Allegheny County Homeless Advisory Board

CoC Bi-Monthly Meeting
May 26, 2020; 10:00AM to 12:00PM
Microsoft Teams Virtual Meeting

Purpose: The Homeless Advisory Board (HAB) is a public/private partnership formed to assist and recommend to Allegheny County, the City of Pittsburgh, the City of McKeesport and the Municipality of Penn Hills on public policy, programs, activities, data and all other efforts that will eliminate homelessness and improve the wellbeing of persons and families who are homeless.

HAB Members[1]

Frank Aggazio (P)	Abigail Horn (P)	Christy Pietryga (P)
Meg Balsamico	Knowledge Build Hudson (P)	Lea Etta Rhodes
Jerry Cafardi (P)	Joe Lagana (P)	Gale Schwartz (P)
Jane Downing (P)	John Lovelace (P)	Kyona White (P)
Laura Drogowski (P)	Jennifer McCurry (P)	Kellie Wild (P)
Annette Fetchko (P)	Michael Murray (P)	Bethany Wingerson (P)
Pete Giacalone (P)	Susie Puskar (P)	

In addition to the below notes, the meeting recording can be accessed here:
https://web.microsoftstream.com/video/f5f44292-bf3f-42cd-9a30-b57671db0149

Minutes

1. **Welcome—John Lovelace**

2. **Evolution of Coordinated Entry—Cynthia Shields**
   On behalf of Andrea Bustos, Cynthia Shields provided a brief overview of the CoC's Coordinated Entry (CE) system, highlighting the role of CE and how Allegheny County's CE has evolved to meet the needs of Allegheny County. Slides presented can be found in Appendix A.

   As part of the presentation the improvements the CoC has experienced in the referral conversion rates for Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) were shared. Questions were raised regarding what can be inferred by the rates alone, and HAB members requested additional data in order to more fully understand the rates and the broader context of what was occurring in the CoC across the same time period. Appendix B contains additional CoC data and considerations regarding the conversion rates.

3. **Predictive Risk Model for Coordinated Entry—Erin Dalton**
   The overview of CE sought to highlight that one of the CoC's greatest strengths is its ability as an integrated system to get the right resources to the right people at the right time. In seeking to fulfill this goal, the CoC needs to continue to have a strong, vibrant and flexible CE that meets the needs of the clients we are serving. Erin Dalton then provided more background and detail on the next evolution of CE—replacing the VI-SPDAT with Allegheny Link Prioritization Housing Assessment (ALPHA). The slides presented can be found in Appendix C.

   Overall, ALPHA utilizes existing data to predict the likelihood of harm outcomes. This means that over 300 data points from a broad scope of demographics (e.g., age and gender) and system experience (homeless, child welfare, jail, courts, probations, juvenile probation, assisted housing and behavioral health) are combined through the model and a score is computed reflecting the likelihood of harm outcomes (4 or

more emergency department visits; at least one inpatient mental health stay; at least one jail booking). In practice for the Allegheny County CoC, this means that instead of using the VI-SPDAT, in which persons seeking homeless services answer a series of questions with their responses leading to a score to indicate how vulnerable they are, the ALPHA will be used, in which persons seeking homeless services would still contact the Allegheny Link and answer a shorter series of questions and have their ALPHA score computed. In both processes the scores inform the prioritization and appropriate service level need.

Questions were raised regarding the model's ability to account for highly vulnerable people who have historically, and continue to, avoid engagement with support systems and thus do not have the indicators for risk outcomes. Similar to the VI-SPDAT, which is dependent on respondents accurate reporting of their experiences, ALPHA is dependent on the existing data, though it integrates a much higher level of input information to assess from. That said, the CoC's CE system will continue to rely on the people moving the system—DHS staff, Provider staff, service participants—to meet individual needs. For example, should a person receive a lower ALPHA score, but provider and field unit staff suspect from experience working with the individual that the person would be much more successful in a higher level of care, that decision can be made. This is to say, ALPHA will not stand along in making referrals and program linkages.

4. **Infrastructure Organization Update**
HUD CoC Program Notice of Funding Availability (NOFA):
- Allegheny County CoC was awarded more than $20 million through the 2019 NOFA (funding starting July 1, 2020)
- HUD released their annual debrief of the 2019 NOFA Competition, which noted that of a possible 200 points, Allegheny County CoC received 176. This is the highest score the CoC has received, and across all CoC's in the nation, the median score was 150 points, while the highest score was 186 and the lowest score was 33.
- The 2020 NOFA has not been released.

