Article

Iowa Balance of State Analysis of Episodes of Homelessness with Special Attention to Race Equity

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Introduction

The racialization of poverty is an uncontested truth. In whatever way society is stratified economically, the concentration of minority populations increases as the level of poverty increases[1]. Homelessness may be understood as the extreme manifestation of poverty, so much so that whatever other factors there may be, they are all covariant with poverty. And so, we expect to see racial inequity in populations experiencing homelessness passed on to us from social forces of racism broadly present in the economy. Our challenge is to determine how race and inequality manifest in the experience of homelessness and the execution of the system designed to prevent and respond to homelessness.

Most people who experience homelessness do so once, for a relatively brief period of time that is resolved with minimal intervention. For many who experience homelessness in this pattern, they prefer only the assistance they strictly need and otherwise want as little organizational or institutional intervention as possible. Another portion of the population experiencing homelessness are unable to permanently resolve their episode unassisted. This second type of experience is commonly called chronic homelessness. One of the major challenges faced by the institutional and organizational response system is that there is no clear causal relationship between any of the variables captured in our data network, the Homeless Management Information System (HMIS), and the ultimate resolution of the episode of homelessness.

It is not possible, given the budgets of public assistance agencies and housing assistance providers, to address the more common pattern of homelessness through direct aid. This requires a systemic political solution. But much of the direct aid spent to address homelessness goes to this pattern of homelessness. By contrast, non-chronic homelessness is well addressed with prevention dollars. If it were possible to identify, in advance, a household that is going to become homeless and then resolve to a permanent pattern of stability, and through direct assistance preventing the episode from occurring, the societal savings would be immense. The remaining homelessness would be only those with the pattern experienced by people who are unable to resolve the episode unassisted; those who experience chronic homelessness.

Episodes and endings

To quantify the experience of homelessness so we can begin making the best possible decisions about how to spend our limited resources, we need to decide when homelessness begins and when it ends. On occasion a person may be stably housed, ending their experience of homelessness, then experience homelessness again, separately, at a future time. If that happens often enough, then there may be some factor preventing the ultimate resolution of instability. That period of stability may have been illusory, or the episodes may be unrelated with distinct causes.

One approach, used in determining the system performance measure used by the Department of Housing and Urban Development (HUD) to evaluate Continuum of Care (CoC) performance, is the measure of returns to homelessness. For that measure, an exit from a program to a destination thought to be permanent with a subsequent entry into a program in the following two years is deemed problematic. In those instances the entry is not a continuation of the same episode.

Defining what constitutes a positive conclusion to an experience of homelessness is a complicated question, far more so than would be imagined when first encountering data regarding homelessness. Exiting a project to a permanent destination is understood to be aspirational. The most common

destinations selected by clients is *staying with friends* or *staying with family*, both of which are bifurcated into permanent and temporary outcomes, the determination of which is made by the case manager relying on the ability of the client and their family or friends to accurately communicate their intentions.

From a policy perspective, the lack of capacity for case managers to capture the instability of clients who are living in places where no case managers are present means that where a more common sense understanding of homelessness would result in a broader definition, the definitional restraints result in a narrower definition. The result is that living situations like doubled-up situations are not considered experiences of homelessness. This is why an exit to a doubled-up situation may be counted as a permanent destination. In practice, an episode of homelessness ends when the person leaves the provider for a place they mean to stay. Thus, for the purposes of this analysis and in keeping with HUD's established guidance, episodes end when a person exits to a destination intended to be permanent or if they exit to a temporary destination and then they don't come back for at least two years.

Beginnings

There is ambiguity about when an episode of homelessness begins, so much so that HUD has two separate system performance measures for calculating the length of an episode. One measure incorporates the date of a client's entry into HMIS. Knowing there are no case managers capturing doubled-up living situations and street outreach has a limited reach, the other measure calculates back to the approximate day homelessness began. That date is determined by the case manager through an interview with the client.

The process of determining this approximated date conducted during the interview probes the progression of instability to the last time the client was stably housed. The case manager seeks a break of seven (7) days or longer in order to constitute a break in the episode of homelessness. So, if a friend let the person stay on their couch for a week, they stopped being homeless, but if they stayed six days, then that does not count as a break. If before that they had been sleeping in a car for a year, the car time is either a separate episode or it is included in the same episode of homelessness, based on the number of days on the couch. Paying for a hotel room constitutes a break but staying in a hotel room paid for with a voucher does not, unless it was for longer than a week. Institutional situations like hospitals or jails only constitute a break if the stay exceeds 90 days.

All of this is motivated by an effort to address the observed reality about populations experiencing homelessness in a way that is quantifiable. Some people self-resolve and are stably housed going forward. Others need help to resolve the episode of homelessness.

Prevention

There has been some success in homeless prevention initiatives, first during the housing crisis of 2009 with the Homelessness Prevention and Rapid Rehousing (HPRP) program. Populations seeking assistance were diverted or rapidly re-housed if a case manager could establish that the household would, but for a temporary condition, be able to maintain stability. Regression analysis was able to show that the program was effective in preventing some homelessness[2]. Compared to the number of people who would have been expected to become homeless given the macroeconomic conditions, using a wide array of conditions as independent variables regressed on the total homeless services entries, a

statistically significant measure of fewer instances of homelessness occurred than would have been expected. That difference between observed and expected was attributed to this intervention.

Then, during the COVID crisis, through rent moratoria and prevention spending, many households were prevented from becoming homeless. The difficulty is that it is not possible to know in advance if a household will become homeless with perfect surety. Some people receiving assistance would certainly have resolved the situation in some other way. We can only look back on the crisis once past and see that, controlling for other factors, the interventions en masse likely prevented many households from experiencing homelessness.

In moments of relative calm, between the peaks of housing system failures, it is hard to get funding for prevention. Instead, the most promising approach is to identify those portions of the population who will need assistance with resolution of their episode of homelessness - the people who will, in time, constitute the chronically homeless - and to do so as early in the episode as possible. Additionally, this gives us insights into how we may modify portions of the system to reduce any further introduction or compounding of racial inequity.

