Reimagine CE Workgroup Phase II #2

September 22, 2023

Illustration by Raffi Marhaba, The Dream Creative

Agenda

1. Welcome
2. Reimagine CE Workgroup Goal
3. Additional Data Points
4. Defining the Objectives for Change
5. Other Community Examples
6. Discussion

Reimagine CE Workgroup Goal

The Reimagine CE Workgroup is a workgroup of the HSC's Core Committee.

It has been charged with formulating recommendations for a revised approach to prioritize individuals and families for RRH and PSH openings. These recommendations are slated for presentation to the HSC Board of Directors by December 2023.

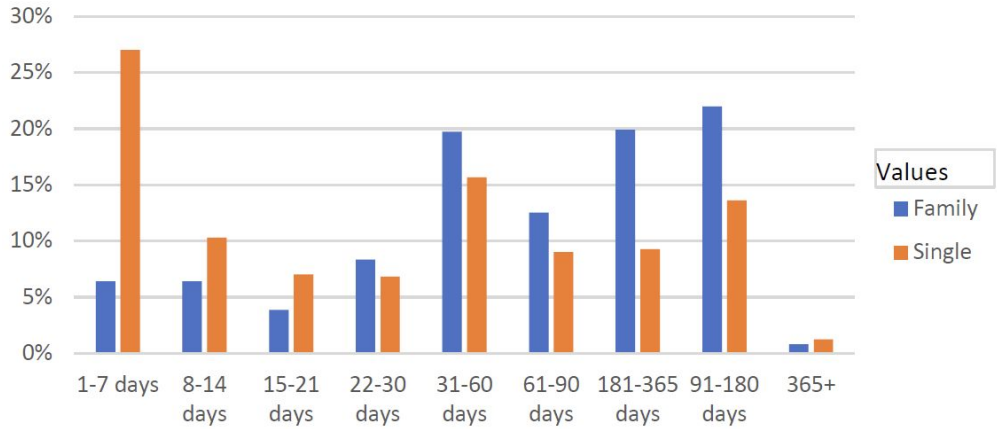
Additional Data Points:
Review of To-Do's Identified at the Last Meeting

A. **Length of time at emergency shelters** → see the next slide
B. **VI-SPDAT score average** → see the next slide
C. **# of people who complete VI-SPDAT assessment but have no successful CE follow up contact** → Not a simple data to pull for ICA; if the need is clarified, we can look at a different way of providing the info
D. **Other data source availability and feasibility**
    a. UW Institute for Research on Poverty → could contact and see if needed
    b. Dane County → will learn more about the county's efforts

A. Length of Time at Emergency Shelters

(9/1/22-8/31/23)

Length at Shelter	Families #	Families %	Singles #	Singles %
1-7 days	40	6%	504	27%
8-14 days	40	6%	192	10%
15-21 days	24	4%	131	7%
22-30 days	52	8%	127	7%
31-60 days	123	20%	292	16%
61-90 days	78	13%	168	9%
91-180 days	137	20%	254	9%
181-365 days	124	22%	173	14%
365+	5	1%	23	1%
TOTAL	623	1	1864	100%



B. Dane CoC Average VI-SPDAT Assessment Scores

(1/1/2015-12/31/2022)

Data from 1/1/2015-12/31/2022

Analyzed by

Homebase

Defining the Objectives for Change

Why is it important to define the objectives for change?

- **Clarity of Purpose:** Objectives provide a clear and specific vision of what the reimagined system is intended to achieve, ensuring that efforts are aligned and focused.
- **Indicators of Success:** Objectives establish measurable criteria for success. Measurable outcomes provide accountability and help us evaluate the effectiveness of the changes we make.
- **Resource Allocation:** By setting clear objectives, we can determine where to allocate limited resources most effectively to achieve the desired outcomes.

Other Community Examples: Objectives & Processes

Austin/Travis County

Objective:

The goal of revising the Austin/Travis County Coordinated Assessment is **to better capture the vulnerabilities of people of color experiencing homelessness in our community**. The VI-SPDAT notably fails to pose questions that capture the experiences of our Black and Latinx unsheltered neighbors in Austin/Travis County. We aim to build a tool that does.