Home4Good 2020 Funding Notice:
- CoC's application was submitted on May 13, 2020, following a one-week turnaround time.
- In the past, the CoC has administered the first level application process, collecting, reviewing and ranking proposals and then submitting as a recommendation to PHFA. This year, in light of the pandemic, PHFA and FHLBank Pittsburgh announced that funds would be awarded to CoC's as a block grant.
- 20 comments were received and we aggregated suggestions into broad potential uses of the funds, with an aim of providing flexibility as we further assess the best use, including seeing where other funds get focused—so that we are filling gaps rather than duplicating resources. The general fund areas we identified included:
  - Housing flex funds—funds to help get past final barriers to get people into and maintain permanent housing from unstable housing or homeless system housing programs
  - Integrating physical and behavioral health resources into homeless services, particularly the shelters
  - Eviction prevention
  - COVID response expenses

In addition, Ms. Shields provided the following system updates:
- Construction on the Smithfield Church is resuming in preparation for the space being available for winter shelter.
- The Youth Homelessness Demonstration Program Coordinated Community Plan was approved by HUD and an RFP has been released to identify three youth programs.
- Work on Project Cares is continuing, which will house a year-round, low-barrier shelter, day program, and SRO space. Current timeline looks for a January 2022 opening.

5. **Committee Updates**

    CoC Analysis and Planning Committee—Pete Giacalone
    Pete Giacalone reported that the CoC Analysis and Planning Committee will be reconvening in June, continuing its review and discussion of performance measures, as well as trends of note across the CoC.

    Homeless Outreach Coordination Committee (HOCC)—Laura Drogowski
    Laura Drogowski reported on the HOCC, noting ongoing bi-weekly check-ins with outreach providers and partners. Specific discussions have included: Individuals and organizations have found adaptive models to meet needs, particularly via telecommunications, and these measures seem to be working in terms of reducing COVID-19 spread; Concerns were expressed by multiple partners about the move to yellow and a reduction in caution that might result in harm to those who are unsheltered or in programs; and an increase in overdoses countywide—HOCC outreach partners have prioritized naloxone distribution in the camps, and we haven't had the overdose impact outside like what has been seen in some of the housing programs.

6. **Communication and Education Committee Discussion—Jennifer McCurry**
    The Committee developed a series of discussion questions for the HAB, with the aim of clarifying where the Committee's attention should be placed and what mechanisms would be most appropriate and impactful for their work. The discussion questions presented can be found in Appendix D.

    In response to the questions, HAB members suggested the following areas of communication focus:
    - Understanding homelessness
    - Breadth and depth of the CoC; highlighting the work of the whole system
    - Human success stories
    - Compendium of talking points to aggregate messaging to different audiences that people could use
    - Advocacy—In discussion advocacy, HAB members noted existing groups leading and conducting advocacy efforts (e.g., Housing Alliance of PA; PA Harm Reduction Coalition, AARP), and it was expressed that the Communication and Education Committee could have a role in facilitating the already existing advocacy avenues.

    As a next step, the other HAB Committees were asked to review the questions with their committee members and provide considerations to Communication and Education.

7. **Public Comment**
    - No comments.

<u>Next CoC Meeting</u>
July 28, 2020 from 10:00am to 12:00pm
Microsoft Teams Virtual Meeting

Appendix A
Evolution of Coordinated Entry Slides

Coordinated Entry System: Rationale

Provides fair and equal access

Consistent determination of eligibility

Linkage across scope of homeless services

Facilitates system accountability

Informs system design and right-sizing

Enables systematic prioritization

Necessary when demand is higher than supply

Essential component of a crisis response system

Coordinated Entry System: Evolving to meet the needs of Allegheny County

Prioritization for consistent and meaningful distribution of limited resources

VI-SPDAT to match need with appropriate level of service

Field Service Coordinators providing on-site linkage to system

Single Shelter processes updated to facilitate quick access

Homeless Resource Coordinator streamlining referral process

Dynamic prioritization to adapt distribution of resources by needs

Specialized assessment processes for subpopulations (Veterans, TAY, & Families)

Diversion Specialist to assist those in shelter with a rapid exit to affordable housing

OCS Field Unit Expansion (Summer 2020)

