
Multiple races*	42%	33%	40%
Fleeing DV*	45%	42%	22%
Have a disabled Member	50%	29%	29%
First Time Homeless	38%	31%	26%

* Small sample size.

Table 57. All Households: Returns to Homelessness for those Exiting 6 Months after Exit and the Start of the Reporting Period (2018 to 2020).

Population	2018	2019	2020
All households	7%	8%	5%
Family	3%	1%	0%
AO	6%	8%	7%
CO	12%	18%	3%
White only	5%	8%	6%
Latinx*	0%	0%	11%
Black	10%	9%	2%
Multiple Races	13%	8%	0%
Fleeing DV	15%	5%	3%
Have a disabled Member	5%	8%	5%
First Time Homeless	6%	6%	4%

* Small sample size.

Table 58. All Households: Returns to Homelessness for those Exiting 6 Months after Exiting 1-12 Months Prior to the Start of the Reporting Period (2018 to 2020).

Population	2018	2019	2020
All households	7%	9%	7%
Family	0%	3%	2%
AO	6%	8%	7%
CO	19%	9%	13%
White only	6%	6%	7%
Latinx*	13%	6%	5%
Black	7%	9%	7%
Multiple Races	17%	11%	12%
Fleeing DV	5%	5%	5%
Have a disabled Member	6%	6%	8%
First Time Homeless	5%	6%	5%

* Small sample size.

Table 59. Returns to Homelessness by Exit Type (FY 2019)

Population	Returns after Permanent exit	Returns after Temporary exit
All exiting households (1,546)	11%	19%
Family (198)	4%	16%
AO (1164)	12%	19%
CO (181)	17%	16%
TAY (160)	15%	11%
White only (1,057)	11%	17%
Latinx (46)	12%	25%
Black (358)	13%	23%
Multiple Races (56)	18%	23%
Fleeing DV (94)	7%	14%
Have a disabled Member (712)	11%	20%
First Time Homeless (1,287)	10%	16%

Table 60. Returns to Homelessness by Exit Type for Households with Children (FY 2019)

Population	Returns after Permanent exit	Returns after Temporary exit
All Families (198)	4%	16%
White only (124)	4%	15%
Latinx (7)	-	-
Black (60)	4%	29%
Multiple races (6)	-	-
Fleeing DV (31)	12%	-
Have a disabled Member (86)	3%	24%
First Time Homeless (183)	4%	17%

Table 61. Adults without Children: Returns to Homelessness by Exit Type (FY 2019)

Population	Returns after Permanent exit	Returns after Temporary exit
AO (1,164)	12%	19%
AO 55+ (226)	13%	29%
AO Veteran (283)	12%	31%
TAY (160)	15%	11%
White only (860)	11%	18%
Latinx (19)	-	-
Black (226)	16%	24%
Multiple races (35)	17%	24%
Fleeing DV (56)	4%	14%
Have a disabled Member (584)	12%	20%
First Time Homeless (950)	12%	16%

Table 62. Emergency Shelter: Returns to Homelessness Cohort Analysis (2018 to 2020)

Year	Number exiting to any destination type	Returns to homeless system 6 month after exit
2018	500	13% (67)
2019	818	15% (119)
2020	871	14% (123)

Table 63. Transitional Housing: Returns to Homelessness Cohort Analysis (2018 to 2020)

Year	Number exiting to any destination type	Returns to homeless system 6 month after exit
2018	22	9% (2)
2019	25	0% (0)
2020	23	4% (1)

Table 64. Permanent Supportive Housing: Returns to Homelessness Cohort Analysis (2018 to 2020)

Year	Number exiting to any destination type	Returns to homeless system 6 month after exit
2018	3	0% (0)
2019	7	14% (1)
2020	5	0% (0)

APPENDIX G: RECOMMENDATIONS

Table 65. System-Wide Recommendations

Recommendation	Details	This would support the CoC’s goal by:
1. CoC Provider and Affiliated Services Trainings	Provide trainings on: a. Diversity, equity, inclusion, and belonging b. Anti-racist, anti-bias, and anti-discrimination	Improving provider practices around diversity, equity, inclusion, and belonging (DEIB) and anti-racism/discrimination such that consumers feel more welcome, are more able to access and utilize services, and are treated in an equitable way by all service providers,
	c. Provide further training on HMIS, Litmos, Assessment processes, and Coordinated Entry.	Supporting providers in using the Coordinated Entry System and other aspects of the CoC (e.g., HMIS, prioritization) as it is designed, which is meant to support equitable access
2. Expansion of Services	a. Make targeted increases in shelter capacity	Engaging in targeted increases in the availability of temporary and permanent housing opportunities in targeted areas (items a-b).
	b. Make targeted expansion of permanent housing resources	
	c. Advocate and collaborate for the expansion and availability of affordable housing and economic opportunities.	Increasing opportunities for affordable housing and improved economic opportunity programs across all regions (c).
	d. Build a resource directory for consumers	Giving consumers access to the wraparound support services they need for housing programs to be successful in ending their homelessness and housing insecurity and/or prevent homelessness (items d-g).
	e. Expand paid case management staff	
	f. Provide additional transportation services for consumers	
	g. Expand outreach and prevention services	
3. Community Engagement and Education	a. Increase landlord engagement	Increasing landlord buy-in for participation in housing programs, which is essential for most rural community’s homelessness solutions.
	b. Engage in community-level education	Promoting greater understanding of the need for services and support around expanded services and compassion in the community, which can prevent “not in my backyard” pushback from communities that prevents much-needed services from taking root.
	c. Integrate community services	Supporting those needing access to services from being overly criminalized and left without connection to needed services when other systems (e.g., police, child protective services) are involved in their lives.
4. Feedback Loops and Evaluation of Systems	a. Build consumer feedback loops	Ensuring that services and programs are adequately meeting the needs of consumers and are appropriately responding to cultural, class, race, gender, religious, and other differences.
	b. Create system feedback loops	
	c. Evaluation of system of care in each community	
	d. Evaluate system-wide coordination	Ensure that the system-wide operations are functioning with fidelity and, if not, helping the CoC and local communities easily pinpoint where improvements need to be made and how.

Table 66. Coordinated Entry System Recommendations

Recommendation	Details	This would support the CoC's goal by:
1. Reevaluation of Assessment Tools and Procedures	a. Evaluate the equity of the VI-SPDAT and seek to counteract any inequities	Helping to ensure that consumers are equitably prioritized for services and housing.
	b. Implement a more robust phased assessment model	
2. Enhance Internal Operational Structures	a. Update written standards update	Removing barriers to equitable access and prioritization.
	b. Create online dashboard that allows for sharing of information, resources, and regional updates	
	c. Evaluate how to engage in cross-region and cross-CoC data sharing	
	d. Define roles and build CoC/CES staffing	Ensuring all CoC-affiliated providers and services have access to standardized policies and procedures that are meant to support equitable access and prioritization.
	e. Assess and redevelop current funding distribution policies	Streamline the processes and roles of the CoC, which ultimately saves resources and furthers the goal.
3. Update and Expand the Coordinated Entry Directory	a. Update the CE directory contact information, methods of access and contact and include a system map of CE access points.	Streamlining both provider (to reduce the time it takes to access services) and consumer knowledge of services and how to access them (to improve equitable access).
	b. Expand the directory to include any other access points not currently listed.	
	c. Regularly update the information in the directory.	
	d. Make the CE directory available in various formats, including through websites connected to services in every community.	