Permanent supportive housing and the importance of chronicity and disability

Permanent supportive housing (PSH) is housing funded through HUD with supports in place for people experiencing a disability of long duration, wherein because of said disability they are unable to find and maintain stable housing. This is the best practice solution to chronic homelessness, and as such access to the programming is conditioned on the determination of chronicity.

That determination is made in two parts. The first part of the identification of chronic homelessness, a requisite for accessing permanent supportive housing (PSH), is a person's disability status. The person's disability must be determined by a medical professional and it must be documented. The documentation is captured in the homelessness management information system (HMIS). Members of racial minority populations have a much more difficult time acquiring a disability determination from a physician, even when presenting with identical symptoms and circumstances[3] as White patients.

The other part of the identification is the element of chronicity of the homelessness, in the traditional sense of the word. The span of time sufficient to the definition is 12 months. Those 12 months can be consecutive, or they can be broken up in four (4) or more occurrences over the course of three (3) years wherein the occurrences are broken by spans of seven (7) days or more, or 90 days for institutional settings. A month can be included if during any day of that month the person experienced homelessness, i.e. sleeping in a place not meant for human habitation (including a shelter). Families may be considered for chronicity if the head of household fits the qualification.

This leaves a gap for people who have been homeless across 12 months through two or three episodes. It also functionally excludes families, for whom homelessness more often includes doubled up situations which are often quite dangerous and provide gateways to exploitation and abuse[4]. Those families are also much more likely to be members of minority communities[5].

In examining the impacts of race on equity among the populations experiencing homelessness we will examine all of these factors and how they converge to impact the experiences of people in the system addressing housing instability, preventing homelessness, and responding to experiences of homelessness.

Past research conducted in Iowa has shown with statistical rigor that chronicity as a determinant of access to services introduces racial inequity into the homeless response system because minority populations are unable to get physicians to certify disability status at the same rate as White populations and best practice solutions to homelessness are inextricably tied to the determination of chronicity.

Methods

This paper is an analysis of the Iowa Balance of State (BOS) Continuum of Care's (CoC) homelessness prevention and alleviation response system with special attention paid to the impact of race on the outcomes of intervention.

That dependent outcome is traditionally understood to be an exit to a **permanent destination** from service. A permanent destination is a concept defined by HUD, and depends on the type of program rendering service, but typically includes exits to a place where the client's name is on the lease, the client has ownership, a program for permanent housing with supports in place, or a place where the client is a guest of family or friends but is expected to stay permanently. That last category is a major portion of exits historically and introduces a lot of ambiguity. As a result, for this analysis, we have added a second indicator of a permanent exit to include a client leaving service to a destination other than permanent and **not returning to service for two years**.

To analytically understand the homelessness prevention and alleviation response system and the client's experience of that system, we use the idea of an episode of homelessness. This has been an analytic challenge, exacerbated somewhat by ambiguous policy direction from HUD. Often analysis is limited to entries into a specific program and the exit from that program. But in practice the experience of homelessness includes the episode of instability, often beginning with an event like eviction, a car accident, a job loss, an arrest, or some other proximal cause. The person's economic poverty is the underlying and constant cause of homelessness. The episode then is a series of such entries with no **substantive breaks**. In this case we are calling a substantive break any entry ending with an exit to a **permanent destination** because there was the expectation of stability, or any exit to a destination other than permanent with **no re-entry in the following 2 years**. This allows us to treat the aggregation of program types, days in service, and related data as independent variables.

What we are doing here, methodologically, constitutes an event history. As such we will censor based on an episode of homelessness ending with the event of an exit to a permanent destination, or a two-year period with no entries, or an entry into rapid rehousing with a move-in date indicating the client has moved into a unit paid for in part with rapid rehousing funds where there is a reasonable expectation of stability after the rapid rehousing funds are no longer being used.

Because some episodes can stretch out for extended periods and may carry on well beyond or have begun well before the reporting window, we are limiting the collection to only those episodes that have seen a conclusive end. If an episode included service within the reporting window but ended after the reporting window, it was censored. This eliminates the complication of COVID. If an episode included dates before the reporting period but ended during the reporting period, then the period of service before the reporting period was included. This censoring method reflects the conceit that the event of interest for which censoring is determined is the conclusion of the episode. Entries that did not include service during or after 2006 were not included in episodes, making the first of January 2006 the effective lookback date. Any entry that included that lookback window is included for consideration, and the entry date of that program entry may go back to any date.

The housing economy, rental market, and an eviction crisis that predates the pandemic illuminate the system as it pertains to race. While there may be some covariance between evictions with respect to race and the homelessness prevention and response systems with respect to race, we will assume for purposes of this analysis that there is a constancy to that relationship across systems and that they will change together over time so that we can assume independence. This is often necessary with analysis relating to hard to count populations, like those experiencing homelessness. The racism inherent in the economy is ever present, corrupting, and overwhelming, but relatively constant.

In each episode we will consider the program types into which the client entered, the order into which they were entered, and each program type will be counted once for the first time into which it was entered, and only counted again if there was an intervening change of program type. So, if a client entered an emergency shelter and then enrolled in permanent supportive housing, that is different from entering into permanent supportive housing and then staying at an emergency shelter. These are qualitatively different situations. The prior is a successful change while the latter is a problematic indicator. But, we also know that it is not uncommon for people who are placed in permanent housing to revisit the shelter for reasons connected to community and loneliness, while successfully maintaining their permanent housing. In that example, a return to shelter after a PSH placement would not appear. If a client has multiple consecutive entries into the same project type with no exit or span constituting an end of an episode, then those entries are aggregated.

