Institute for Community Alliances

Gaps and Disparities in Programs for Individuals and Families Experiencing Homelessness

An examination of HMIS-participating coordinated entry, emergency shelter, street outreach and transitional housing projects in the St. Louis City Continuum of Care

ST.LOUIS CITY Continuum of Care

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About the Report

Purpose

The primary purpose of this gaps analysis is to identify gaps, disparities and inequities in services provided by the St. Louis City Continuum of Care (CoC). This analysis focuses on projects which provide services to those who are literally homeless while enrolled, namely: coordinated entry, emergency shelter, street outreach and transitional housing. Other common project types, including rapid rehousing, permanent supportive housing, and other permanent housing were excluded because clients in those projects are considered permanently housed; and Safe Haven projects were excluded because there were no Safe Havens in the CoC which used HMIS operating during this report period.

Four areas were examined, in comparison to demographic breakdowns, in this analysis:

- Disparities by Project Type
- Disparities within the VI-SPDAT
- Disparities by Length of Enrollment in Coordinated Entry
- Gaps between Enrollment in Homeless Services and Coordinated Entry

This gaps analysis was also undertaken to meet the HUD requirement in the CoC Program Interim Rule that each CoC must complete an annual gaps analysis.[1]

Methodology

The data used in this analysis was pulled from the Homeless Management Information System (HMIS) utilized by the CoC using a date range of July 1, 2021 through June 30, 2022. All enrollments for all emergency shelter projects, transitional housing projects, and street outreach projects which were open for one or more nights during this date range were included, regardless of how far back the entry started. Enrollments were also pulled for the coordinated entry list provider, which is a single provider used by all agencies in the CoC. A list of projects which were included, as well as the number of records pulled for each project and other general information can be found in Appendix A.

[1] Continuum of Care Program, 24 C.F.R. § 578.7(c)(3), 2017

Limitations

Data Source

The data used for this analysis was pulled exclusively from the HMIS and does not include any information for projects that do not utilize HMIS. There are projects which do not utilize HMIS for various reasons, and many of these projects are eligible to utilize HMIS and contribute to future gaps analyses. These projects are encouraged to reach out to the ICA Missouri Helpdesk at mohmis@icalliances.org if they would like more information about participating in HMIS to contribute to future HMIS-based gaps analyses and other community-wide reports.

Agencies which qualify as Victim Service Providers (VSPs),[2] however, are prohibited from utilizing HMIS, and therefore cannot be included in a gaps analysis based on HMIS data.

Data Quality and Completeness

While the HMIS Data Quality and Completeness for the CoC is incredibly high thanks to the hard work of HMIS users, there may still be rare instances in which the quality or completeness is incomplete. In the unlikely event that any data corrections are found to result in substantial changes to the results of this gaps analysis, ICA will issue an update to the report.

Acknowledgements

The author would like to thank and acknowledge the support and assistance of those who helped make this gaps analysis possible.

City of St. Louis Department of Human Services: Homeless Services Division (HSD)

Thanks to Amy Bickford, Chief Program Manager of the Homeless Services Division; and Yusef Scoggin, Director of the Department of Human Services; for providing suggested areas for examination that allowed for this gaps analysis to be targeted toward areas of potential concern.

System Performance Committee

Thanks to members of the CoC's System Performance Committee for acting as a sounding board and providing feedback throughout the development of this gaps analysis.

Users of the Homeless Management Information System

This gaps analysis would not have been possible without the work of the many individuals who spend time ensuring quality data is collected about the clients we serve and entering the data into the HMIS.

[2] U.S. Department of Housing and Urban Development, 2015; U.S. Department of Housing and Urban Development, 2018

Report Summary

This gaps analysis reviewed four areas to determine whether disparities or gaps existed, and where identified, includes recommendations on next steps around the identified disparities and gaps.

Disparities by Project Type

When reviewing demographic data for clients in HMIS-participating homeless services projects (coordinated entry, emergency shelter, street outreach and transitional housing) during the report period, multiple disparities are identified:

- In comparison to the general population, males are overrepresented in each of the four project types. The largest overrepresentation is in transitional housing.
- Black, African American, or African individuals are overrepresented in all four project types when compared to the general population. This is identified in all four project types but is most clear in coordinated entry and emergency shelter projects.
- Hispanic/Latin(a)(o)(x) individuals are overrepresented, in comparison to the general population, in street outreach projects, while Non-Hispanic/Non-Latin(a)(o)(x) individuals are overrepresented in transitional housing.
- Households without children represent at least 70% of the clients in all four project types.
- Households headed by single (without a spouse or partner) males make up most clients in all four project types.
- U.S. Military Veterans are overrepresented (based on comparison to the general population) in coordinated entry and transitional housing but underrepresented in emergency shelter and street outreach.
- Survivors of Domestic Violence are more prevalent in coordinated entry and street outreach projects than emergency shelter and transitional housing projects.

To address these disparities, there are two recommendations:

- Establish a publicly available dashboard which tracks these disparities over time.
- Work with experts in eradicating disparities to establish polices which allow the mitigation of these disparities over time.

Disparities within the VI-SPDAT

Following the releases of multiple studies suggesting that the VI-SPDAT may further disparities and inequities, this portion looks to determine which disparities exist within the CoC based upon the VI-SPDAT. The following disparities were found within the CoC:

- Males are more prevalent in the lower scoring ranges while females are more prevalent in higher scoring ranges.
- Black, African American, or African heads of household make up a larger portion of those scoring in the lower ranges, while the proportion of White and other/unknown race heads of household increases with each higher scoring range.
- Veteran heads of household are most prevalent in the lowest scoring range and least prevalent in the highest scoring range.

To address these disparities, three recommendations are included in this analysis:

- Review the use of the VI-SPDAT for coordinated entry assessment to determine whether it may need to be removed or replaced.
- Analyze the Risk/Medical Frailty Score, a CoC-developed tool for assessing need, to determine if it, as a tool used alongside the VI-SPDAT, may also be furthering inequities.
- Monitor for gaps based on acuity scores through use of a dashboard updated on a quarterly basis.

Disparities by Length of Enrollment in Coordinated Entry

In this section, analysis focused on determining whether clients in specific demographic groups are spending more time on the prioritization list than others. Comparing demographics to length of stay using quartiles, a couple disparities were identified:

- While males make up the largest portion of clients in all groups, they have the largest portion in the long-term clients, while they have the smallest portion in the short-term clients, suggesting that females may be discharged from coordinated entry faster than males. A similar pattern is identified when comparing single males to single females.
- In comparison to all clients in coordinated entry, households with adults and children make up a larger portion of clients in the short-term category, suggesting that households with adults and children may be discharged from coordinated entry faster than households with only adults.

In addition, two anticipated disparities were not found:

- The score on the VI-SPDAT does not appear to have a relationship to the length of time spent in coordinated entry.
- The length of time in coordinated entry does not appear to have a relationship with the categorized exit destination.

To address these disparities, the recommendation is to establish a dashboard which will be used to monitor demographics by length of time in coordinated entry. The dashboard should be updated and reviewed on a quarterly basis to ensure that any gaps which currently exist do not expand, and that any gaps that may develop are addressed in a timely fashion.

Gaps between Enrollment in Homeless Services and Coordinated Entry

When comparing enrollment in homeless services projects (emergency shelter, street outreach and transitional housing) during the report period to enrollment in coordinated entry, the results show that around half of the clients in each project type were not enrolled in coordinated entry during the same period, which may result in clients missing housing opportunities available through coordinated entry.

The recommendation to eliminate this gap includes the establishment of documentation guidelines, reports in HMIS, and monitoring by DHS to ensure funded homeless services projects are consistently enrolling clients in coordinated entry or documenting that the client declined to participate in coordinated entry.

Disparities by Project Type

In this section, demographics amongst specific project types are reviewed to identify patterns and gaps. This section compares coordinated entry (specifically the prioritization list project), emergency shelter, street outreach and transitional housing projects. When comparable data is available, the results are also compared to data available from the U.S. Census Bureau's 5-year estimates based on the American Community Survey of 2020 looking solely at the CoC's geographic area (the City of St. Louis).

Methodology

Unless otherwise indicated, clients were counted once per project type in this section, and multiple enrollments within the same project type were added together to determine length of stay.

For example, if a client was enrolled in emergency shelter three times and coordinated entry one time, they are counted once in emergency shelter and once in coordinated entry. The length of stay in emergency shelter for this client is the combined length of all three emergency shelter stays. For example, if the client's three stays in emergency shelter were 14 nights, 21 nights, and 28 nights, the client's length of stay for the purpose of this report is 63 nights.

Inclusion by project type was determined using the following methodology:

- Coordinated Entry: Client has at least one enrollment in the project in report period.
- Emergency Shelter: Client spent at least one night in shelter in report period.
- Street Outreach: Client was enrolled in street outreach for at least one night in report period.
- Transitional Housing: Client spent at least one night in transitional housing in report period.

Demographic details (gender, race, ethnicity, household composition, HUD household type, veteran status, and survivor of domestic violence) were pulled based upon the information the client (or client's partner or parent/guardian) provided at the client's most recent entry to any project included in the report.

The number of records by project type can be found in Appendix A.

Analysis

Gender

All four project types in this gaps analysis are majority male, ranging from 59.3% to 85.5%, with coordinated entry having the lowest proportion of males and transitional housing having the highest percentage of males (Figure 1). In comparison, the population of the CoC's geographic area is 47.7% male and 52.3% female,[3] meaning that males are overrepresented in the CoC's homeless programs. The small proportion of clients identifying as genders other than female or male precludes the ability to draw any conclusions in this analysis.

Transitional housing projects have a much larger majority of males than the other project types, which can be attributed to the high number of VA-funded Grant and Per Diem (GPD) beds. GPD funds a substantial portion of the HMIS-participating transitional housing beds in the CoC (42.4%)[4], and these beds are reserved for U.S. Military Veterans, 89.8% of which are male within the CoC's geographic area.[5]

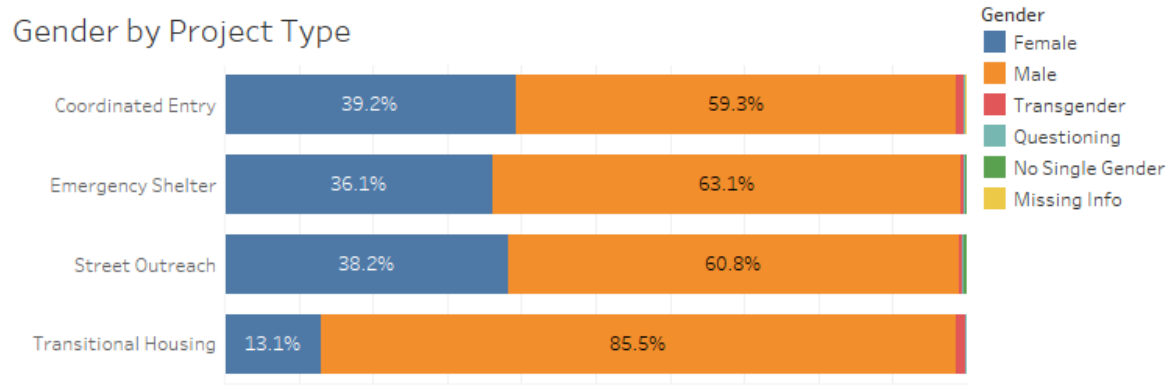

Figure 1. Gender by Project Type

[3] U.S. Census Bureau, 2020
[4] St. Louis City Continuum of Care, 2022
[5] U.S. Census Bureau, 2020

Race

All four project types are predominantly made up of individuals identifying as Black, African American, or African, ranging from 58.6% to 69.3%, with transitional housing having the lowest proportion and coordinated entry having the highest (Figure 2). Individuals identifying as White were the second most common group, making up from 25.2% to 36.8% of the clients served. In comparison, the population of the CoC's geographic area is 50.3% White and 42.6% Black, African American, or African,[6] meaning that Black, African American, or African individuals are overrepresented in the CoC's homeless programs.

All remaining races (American Indian, Alaska Native, or Indigenous; Asian or Asian American; Native Hawaiian or Pacific Islander; and Multiracial) and unknown races (Client doesn't know, Client refused, Data not collected, or missing) were grouped together for this study as the sample sizes for each are too small to conduct analysis. The combined population of the CoC's geographic area is 3.7% for these other and unknown races,[7] meaning that persons of other or unknown racial identities are overrepresented to some extent in all four project types, with the most overrepresentation in street outreach, and the least overrepresentation in transitional housing. The small sample size, however, still precludes the ability to draw strong conclusions.

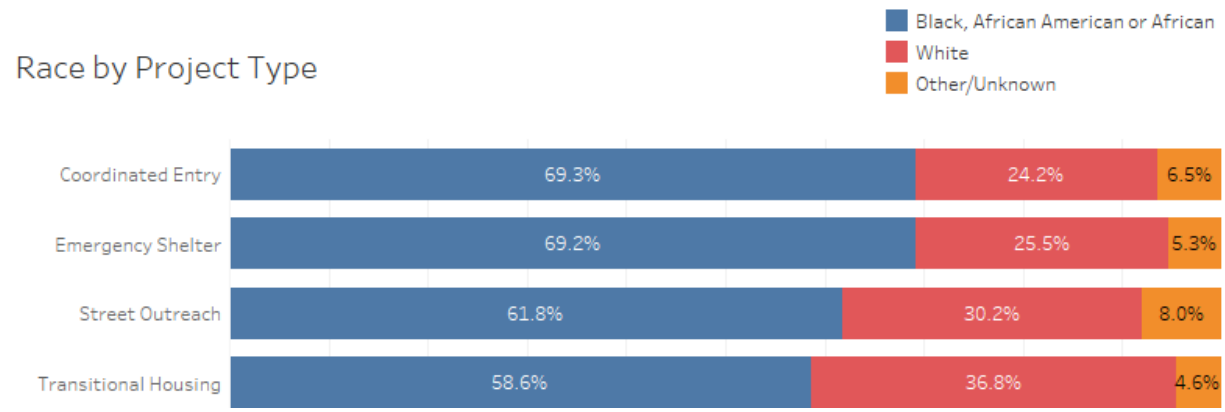

Figure 2. Race by Project Type

[6] U.S. Census Bureau, 2020
[7] U.S. Census Bureau, 2020

Ethnicity

All four project types are predominantly made up of individuals identifying as Non-Hispanic/Non-Latin(a)(o)(x). The highest proportion of Hispanic/Latin(a)(o)(x) individuals by project type is in street outreach (4.6%) and the lowest proportion is in transitional housing (1.0%, Figure 3). In comparison, the population of the CoC's geographic area is 1.9% Hispanic or Latin(a)(o)(x),[8] meaning that Hispanic/Latin(a)(o)(x) individuals are overrepresented in street outreach projects, while Non-Hispanic/Non-Latin(a)(o)(x) individuals are overrepresented in transitional housing projects.