ALPHA: Allegheny Link Prioritization Housing Assessment to replace the VI-SPDAT (Fall 2020)

Referral Conversion Rate	2016	2017	2018	2019
Enrollment into RRH	14%	46%	74%	72%
Enrollment into PSH	25%	56%	56%	52%

Referral Conversion Rate
Coordinated Entry to Program Enrollment

Allegheny County Homeless Advisory Board

Appendix B
Referral Conversion Rate

Introduction
During the May 2020 CoC/HAB Bi-Monthly Meeting, information was presented regarding how Allegheny County CoC's Coordinated Entry System (CE) has evolved over the past few years. Included in the presentation was data demonstrating how the CoC has improved its referral to housing program enrollment rate (described as "Referral Conversion Rate" below). This brief is to provide additional details to the data presented in May.

Referral Conversion Rate
The data presented during the May meeting only included the referral conversion rate for rapid re-housing and permanent supportive housing. Below, the numerators are denominators are included, as well as the total referral counts for each year.

	2016	**2017**	**2018**	**2019**
RRH	132/727 [18%]	344/658 [52.2%]	330/422 [78.2%]	285/357 [80%]
PSH	150/518 [29%]	225/466 [48.3%]	213/318 [67%]	187/304 [62%]
TH/Bridge	286/1445 [19.8%]	122/502 [24.3%]	41/136 [30.1%]	61/280 [21.7%]
Total	560/2690 [20.8%]	691/1626 [42.5%]	584/876 [66.7%]	533/941 [56.6%]
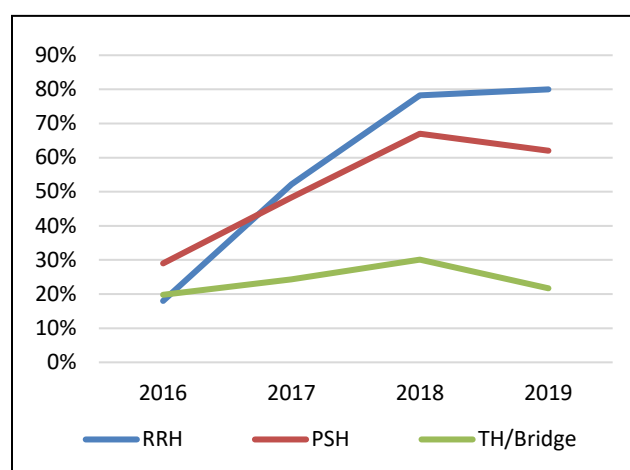
Denominator: Referrals made per program type per year
Numerator: Of the referrals per program type per year, enrollment into a program (at any point after referral)

Data Considerations/Observations
The Referral Conversion Rate was intended to serve as an indicator for the CoC's effectiveness at connecting individuals/families to housing programs. While presenting the rates alone show an improvement, additional information provides validity to the rates being used as such an indicator.

First, it is helpful to clarify what is being measured. When a housing program has a spot available, the next household[2] eligible for that program type is **referred** to the program in HMIS. The program would then connect with the household, and if all parties agree to the program for that household, the program would **enroll** the household, beginning the service delivery process[3]. With all the Referral Conversation Rates presented above, the denominator reports the number of referrals made per program type per year, and the numerator reports the number of enrollments.