Data

To capture episodes of homelessness it is necessary to use multiple years of data. This introduces the possibility that some factors of the system may change over time. One catalyst of system change was the COVID pandemic. As such, an in order to give a two-year window for return of the final cohort, we ended our data collection with the end of 2019. We used five full years of data from the Iowa Balance of State (BOS) Continuum of Care (CoC) Homeless Management Information System (HMIS). The data capture all clients served in coordinated intake, prevention, street outreach, emergency shelter, safe haven, transitional housing, rapid rehousing, or permanent housing programs between January 1, 2015 and December 31, 2019, so that the last cohort has a two year window into which to return. The continuum of care implies a best practice progression from street outreach to permanent housing.

For the purposes of this analysis, we will be using data from a decade of service spanning 2015 through 2019. In that span episodes will end if there is a permanent exit destination or if there is not a subsequent entry in the following 730 days and will begin if the previous exit was to a permanent exit destination or if there was no exit in the preceding 730 days. Destination at exit will be bivariate, reduced to permanent and not permanent. Additionally, if a client is enrolled in rapid rehousing and is placed in a unit with a move in date, that is noted.

Episodes are constructed of between one and a great number of entries and depend to a large degree on the workflow of the programs in question. Some shelters will make new entries periodically or even daily because of uncertainty of a client's likelihood to return from day to day and may contain no exit destination data. Other programs are reliable about the destination. Some clients have as many as 40 episodes, however 67.8% had only one and 96.5% had three or fewer episodes. Only 4, less than 0.02% of people, had more than 10. Some of those episodes contain up to 45 entries, however again 70.7% of episodes consist of a single entry and 92.8% had three or fewer entries. Only 0.8% of episodes consist of more than 10 entries. There are eight program types included in the analysis. They are coordinated entry, emergency shelter, street outreach, permanent housing (with no requirement for a disability), prevention, permanent supportive housing (with a requirement for a disability), rapid rehousing and safe haven. However, although there are eight available program types in practice no single episode contains more than four (4) program types. Only one episode has a fifth program type, a set of two instances where clients had separate coordinated entry assessments separated by rapid rehousing with no move in date and an exit to a temporary destination then a subsequent coordinated entry assessment followed by outreach. Aside from occasional peculiarities like that, almost all episodes consist of one or two program types. The episodes with more entries tend to be a series of entries into emergency shelter without sufficient breaks to constitute an end of an episode or an exit to a permanent destination. A full table of the iterations can be found in Appendix A.

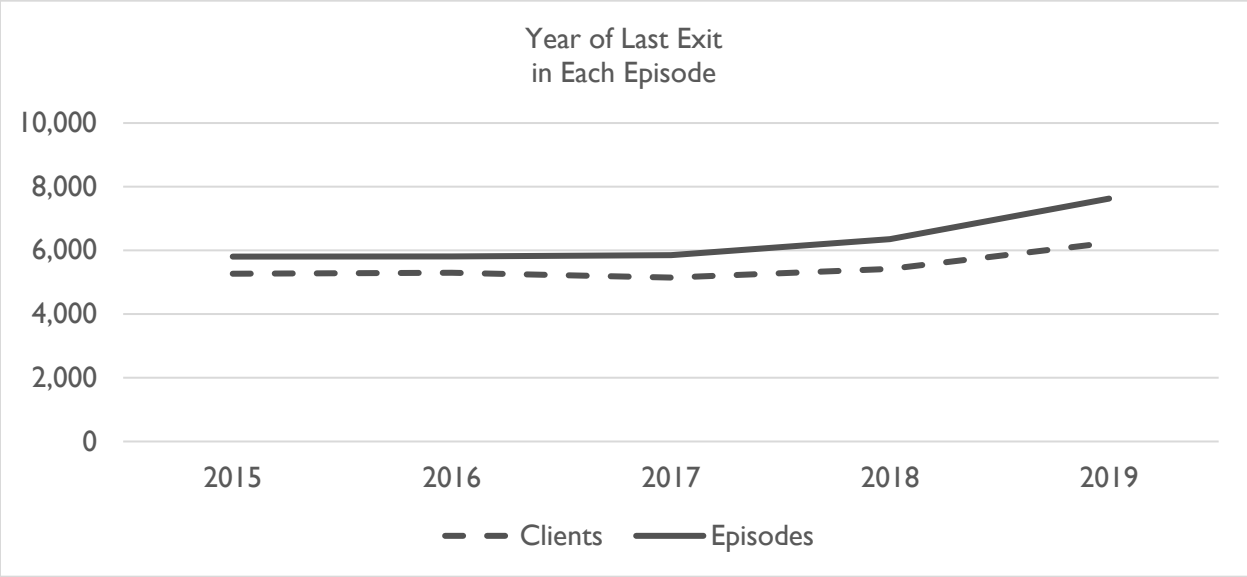
Then episodes as a whole will be considered for what destination is recorded for the final exit, whether that destination is permanent or temporary or rapid rehousing a move in.

A count of months spent in service is made using HUD's formula, where any moth is counted if a person is homeless for any day during that month. Consistent with the HUD lookback methodology, when calculating an episode's length, we do not just look at the start and end, but only count those months where a client was actively entered into a project. So it a client was in emergency shelter for days during 2 months, gone for one month and back for a few days of a third month within a two year period, then entered into coordinated entry and placed in rapid rehousing all in the same month, then that counts as three months in the episode. The counts of months in service for each iteration in Appendix A can be found in Appendix B.

This five-year period includes a total of 24,511 clients who received services and had an episode end in the reporting period and were not censored. Those clients collectively had 31,457 episodes constituted from 47,294 entries. The average client had 1.36 episodes. The average episodes contained 1.5 entries.

Across the five years, the distribution of episodes and exits was reasonably constant in 2015, 2016 and 2017 with 2018 seeing a slight increase in clients after a slight decrease the year before but seeing a marked increase in the number of episodes ending followed by increases in 2019 of 15% for clients and 20% for episodes.