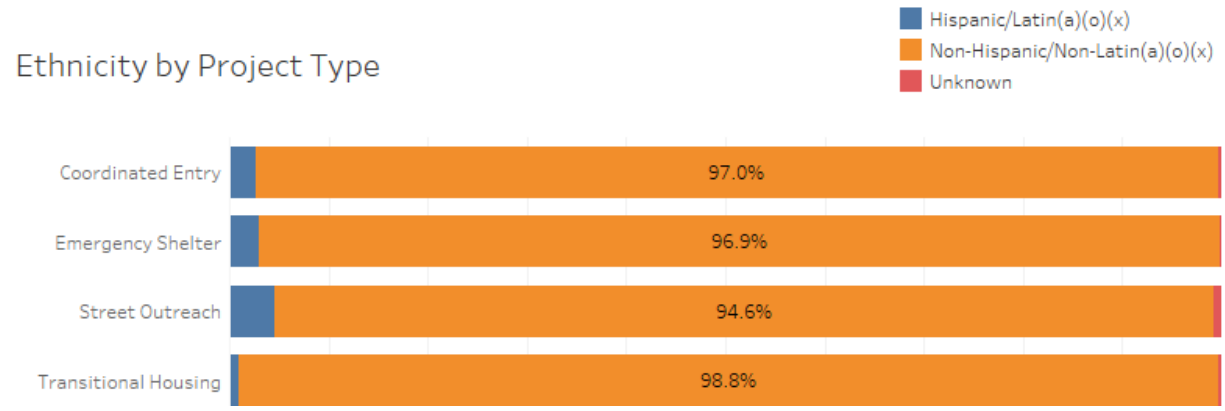

Figure 3. Ethnicity by Project Type

[8] U.S. Census Bureau, 2020

Household Composition

All four project types are majority single males, with the lowest proportion of single males in coordinated entry and the highest proportion in transitional housing (Figure 4). The second most common household composition is single females, followed by male & female couples, then others (single persons of other genders, couples of other combinations, and households with insufficient information to determine composition), and last same gender couples (two males or two females).

Note: This measure looks solely at the head of household and their partner(s)/spouse and not whether there are other household members present. A "single female" household, for example, may or may not include children or other household members, such as extended family members or nonrelatives.

Like discussed in the gender analysis above, transitional housing projects have a much larger majority of single male households than the other project types, which can be attributed to the high number of VA-funded Grant and Per Diem (GPD) beds. GPD funds a substantial portion of the HMIS-participating transitional housing beds in the CoC (42.4%)[9], and these beds are reserved for U.S. Military Veterans, 89.8% of which male within the CoC's geographic area.[10]

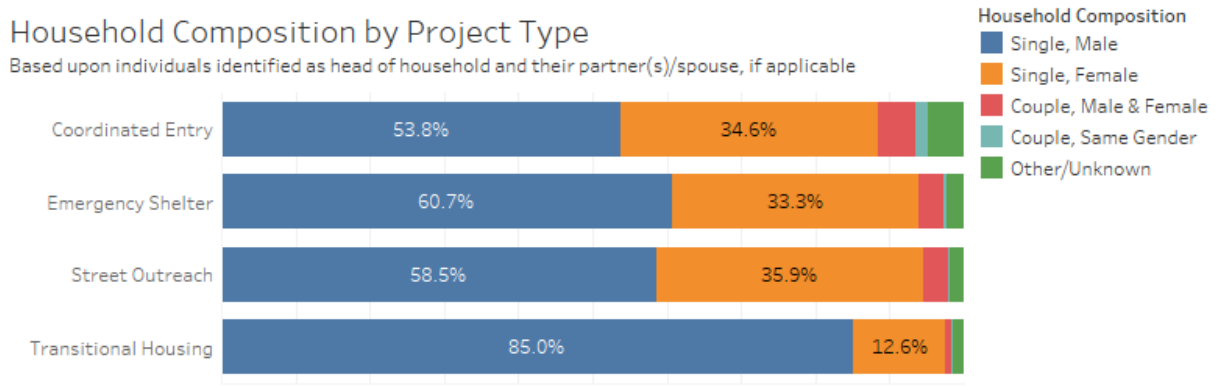

Figure 4. Household Composition by Project Type

[9] St. Louis City Continuum of Care, 2022
[10] U.S. Census Bureau, 2020

HUD Household Type

All four project types are predominantly made up of households without children (i.e., all household members are at least 18 years of age), ranging from 73.7% for coordinated entry to 92.5% for transitional housing (Figure 5). The second most common household type are households with children (i.e., households which include at least one individual at least 18 years of age and at least one under 18 years of age), followed by households with only children (i.e., all household members are under 18 years of age). Only a small portion of households are of an unknown type, which can occur when one or more household members do not have a date of birth recorded in the system.

Further investigation and analysis to determine the disproportionately high percent of persons in households with children in coordinated entry compared to the other project types is recommended.

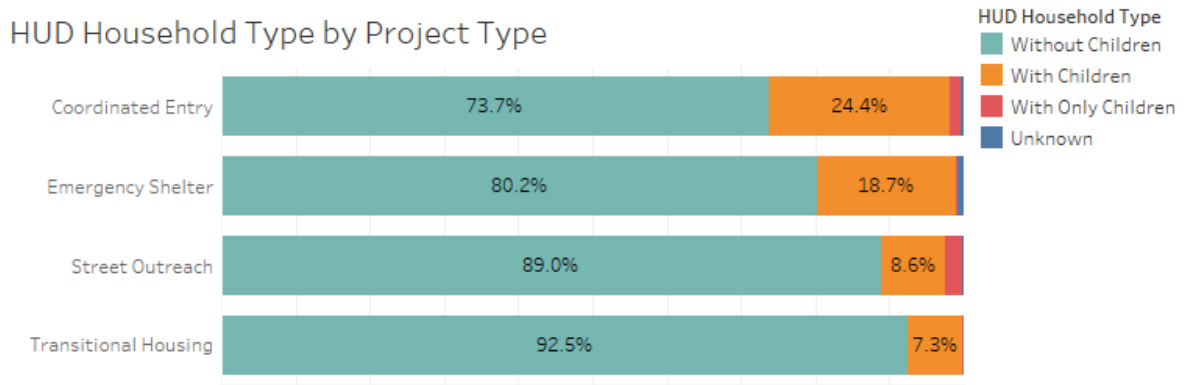

Figure 5. HUD Household Type by Project Type

Veteran Status

Looking solely at adults, we find that three project types: coordinated entry, emergency shelter, and street outreach, are made up predominantly of non-veteran adults, ranging from 95.8% to 88.0%, while veterans make up most adults for transitional housing (56.2%, Figure 6).

Like discussed above, transitional housing projects in the CoC have a much larger majority of veterans than the other project types, which can be attributed to the high number of VA-funded Grant and Per Diem (GPD) beds, which make up 42.4% of the transitional housing beds in the CoC.[11] GPD beds are reserved for U.S. Military Veterans.

According to the American Community Survey, the percent of persons 18 and above who are veterans within the CoC's geographic area is 6.4%,[12] which means that veterans are overrepresented in coordinated entry and transitional housing, while underrepresented in emergency shelter (5.5%) and street outreach (3.5%) projects.

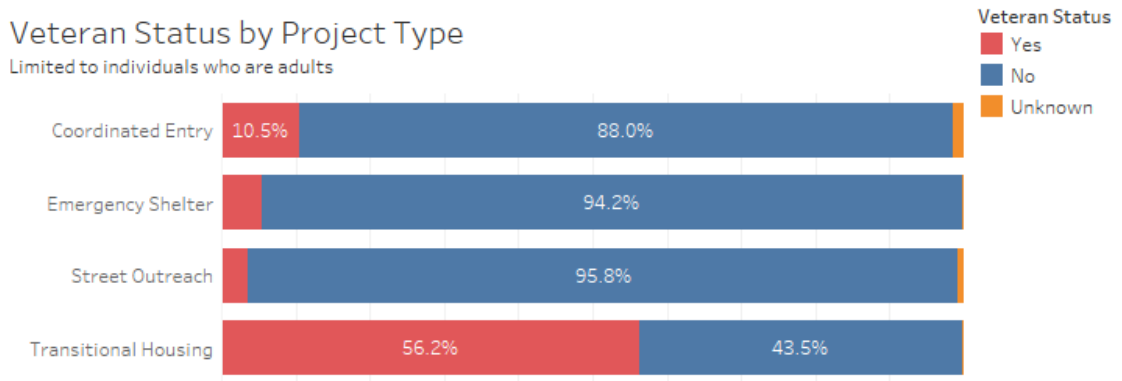

Figure 6. Veteran Status by Project Type

[11] St. Louis City Continuum of Care, 2022
[12] U.S. Census Bureau, 2020

Survivors of Domestic Violence

Most clients in all four project types have reported not having experienced domestic violence, with the percent of clients reporting having experienced domestic violence ranging from 9.3% to 21.3%, with transitional housing reporting the lowest proportion and street outreach reporting the highest proportion (Figure 7).

These numbers, however, need to be placed in context. Some projects are not required to collect information about domestic violence victim/survivor status because it is not a universal data element (i.e., one collected by all projects regardless of type or funding source). In this gaps analysis, the coordinated entry project does not collect this specific data element,[13] and many other projects in other project types do not collect it, either. For these projects, this question has been pulled from information these clients provided when enrolled in other projects. The higher than usual rate of unknown statuses is likely attributable to those clients who have not been enrolled in any project which collect this data element.

In addition, an unknown proportion of those who are victims or survivors of domestic violence are enrolled in coordinated entry external to the HMIS because they were placed onto the prioritization list by a victim service provider, and victim service providers are prohibited from utilizing HMIS.[14]

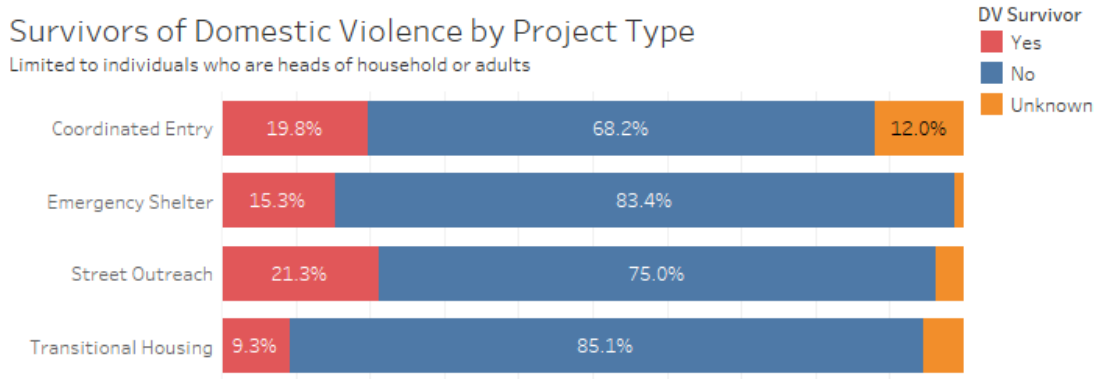

Figure 7. Survivors of Domestic Violence by Project Type

[13] The coordinated entry project collects a similar, but not identical question, which is not directly comparable. The question asked by the coordinated entry project is intended to allow the client to choose whether to identify as a victim or survivor of domestic violence, rather than asking if the client is a victim or survivor of domestic violence.
[14] U.S. Department of Housing and Urban Development, 2015; U.S. Department of Housing and Urban Development, 2018

Recommendations

Establish Quarterly Tracking and Reporting on Demographics

Under the guidance of the CoC's System Performance Committee, ICA (as HMIS Lead Agency) will develop an online, publicly available dashboard which contains project type-specific information about each of the demographics examined in this section of the analysis, with trend data from quarter-to-quarter which will allow the CoC to monitor changes over time in equity for different groups. CoC committees can then review this dashboard when making decisions and recommendations to ensure their decisions are made within a context of furthering equity within the CoC.

Establish Policies to Mitigate Inequities

Through consultation with experts in identifying and eradicating inequities, the CoC System Performance Committee should work to develop specific policies and practices which will help mitigate inequities found in this analysis, specifically those disparities and inequities identified in the areas of race, gender, HUD household type and veteran status. Once those policies have been developed, they can then be sent to the CoC board for final review and approval.

Disparities within the VI-SPDAT

In this section, we look at data specific to coordinated entry, in particular data entered into the prioritization list project[15] and VI-SPDAT overall scores.

Two studies of VI-SPDAT data have concluded that the VI-SPDAT furthers racial disparities.[16] The studies found, generally, that those who are White tend to score higher than those who are Black, African American, or African. One of these studies[17] also identified a potential bias based upon gender as well, with white women generally scoring higher than white men, black women, and black men.

Noting the concerns raised by these two studies and the importance of furthering equity within CoC programming, this analysis reviews demographic data based upon ranges of the VI-SPDAT to see if patterns or disparities are found (or other patterns or disparities) within the CoC's data.

Methodology

For this portion of the analysis, the set of clients was narrowed only to heads of household who were enrolled in coordinated entry for at least one day between 7/1/2021 and 6/30/2022, and who had at least one VI-SPDAT recorded in the system in the last 3-4 years. For clients with multiple VI-SPDATs, the maximum score was utilized. Heads of household without a VI-SPDAT were excluded in the report. A breakdown of the ranges is described below in Figure 8.

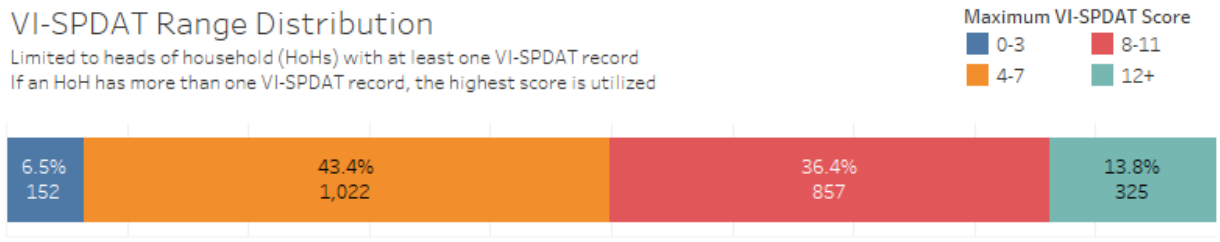

Figure 8. VI-SPDAT Range Distribution

Maximum Score: 0-3

This range makes up 6.5% (n=152) of those heads of household who were enrolled in coordinated entry for at least one day during the report period and have a VI-SPDAT in the system. In accordance with basic guidelines from the VI-SPDAT 2.0 series, clients scoring in this range are generally able to receive supportive services, such as case management and advocacy, from providers in the CoC.

[15] CITY St. Louis – CITY Coordinated Entry(1470) project. See Appendix A for details.

