3/28/19 – CAS Prioritization Subcommittee Meeting Minutes

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INTRODUCTION

- Context and purpose for this subcommittee:
    - The Coordinated Assessment Working Group convenes to discuss CAS policy and performance more generally
    - The Prioritization Subcommittee's purpose is to dig into CAS performance data to determine whether the system is working how we want it to
    - 2019 Point-in-Time data may or may not change the data presented

CAS VALUES CHECK IN (recap of power point slide)

REVISIT VALUES AND GOALS OF PRIORITZIATION SUBCOMMITTE (recap of power point slide)

CAS TIMELINE: Singles' Referrals to PSH

- What does the data look like for people who were active on the queue and were not referred? It would be helpful to compare the timeline data for those who have been referred with timeline data for those who have not been referred to determine if there is a population who is taking a significantly longer time to be referred.
- Small numbers of referrals for certain groups may contribute to some odd results.

CAS TIMELINE: Families' Referrals to PSH

- The numbers of families referred are relatively small here as well.

CAS TIMELINE: Singles' Referrals to RRH

- Why does it take longer to be referred to RRH?
- Most programs are enrolling 7s down.
- The eligibility could influence time for referral if a particular subpopulation is not eligible.
- There are more people assessed in the RRH range than in the PSH range, so it makes sense that the wait time is longer for RRH.
- It would be helpful to do a gaps analysis.

CAS TIMELINE: Families' Referrals to RRH

- We are seeing fewer households referred and faster placement in RRH among families than among individuals.
- There tend to be more resources for these folks -- if you're single and trying to reunify with families, once reunified, a range of new resources open up.

CAS TIMELINE: Confidential Queue

CAS EQUITY: Age

- People under age 25 and 25-44 are more likely to be referred
- People 45-64 and 65+ are less likely to be assessed and referred
- Does this reflect your experience? How do we explain?
- Maybe the older population is qualifying for PSH?

CAS EQUITY: Singles' vulnerability by age (RRH)

- Vulnerability is relatively evenly distributed except people 65+ are tending to score 7 less often.
- When people turn 65, they receive social security income – maybe this has something to do with lower scores?
- This may help explain why people 65+ aren't being referred, but it does not explain lower likelihood of referral for those age 45-64.

CAS EQUITY: Age for PSH

- The age breakout for people assessed is about the same as that of people referred.

CAS EQUITY: Age for RRH

- People who are 45+ are referred less frequently.
- Perhaps this is because at this age people are less focused on holding down a job and more interested in retirement.
- This might have an effect on enrollment into RRH but should not impact referral.
- Maybe the explanation is that more 25-44-year-olds have kids?

- Maybe there is more RRH for families with children and for youth? Is that just it? Is that true?
- Older people are being assessed less too.
- Maybe we should look at people in each age range (45-65, 65+) and calculate the percentage of people who were referred.
- Maybe there is less attention on this population? There is a Bill Wilson Center for youth but not one for older people.
- It would be interesting to see what is set aside for youth and families to see if that's impacting what's available for 45+ range folks.

CAS EQUITY: Gender

- There is an issue of PIT not adequately representing women because of methodology.
- There is a general feeling that there are populations not being reflected in gender data.
- More men are assessed but a higher percentage of women are referred. It is good to see that the CAS is ameliorating gender inequality (to the extent this data is actually accurate).
- Why are homeless LGBTQI+ numbers so low?
- There may be a reluctance to self-identify – first assessments happen right when people are walking in the door.
- There are possible issues with comfort levels, a hostile system, assumptions by assessors that may contribute to consumers not identifying as LGBTQI+.
- There also could be a problem of someone asking about LGBTQI+ identity at intake and LGBTQI+ inquiries not being re-asked down the line when consumers might be more comfortable.
- We should consider reaching out to places where LGBTQI+ folks go for services to strengthen how assessment staff presents the question.

CAS EQUITY: Race

- HUD's definitions of race and ethnicity are limiting.
- SPARC is doing a 12-month race equity assessment of the Santa Clara system, and will look at assessments, referrals, outcomes, and why people of color are overrepresented in homelessness population.

CAS EQUITY: Ethnicity

- No underrepresentation in referrals here.

CAS EQUITY: Primary Language

- People who speak non-English primary languages (i.e., Spanish, Vietnamese) are underrepresented in the system.
- People are referred fairly equally but getting them assessed in the first place is the problem.
- Consider ways to involve community centers, churches, orgs who are doing assessments in these communities to better reach these community members.

- Determine whether there are populations who are significantly unrepresented.

CAS EQUITY: Physical Disability

- The Clarity intake and the VI-SPDAT intake ask questions about physical disabilities in different ways.
- The VI-SPDAT requires consumers to report whether they have a physical disability that will impair their ability to live independently; there may be reluctance to answer this question because of fear around not receiving housing as a result, especially amongst certain subpopulations.
- Look into numbers of health questions on various assessment/intakes and see if questions are being answered differently.
- People with disabilities are less likely to be referred; some providers report limited resources for individuals with physical disabilities.
- Compared to PIT disability numbers, are we not reaching these people to do the assessment? Or is the self-report not matching?

CAS EQUITY: Physical Disability (PSH)

- There is a concern that people with physical disabilities are being both under-identified and under-prioritized (assessed but not referred) for PSH.
- We are still seeing a problem with lower numbers of referrals for those who are assessed and have disability.
- Consider ways to add intake questions to help prioritize people with disabilities.
- Look at numbers of people in PSH who have a known physical disability.

CAS EQUITY: Learning/Development Impairments

- People who self-report as having learning or developmental impairments are not more likely to be referred; PSH referrals are slightly higher for this population.
- Similar recommendations as above.
- Also look at whether comorbid disabilities impact assessment/result in higher referrals; VI-SPDAT only factors in comorbid impairments if there are 3+.
- Look to intake questions around disability outside of the VI-SPDAT.

CAS EQUITY: Mental Health Issue/Concern

- PIT asks about mental health and emotional issues; HMIS asks only about mental health.
- We see another possible access issue, or self-identifying on PIT and not assessment
- Question about how high scores are vis-à-vis answers to physical disability, learning disability, and/or mental health questions; look at distribution of scores based on answers to these questions.
- Were more people as having a mental illness in old SPDAT? Consider looking at SPDAT in other domains as well (i.e. first one after intake).
- How many people are referred but don't have documentation and get put back on the queue (rejected referrals)?
- Consider looking at Palantir data.

- We want to know about referrals and also rejected referrals for PSH or RRH and returns to homelessness for each program (by score).

NEXT MEETING: Address follow-up requests, move into rejected referrals; another meeting or two to look at data.