Diagram 1 – Distinct counts of clients and episodes by the year the episode ended



The first entry of each episode may stretch back in time, but the average episodes was 289 days. The maximum was 6,773 days (19 years). Including outliers, the median episode was 76 days.

7,294 episodes ended with a move in date. 12,579 episodes ended in a permanent destination and 15,571 episodes ended with a destination other than permanent. The permanent destinations median length was 118 days. Compared to the non-permanent destination conclusion that came in 39 days. The days to move in was 41.

First Entry

The first entry in each episode is how the person first encounters the homeless prevention and services system. The first entry of each episode is telling. We can see the distribution of races within each program type for the first entry and we can make a comparison to the distribution of races in the balance of state. The disproportional over-representation of one group or another is typically obvious and verified by surface validity, but we can also use some statistical measures to test for significance and while the threshold for significance is a standard value, and somewhat arbitrary, the relative significances of over and under-representation can be compared.

We can also look within regions where things begin to become significant, if we think there is merit in doing so. Iowa is a relatively homogeneous state, in the general population. But what diversity there is in the general population is not evenly distributed. The concentration of Asian Americans in the

Jefferson/Washington and Two Rivers regions or the concentration of African Americans in the Quad Cities, Iowa City and Cedar Rapids areas could be informative. (Table 1)

Table 1 - Distribution by Race in Iowa and in Coordinated Entry Regions
(American Community Survey 2020, table B02001)

	Asian or Asian American	**American Indian, Alaska Native, or Indigenous**	**Black, African American, or African**	**Multiple Races**	**Un-known**	**White**	***Total Population***
TOTAL	2.5%	0.5%	3.7%	3.0%	1.3%	89.1%	*10292124*
Balance of State	2.1%	0.5%	3.1%	2.8%	1.2%	90.3%	*10103520*
Balance of Counties	0.4%	0.5%	0.8%	1.8%	0.6%	96.0%	*91244*
Black Hawk/Grundy/Tama	2.3%	1.4%	8.0%	2.8%	1.0%	84.6%	*161037*
Eastern	0.9%	0.6%	2.5%	2.4%	0.4%	93.2%	*180382*
Johnson/Washington	5.5%	0.2%	6.7%	3.4%	1.8%	82.4%	*172919*
Linn/Benton/Jones	2.0%	0.3%	4.8%	3.4%	0.6%	88.9%	*271734*
North Central	1.0%	0.4%	1.4%	1.9%	0.8%	94.5%	*150082*
Northeast	0.6%	0.3%	0.8%	1.5%	0.3%	96.4%	*152834*
Northwest	0.8%	0.5%	1.3%	2.4%	2.2%	93.0%	*155619*
Quad Cities Bi-State	2.8%	0.3%	7.4%	4.4%	0.9%	84.3%	*172938*
Rolling Hills	1.5%	0.3%	1.3%	2.2%	0.8%	93.8%	*292693*
South Central/West	2.8%	0.2%	1.2%	2.8%	0.8%	92.1%	*168625*
Southeast	1.2%	0.2%	3.1%	2.8%	1.6%	91.1%	*165365*
Two Rivers	5.0%	0.3%	1.7%	3.1%	2.1%	87.9%	*189387*
Upper Des Moines	2.2%	0.4%	1.9%	2.6%	1.9%	91.1%	*143569*

The general population is distinct from the population most at risk of experiencing homelessness. The population most at risk of becoming homeless are the people with the lowest incomes and the highest relative cost of housing. For that population we look for those who are under 50% of Area Median Income and also spending more than 50% of their income on housing costs. The exact percentages are not as important as the relative sense of the distribution of poverty in the community sufficient to make living in a stable housing situation tenable. The racial and ethnic categories available for this statistic are not a perfect match for those we collect and use, but they are close enough to get us a sense of the inequity of the distribution and so the population most likely, due to economic conditions, to appear in continuum of care projects. What emerges is a sense of the geographic concentration of minority groups in Iowa and the concentration of poverty of the sort that makes it hard to maintain stable housing in those same areas as a function of that concentration of racial population. (Table 2)

Though numerically much smaller, non-Black and non-White identifying clients only represent about 9% of the population experiencing homelessness. White clients represent about 59% of the population experiencing homelessness and Black clients represent about 32% of episodes.

By contrast 89% of Iowans identify as White, 3.7% identify as Black. Non-Black and non-White identifying Iowans represent about 7.2% of the population. This incredible population gap begins to be understood as a continuum when we frame it in economic terms. The general population is all encompassing, but the portion of the population at risk of homelessness is best understood

economically. The population described in Table 2 is shown by the percent of the population that is rent burdened but if we reframe it as a population with a distribution of race, then we see that 82.7% of the rent burdened population is White and 7.1% of the population is Black. What emerges is a continuum where the most extreme forms of poverty are the most racialized.

Table 2 - Percent of occupied housing units cost burdened above 50% with AMI below 50%
(CHAS 2013-2017 5-year estimates)

	Total	Race of householder of units cost burdened above 50% with AMI below 50				
	Occupied Housing Units	Asian or Asian American	American Indian, Alaska Native, or Indigenous	Black, African American, or African	Other (including multiple races, and Hispanic)	White
STATEWIDE	1251580	15%	18%	25%	14%	9%
South Central/West	64090	5%	15%	14%	8%	7%
Northeast	63220	9%	20%	27%	16%	8%
Rolling Hills	116630	4%	35%	18%	20%	9%
Balance of Counties	39475	0%	12%	33%	10%	8%
Linn/Benton/Jones	107510	7%	9%	22%	10%	8%
Black Hawk/Grundy/Tama	64640	2%	18%	25%	15%	10%
Two Rivers	74740	25%	14%	29%	17%	12%
Upper Des Moines	61900	3%	10%	19%	9%	9%
Northwest	62785	0%	6%	40%	11%	6%
Southeast	67070	10%	0%	31%	14%	8%
North Central	65855	9%	11%	23%	13%	7%
Eastern	73270	9%	11%	40%	20%	9%
Johnson/Washington	66095	20%	7%	32%	22%	14%
Quad Cities Bi-State	67100	21%	0%	25%	13%	10%

When making comparisons to the population experiencing homelessness, we can consider where services were rendered, or which zip code clients identified as the zip code of their last permanent address. There are merits to both choices, and we will consider both as we look more closely at the data describing the first entry of each episode. Table 1 was generated using zip code of last permanent address.