[16] Wilkey, Donegan, Yampolskaya, & Cannon, 2019; Cronley, Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness - critically appraising the VI-SPDAT, 2020

[17] Cronley, Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness - critically appraising the VI-SPDAT, 2020

Maximum Score: 4-7

This range makes up 43.4% (n=1,022) of those heads of household who were enrolled in coordinated entry for at least one day during the report period and have a VI-SPDAT in the system. In accordance with basic guidelines from the VI-SPDAT 2.0 series, clients scoring in this range are generally assessed to determine if rapid rehousing (or similar supports) would be a good fit to assist the household in becoming and remaining housed.

Maximum Score: 8-11

This range makes up 36.4% (n=857) of those heads of household who were enrolled in coordinated entry for at least one day during the report period and have a VI-SPDAT in the system. Basic guidelines with the VI-SPDAT 2.0 series would recommend assessing these households (along with those scoring 12+) to determine if permanent supportive housing (or similar supports) would be a good fit to assist the household in becoming and remaining housed. Due to the limited availability of permanent supportive housing, the CoC separated out this group and placed many of them into programs which were part of a Housing Surge funded through ESG-CV dollars. One of the goals of the housing surge was to get households which would traditionally be referred to permanent supportive housing housed in rapid rehousing and then determine whether the household could remain housed after the rapid rehousing assistance ended. In the event the household was found to be unable to remain housed following the end of rapid rehousing assistance, the household would then generally be assessed for eligibility for permanent supportive housing and transitioned into a permanent supportive housing program.

Maximum Score: 12+

This range makes up 13.8% (n=325) of those heads of household who were enrolled in coordinated entry for at least one day during the report period and have a VI-SPDAT in the system. Basic guidelines of the VI-SPDAT 2.0 series would recommend assessing all households scoring 8+ for suitability for permanent supportive housing. The CoC decided, during the ESG-CV funded Housing Surge, to try focusing permanent supportive housing on those scoring 12+ (or those scoring 8-11 for whom rapid rehousing was not sufficient). Clients scoring in this range are generally assessed to determine if permanent supportive housing (or similar supports) would be a good fit to assist the household in becoming and remaining housed.

Analysis

Gender

In the area of gender by VI-SPDAT ranges, we find that the gender proportions change following a pattern, with the proportion of males to females being approximately 3:1 in the 0-3 range, but nearly 1:1 in the 12+ range, and gradual changes in the ranges in between. This appears to align with findings in a study conducted on the VI-SPDAT.[18] That study looked at both race and gender and suggested that white women are likely to score higher on the VI-SPDAT than white men, black men, and black women.

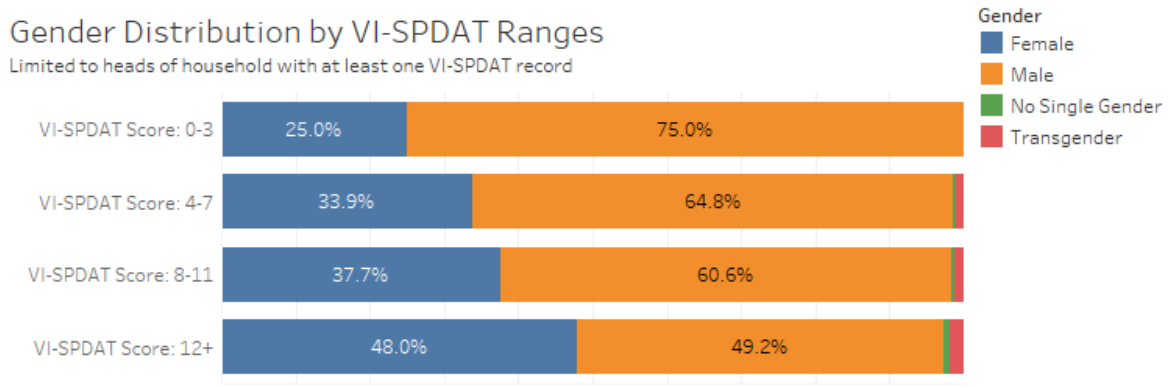

Figure 9. Gender Distribution by VI-SPDAT Ranges

[18] Cronley, Racial and Gender Bias in the VI-SPDAT, 2021

Race

Evidence of racial bias in the VI-SPDAT was found in this analysis, aligning with results of other studies which concluded that Black, African American, or African individuals are likely to score lower than White individuals.[19] In the CoC, the proportion of clients scoring in the lowest range was approximately 3:1 for Black, African American, or African and White heads of household, but only 2:1 in the highest scoring range (Figure 10). The VI-SPDAT range closest to the overall population of those who identify as Black, African American, or African in the coordinated entry project is the 4-7 range, which comes to 68.6%, and makes up 69.3% of clients in coordinated entry (Figure 2, p. 10).

The rate for persons of an unknown or other race also grew substantially, from 2.6% to 12.0%, which, in combination with the increase in proportion for white individuals (from 23.7% to 29.5%) may be an indication that the VI-SPDAT specifically disadvantages persons who are Black, African American, or African, rather than specifically advantages persons who are White. Further analysis would be necessary to determine if this may be the case.

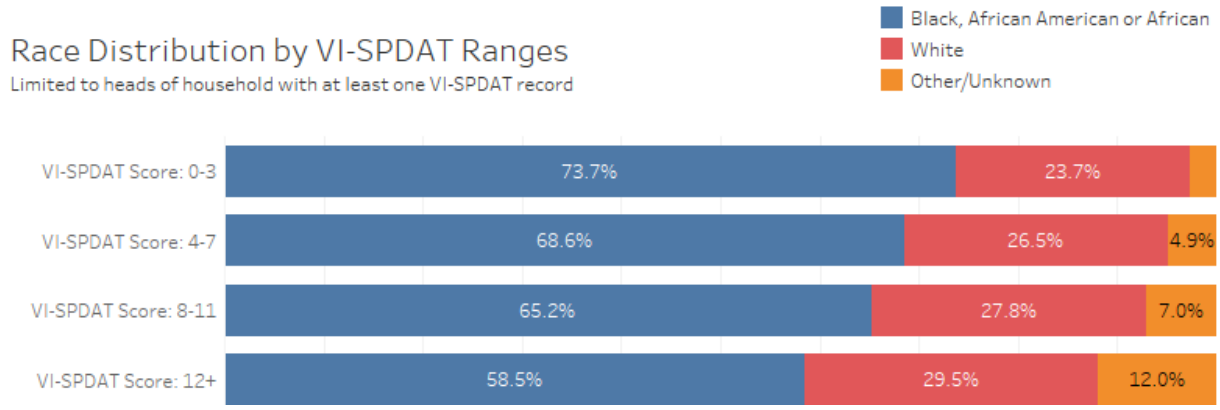

Figure 10. Race Distribution by VI-SPDAT Ranges

[19] Cronley, Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness - critically appraising the VI-SPDAT, 2020; Wilkey, Donegan, Yampolskaya, & Cannon, 2019

Ethnicity

Regarding ethnicity and the VI-SPDAT, there appears to be no major impact of ethnicity on VI-SPDAT scoring in the CoC based upon the data available. The proportion of heads of household identifying as Hispanic/Latin(a)(o)(x) ranges from 2.1% to 3.4%, with the lowest proportion in the 4-7 range and the highest proportions tied for the 8-11 and 12+ ranges. These proportions are too small to draw any conclusions.

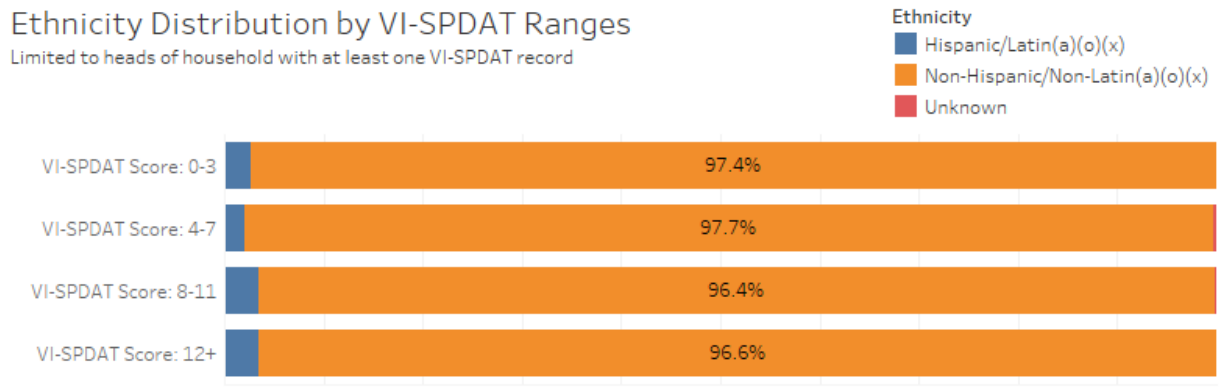

Figure 11. Ethnicity Distribution by VI-SPDAT Ranges

Household Composition

The same trends identified when comparing gender and VI-SPDAT ranges are found when comparing household composition and V-SPDAT scoring ranges. In the lowest scoring range (0-3), the ratio of single males to single females is roughly 3:1, but again comes to approximately 1:1 in the highest scoring range (12+, Figure 12).

We also see that the proportion of male & female couple households increases with each score range increase (from 1.3% to 5.8%), as does other/unknown (from 0% to 4.9%). The same gender couple households, however, do not follow this pattern, ranging from 0.8% to 2.0%, and not increasing or decreasing consistently with the VI-SPDAT scoring range.

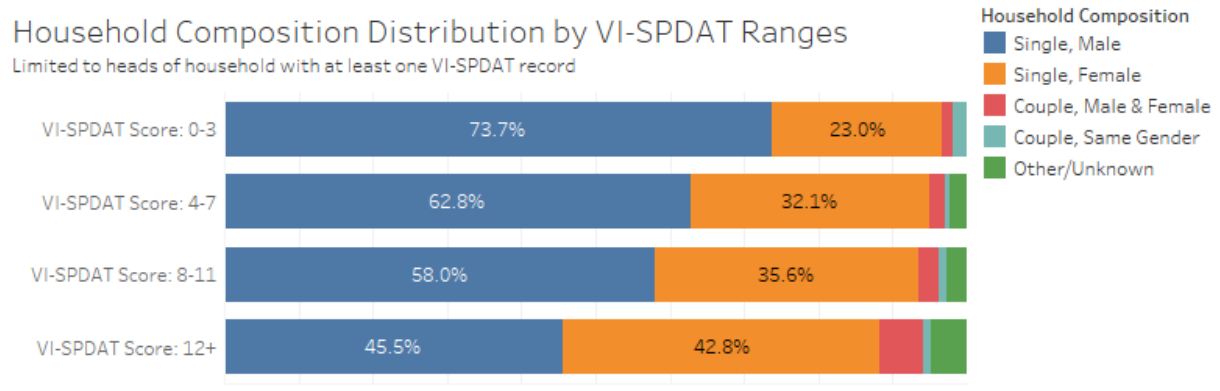

Figure 12. Household Composition Distribution by VI-SPDAT Score

HUD Household Type

The pattern shown by HUD Household Type, in which households with children gradually increase in proportion with each increased scoring range, is likely attributable to the additional VI-SPDAT questions which are applicable only to households with children. The maximum score for the VI-SPDAT for single individuals is 17, while the maximum scoring range for families is 21.

At the lowest score range, the ratio between households without children and households with children is roughly 13:1 but decreases to approximately 4:1 for the highest scoring range (Figure 13).

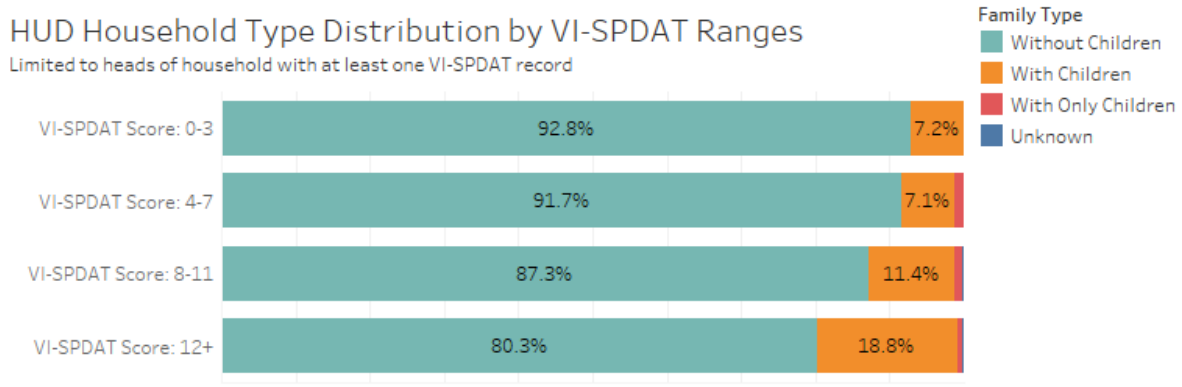

Figure 13. HUD Household Type Distribution by VI-SPDAT Score

Veteran Distribution

The proportion of veterans in each scoring range decreases as the scoring ranges increase, ranging from approximately 4:1 at the lowest range, to about 17:1 for the highest range (Figure 14). While this may be attributable to the same pattern seen in gender (Figure 9, p. 19) because veterans are mostly men and white women tend to score higher on the VI-SPDAT, further analysis would be necessary to confirm such a pattern.

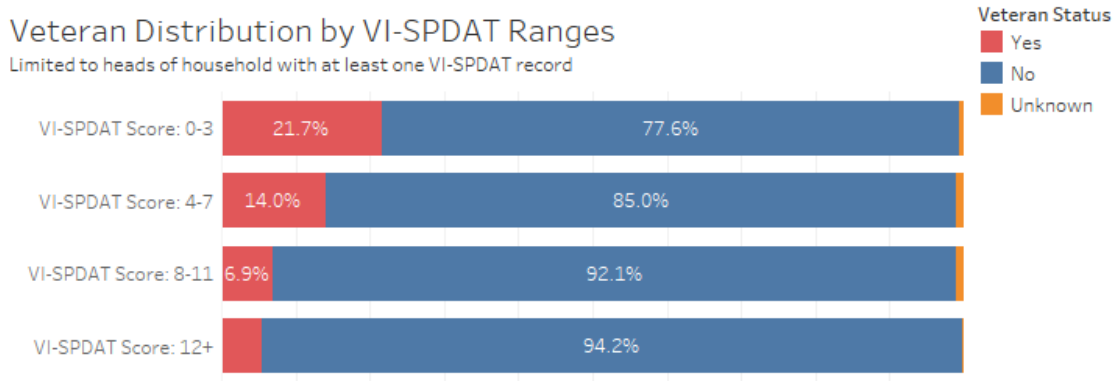

Figure 14. Veteran Distribution by VI-SPDAT Ranges

Survivors of Domestic Violence

The increasing proportion of survivors of domestic violence as the scoring range increases is expected due to the design of the VI-SPDAT, though the data available for this portion of the analysis must be taken in context.[20,21] The VI-SPDAT contains multiple questions which address domestic violence either directly or indirectly, such as question 31 in the VI-FSPDAT 2.0, which asks "Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?"