Next, we can examine the rate data itself, as well as other CoC data and context, to support the position that the CoC has become more effective at connecting households to housing programs.
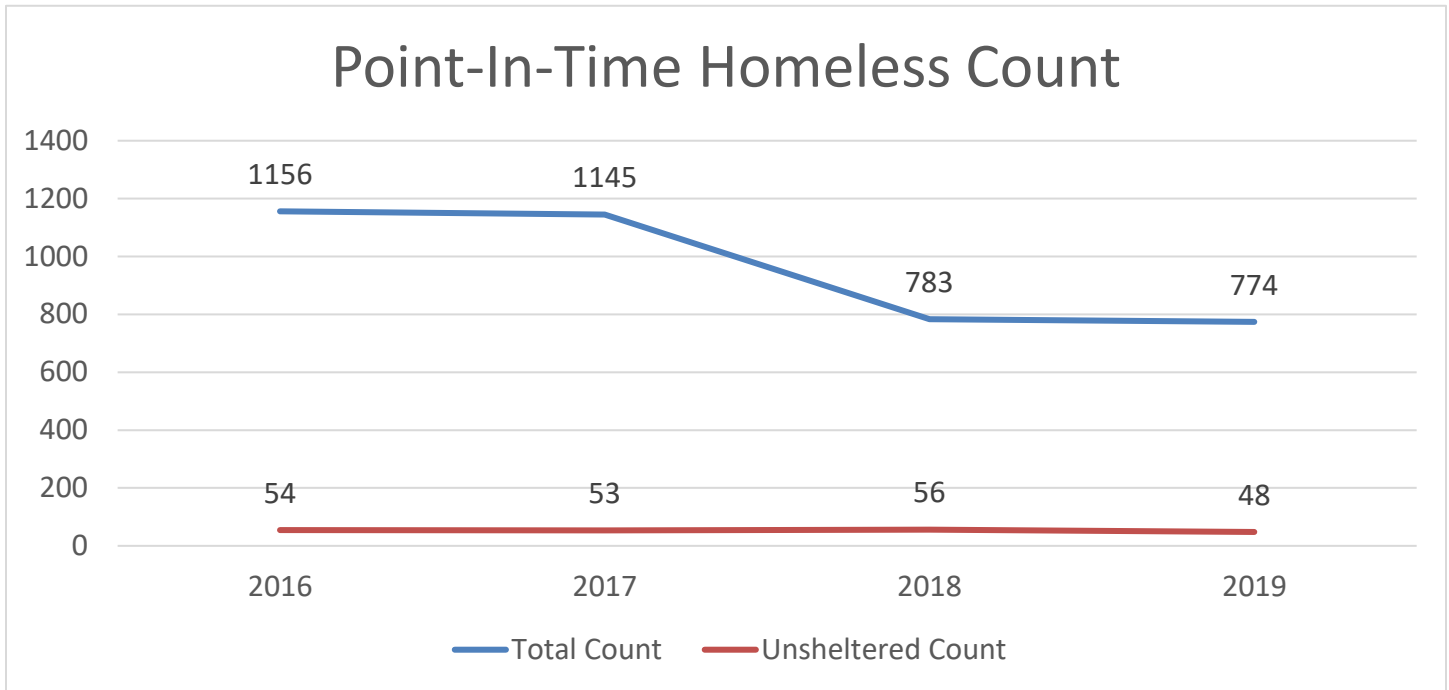- The number of referrals made in 2017, 2018 and 2019 are lower than in 2016 for all housing programs.
- The number of enrollments for RRH and PSH are higher in 2017, 2018 and 2018 than they were in 2016.

---

[2] "Household" is the unit denotation in HMIS, and includes individual households (i.e., a single person) and family households (e.g., multiple people who live together)
[3] "Enroll" does not mean a household is housed, rather it indicates that a household is officially connected to a program and that program is responsible for serving the household. In addition to tracking enrollment date, HMIS also captures housing date.

- Based on the CoC's commitment to permanent housing solutions, 170 PSH and 236 RRH beds were added in 2017 and this inventory of beds has been maintained since.
- The CoC served approximately 1,000 more households a year in 2017, 2018 and 2019 than it did in 2016. This includes maintaining the number of households housed in homeless housing programs each year, while increasing both the number of individuals served through street outreach and the number of individuals served in emergency shelter.
- The CoC has also seen a decrease in PIT counts since 2016:

Point-In-Time Homeless Count

Year	2016	2017	2018	2019
Total Count	1156	1145	783	774
Unsheltered Count	54	53	56	48

Discussion

The Referral Conversion Rate data shows an increase in the number of referred households that became enrolled (numerator) in RRH and PSH programs after 2016. The increase in 2017 corresponds with the conversion of transitional housing programs into increased RRH and PSH capacity. In the years following 2017, the CoC has maintained its bed capacity across the system, and we can see the number of total enrollments remains fairly steady.

The Referral Conversion Rate data also shows there has been a decrease in the number of referrals made to housing programs, however this decrease is not tied to service levels decreasing, as evident by the maintenance of the number of households housed. Related, the annual Point-In-Time (PIT) count shows a decrease, where an increase would be expected if the lower referral numbers were connected to a change resulting in no longer serving some (i.e., if in 2017 the CoC started not referring households who needed housing programs, we would expect to see an increase in individuals/families experiencing homelessness). When referencing PIT counts, there is consideration of who gets counted, as service participants in TH are counted as homeless and service participants in RRH and PSH are not. The PIT count decreases do correspond with the CoC shifting TH beds to RRH and PSH beds, but this still supports that the decrease in referral numbers was not a result of inappropriately excluding more households from getting referrals they needed.