The most likely program types with which an episode will begin are street outreach, emergency shelter, or coordinated entry. The intention is that when a person is at risk of homelessness they seek assistance through coordinated entry, if they experience homelessness they turn to a shelter for access to further assistance or if they are living in a place not meant for human habitation, then the street outreach team will make first contact and attempt to bring the client into shelter, in that order. Then through coordinated entry, gain access to best practice solutions like permanent supportive housing for persons with disabilities of long duration or rapid rehousing for persons who have the potential for self-sustaining stability. Transitional housing is primarily meant for youth and safe haven is exclusively available to U.S. military veterans.

Most episodes of homelessness begin with emergency shelter. That makes sense, because the emergency shelter is the most visible and indicative place associated with homelessness. Specialty

programs like PSH and RRH are not generally available as a first point of access. In the cases where RRH is the first type, the entry is most often co-occurring with a coordinated entry program where the coordinated access entry was recorded with an entry date after the entry date associated with the permanent supportive housing entry. Permanent housing should not be available as a first response and may either represent a missed entry or data error, or else an exception of some sort. See Table 3 for the percent of episodes beginning in each program type as distributed by race.

Table 3 - Distribution of Program Type by Race for the First Entry in each Episode

	Asian or Asian American	**American Indian, Alaska Native, or Indigenous**	**Black, African American, or African**	**Multiple Races**	**Unknown**	**White**	***Total Episodes***
Outreach	1.2%	2.0%	2.2%	1.3%	3.8%	1.0%	*1.8%*
PSH	0.0%	0.7%	1.0%	0.8%	0.0%	0.4%	*0.8%*
Prevention	3.6%	12.5%	17.4%	20.8%	9.4%	12.1%	*15.7%*
Safe Haven	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*0.0%*
Coordinated Entry	7.1%	7.9%	7.8%	8.6%	11.5%	6.6%	*7.5%*
Permanent Housing	0.0%	0.0%	0.2%	0.2%	0.0%	0.2%	*0.2%*
RRH	7.1%	18.8%	10.9%	10.0%	3.5%	7.5%	*9.8%*
Emergency Shelter	81.0%	58.2%	60.5%	58.3%	71.7%	72.2%	*64.3%*
Total	**100%**	**100%**	**100%**	**100%**	**100%**	***100%***	

The racial distribution of people seeking prevention or coordinated entry as a first entry are heavily skewed toward non-white populations and may represent differences in family and household composition. In Table 4 we can see that this is, in fact, a good deal of the explanation but not the whole of it. In Coordinated Entry episodes for people identifying as white are only a little less likely to include households overall, but PSH and Permanent housing that does not require a disability are much more accessible to white households as a first recourse, although they are less common overall. By using tables 3 and 4 together we see that Black families are more likely to be entered in prevention and that in prevention those episodes are quite likely to be entries involving households.

Though numerically much smaller, non-Black, and non-White identifying clients only represent about 9% of the population experiencing homelessness. White clients represent about 49% of the episodes of homelessness and Black clients represent about 32% of episodes. Among people entering in households, 49% identity as White and 36% identify as Black, 15% are neither Black nor White exclusively. Among people entering without a household, 60% identify as white and 32% identify as Black, and 8% are neither Black nor White exclusively.

Table 4 – Percent of Episodes with a household ID by Program Type and Race for the First Entry in each Episode

	Asian or Asian American	American Indian, Alaska Native, or Indigenous	Black, African American, or African	Multiple Races	Unknown	White	*Average*
Outreach	0%	31%	10%	26%	14%	13%	***12%***
PSH	0%	0%	18%	50%	0%	25%	***22%***
Prevention	75%	41%	29%	47%	55%	31%	***31%***
Safe Haven	0%	0%	0%	0%	0%	0%	***0%***
Coordinated Entry	17%	33%	21%	44%	21%	24%	***24%***
Permanent Housing	0%	0%	36%	67%	0%	37%	***40%***
RRH	18%	33%	25%	45%	35%	28%	***27%***
Emergency Shelter	11%	17%	12%	33%	15%	20%	***16%***
Average	**15%**	**25%**	**18%**	**39%**	**21%**	**23%**	***21%***

The end of the first entry in each episode is pivotal. If that process can be as successful as possible there is the best probability of a long term success. Success, though, is not a simple thing. If there were a solution that worked broadly, and in every case, it would be standard practice. The difficulty is that some people require only a brief intervention, while others are contending with undiagnosed severe disabilities. It is difficult to know, during that first encounter, which is which.

The best opportunity for positive intervention is the ability to document disabilities that are causing instability from which the client cannot, on their own, recover. Eventually, a client in that position will 'age into' chronicity as long as they are at some point able to get a disability diagnosis.

Table 5 –

	Later identified as chronically homeless	Chronic on first entry	Never chronically homeless
Outreach	10%	18%	72%
Permanent Housing (no disability required)	2%	9%	90%
Prevention	2%	0%	98%
Emergency Shelter	9%	4%	87%
Coordinated Entry	7%	11%	81%
RRH	6%	9%	85%

Table 5 shows the percent of each program type (excluding PSH for which a disability is required for entry) who were chronically homeless on entry or never became chronically homeless as opposed to those who became chronically homeless at some point during the episode. As we documented in the past, minority populations have a significantly more difficult time acquiring documentation of disabilities. This difficulty is a failure of the housing system in relation to the health care system. There were 2,264 cases where an episode began with a client who was not chronically homeless and they because, at some point, chronically homeless. The population that did so was 68% White and 24% Black and 73% of those cases were coming out of Emergency Shelter while 17% came from a Rapid Rehousing entry.