The proportion of heads of household who have experienced domestic violence scoring in the lowest range is 9.2%, while the percent of heads of household who have experienced domestic violence is 32.9% in the highest scoring range (Figure 15).

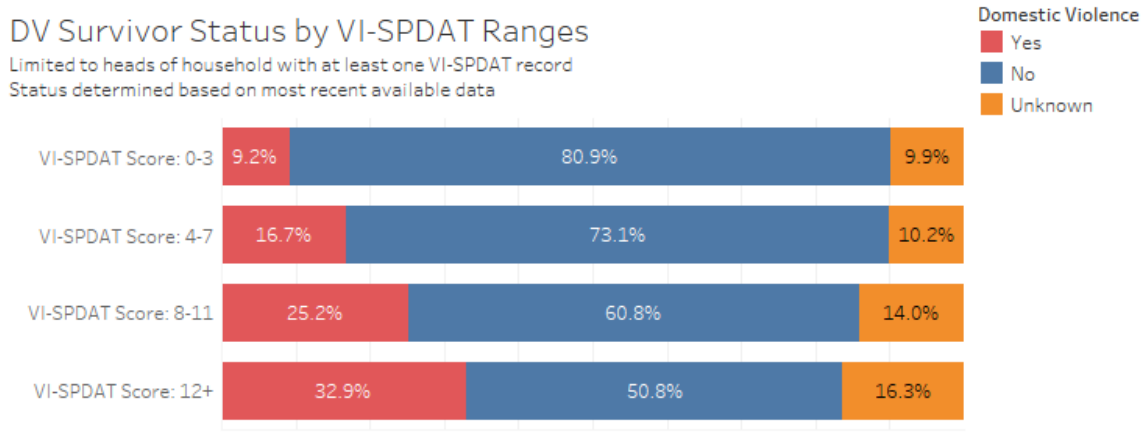

Figure 15. Survivor of Domestic Violence Status by VI-SPDAT Range

[20] This measure has a higher than usual proportion of unknown statuses because the specific history of domestic violence question is not collected by the coordinated entry project. The data used in this measure is based upon data gathered by other projects which do collect this data element, as most clients in the coordinated entry project are also served by other HMIS-participating projects which do collect this information.

[21] Agencies which qualify as victim service providers (VSPs) under the Violence Against Women Act (VAWA) are prohibited from entering data into the HMIS and therefore data for those projects is not included in this analysis. Some of the clients served by VSPs may have also been served by HMIS-participating projects and therefore may be included but it is not possible to know what percentage overlaps since VAWA prohibits VSPs from sharing identifying information without individually signed releases of information.

Chronicity

A pattern is found when looking at chronic status and VI-SPDAT score range. This pattern is expected because the VI-SPDAT has questions that are related, whether directly or indirectly, to disabling conditions and length of time homeless, both of which are used in the determination of chronicity. As seen in Figure 16, the proportion of clients determined to be chronically homeless for the lowest scoring range is 8.6% but increases gradually until reaching 44.6% for the highest scoring range.

A gap exists in the large number of clients who are considered not chronic but scored 8 or above, as 8 or above is generally used to recommend a client go to permanent supportive housing. While permanent supportive housing in and of itself does not require chronicity, the majority (if not all) of the permanent supportive housing projects in the CoC do have it as a requirement because HUD has called for chronically homeless individuals to be prioritized in PSH[22], leaving a large portion of clients scoring 8 or above without any opportunities for housing through the CoC.

To address this gap, the Housing Surge focused in part on clients who scored 8-11 on the VI-SPDAT. For those clients who were included in the Housing Surge from this range, the intention was that they were placed in rapid rehousing (using the increased funding available for rapid rehousing through the CARES Act) to see if they could succeed in rapid rehousing instead of permanent supportive housing, and with the intent that those who were determined to be unable to succeed would then be transferred into permanent supportive housing openings as they became available. While this gaps analysis does not focus on the effectiveness of the Housing Surge (as that is a potential topic for another analysis), the information in Figure 16 does illustrate that a need still exists for clients scoring 8+ who do not meet the definition of chronically homeless, especially as the Housing Surge draws to a close and the remaining funding available via the CARES Act has is expended.

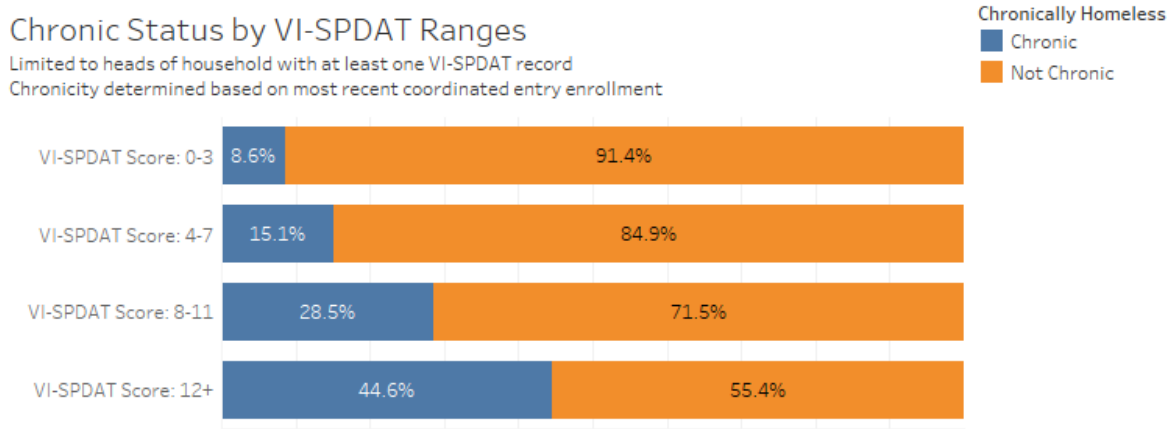

Figure 16. Chronic Status by VI-SPDAT Ranges

[22] U.S. Department of Housing and Urban Development: Office of Community Planning and Development, 2016

Exit Destination

The rate of successful to negative exits from coordinated entry appears to improve as the VI-SPDAT score increases, which may be the result of clients with higher VI-SPDAT scores being placed in programming with more supportive services, though further analysis would be necessary to determine if that is the case. Regardless, the percentage of successful exits is approximately 1 and a half times the percentage of negative exits for those scoring 0-3, whereas for the highest scoring range (12+), the percentage of successful exits is about 5 times the percent of negative exits (Figure 17).

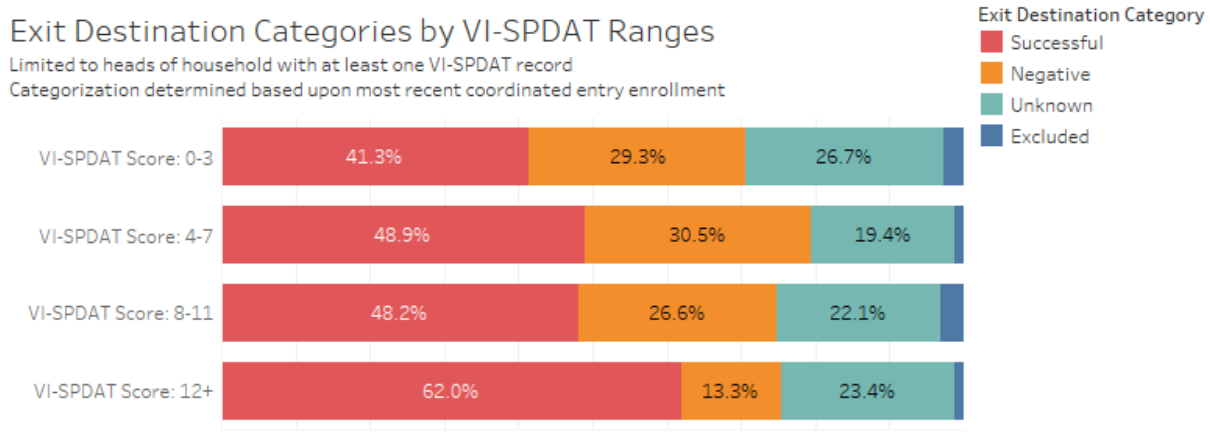

Figure 17. Exit Destination Categories by VI-SPDAT Ranges

Recommendations

Review Use of VI-SPDAT in Coordinated Entry

When looking both at the data on clients served by the CoC, plus the studies showing that the VI-SPDAT can further racial (and potentially gender) inequities, the CoC's Coordinated Entry Committee should consider whether to continue use of the VI-SPDAT as a tool for assessing where households are placed on the prioritization list or to remove/replace it.

Examine Use of Risk/Medical Frailty Score for Prioritization Purposes

Since the CoC already has begun using the CoC-designed Risk/Medical Frailty Score (R/MF), analysis of that tool in comparison to different demographic characteristics to determine to what extent, if any, it may be furthering inequities, would be a good next step. The R/MF Score tool could then be adjusted and analyzed again with the goal of minimizing, if not eliminating, any biases based on demographics.

Monitor for Gaps Based on Acuity Scores and Ensure Resource Availability

Following the winding down of the Housing Surge, the CoC must ensure that clients with moderately high acuity scores, such as those scoring 8-11 on the VI-SPDAT, are not "left out" and are able to access housing assistance. To allow for monitoring, ICA will develop an ongoing, publicly available dashboard which can be used to identify potential groups of clients who may be excluded by lack of resources targeted toward this or other populations.

Disparities by Length of Enrollment in Coordinated Entry

In this section, the goal is to identify whether specific demographics appear to have a relationship with or impact upon length of time spent in coordinated entry.

Methodology

In this section, those enrolled in coordinated entry have been broken into quartiles based upon their length of enrollment in coordinated entry (or combined length of enrollment, if a client had multiple enrollments in coordinated entry). In each figure, there are five rows of data, each of which contains a specific group of clients. Unlike the previous section on the VI-SPDAT, this section includes all clients, regardless of relationship to head of household or existence of a VI-SPDAT in the system.

In this section, the lengths of time have been delineated using quartiles, meaning that the lengths of stay were arranged from lowest to highest, then divided into four roughly equally sized groups. The first and fourth groups are referred to as short-term and long-term, respectively, and the second and third were consolidated and are referred to as medium-term.

All CE Clients

This group includes all clients (n=3,100) enrolled in coordinated entry during the report period and is used primarily for reference when examining differences in the other four rows.

Short-Term

This group is the lower quartile and is made up of 25% of clients (n=772) with the shortest enrollments in coordinated entry during the report period. The group includes those clients who had a length of enrollment from zero to 65 days.

Medium-Term

This group is the interquartile range and is made up of 50% of clients (n=1,557) who had the middle range length of enrollments in coordinated entry during the report period and includes those who had a length of enrollment from 66 to 295 days.

Long-Term

This group is the upper quartile and is made up of 25% of clients (n=771) with the longest enrollments in coordinated entry during the report period and includes clients who had a length of enrollment of 296 or more days.

Outliers

This group is a small portion of clients (4.4%, n=135) who were found to have enrollments which qualified as outliers when using the interquartile range method for determining outliers. This group contains clients who had a length of enrollment of 639 or more days. All clients in this group were also included in the long-term clients group.

Analysis

Gender by Length of Enrollment

Looking at gender for coordinated entry clients by length of enrollment, we again see that most clients in all breakdown portions are male, with males making up 59.3% of all coordinated entry clients (Figure 18). At the same time, we do see that the ratio of males to females in the short-term clients is roughly 1:1, while it grows to approximately 2:1 for long-term clients. This suggests that females may be getting housed more quickly, but further analysis is required to determine if this may be the case.

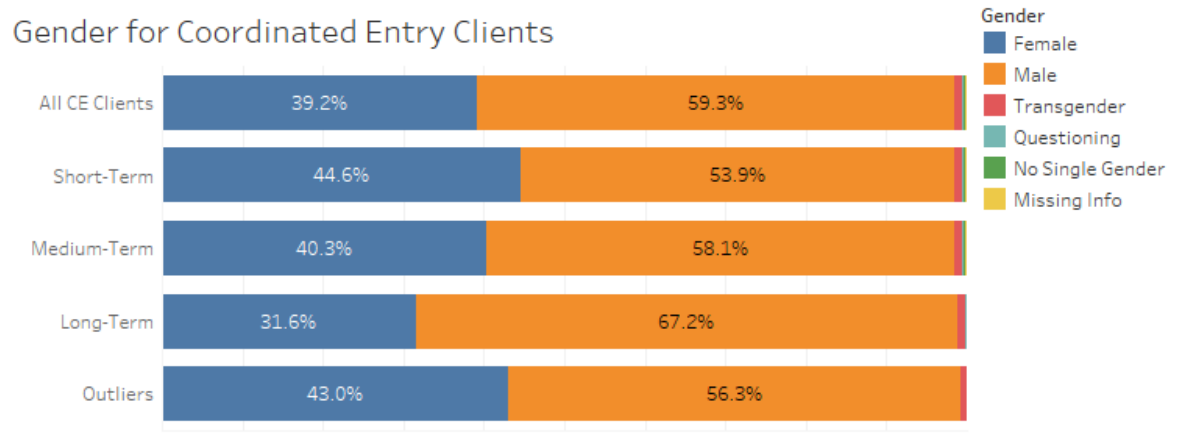

Figure 18. Gender for Coordinated Entry Clients

Race by Length of Enrollment

Based upon the data available, race does not seem have a direct impact on length of enrollment in coordinated entry. Black, African American, or African clients are still greatly overrepresented, but the length of enrollment in coordinated entry does not seem to have a specific relationship when compared to race (Figure 19).