Rather, it is believed that the decrease in number of referrals is a result of the CoC making improvements through system-wide analysis, planning and implementation efforts. Key stakeholders regularly reviewed provider and system data, assessed processes, examined barriers and bottlenecks, and explored opportunities to strengthen the homeless system overall. For example, prior to 2017, a "blind referral" process was in place, in which when a program had a spot available, they would request a referral in HMIS and be sent the next eligible household on the

list. The process then required the provider to find and connect with the household, identifying if the need was still there and the program was an appropriate fit. If the household did not then become enrolled in the program (e.g., the household was no longer homeless, did not want that particular program, etc.) the provider would need to request a new referral and try again. This resulted in more work for providers and padded the referral count with referrals that had no opportunity for "conversion". In response, a Homeless Resource Coordinate (HRC) role was designed and added, updating the process so that when a provider has space the HRC connects with the household, confirms homelessness and reviews the program with the household for fit, then making a vetted referral to the program via HMIS.

Appendix C
Using Integrated Data to Support Practice Slides

Recent Evaluation of the Assessment Tool

Test Retest Reliability

fell below the accepted cutoff for good reliability

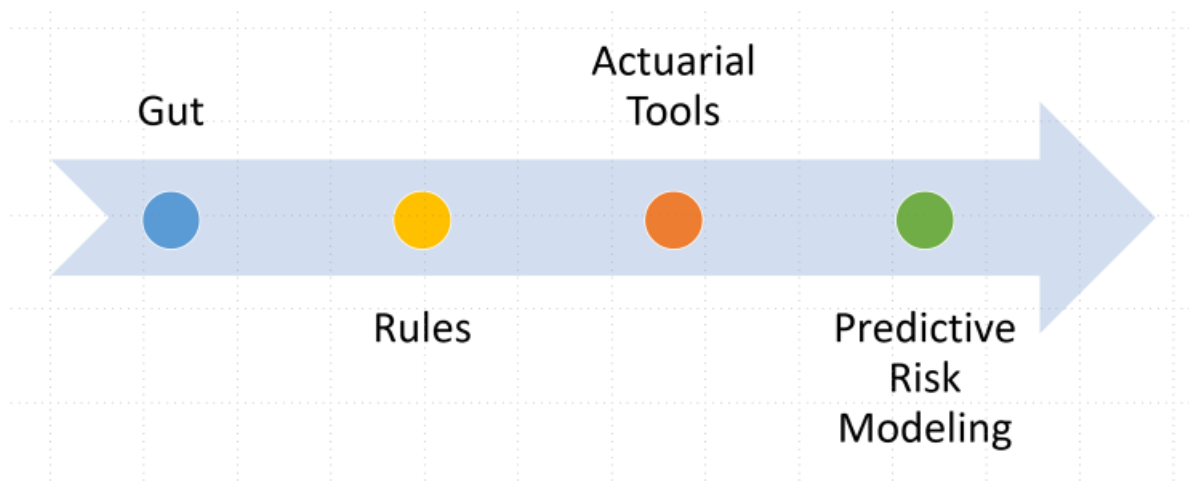**Inter-Rater Reliability**

was inadequate on 4 items

Construct Validity

Several items were not strongly associated or were associated in an unexpected direction