Revisiting that analysis, we can see that the expectation would have been for about 25% more of the Black clients in Rapid Rehousing to have been diagnosed over the course of 5 years and for about 36% more of the black clients in Emergency Shelter to have been diagnosed with a disability over the course of 5 years. This is about 175 Black clients who would have been qualified to receive permanent supportive housing but were not, in practice, considered.

To move beyond past analysis, we have considered the idea that if Continua of Care were we permitted to trust clients self-report of a disability rather than require the health system be involved, as is consistent with the Americans with Disabilities act, by employing the answers already gathered from the triage tool, the numbers look very different.

20% fewer people changed their scores over time, and whose who did were more likely to be minority populations than before, but that is not surprising. We are now, effectively, taking the question of whether the client can convince a doctor that their disability is real, out of the equation. What remains is time, and time will always be a part of the definition of chronicity. What really changed is that the number of people who fit the definition from the first day decreased slightly, but more accurately fit what would eventually emerge to be the long-term system users. The decrease was among white client and there was an increase among Black clients. What also emerges is that there are a lot of White clients who do not believe they are disabled, according to their triage results, but are still being certified with a disability. This may not be a problem in itself but may speak to larger problem with the triage tool accurately capturing the intentions of the client population, a question for further analysis. If clients are going to doctors, acquiring a disability diagnosis, being recorded as having a disability of long duration, but on triage do not feel that the disability of long duration is an impediment to housing, all while Black clients have the opposite experience of believing their disability to be an impediment but being unable to convince a doctor to certify their lived experience, we have problems.

The rapid rehousing numbers are not significantly indicative of inequity using the triage tool instead of a doctor's certification and emergency shelter is only off by about 60 people over 5 years, more than halving the inequity introduced by not having considered black clients who would have otherwise qualified.

Second Entry

From the first entry in the episode, clients move to different next steps. The Diagram 2 shows where each episode proceeds. Appendix A has more information while Appendix B has corresponding durations. Most episodes are terminated after the first entry. Any series of subsequent entries into the same program type where the exit was not to a permanent destination were collapsed into a single entry, and while some episodes proceeded to iterate through as many as four program types, a diminishingly small portion of entries moved past one or two.

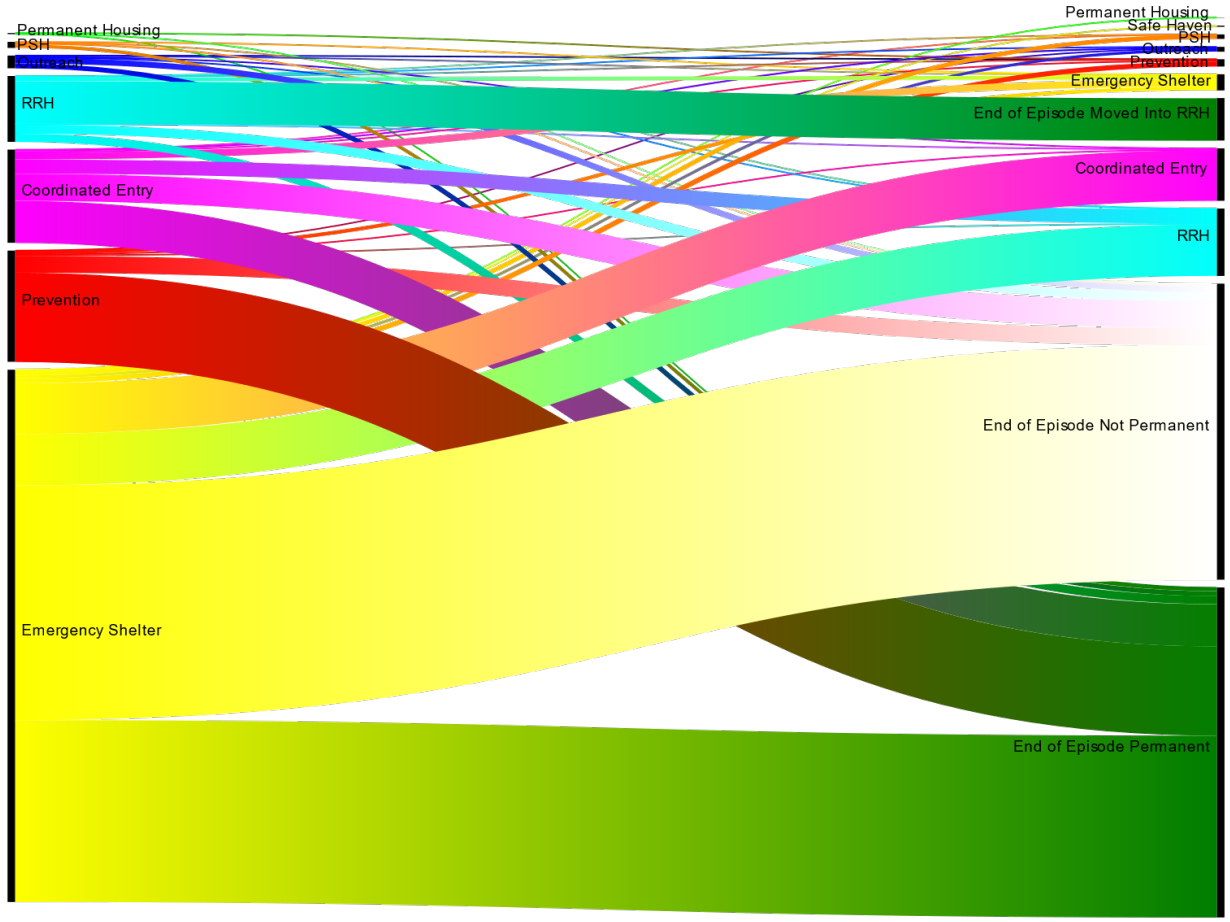
Overall, 81% of episodes terminated after a first encounter with a single program type. 40% of episodes ended with exits to a permanent destination. If those clients returned to service, then that return was categorically and axiomatically a new episode. Of that population, 57% were White and 33% were Black.