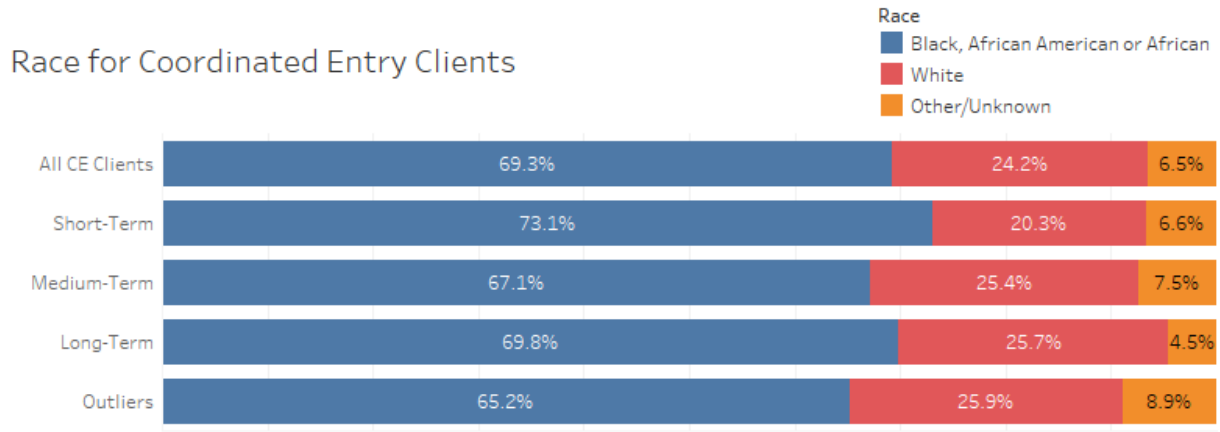

Figure 19. Race for Coordinated Entry Clients by Length of Enrollment

Ethnicity by Length of Enrollment

Regarding ethnicity and length of enrollment, the sample size for the Hispanic or Latin(a)(o)(x) population is too small to draw any conclusions, but the proportion of short-term clients who are Hispanic or Latin(a)(o)(x) is higher (3.4%) than long-term clients (1.3%, Figure 20).

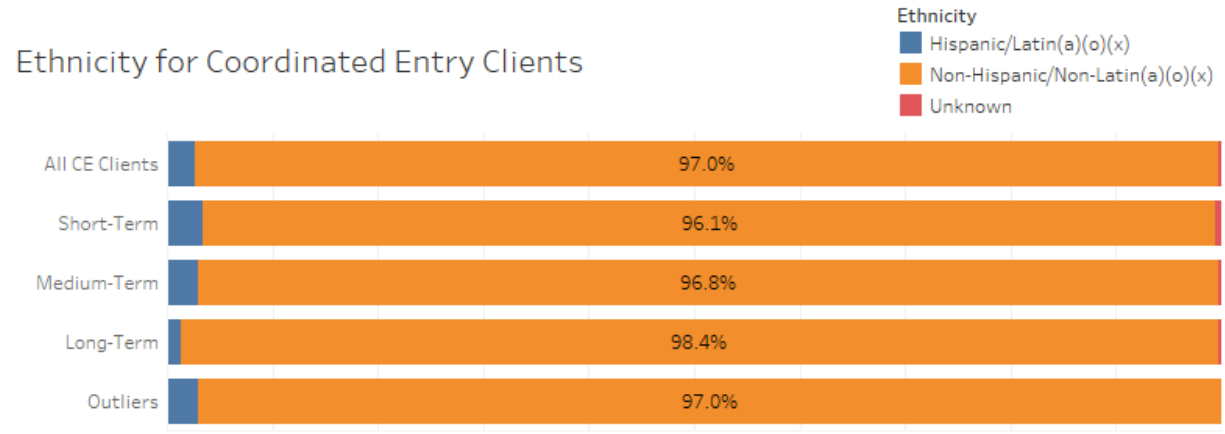

Figure 20. Ethnicity for Coordinated Entry Clients

Household Composition by Length of Enrollment

Within the CoC, single males are the largest group, and in some instances, majority of those experiencing homelessness. When comparing length of stay based on household composition (Figure 21), we find a pattern showing that single males make up a larger portion of those in the long-term category than in the short-term category. The pattern is reversed for single females, who make up a larger portion of the short-term category than the long-term category.

Further analysis may be warranted to determine if the evidence showing that white women tend to score higher on the VI-SPDAT[23] and therefore are prioritized higher, which may be linked to the higher proportion of females in the short-term group.

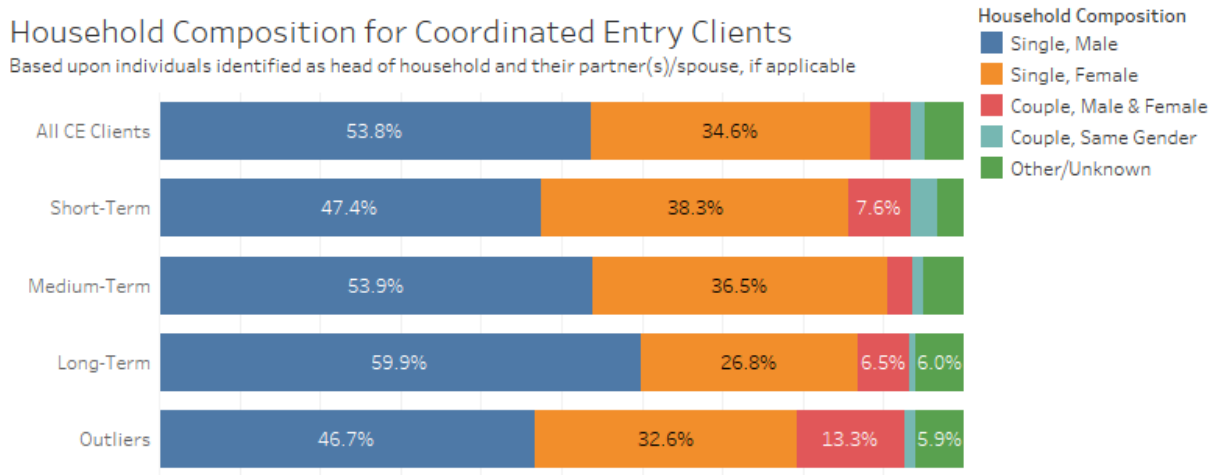

Figure 21. Household Composition for Coordinated Entry Clients

[23] Cronley, Racial and Gender Bias in the VI-SPDAT, 2021

HUD Household Type by Length of Enrollment

When reviewing coordinated entry data by length of stay based on by HUD household type, the proportion of households with children is highest in the short-term (31.3%) and outlier (28.9%) groups, but lower in the medium- (22.4%) and long-term (21.5%) groups (Figure 22). Looking at the ratios of households with children to households without children in groups, we find approximate ratios of 2:1 in short-term and outlier groups, but ratio is near 3.5:1 for medium- and long-term households. Further analysis would be necessary to identify any potential patterns, including potential comparisons of length of enrollment by exit destinations or VI-SPDAT scores.

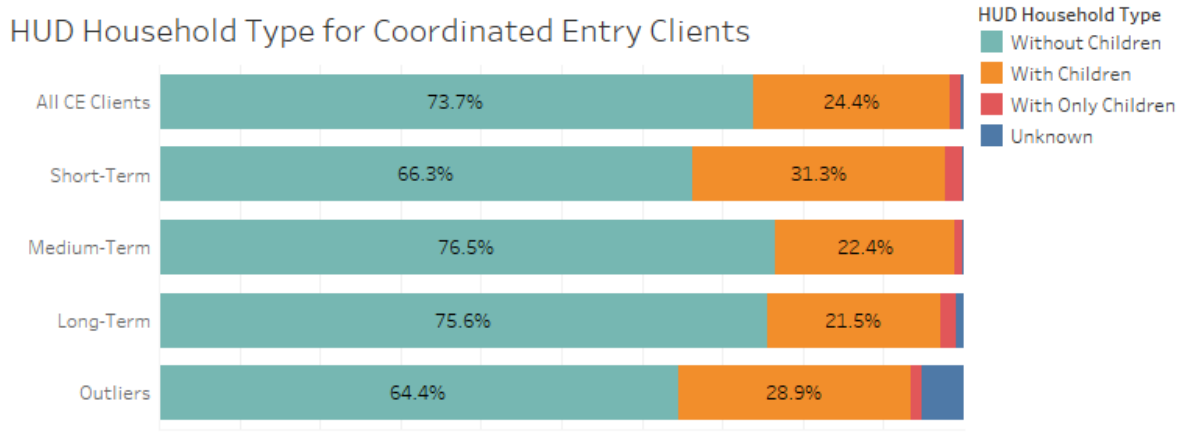

Figure 22. HUD Household Type for Coordinated Entry Clients

Veteran Status by Length of Enrollment

Across all five groupings, we see that veteran status by length of enrollment is around 11% and there is no clear difference in ratio of veterans to nonveterans seen in length of enrollment (Figure 23).

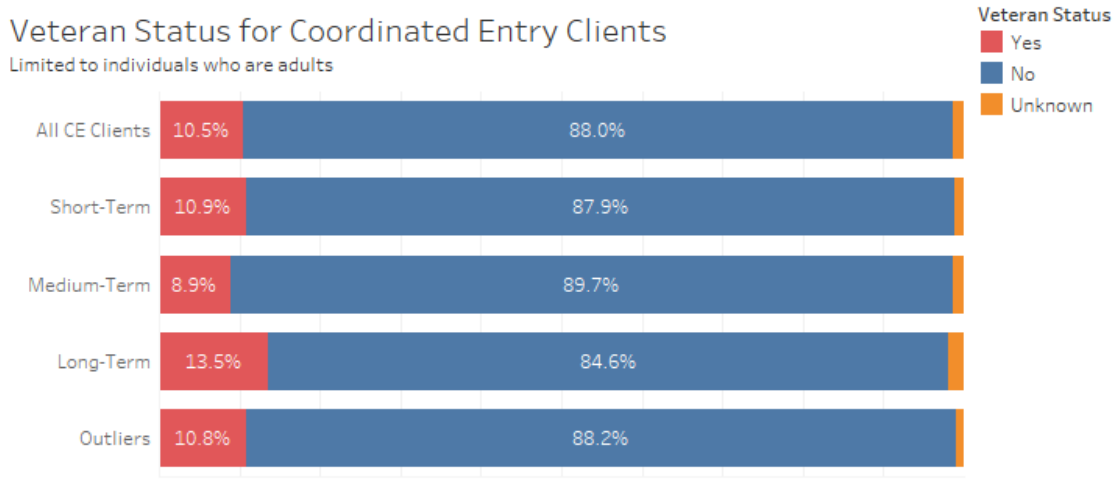

Figure 23. Veteran Status for Coordinated Entry Clients

VI-SPDAT Scoring Ranges by Length of Enrollment

Looking at VI-SPDAT Scoring ranges by length of enrollment in coordinated entry, there does not appear to be any clear difference between the groups of all clients, short-term clients, medium-term clients, and long-term clients. However, the proportions are substantially different when looking at the outliers group, where the proportion of those in the 0-3 and 4-7 ranges is lower than the other groups, and the proportion in the 8-11 and 12+ are higher than in the other groups (Figure 24). This suggests that the VI-SPDAT score may not have any relationship to length of time clients will spend in coordinated entry except in the most extreme circumstances, though there is insufficient data to make a clear relationship.

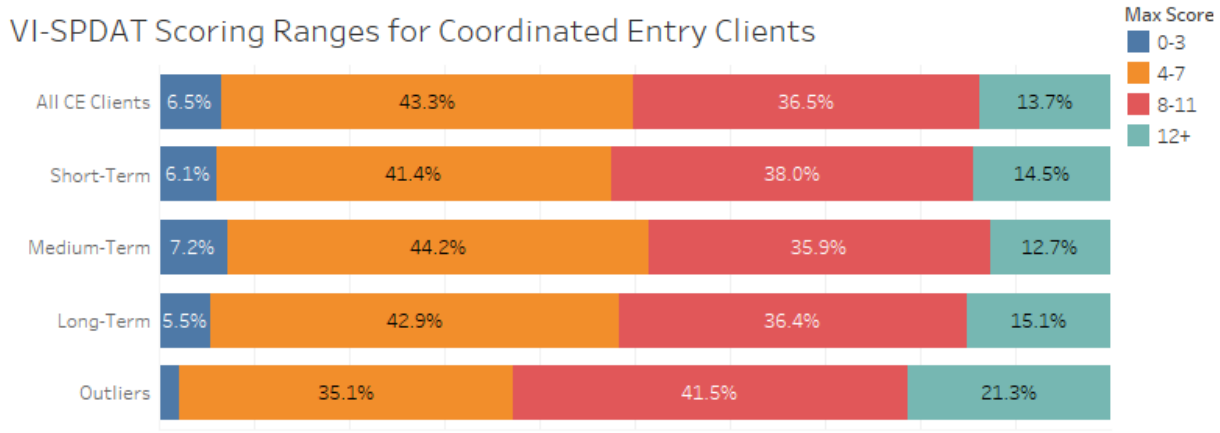

Figure 24. VI-SPDAT Scoring Ranges for Coordinated Entry Clients

Exit Destinations by Length of Enrollment

The proportion of clients exiting to successful destinations is found to be highest for those in the middle-term clients (43.4%) and lowest in the long-term clients (37.3%). Interestingly, the proportion of clients in the outliers exiting to successful destinations is in the middle of the spread which may be a result of the outliers receiving more intensive support, though further analysis would be necessary to determine if there is such a relationship.

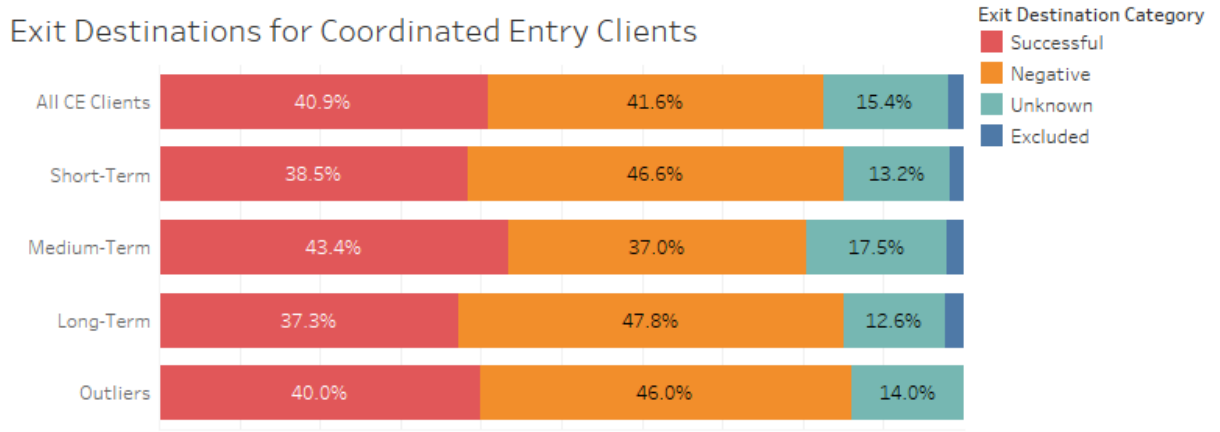

Figure 25. Exit Destinations for Coordinated Entry Clients

Recommendations

Establish Quarterly Tracking and Reporting on Length of Enrollment

Under the guidance of the CoC's Coordinated Entry Committee, ICA (as HMIS Lead Agency) will develop an online, publicly available dashboard which contains information about each of the pieces of data examined in this section of the analysis which includes trend data from quarter-to-quarter. This will allow the Coordinated Entry Committee to regularly review and identify any populations which may be underserved and/or falling into a gap.