Predictive Validity

Only marginally associated with the likelihood of re-entering homeless services

Improving Decision Making

Gut

Rules
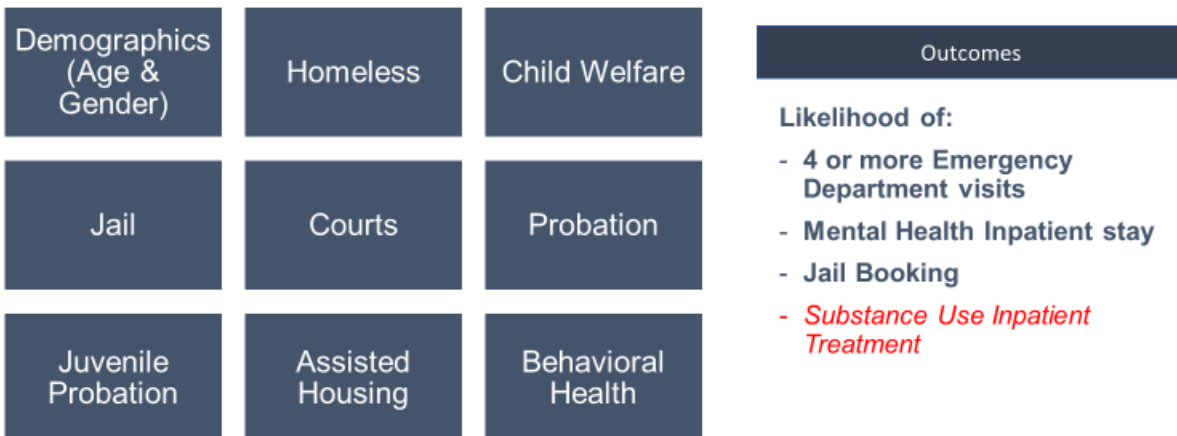
Actuarial Tools

Predictive Risk Modeling

PRM: Process Non-Negotiables

- Commitment to Implement
- Competitive Procurement
- Built in the Public Domain (we own the model etc.)
- Ethical Review
- Model Fairness & Discrimination Review
- Validation

- Stakeholder Input
- Community Engagement
- Willingness to Modify
- Evaluation
- Commitment to Improve
- Transparency

5

Model Predictors & Outcomes

Demographics (Age & Gender)	Homeless	Child Welfare
Jail	Courts	Probation
Juvenile Probation	Assisted Housing	Behavioral Health

Outcomes

Likelihood of:
- 4 or more Emergency Department visits
- Mental Health Inpatient stay
- Jail Booking
- *Substance Use Inpatient Treatment*

6

Future Harm: Target Outcomes and Prevalence

MODEL	PROXY HARM	PREVALANCE
Mental Health Inpatient Service	At least one inpatient mental health service in the following 12 months	16%
Jail Booking	At least one Allegheny County Jail booking in the following 12 months	17%
Emergency Room 4+ Visits	Four or more ER visits in the following 12 months	21%
EXTERNAL VALIDATION		
Mortality	Recorded in death data within 12 months	1.5%

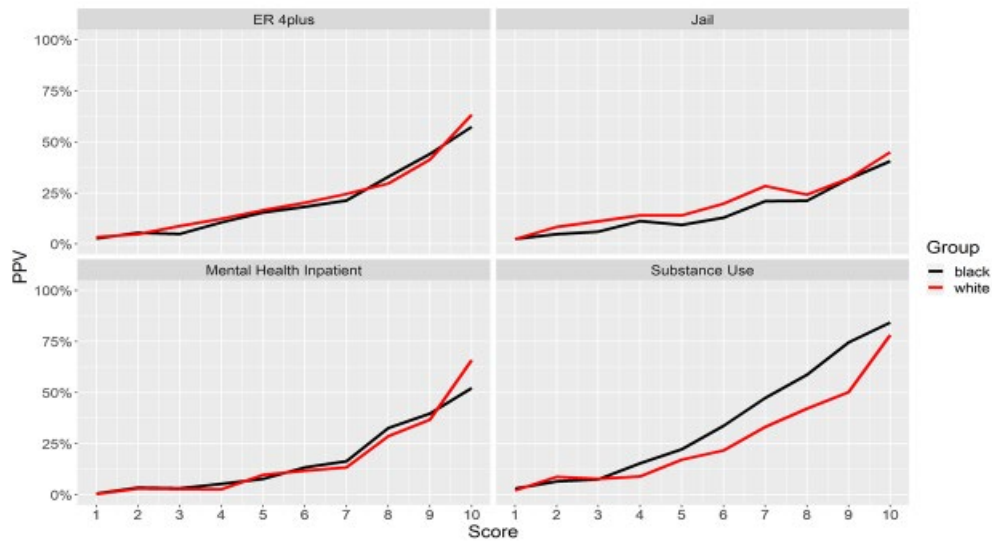## Rates of Outcomes for Future Harm by Combined PRM Model vs. Existing VI-SPDAT Score