Indicator of Success:

We will know we have done this when Black and Latinx people experiencing homelessness no longer consistently score lower on our CA than do white people experiencing homelessness.

Austin/Travis County (cont.)

Change Process:

- Participated in HUD equity demo.
- Kept some questions from the VI-SPDAT and developed and tested new prioritization questions that speak specifically to characteristics members of marginalized groups in Austin share more frequently.
- New questions are always piloted and pilot data is analyzed before a decision is made by the subcommittee on whether to add them to the assessment for scoring.
- During “piloting”, new pilot questions are asked to all clients who are assessed, but points are not allocated based on response to these questions. Questions are considered successful in pilot if they are disproportionately answered (in a way that would allocate points if the question were to be added to the CA) by Black clients, Latinx clients, or clients of color overall, but not substantially changing point allocation in other key groups (i.e. transgender clients, DV survivors, vets).
- Questions that have been adopted and added include: “Were you born and/or raised in Austin?” “What zip code or neighborhood did you grow up in? (points for neighborhoods that are classified as affected by gentrification)”, “Have you been in foster care? “Have you ever been sentenced to spend time in jail, prison, a juvenile detention center, a residential facility, or other correctional facility prior to the age of 18?” “What is the highest grade or level of school you have completed? (points for less than high school completion)”.

Pittsburgh/Allegheny County

Objective:

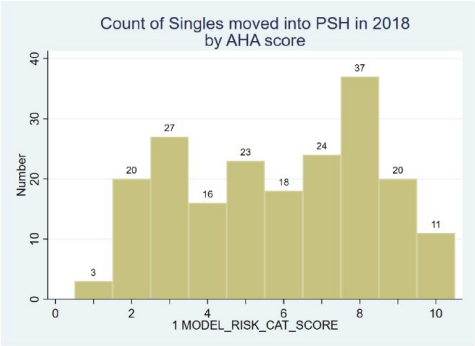
VI-SPDAT is a prioritization system without local validation. In Allegheny County, the score generated by the VI-SPDAT was uncorrelated to any of the observed harms from which homelessness services are designed to protect.

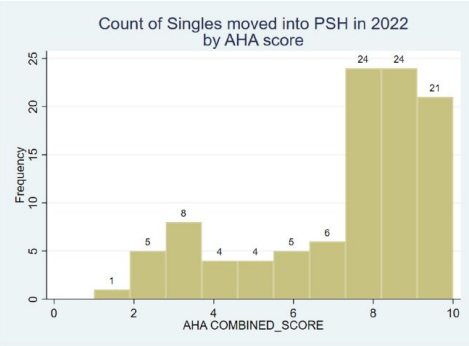
Are we allocating PSH resources to the “right” people?

1) harm from unstable housing (experiencing the adverse events that PSH or RRH are designed to prevent) or

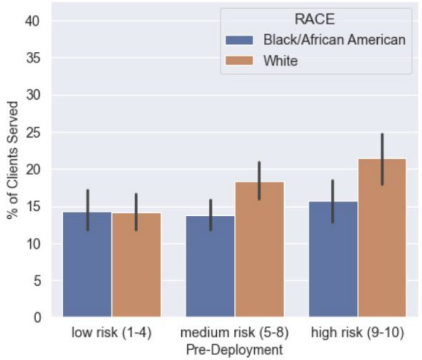
2) risk of chronic homelessness in the future

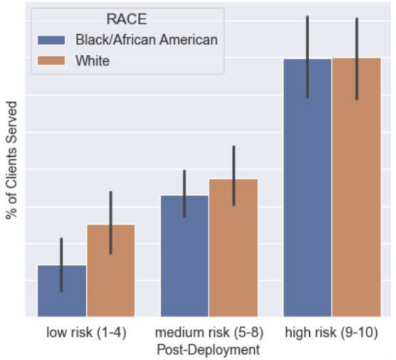
Indicator of Success: Are people with higher vulnerability (harm from unstable housing) getting into PSH?





Also measured the racial gap for high score range





Pittsburgh/Allegheny County (cont.)