Gaps between Enrollment in Homeless Services and Coordinated Entry

One of the questions raised when gathering potential areas to examine during the gaps analysis was about enrollment in coordinated entry. Namely, the question was whether clients who are staying in emergency shelter are being enrolled in coordinated entry, as concern was expressed that some clients are not being placed onto the prioritization list. This question inspired a new, broader question and goal.

The goal of this portion of the gaps analysis is to determine whether the data available suggests that clients who stayed in emergency shelter or transitional housing, or were enrolled in street outreach programming, were also enrolled in coordinated entry.

For emergency shelter projects, this will include examining whether shelters appear to be following the requirement within the Coordinated Entry Manual, which states that "…emergency shelter[s] must offer the opportunity for assessment and placement onto the prioritization list within 7 days of shelter move-in."[24]

Methodology

In this section, data was pulled about all clients who were enrolled in HMIS-participating emergency shelter, street outreach and/or transitional housing at any point during the reporting period and compared to the data pulled for coordinated entry for the same period to see if clients were found in both groups.

For example, the goal is to determine if a specific client, who stayed in an HMIS-participating emergency shelter between 7/1/2021 and 6/30/2022, also was enrolled in coordinated entry at some point between 7/1/2021 and 6/30/2022. This same analysis was completed separately for street outreach projects and transitional housing projects, as well, and results are presented separately for each project type.

[24] St. Louis City and County Continua of Care, 2018, p. 20

Analysis

Emergency Shelter and Coordinated Entry

As shown below in the left-most chart in Figure 26, 34.7% of shelter stays in HMIS-participating emergency shelters during the study period are associated with clients who did not have any enrollment in the coordinated entry system within the HMIS during the same period.

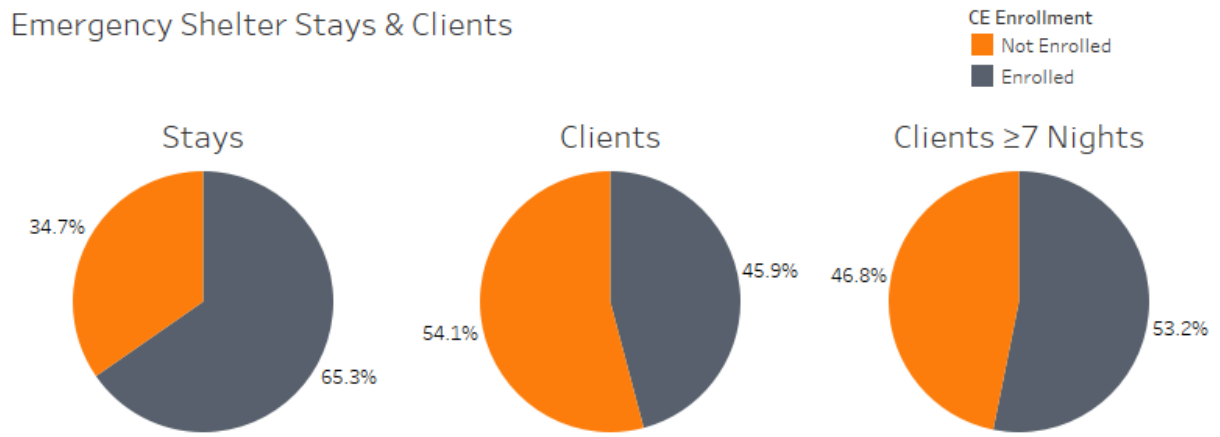

Figure 26. Shelter Stays & Sheltered Clients by Enrollment in Coordinated Entry

When the same measure is taken, but clients who had more than one stay are counted only once, this percentage increases substantially to 54.1%, as shown above in the center chart in Figure 26. This means that over half of clients who spent one or more nights in an HMIS-participating emergency shelter between 7/1/2021 and 6/30/2022 were not in the coordinated entry system for even a single day in HMIS during the same period.

When this new measure is taken but limited to clients who spent at least 7 nights in shelter,[25] the percentage comes to 46.8%, as shown in the right-most chart in Figure 26. This means nearly half of the clients who spent at least 7 nights in HMIS-participating shelters were not placed in coordinated entry despite this being a requirement in the CoC's Coordinated Entry Policies & Procedures Manual.

[25] St. Louis City and County Continua of Care, 2018, p. 20

Exit Destination Gaps in Emergency Shelter Clients

As shown in Figure 27, across all exits from emergency shelter (including counting clients each time they exited from shelter if they exited more than once), involvement in the coordinated entry system was associated with a higher rate of a successful exit.[26] Those who exited from shelter who had also had an enrollment in coordinated entry had a successful exit rate of 18.4%, while those exits from shelter where there is not a coordinated entry enrollment had a successful exit rate of 11.5%. While the rate of successful exits is higher for those clients who also had an enrollment in coordinated entry, the rates for successful exit destination are still quite low.

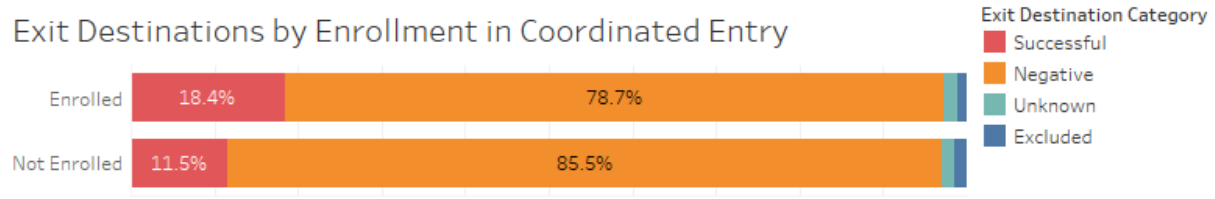

Figure 27. Emergency Shelter Exit Destination Categorized by Enrollment in Coordinated Entry

Gaps for Long Stayers in Emergency Shelter

For those clients who were present on the last day of the report period (6/30/2022) and had been qualified as outliers due to their extended length of stay (252+ days)[27], 36.6% of those enrollments were for clients who had not been enrolled in coordinated entry during the report period (Figure 28).

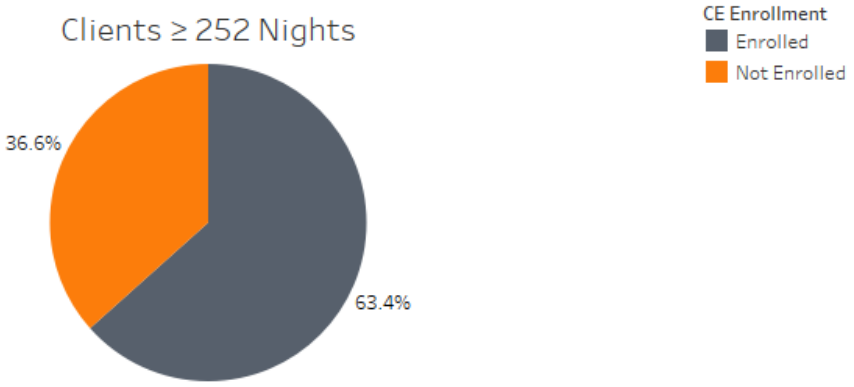

Figure 28. Long Stayers in Shelter by Enrollment in Coordinated Entry

[26] A successful exit from emergency shelter is defined in a Table K in an Appendix B.
[27] Outliers were calculated using the interquartile range method, available in Appendix A.

Priority Population Gaps in Emergency Shelter Clients

An additional analysis was conducted on four priority populations for coordinated entry to identify the rate at which persons in these applicable households are staying in shelter but are not enrolled in coordinated entry.

As shown in Figure 29, over 40% of emergency shelter clients in chronic households, as well as clients who are survivors of domestic violence, are not associated with an enrollment in coordinated entry. For veteran households, plus households with both children and adults, this percentage increases to nearly 60%.

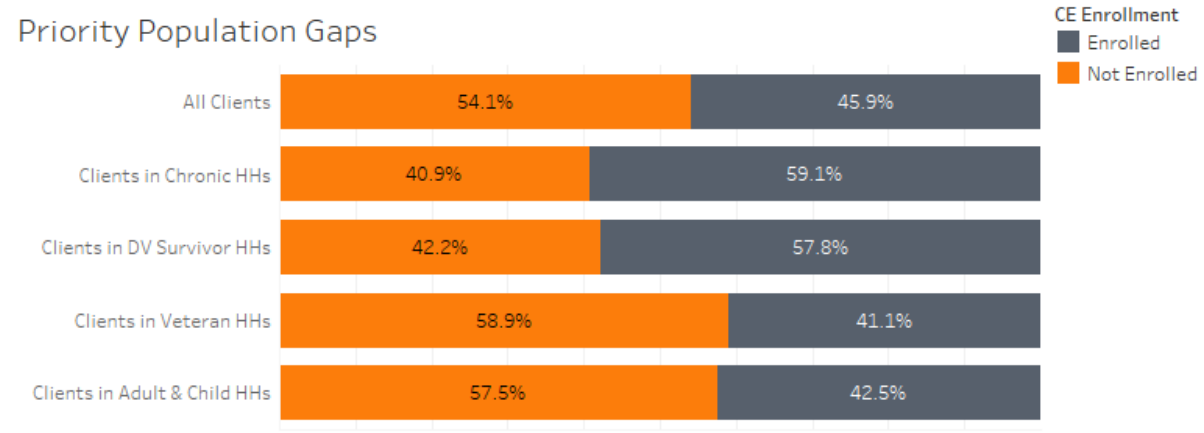

Figure 29. Population Gaps in Shelter by Enrollment in Coordinated Entry

Street Outreach and Coordinated Entry

As shown below in the left chart in Figure 30, 33.7% of enrollments in street outreach projects in HMIS during the study period did not have any enrollment in coordinated entry system within HMIS during the same period.

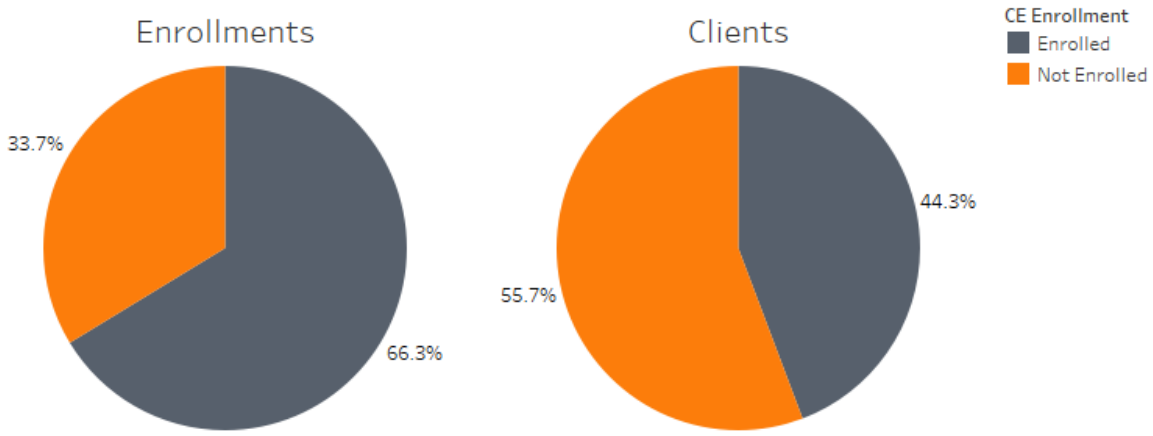

Figure 30. Street Outreach Enrollments & Clients by Enrollment in Coordinated Entry

When the same measure is taken, but clients with multiple enrollments in street outreach are counted only once, this percentage increases to 55.7%, as shown in the right chart in Figure 30. This means that over half of clients who were enrolled in HMIS-participating street outreach projects between 7/1/2021 and 6/30/2022 were not in the coordinated entry system within HMIS for even a single day during the same period.

Exit Destination Gaps in Street Outreach Clients

Across all exits from street outreach (including counting all enrollments for clients who had multiple exits from street outreach), involvement in the coordinated entry system was associated with a slightly higher rate of successful exit.[28] Those who exited from street outreach who had also had an enrollment in coordinated entry had a successful exit rate of 49.4% while those exits from street outreach where there is not a coordinated entry enrollment had a successful exit rate of 46.6% (Figure 31).

The percent of successful exits from street outreach is substantially higher than the percent of successful exits from emergency shelter, most likely because a larger number of destinations are considered "successful" exits from street outreach. See Appendix B for details.

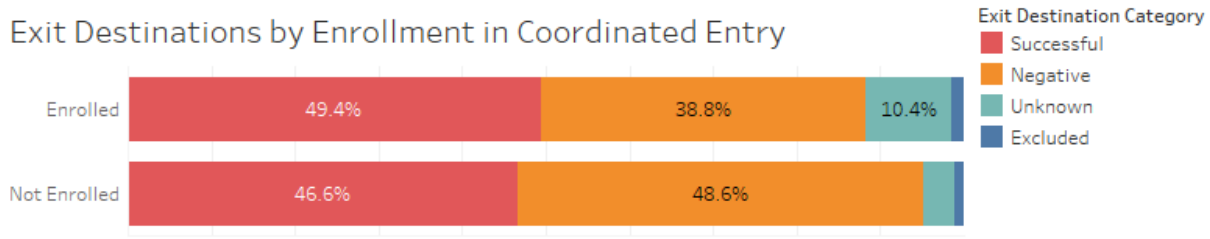

Figure 31. Exits from Street Outreach by Enrollment in Coordinated Entry

Gaps for Street Outreach Clients with High Level of Contacts

For those clients who had been classified as outliers[29] due to having the highest number of contacts (9+), also called Current Living Situations (CLSes), 29.7% of them had not been enrolled in coordinated entry during the report period (Figure 32).

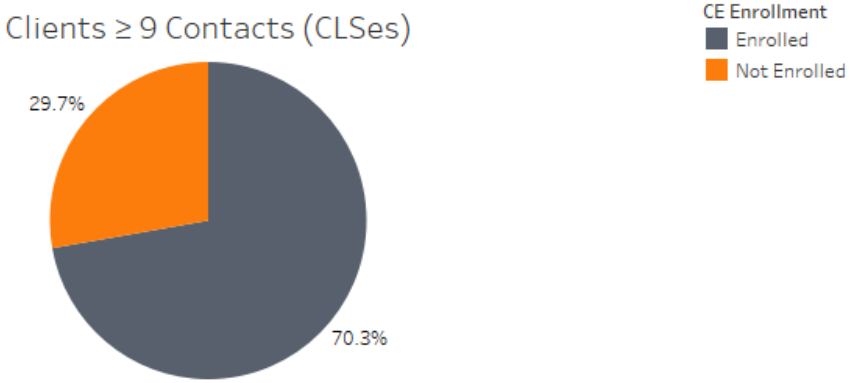

Figure 32. Outreach Clients with 9+ CLSes by Enrollment in Coordinated Entry

[28] See Table K in Appendix B for details on exit destination categorization.
[29] See Table H in Appendix A for details on how outliers were calculated.

