



CE Redesign Implementation Committee Assessment, Prioritization, and Referral Subcommittee Updates

September 10, 2024



Areas of Subcommittee Work

Prioritization (Who is offered housing?)

- Who gets a housing offer when there aren't enough resources in CE? **Identify what factors are most important to make this decision.**

Matching (What housing are they offered?)

- Are there additional factors to decide who is matched to which housing resources (i.e. Problem-Solving vs. RRH vs. PSH)?
- Determine if inventory-based prioritization (scoring bands based on housing availability) should be replaced with an overall by-name list.

Assessment (What info must be collected to make those decisions?)

- Explore **administrative data** and how it may be used.
- Revise **assessment questions and process to eliminate unnecessary steps and be more-trauma informed.**

Background/Context

Experience of systematic harms and ongoing discrimination that puts people of color at heightened risk of homelessness

Length of time experiencing homelessness

Health and safety risks or Vulnerability to illness or death

San Francisco connection

Experiencing unsheltered homelessness

Age

Barriers to housing

Experience of systematic harm and ongoing discrimination that puts LGBTQ+ and TGNCI+ people at heightened risk of homelessness

Other factors

Background/Context: Prioritization Domain Summary Ranking

Prioritization Domain	Subcommittee
Health and safety risks (or vulnerability to illness or death)	#1 (19 points)
Experience of systematic harms and ongoing discrimination that puts people of color at heightened risk of homelessness	#2 (15 points)
Barriers to Housing	#3 (9 points)
Age	#4 (4 points)
San Francisco residency	#5 (2 points)
Experiencing unsheltered homelessness	#6 (1 point)
Length of time experiencing homelessness	#7 (0 points)

Defining Prioritization Domains - Definitions

Prioritization Domain	Definition
Health and safety risks or vulnerability to illness or death	Characteristics and conditions that increase a person's risk of death, severe illness or injury
Experience of systemic harm and ongoing discrimination (race/ethnicity)	Characteristics and/or conditions or experiences that expose people of color to past and/or present discrimination resulting in greater difficulty getting housing, and higher rates of housing loss, unemployment, incarceration, and other systematic harms tied to homelessness
Experience of systemic harm and ongoing discrimination (sexual orientation/gender identity)	Characteristics and/or conditions or experiences that expose LGBTQ+ and TGNCI+ people to past and/or present discrimination resulting in greater difficulty getting housing, and higher rates of housing loss, unemployment, incarceration, and other systematic harms tied to homelessness
Barriers to housing	Conditions or past experiences that create barriers for accessing housing or remaining housed
Age	Age
SF residency/connection	A person who has lived in San Francisco (for a specified length of time) prior to becoming homeless
Unsheltered homelessness	A person who is currently or has recently lived in a place not meant for human habitation
Length of time homeless	The amount of time that a person has spent living in shelter or in a place not meant for human habitation

Preliminary Data Analysis

Questions:

- Who is likely to be prioritized when we prioritize based on health and safety risks, systematic harm (both race/ethnicity and sexual orientation/gender identity), barriers, (and age)?
 - How might this overlap with experiencing unsheltered homelessness and length of time experiencing homelessness?
 - Data on residency is not currently collected, so this could not be analyzed
- How might this differ from who is currently prioritized?
- Who might be left out if we prioritize this way? What might be the anticipated tradeoffs?

Methodology:

- HSH analyzed one year's worth of assessment data for adults
- Compared the 1,000 individuals who were most recently Housing Referral Status with the 1,000 individuals who would be prioritized if the new criteria were enacted using the data we have now*
- To determine who might be newly prioritized, HSH utilized characteristics, conditions, and experiences that the subcommittee brainstormed from the 5/15/2024 in-person exercise and compared it to current data that is already being collected from HMIS/ONE System – largely from the housing primary assessment and client profile

*This analysis is an attempt to see what might happen using new priorities, but we can only do so using the available data.

