4/25/19 – CAS – Prioritization Subcommittee Mtg. Minutes

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INTRO: Sasha Drozdova

- Values and goals of CAS slide review
- Subcommittee Values slide review
- Subcommittee goals slide review
- Recap areas for improvement identified in prior meetings: CAS is not culturally comp for LGBTQI+ folks, Spanish speaking persons, speakers of certain Asian languages

FOLLOW UP DISCUSSION:

- New data to help illuminate issues raised at last meeting

Referral rates for Rapid Rehousing (RRH) and age

- RRH referrals take longer than Permanent Supportive Housing (PSH) referrals, especially for people 44 years old or older.
- We compared RRH inventory to the queue; RRH capacity compared to assessments (i.e., people assessed with VI-SPDAT) to understand how they match up.
    - Note: “Singles capacity” generally has some flexibility and can include families as well.
- What we saw: there’s more capacity for families; older singles (who are less likely to fall into “family” category) are a higher demand group with lower supply available.
- There is a lot more supply/capacity for veterans and families than need and the reverse for other subpopulations.

Why?

- Possible contributing factor related to work-related issues/employability?
    - RRH has a lot of working requirements; older folks face a lot of discrimination in employment — maybe that is impacting.

        - Reminder: employment is not technically a requirement for RRH but it will impact someone's ability to maintain their rent in the program.
        - And, some programs may have secondary criteria around employment. Mostly, it is a big barrier to maintain successful housing at end of RRH.
    - However, for employability to impact the high numbers of 44+ year olds who don't get referred into RRH, it would have to be a factor at referral point – are these people being discriminated against, pre-enrollment, because of the perception that their employability is low?
    - Perhaps this is not a limitation for referral after all.
- What are the scores for single folks in the 44+ range?
    - Note: the slide with singles vulnerability by age does not reflect veteran numbers.
    - Recap for RRH referral process: range for singles are 4-7; rank by score. If there's an opening, you start with 7s. If they are tied, there are tie breakers using risk subscore from assessment.
- Barriers to accurate assessments: Clients often don't know/think they had a VI-SPDAT done. They don't know they're being assessed (i.e., think they're going in for rental assistance and no one helps them understand what's going on). So much depends on individual administering the assessment.
    - Perhaps generational differences in responses too; for older people who may have had a lot more exposure to various systems and intakes over years/decades, they may not be as connected to the process - systems fatigue.
- Goals: adding capacity to programs that serve this population and building service expertise for this group would help, no matter what.

<u>Disability referral rates discussion from last meeting</u>

- We were surprised to see that we didn't have higher referrals for folks assessed with range of disabilities.
    - We thought: Is this a reflection of how people are answering question? That is, answering "no" to disability questions on VI-SPDAT and "yes" when they actually enroll? And why? And are only people with multiple conditions getting referred?
- New data looks at referrals vis-à-vis number of disabling conditions - <u>first in PSH</u>
    - What we saw: As expected, much higher enrollments for people who have more than one disability.
    - And, for RRH, it is highest for folks who have no reported disabilities (upon enrollment, not on VI-SPDAT)
- If questions are answered more accurately at enrollment, people with more disabilities are enrolled in PSH (versus RRH)
- Barriers to accurate assessments: Emergency shelter reality - people just want to get to their beds and probably try to move through questions quickly.
    - As noted previously, the difference between how assessment disability questions and referral disability questions are worded matter.

            - Assessment questions focus on whether the disability will impact housing; lots of reasons for people to want to answer "no" or think that they should answer "no."
            - Learning disability questions are more robust on VI-SPDAT so more "yeses" are generated there.
            - Mental health: "issue" versus "disability" questions will solicit different responses; similar with substance abuse questions.
                - Some variance in response can also be attributed to the very disability being asked about (i.e., intellectually disabled or mentally ill people may have difficulty identifying their disabilities sometimes).
                - Since people in PSH are already on PSH track, it is more surprising that people's answers between assessment and enrollment differ.
    - Enrollment interviews may produce more accurate responses: clients are in a "safer" position (they've already been referred) and they have probably met with the interviewer multiple times.
- Is this an area where we can effect change?
    - Will the new Silicon Valley triage tool help?
        - Perhaps, but there are a lot of people who are off the grid. Veterans, high consumers of services, etc.
    - Subcommittee views the issue of assessment versus enrollment questioning as a high priority and area to focus change efforts.
        - Can we wait two days before assessment?
        - What else can we do to foster comfort and understanding of how responses will impact future services?
- Additional new data looks at referrals for disabled individuals in RRH
    - We saw: responses to disability questions are not as starkly different as those seen in PSH
    - It doesn't seem like scores are incorrect, even though – in theory – people who are on RRH track might have more fears around answering fully.
- Group agrees that data demonstrating that people with more than one disability receiving more referrals to both RRH and PSH makes sense.

FUTURE MEETING FOLLOW UP:

- What is the age distribution for reentry population? Can we look at other info about this subpopulation?
- Can we tease out how many in each age bracket are showing up in family referrals?
- How long are people waiting before being referred?
- How does SPDAT impact "yeses" to disability questions and how does it impact flow into system?
- Is there a way to better understand where and how the people who do initial assessments after referrals (i.e., at the program) record their first contact? Do they all do it in "history"?

- Once referrals are made, how quickly are orgs reaching out (going to locations, trying secondary numbers, etc.) Can have them a month before dropping? Different programs are different.
- Note: When you deny a referral, some organizations have to justify denial by describing all of their attempts (not five attempts in one day; phone tag doesn't = one attempt of five). Matchmakers have to keep holding folks accountable for really doing due diligence. Some orgs will try to loop someone back in if they resurface.
    - "Cut off" for referral is not hard and fast; don't want to hold on too long but need to really give it a shot. Usually RRH is bigger problem because it's a less fine-tuned program. Easier to fall through cracks.
- Average number of attempts to contact, connections with other providers, time on the queue
- Forecast for referral rejections conversation:
- RRH and PSH rejection comparison
- Looking at whether rejections relate to age, including morbidity on queue?
- How do people self-resolve based on VI-SPDAT score?
- Are rejection rates impacted by protected classes/categories?