Priority Population Gaps in Street Outreach

Of the four priority populations for coordinated entry which were included in the analysis, all four had substantial gaps in enrollment in coordinated entry. Around half of those who were enrolled in street outreach during the report period and qualified as chronically homeless, survivors of domestic violence, or were part of a household with both adults and children were not enrolled in coordinated entry. The proportion is substantially higher for veteran households, reaching over 4 out of 5 veterans.

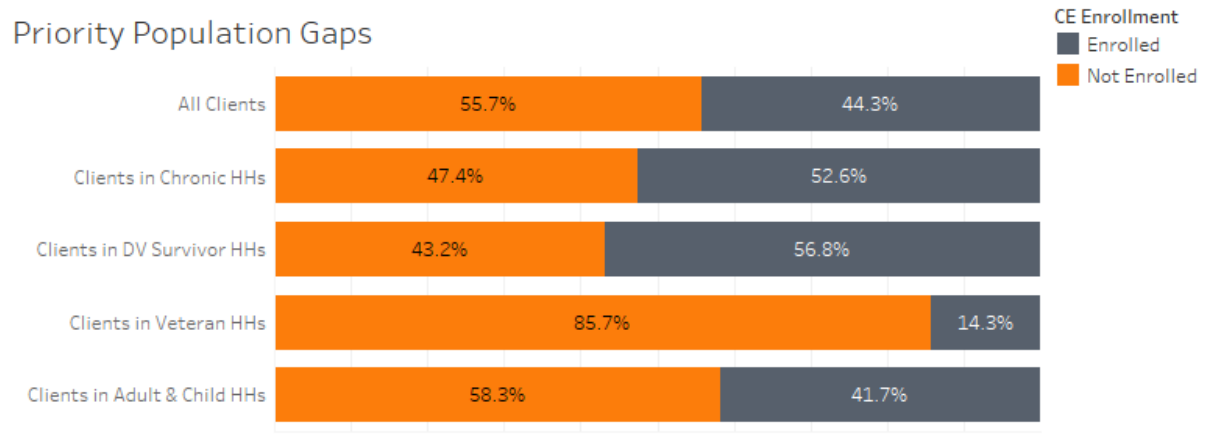

Figure 33. Population Gaps in Street Outreach by Enrollment in Coordinated Entry

Transitional Housing and Coordinated Entry

Before digging into gaps in coordinated entry enrollment for transitional housing projects, it is important to note that transitional housing projects in the CoC operate in different ways. Some transitional housing projects operate similarly to longer-term shelters who work to connect their clients to other housing programming, while others (many youth-focused) work to stabilize and house the client as part of their program. This analysis was completed across all transitional housing projects, and further analysis with that breakdown incorporated may be warranted.

Looking at the gaps in enrollment for transitional housing clients by coordinated entry, we identify another gap. As seen in the chart on the left (Figure 34), 26.7% of enrollments in transitional housing during the study period are associated with clients who did not have any enrollment in the coordinated entry system within the HMIS during the same period.

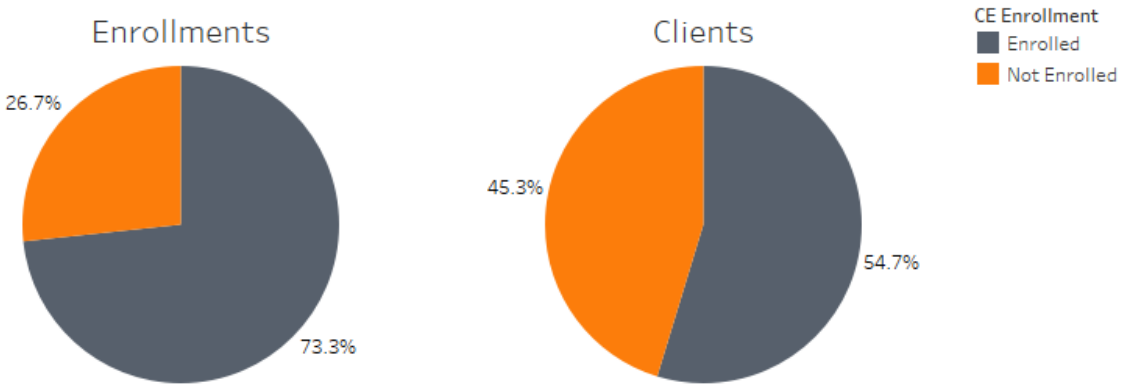

Figure 34. Transitional Housing Enrollments & Clients by Enrollment in Coordinated Entry

When the same measure is taken, but clients with multiple enrollments are counted only once, this percentage increases to 45.3% as shown in the chart on the right (Figure 34). This means that nearly half of the clients who spent one or more nights in an HMIS-participating transitional housing project during the report period were not in the coordinated entry system at all during the report period.

Exit Destination Gaps in Transitional Housing

Looking at all exits from transitional housing (including counting all enrollments for clients who had multiple exits from transitional housing), involvement in the coordinated entry system was associated with a higher rate of a successful exit.[30] Those who exited from transitional housing who had also had an enrollment in coordinated entry had a successful exit rate of 58.2%, while those exits from transitional housing where there is not a coordinated entry enrollment had a successful exit rate of 51.0%.

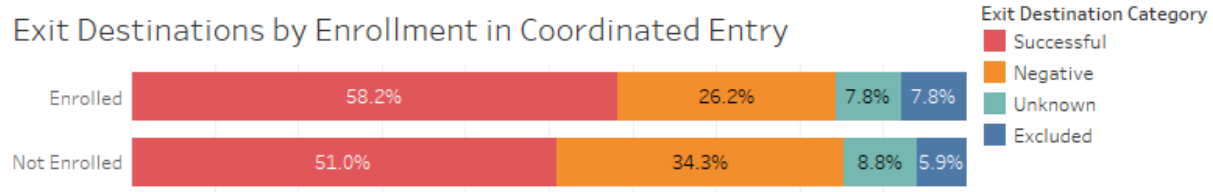

Figure 35. Transitional Housing Exit Destinations Categorized by Enrollment in Coordinated Entry

Gaps for Long Stayers in Transitional Housing

For those clients who were present on the last day of the report period (6/30/2022) and had been qualified as outliers due to their extended length of stay (865+ nights)[31], 100% of those enrollments were for clients who were not enrolled in coordinated entry during the report period (Figure 36). Further analysis may be warranted to determine whether these households are all in projects which work to provide housing and therefore may not need to be enrolled in coordinated entry.

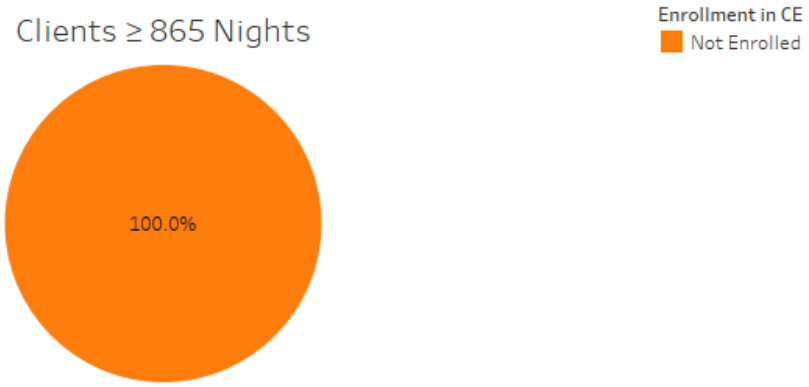

Figure 36. Long Stayers in Transitional Housing by Enrollment in Coordinated Entry

It is also important to note that transitional housing is limited to 24 months by HUD (or ≈730 nights),[32] but that these outliers are over 865 nights. Further investigation into these records is warranted to determine whether there are client records which need to be discharged and/or if the projects may be incorrectly classified as transitional housing.

[30] A successful exit from transitional housing is defined in Table K in Appendix B.

[31] Outliers were calculated using the interquartile range method. Data from calculations is available in Table J in Appendix A.

[32] U.S. Department of Housing and Urban Development, 2021, p. 40

Priority Population Gaps in Transitional Housing Clients

For the four priority populations for coordinated entry which were analyzed in this report, all four had gaps in enrollment in coordinated entry. For those who were enrolled in transitional housing during the report period and qualified as chronically homeless, a little under half were not enrolled in coordinated entry, and for survivors of domestic violence, it was a little under one-third. About 1 in 4 veterans were not enrolled in coordinated entry, and households with adults and children came in at a rate of 100% (Figure 37).

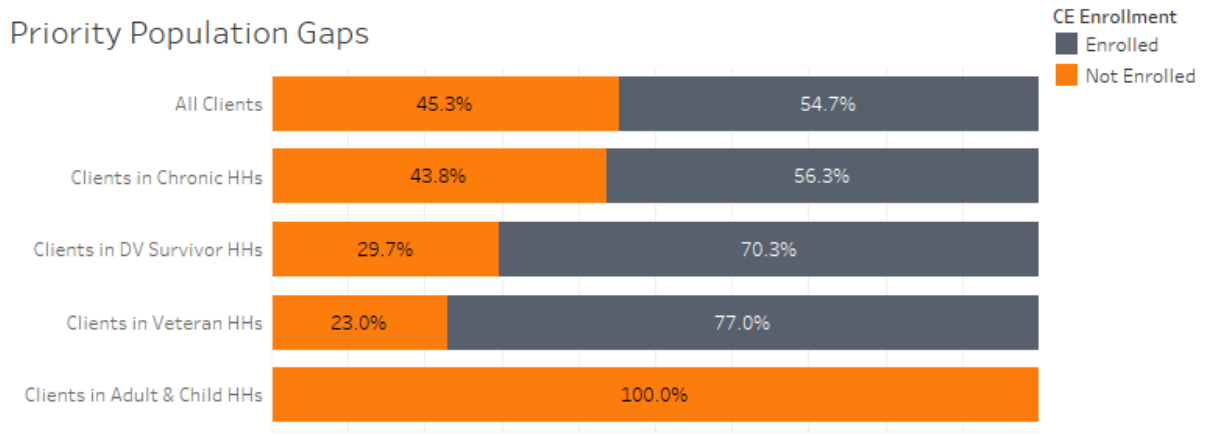

Figure 37. Population Gaps in Transitional Housing by Enrollment in Coordinated Entry

Recommendations

Review, Monitor and Enforce Policies Regarding Assessment for Coordinated Entry

The Coordinated Entry Committee may wish to review policies regarding when a client must be offered the opportunity to be placed onto the prioritization list. For example, topics for review include:

- The specific number of nights in emergency shelter prior to assessment
- The specific number of days after a client becomes engaged with street outreach prior to assessment
- Whether to establish a standard number of nights prior to assessment for transitional housing

To allow for monitoring and enforcement of such a policy, the Coordinated Entry Committee may wish to establish a form which can be used to document a client's decision to decline participating in coordinated entry (much like the Coordinated Entry Participation Agreement is used to document a client's agreement to participate). That form, along with the Coordinated Entry Participation Agreement, can then be documented within the HMIS which will allow ICA, as HMIS Lead Agency, to develop a report in the HMIS which will show if all heads of household have either been enrolled in coordinated entry or opted out of coordinated entry once they reach the defined number of days or nights.

For those projects receiving funding through the City of St. Louis, HSD (the Homeless Services Division) could then require submission of this report with a certain level of compliance (i.e., at least 95%) to be eligible for reimbursement. Alternative enforcement methods may be necessary for projects which do not receive funding through HSD.

Next Steps

An important part of any gaps analysis is ensuring that recommendations are discussed, and desired steps taken. In this area, we also review some current works in progress, plus some potential future analyses and projects. Suggestions for other next steps, future analyses or projects may be directed to the System Performance Committee.

Review and Implement Recommendations

The recommendations made in this analysis will be reviewed by the System Performance Committee, which will then pass along the recommendations to the appropriate committees or teams as the committee deems appropriate.

- Establish Quarterly Tracking and Reporting on Demographics 16
- Establish Policies to Mitigate Inequities 16
- Review Use of VI-SPDAT in Coordinated Entry 25
- Examine Use of Risk/Medical Frailty Score for Prioritization Purposes.....25
- Monitor for Gaps Based on Acuity Scores and Ensure Resource Availability.....25
- Establish Quarterly Tracking and Reporting on Length of Enrollment 32
- Review, Monitor and Enforce Policies Regarding Assessment for Coordinated Entry.....42

Works in Progress

Survey of Frontline Workers

Frontline workers are experts about homeless services and the clients experiencing homelessness within our CoC, and their thoughts, opinions, and suggestions need to be heard. The goal of this survey of frontline workers is to gather their thoughts, opinions, and suggestions on specific topics so that they can be used to inform the CoC's direction.

For this survey, "frontline workers" is expected to include individuals who currently do (or have recently done) one or more of the following, whether professionally or voluntarily, regardless of membership or active participation in the CoC:

- Provide street and/or other outreach to individuals experiencing homelessness.
- Work in an emergency shelter or transitional housing program.
- Help connect clients experiencing homelessness to services which may be able to help them obtain permanent housing, including assessing clients for coordinated entry purposes.
- Provide case management and/or housing navigation services to clients experiencing homelessness who are searching for housing (including staff of permanent housing programs).
- Provide services available to the public which are frequented by individuals experiencing homelessness, such as, but not limited to: staff or volunteers of soup kitchens and meal centers, food pantries, severe weather shelters, public libraries, and medical centers.

The anticipated phases for this survey and analysis includes:

- One small focus group, made up of individuals who have been working on the frontline of homeless services within the CoC for many years, works together to select topics and develop questions for a quantitative survey to be distributed widely.
- The quantitative survey is distributed via Basecamp so that frontline workers can respond to the survey. Agencies and frontline workers will be encouraged to pass the survey along to others who may not have access to Basecamp.
- Survey results are compiled and analyzed.
- If necessary, a follow up may be conducted to gather more information.
- Results of the survey will be distributed to the CoC as a whole, including via a presentation.

CoC Performance Dashboard

This dashboard, currently in planning stages, will include information about all projects using HMIS within the CoC, broken down by project type. While subject to change, the dashboard is currently expected to contain information for the following project types:

- Coordinated Entry
- Emergency Shelter
- Street Outreach
- Transitional Housing
- Rapid Rehousing
- Permanent Supportive Housing
- Other Permanent Housing

For each project type, information about entries and exits will be included, such as:

- Number of Entries and Prior Living Situation
- General Number of Persons Served and Demographics
- Number of Exits, Reasons for Leaving, and Destinations

The dashboard will be updated either monthly or quarterly, depending upon needs and requests, and will meet the recommendation to Establish Quarterly Tracking and Reporting on Demographics (p. 16).

Shelter Utilization Dashboard

This dashboard, also currently in planning stages, will include information about HMIS-participating shelters within the CoC. It is expected to contain information about each shelter's individual capacity and utilization, and the intent is that the dashboard will be made available publicly, updated monthly. As part of the planning for this dashboard, ICA is working to determine if additional information from outside of HMIS, such as referral data from Get Help®, could also be incorporated into the dashboard.