Characteristics, conditions, and experiences include:

- Health and safety risks
 - Has challenges with activities of daily living
 - Has 2 or more disabling conditions
 - Has used crisis services in the past year
 - Is experiencing/fleeing violence
 - Experiences violence daily
 - Has traded sex for a place to stay
- Experience of systematic harm (race/ethnicity): Identifies as BIPOC
- Experience of systematic harm (sexual orientation/gender identity): LGBTQ+ or TGNCI+
- Barriers to housing: Income under 10% area median income, has been arrested at least once in the past 5 years, has foster care history
- Age: 18-24 or 65+

Health and Safety Conditions

- New prioritization scheme may increase the percentage of adults/youth prioritized who face a host of health and safety risks (as defined in the current assessment)

Health/Safety	Current Prioritization, n = 1,000	Potential Prioritization – Health & Safety + Systematic Harm + Barriers, n = 1,000
Has Utilized Crisis Services in the Past Year	96%	98%
2+ Disabling Conditions	96%	99%
Is Experiencing/ Fleeing Violence	82%	92%

Systematic Harm

- Prioritizing on these domains, particularly on systematic harm (when defined as being BIPOC, LGBTQ+, and/or TGNCI+) seems to result in a higher percentage of BIPOC, LGBTQ+, and TGNCI+ people being prioritized
 - LGBTQ+ and TGNCI+ people don't seem to be more likely to be prioritized when only prioritizing on systematic harm (race/ethnicity)

	Current Prioritization, n = 1,000	Potential Prioritization – Health & Safety + Systematic Harm + Barriers, n = 1,000
Black	30%	34%
Latine or Hispanic	20%	27%
LGBTQ+	20%	27%
TGNCI+	5%	8%

Systematic Harm

- Using factors in the dataset associated with systematic harm in place of prioritizing explicitly on race/ethnicity, sexual orientation, or gender identity may or may not achieve the same result
- To achieve parity, these factors would likely need to be weighted more, which may disadvantage other groups

	Current Prioritization, n = 1,000	Potential Prioritization – Race/Ethnicity & SOGI Explicitly, n = 1,000	Potential Prioritization – Factors Associated with Race/Ethnicity & SOGI, n = 1,000
Black	30%	35%	31%
Latine or Hispanic	20%	29%	23%
LGBTQ+	20%	31%	22%
TGNCI+	5%	9%	5%

Barriers to Housing

- Adults/youth with more severe health and safety risks are generally more likely to also have higher barriers to housing, as defined in the current dataset
- Adding barriers to prioritization significantly increases the percentage of those who face high barriers to housing

Barrier	Current Prioritization, n = 1,000	Potential Prioritization – Health & Safety + Systematic Harm + Barriers, n = 1,000
Arrested At Least Once in the Past Five Years (%)	75%	88%
Experience with Foster Care (%)	18%	27%

Age

- Prioritizing on health and safety, systematic harm, and barriers seems to result in TAY and older adults being deprioritized
- Adding age to prioritization seems to increase the percentage of youth prioritized but not older adults, suggesting more weight may need to be placed on this age group

Age	Current Prioritization, n = 1,000	Potential Prioritization – Health & Safety + Systematic Harm + Barriers, n = 1,000	Potential Prioritization – Health & Safety + Systematic Harm + Barriers + Age, n = 1,000
18-24	11%	8%	12%
65+	6%	3%	5%

Other

- Prioritizing on these domains seems to slightly increase the percent of adults/youth prioritized experiencing unsheltered homelessness
- It may deprioritize adults/youth with longer lengths (15+ years) of homelessness
- This new prioritization does not seem to significantly impact the percent prioritized experiencing chronic homelessness, which may still be over 90%

Next Steps

• Next Steps •

Subcommittee majority voted to prioritize the top four domains to move forward with the Centre for Social Data Analytics (CSDA):

- **This is not a recommendation to make changes to CE prioritization**
- CSDA to explore administrative data to identify what factors are predictive of future adverse outcomes
- CSDA to also analyze other domains (age, residency, unsheltered, chronicity)
- CSDA is not making decisions on priorities
- Need to understand impact and intersections; incorporating an equity lens and exploring how to connect other areas of work

• Next Steps •

Subcommittee will use CSDA analysis to recommend changes to prioritization to the full CEIC:

- Follow approval process from the CE charter
- Include how assessment process may change
- May explore and clarify specific characteristics, conditions, experiences, etc. for each domain and their weighting