Another 36% ended in a temporary exit but did not see a return in the following 2 years and so in practice the exit was permanent. That population was 60% White and 31% Black. 5% of the total

population moved into a unit from a rapid rehousing program, representing 65% of those enrolled in rapid rehousing initially. That population was 66% White and only 25% Black.

Chart 2 visualizes this. The left side shows the first encounter, and the right side shows the second encounter or destination, sorted from least common to most common. Permanent destinations, at the bottom, are the most common end of an episodes followed closely by temporary exits with no subsequent return. Nestled between that and rapid rehousing placements with move in dates are clients whose episode took them from some other program type into a rapid rehousing program, representing 8% of episodes overall and clients whose episode took them from some other program type into coordinated entry, representing 6% of episodes overall. Those secondary coordinated entry program entries are almost exclusively coming from street outreach and emergency shelter, which is an entirely appropriate next step for both program types.

Chart 2 – Alluvial - First entry program type to second entry program type or end of episode.



There are also a fair number of cases (nearly 200 over the 5 years of the report) where clients coming from emergency shelter are entered into a prevention program. This is a little more perplexing but fits with the general instability experienced by much of the population and in some ways could be an opportunity for expansion. 50% of client moving into a prevention project as their second program type were White and 39% were Black.

Also notable are the clients who found their way from whatever program type into the best practice solutions of Rapid Rehousing, 8% of all episodes, in cases where they are not able to identify a disability, or Permanent Supportive Housing, 1% of all episodes, in cases where they were able to identify such a disability. In episodes for which the second program type was rapid rehousing 48% of clients were White and 43% of clients were Black. In Permanent Supportive Housing entries as a second program type, 74% of clients were White and 19% of clients were Black.

Considering whether any of this is significant or represents an inequity, a Pearson's Chi Square test shows overwhelming significance. The typical threshold is a p-value below .05 or .01 for high confidence of significance. In all cases significance had a sigma of 6 or more places. That is not at all surprising, and in a regression most of that significance would be tied back to broad economic factors and interrelated system failures. But, isolated within our purview, we can see that there would have been an expected additional 24 Black clients in Permanent Supportive Housing as their second program entry, all other things being equal, and 259 Fewer Black clients in Rapid Rehousing. This suggests that, systemically, and probably due to the challenges of gaining the expected disability diagnosis, programs in Iowa are placing Black clients into Rapid Rehousing when they really should be going into Permanent Supportive Housing if they were able to convince a doctor that their disability is real.

Final Entry

For most episodes, 81%, the first entry was the last entry. For the other 19% a second entry did occur, and we have looked with some specificity at those entries. By the end of the third project type 97% of clients have ended their episodes. At this point, at the start of the second program type, 28.3% of clients are exhibiting patterns of chronicity in their experience of homelessness. Of those who remain and do not exit the episode at this stage, by the end of the second program type, 42% are experience chronic homelessness.

The duration in months of these various iterations can be examined in Appendix B.

Episodes of homelessness that conclude after the third program type are 49% likely to exit to a permanent destination compared to 26% that end with a temporary destination. 34% or Rapid Rehousing episodes end with a move into a rapid rehousing unit. The RRH entries are more likely to end in a non-move-in but in some other permanent destination, like doubled up with family or friends.

The patterns of racialization between permanent supportive housing and rapid rehousing are following the same patterns exhibited earlier, but more so. As the client base becomes increasingly long-term clients. The likelihood that sufficient time has passed is higher, but the probability of minority clients getting a diagnosis has not changed and so the concentration of Black clients in Rapid Rehousing is not changed, but the concentration of White clints in Permanent Supportive Housing is increased. At this stage in the episode, for clients who are still in an episode, 74% of clients entering Permanent Supportive Housing as the third program type are White, although the total numbers are much smaller. But the percent of Black clients in Rapid Rehousing has fallen to 37%

After the third step, the fourth and fifth steps see a slight uptick in entries into rapid rehousing compared to the previous iteration, like after a long process of trying everything the connection is finally made. However, the racial distribution at this point is about 52% White and 37% Black. Very few of these entries end with permanent destinations. Most, 49%, end with exits to destinations other than

permanent while 40% for White clients and 43% for Black clients end with a move-in to rapid rehousing units.

Conclusion

This analysis has a few take-away understandings and implications for policy among the programs of the Iowa Balance of State Continuum of Care homeless prevention and response system constituent agencies and for system governance.

First, there is definitely an over-representation of minority clients, particularly Black clients, in the system as a whole resulting from racialized economic inequality. That inequality carries through the entire system, but we definitely see the same pattern we observed in previous research in the Balance of State, that there is better access to Permanent Supportive Housing for White clients derived almost exclusively from the ability of White clients to get disability diagnosis where Black clients cannot. The accompanying over-representation of clack clients in the rapid rehousing programs and prevention programs are the result of better access to permanent supportive housing for White clients.

The use of a different determination for disability is currently not a policy option but should be pursued if it becomes an option. The implications of the triage tool counter-indicating disability determination for White clients are opposed to the results of similar analysis with similar data from other continuums of care. It deserves further exploration. The VI-SPDAT version 2 triage tool, currently in use, has a history of exacerbating the impact of inequality, and so if that policy direction becomes available it would be a good idea, in the interest of increasing equity, to explore other triage tools and in doing so pay particular attention to how and why fewer White respondents believe they are disabled than are documented through the HMIS.