Review Recommendations from Previous Analyses

This project includes reviewing previous analyses conducted on behalf of the CoC, whether by ICA or other entities, to determine whether recommendations made in those reports have been discussed and/or implemented. For any recommendations that have not been discussed and/or implemented, discussions will be held at the System Performance Committee to determine whether to implement those recommendations.

Potential Future Analyses and Projects

Here we discuss potential future analyses and projects. These potential analyses and projects build off the findings from this analysis as well as discussions with the CoC. Prioritization of these potential analyses and projects will be conducted jointly with the System Performance Committee.

Coordinated Entry Dashboard

This project would include revising and/or expanding the current coordinated entry dashboard to ensure it includes the data most effective in ensuring the operation of the coordinated entry system, including potentially increasing the amount of demographic data (in an aggregated manner) to identify disparities and inequities within the coordinated entry system. This project would include consultation with the Coordinated Entry Committee in addition to the System Performance Committee.

Analysis on Effectiveness of the Housing Surge

This analysis would focus on the effectiveness of the housing surge, in particular determining what lessons learned from the analysis can be used both in general work of housing clients and in potential future housing surges. One of the areas for analysis, for example, could be determining whether referring clients to rapid rehousing who would normally have been referred to permanent supportive housing is an effective method for ending homelessness or if these clients ultimately returned to homelessness or required longer-term supports, such as permanent supportive housing.

Analysis of Characteristics of Chronically Homeless Individuals and Families

This analysis would focus on determining the characteristics of those who are chronically homeless within the CoC to determine what services, both inside and outside of the CoC, are needed to assist individuals and families experiencing chronic homelessness in becoming and remaining stably housed, such as permanent supportive housing with specific on-site supports. The data from this analysis could then assist the CoC in determining priorities for future funding opportunities or reallocations to make the greatest impact for those most in need.

Appendix A. The Dataset

Data was pulled from the Missouri HMIS on September 1, 2022 and included only projects with a CoC Code of MO-501 St. Louis City, with operating dates which indicated the project operated between 7/1/2021 and 6/30/2022.

Coordinated Entry

Table A. Record Counts for Coordinated Entry Projects

Project Name	Group Count	Client Count	Entry/ Exit Count
CITY St. Louis - CITY Coordinated Entry(1470)	2,582	3,100	3,246

Table B. Record Counts for VI-SPDAT Analysis

Full VI-SPDAT Count	4,046
Filtered VI-SPDAT Count	2,356
Excluded Clients[33]	81

Table C. Quartiles & Upper Limit for Coordinated Entry Enrollments in Days

Minimum	0
Lower Quartile	66
Median	142
Upper Quartile	295
Maximum	1688
Upper Limit[34]	638.5

[33] Clients excluded from analysis because they did not have a VI-SPDAT in the HMIS.
[34] Upper limit calculated using the interquartile range method.

Emergency Shelter

Table D. Record Counts for Entry/Exit Based Emergency Shelters

Project Name	Group Count	Client Count	Entry/ Exit Count
City Hope - AHTF/HESG Biddle Housing Opportunities Center ES(1475)	169	165	169
City Hope - Hope House ES(1570)	92	85	92
City Hope - Z FEMA Little Sisters of the Poor ES(1433)	86	81	86
Covenant House Missouri - AHTF/ARPA Emergency Shelter(35)	107	106	107
DOORWAYS - AHTF Own Home ES(1460)	6	7	7
DOORWAYS - Emergency Shelter Bed(44)	4	4	4
DOORWAYS - HESG Emergency Shelter Overflow(1746)	53	52	53
Gateway 180 - AHTF/HESG+CV/FESG Emergency Shelter(97)	174	393	403
Magdala Foundation - ARPA Buder Rec. Center, Red Roof Inn, & Mark Twain Hotel (City Hope) ES(1441)	124	120	124
Magdala Foundation - ARPA Sisters' Mission 2nd Floor (City Hope) ES(1836)	60	60	60
Magdala Foundation - ARPA Sisters' Mission 6th Floor ES(1713)	35	38	40
Magdala Foundation - ARPA Sisters' Mission 7th & 8th Floor ES(1439)	182	144	189
Magdala Foundation - HESG-CV Jefferson Spaces ES(1548)	154	171	179
Our Lady's Inn - AHTF/FESG+CV/HESG+CV/MESG/HRC St. Louis Maternity Home ES(118)	68	116	118
Peter & Paul - HESG+CV/FESG/MESG/HRC/AHTF Soulard ES(126)	324	283	324
St. Patrick Center - AHTF Bridge Housing H/M ES(1753)	31	69	69
St. Patrick Center - ARPA Bridge to Success H/M ES(1879)	10	29	29
St. Patrick Center - ARPA Homeless Rehousing H/M ES(1898)	1	1	1
St. Patrick Center - HESG-CV/MESG-CV Women's Night Program ES(132)	105	99	106
The Haven of Grace - AHTF Maternity Shelter(110)	38	69	70
Total[35]	**1,823**	**1,845**	**2,230**

[35] The total for the Client Count column has been deduplicated.

Table E. Record Counts for Night-by-Night Based Emergency Shelters

Project Name	Group Count	Client Count	Entry/ Exit Count	NbN Stay Count
City Hope - ARPA Asbury ES (NbN)(1870)	118	118	118	183
City Hope - ARPA Union ES (NbN)(1871)	65	65	65	102
City Hope - Z AHTF/HESG BHOC Winter Overflow ES (NbN)(1528)	93	93	93	953
City Hope - Z ARPA Winter Asbury & Cherokee ES (NbN)(1811)	264	260	264	468
City Hope - Z HESG-CV Winter Extension ES (NbN)(1434)	980	931	980	2,773
Total[36]	**1,520**	**1,210**	**1,520**	**4,479**

Table F. Quartiles & Upper Limit for Emergency Shelter Nights of Stay

Minimum	1
Lower Quartile	7
Median	34
Upper Quartile	105
Maximum	664
Upper Limit[37]	252

[36] The total for the Client Count column has been deduplicated.
[37] Upper limit calculated using the interquartile range method.

Street Outreach

Table G. Record Count for Street Outreach Projects

Project Name	Group Count	Client Count	Entry/ Exit Count	CLS Record Count
BJC Behavioral Health - PATH Street Outreach(12)	36	36	36	582
Epworth - MESG Street Outreach (St. Louis City)(571)	21	21	22	93
Epworth - RHY Street Outreach(1236)	204	192	204	2,287
Places for People - PATH Street Outreach(14)	18	18	19	113
St. Louis City DHS - HESG-CV Street Outreach(781)	118	123	126	114
St. Patrick Center - HESG-CV Mobile Showers SO(1586)	552	470	552	1,949
St. Patrick Center - HESG-CV/MESG/AHTF Street Outreach(1547)	141	160	165	179
St. Patrick Center - PATH Street Outreach(15)	114	126	126	475
VAMC St. Louis - Street Outreach (St. Louis City)(773)	2	2	2	3
Youth In Need - HESG-CV Street Outreach(1616)	15	16	16	33
Youth In Need - RHY Street Outreach(1785)	82	100	102	24
Total[38]	**1,303**	**1,114**	**1,370**	**5,852**

Table H. Quartiles & Upper Limit for Street Outreach Current Living Situations (CLSes)

Minimum	1
Lower Quartile	1
Median	2
Upper Quartile	4
Maximum	109
Upper Limit[39]	8.5

[38] The total for the Client Count column has been deduplicated.
[39] Upper limit calculated using the interquartile range method.

Transitional Housing

Table I. Record Counts for Transitional Housing Projects

Project Name	Group Count	Client Count	Entry/ Exit Count
Covenant House Missouri - CoC/RHY Transitional Living Program(37)	34	34	34
Criminal Justice Ministry - AHTF Release to Rent TH(168)	56	56	56
Criminal Justice Ministry - GPD Clinical Treatment Release to Rent TH(1509)	25	25	25
Criminal Justice Ministry - GPD Service Intensive Release to Rent TH(169)	34	34	34
Hope House STL - AHTF Transitional Housing(1329)	9	21	21
Peter & Paul - AHTF Labre Center TH(122)	18	18	18
Peter & Paul - HOPWA Positive Directions TH(124)	25	25	25
Reset Missouri - Transitional Housing(1727)	24	24	24
Salvation Army St. Louis - GPD Clinical Treatment TH(1508)	17	17	17
Salvation Army St. Louis - GPD Service Intensive TH(139)	56	55	56
St. Patrick Center - GPD Bridge Housing TH(1529)	17	18	18
St. Patrick Center - GPD Project HERO CT TH(518)	89	89	89
The Haven of Grace - AHTF Transitional Housing(111)	5	11	11
Total[40]	**409**	**413**	**428**

Table J. Quartiles & Upper Limit for Transitional Housing Nights of Stay

Minimum	1
Lower Quartile	90
Median	221
Upper Quartile	400
Maximum	1318
Upper Limit[41]	865

[40] The total for the Client Count column has been deduplicated.
[41] Upper limit calculated using the interquartile range method.

Appendix B. Exit Destination Categorization

Except where noted, this chart matches the information in the CoC APR and ESG CAPER Programming Specifications.[42]

Table K. Exit Destinations Categorized by Project Type

Exit Destinations	Coordinated Entry[43]	Emergency Shelter	Street Outreach	Transitional Housing
Temporary / Institutional				
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	✗	✗	✓	✗
Foster care home or foster care group home	–	–	✓	–
Hospital or other residential non-psychiatric medical facility	–	–	–	–
Hotel or motel paid for without emergency shelter voucher	✗	✗	✓	✗
Jail, prison, or juvenile detention facility	✗	✗	✗	✗
Moved from one HOPWA funded project to HOPWA TH	✗	✗	✓	✗
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	✗	✗	✗	✗
Psychiatric hospital or other psychiatric facility	✗	✗	✓	✗
Residential project or halfway house with no homeless criteria	✗	✗	–	✗
Safe Haven	✗	✗	✓	✗
Staying or living with family, temporary tenure (e.g. room, apartment, or house)	✗	✗	✓	✗
Staying or living with friends, temporary tenure (e.g. room, apartment, or house)	✗	✗	✓	✗
Substance abuse treatment facility or detox center	✗	✗	✓	✗
Transitional housing for homeless persons (including homeless youth)	✗	✗	✓	✗
Long-term care facility or nursing home	–	–	✓	–
Host Home (non-crisis)	✗	✓	✓	✓
Permanent				
Moved from one HOPWA funded project to HOPWA PH	✓	✓	✓	✓
Owned by client, no ongoing housing subsidy	✓	✓	✓	✓
Owned by client, with ongoing housing subsidy	✓	✓	✓	✓
Permanent housing (other than RRH) for formerly homeless persons	✓	✓	✓	✓
Rental by client, no ongoing housing subsidy	✓	✓	✓	✓
Rental by client, with GPD TIP housing subsidy	✓	✓	✓	✓
Rental by client, with other ongoing housing subsidy	✓	✓	✓	✓
Rental by client, with VASH housing subsidy	✓	✓	✓	✓
Staying or living with family, permanent tenure	✓	✓	✓	✓
Staying or living with friends, permanent tenure	✓	✓	✓	✓
Rental by client, with RRH or equivalent subsidy	✓	✓	✓	✓
Rental by client, with HCV voucher (tenant or project based)	✓	✓	✓	✓
Rental by client in a public housing unit	✓	✓	✓	✓
Other				
Deceased	–	–	–	–
Client doesn't know	?	?	?	?
Client refused	?	?	?	?
Data not collected	?	?	?	?
No exit interview completed	?	?	?	?
Other	✗	✗	✗	✗
Destination Key				
✓ Successful	✗ Negative	– Excluded	? Unknown[44]	

[42] U.S. Department of Housing and Urban Development, 2022, p. 84

[43] HUD has not defined a set of exit definition categories for Coordinated Entry, so the HUD-defined categorization for Supportive Services Only (SSO) projects has been utilized here. This was selected because HUD funds Coordinated Entry through the SSO component type.

[44] HUD traditionally classifies these as "Negative" destinations, but the author decided to differentiate them for the purpose of this gaps analysis.

Appendix C. References

Continuum of Care Program, 24 C.F.R. § 578.7(c)(3). (2017, April 1). Retrieved from https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml

Cronley, C. (2020, December 5). Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness - critically appraising the VI-SPDAT. *Journal of Social Distress and Homelessness*. doi:10.1080/10530789.2020.1852502

Cronley, C. (2021, January 20). *Racial and Gender Bias in the VI-SPDAT.* Retrieved from Homeless Hub: https://www.homelesshub.ca/blog/racial-and-gender-bias-vi-spdat

St. Louis City and County Continua of Care. (2018, January 17). *Coordinated Entry Policies and Procedures*. Retrieved from https://icalliances.org/stlouisce

St. Louis City Continuum of Care. (2022). *Housing Inventory Chart.*

U.S. Census Bureau. (2020). *ACS 5-Year Estimates Subject Tables: ACSST5Y2020.S101.* Retrieved from U.S. Census Bureau: https://data.census.gov/cedsci/table?q=veterans%20in%20st.%20louis%20city%20mo&tid=ACSST5Y2020.S2101

U.S. Department of Housing and Urban Development. (2015, November). *How does HUD define victim service provider?* Retrieved from HUD Exchange: https://www.hudexchange.info/faqs/programs/continuum-of-care-coc-program/program-requirements/coordinated-entry/how-does-hud-define-victim-service-provider/#:~:text=HUD%20defines%20a%20victim%20service,to%20victims%20of%20domestic%20violence.

U.S. Department of Housing and Urban Development. (2018, August). *Homeless Management Information System (HMIS): When to Use A Comparable Database.* Retrieved from HUD Exchange: https://www.hudexchange.info/resource/5743/hmis-when-to-use-a-comparable-database/

U.S. Department of Housing and Urban Development. (2021, December). *FY 2022 HMIS Data Standards (Manual), version 1.3.* Retrieved from HUD Exchange: https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf

U.S. Department of Housing and Urban Development. (2022, January). *CoC APR and ESG CAPER HMIS Programming Specifications, version 1.1.* Retrieved from HUD Exchange: https://www.hudexchange.info/resource/4696/hmis-programming-specifications/

U.S. Department of Housing and Urban Development: Office of Community Planning and Development. (2016, July 25). *CPD-16-11: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.* Retrieved from https://www.hud.gov/sites/documents/16-11CPDN.PDF

Wilkey, C., Donegan, R., Yampolskaya, S., & Cannon, R. (2019). *Coordinated Entry Systems: Racial Equity Analysis of Assessment Data.* Needham, Massachusetts. Retrieved from http://c4innovates.com/CES-Racial-Equity-Analysis-of-Assessment-Data

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