Change Process:

- Contracted with Center for Social Data Analytics, Professor Rhema Vaithianathan.
- Used Predictive Risk Modeling (PRM): Using historical correlations patterns from routinely collected administrative data to rapidly assign a risk score. It is fully automated rather than requiring the data to be acquired through interviews. The data fields are filled by automatically extracting data that the County holds in its data warehouse.
- Initially developed and trained the models on **1) experiencing the types of adverse events that PSH or RRH beds are designed to prevent** or **2) future chronic homelessness** (e.g., being on the street or in a shelter).
- Learned that the models to predict the risk of chronic homelessness in the future was not as accurate as the harm models and decided against using it as a target for a new assessment.
- Focused on the following proxy harms where administrative data were available to build and train the model. (Mortality is the most directly observable harm caused by unsafe housing, but it has low prevalence and there are considerable ethical implications.)
    - At least one night of Medicaid-funded behavioral health inpatient treatment as a proxy for undertreated mental illness
    - More than four emergency room visits as a proxy for unmanaged crises in physical health
    - Jail booking as a proxy for involvement in the criminal justice system
    - Substance use services as a proxy for substance abuse (later dropped)

State of Utah

Objectives:

Similar to Allegheny County,

Are we allocating permanent housing resources to the “right” people?

Develop a system which predicts who will become chronically homeless

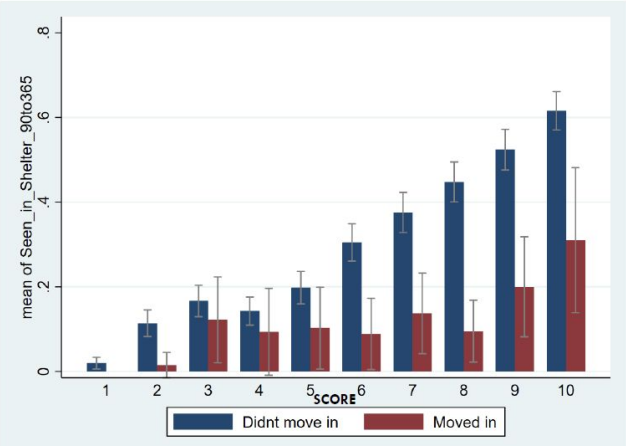
Indicator of Success:

We looked at whether moving into permanent housing reduced long term shelter and street outreach

We find that moving clients into a PH within 90 days was associated with a *reduction* in long term street out-reach and shelter stay

The largest impact was for those with the highest Score

Proportion of Single Adults who moved into PH housing within 90 days and their long term shelter and SO use, by HAST score



State of Utah (cont.)

Change Process:

- Contracted with Center for Social Data Analytics, Professor Rhema Vaithianathan.
- Used Predictive Risk Modeling (PRM) - no data warehouse, HMIS info only.
- Developed a prototype which predicts who will be in shelter or street outreach and found it reliable.
- Went back and scored all housing clients and put them into risk score buckets.
- Learned that clients with low risk are as likely to be given PH as clients with high risk.
- Looked at whether moving into PH reduced long term shelter and street outreach and found that the largest impact was for those with the highest score of the new system (HAST).

Metro Denver

Objective: To prioritize households more at risk of becoming homeless or having more difficulties in obtaining and maintaining housing

Indicators of Success: Not clear

Change Process:

- Participated in HUD equity demo.
- The CoC dropped VI-SPDAT and built the assessment from scratch. Gathered information from providers about what made households more at risk or made it more difficult to obtain and maintain housing.
- Tested 30 different ways to do prioritization.
- Narrowed it down to two different prioritization options and providers chose one.

Discussion

Poll: What should be the Dane CoC's primary objective for changing the CE prioritization system?

- ❏ **Enhance Equity in Assessment:** Create a system where the demographics of housing referrals closely matches the demographics of the homeless population.
- ❏ **Reduce Harm from Homelessness:** Prioritize individuals likely to experience greater harm from unstable housing without intervention.
- ❏ **Prevent Chronic Homelessness:** Prioritize those at risk of longer future homelessness without intervention.
- ❏ **Address Housing Barriers:** Prioritize those likely to face barriers to obtaining and maintaining housing due to complex needs.

Discussion

- Please share what option you chose and why.
- Is there any other objective we should consider?