Overall, the findings are very consistent with past explorations of this topic in this community. The Continuum of Care is doing a good job of managing homelessness and prevention in Iowa with the resources it has available. Most of the problems identified are related to other systems in interaction with the COC homelessness prevention and response system, and broadly the agencies and programs that make up the Iowa system are working hard to address homelessness and housing instability in as equitable a fashion as possible given the economic realities and outside policy constraints imposed on them.

Appendix A – Count of entries by program type in episode and count of destination program type of next entry or disposition of episode end

Entry Number	Program Type	Destination									End of Episode		
		Episodes	Outreach	Prevention	Emergency Shelter	Safe Haven	Coordinated Entry	Rapid Rehousing	Permanent Housing	Permanent Supportive Housing	Moved Into Housing	Not Permanent	Permanent
1	Outreach	537	0	3	62	0	31	17	0	0		231	193
1	Prevention	4519	2	0	210	0	17	76	0	0		669	3545
1	Emergency Shelter	23313	156	314	0	63	2917	3059	17	266		9308	7213
1	Coordinated Entry	4139	89	55	390	0	0	861	0	1		1073	1670
1	Rapid Rehousing	2710	8	69	207	0	46	0	0	7	1685	364	324
1	Permanent Housing	44	0	7	0	0	0	0	0	0		26	11
1	Permanent Supportive Housing	252	0	0	25	0	0	20	0	0		74	133
2	Outreach	255	0	0	28	0	14	12	0	0		122	79
2	Prevention	448	0	0	22	0	14	30	0	0		204	178
2	Emergency Shelter	894	7	0	0	2	92	120	0	0		372	301
2	Safe Haven	63	0	0	0	0	0	5	0	0		29	29
2	Coordinated Entry	3011	30	11	27	5	0	647	0	5		1292	994
2	Rapid Rehousing	4033	35	44	6	3	68	0	7	25	1340	1997	508
2	Permanent Housing	17	0	0	0	0	0	0	0	0		7	10
2	Permanent Supportive Housing	274	0	2	6	3	7	7	0	0		146	103
3	Outreach	72	0		3		9	1		0		40	19
3	Prevention	57	0		0		0	8		0		31	18
3	Emergency Shelter	89	0		0		13	0		1		33	42
3	Safe Haven	13	0		0		0	5		0		5	3
3	Coordinated Entry	195	1		5		0	9		0		97	83
3	Rapid Rehousing	821	4		0		12	0		0	340	393	72
3	Permanent Housing	7	0		0		0	0		0		2	5
3	Permanent Supportive Housing	30	0		0		4	0		0		13	13
4	Outreach	5	0									3	2
4	Emergency Shelter	8	0									4	4

Entry Number	Program Type	Destination									End of Episode		
		Episodes	Outreach	Prevention	Emergency Shelter	Safe Haven	Coordinated Entry	Rapid Rehousing	Permanent Housing	Permanent Supportive Housing	Moved Into Housing	Not Permanent	Permanent
4	Coordinated Entry	38	4									22	12
4	Rapid Rehousing	23	0								10	12	1
4	Permanent Supportive Housing	1	0									1	0
5	Outreach	4										2	2

Appendix B – Average months of active entries in each value from Appendix A

Entry Number	Program Type	Destination									End of Episode		
		Total	Outreach	Prevention	Emergency Shelter	Safe Haven	Coordinated Entry	Rapid Rehousing	Permanent Housing	Permanent Supportive Housing	Moved Into Housing	Not Permanent	Permanent
1	Outreach	9.2		5.0	8.0		11.7	12.1				4.8	4.6
1	Prevention	11.4	26.0		11.5		3.4	11.9				3.4	2.5
1	Emergency Shelter	11.0	9.1	9.1		4.6	11.0	10.8	19.0	15.6		2.9	3.3
1	Coordinated Entry	6.8	7.7	5.3	6.6			8.5		4.0		3.9	3.7
1	Rapid Rehousing	14.3	21.3	4.9	12.2		19.5			12.6	7.0	4.9	6.1
1	Permanent Housing	28.1		35.1								23.2	18.8
1	Permanent Supportive Housing	16.1			20.2			8.6				12.8	16.8
2	Outreach	13.4			13.7		18.0	14.6				5.8	6.9
2	Prevention	8.8			4.1		7.5	9.3				11.4	12.6
2	Emergency Shelter	11.6	14.4			4.0	10.8	14.2				8.6	8.4
2	Safe Haven	4.6						4.3				5.1	4.8
2	Coordinated Entry	12.1	14.0	7.8	16.7	9.2		12.1		19.9		9.5	7.9
2	Rapid Rehousing	10.5	10.6	7.2	14.6	5.5	12.6		11.2	22.0	8.0	8.4	4.0
2	Permanent Housing	19.0										21.7	16.2
2	Permanent Supportive Housing	14.7		5.0	2.4	9.3	33.6	6.6				11.4	11.6

Entry Number	Program Type	Destination									End of Episode		
		Total	Outreach	Prevention	Emergency Shelter	Safe Haven	Coordinated Entry	Rapid Rehousing	Permanent Housing	Permanent Supportive Housing	Moved Into Housing	Not Permanent	Permanent
3	Outreach	12.6			10.0		9.1	25.0				14.8	10.1
3	Prevention	7.0						12.0				6.6	4.9
3	Emergency Shelter	11.4					12.8			28.0		9.9	10.0
3	Safe Haven	7.0						9.2				7.8	4.7
3	Coordinated Entry	15.3	21.0		15.6			26.1				12.5	11.3
3	Rapid Rehousing	12.0	20.5				16.9				11.9	11.2	6.1
3	Permanent Housing	11.2										14.5	7.8
3	Permanent Supportive Housing	21.3					22.5					21.6	19.8
4	Outreach	20.7										20.8	20.5
4	Emergency Shelter	13.8										13.7	13.8
4	Coordinated Entry	14.5	6.3									14.2	17.9
4	Rapid Rehousing	20.3									17.1	18.7	45.0
4	Permanent Supportive Housing	28.0										28.0	
5	Outreach	6.3										10.5	2.0

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