—MH Inpatient —Jail Booking —ER Visit 4+ —Substance Use

PRM Score of Combined Weighted Outcome

Existing VI-SPDAT Score
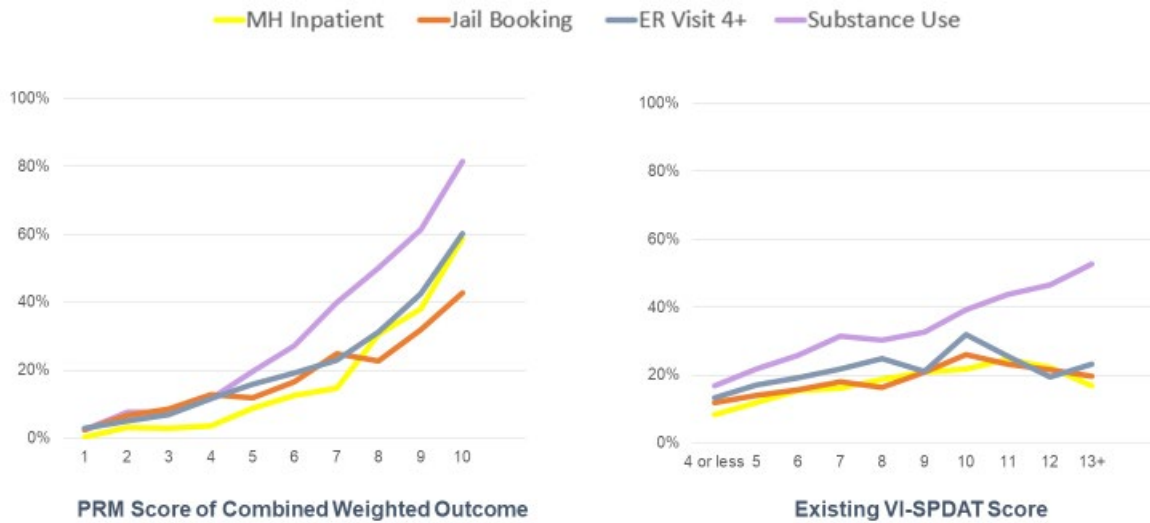
How does it work for singles vs families?
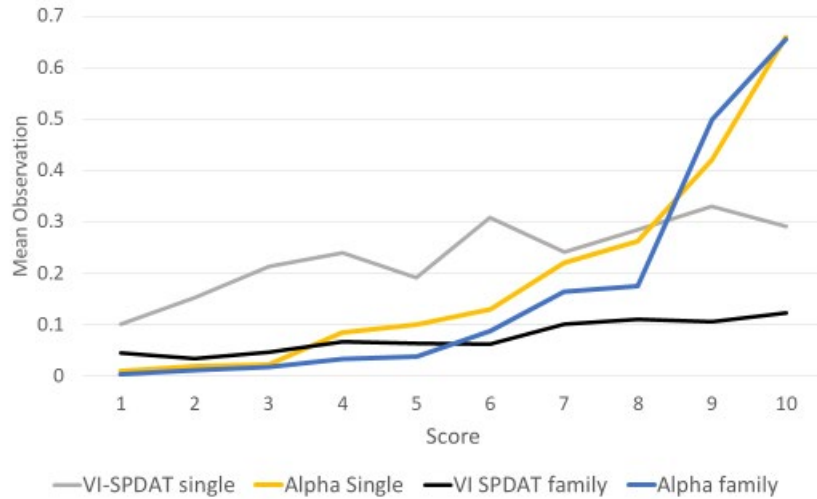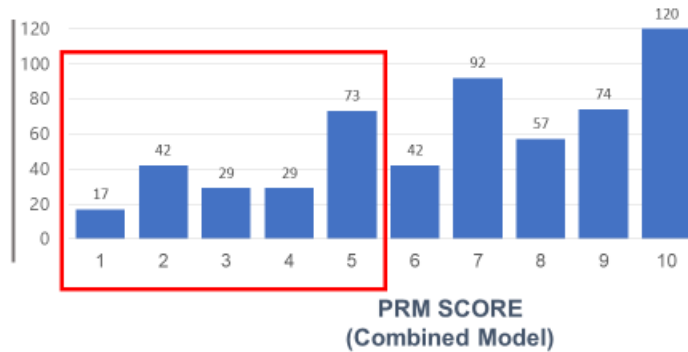

A Closer Look at Performance by Racial Subgroups

Are we allocating Permanent Supportive Housing resources to the "right" people?

33% of permanent supportive housing beds are given to individuals with a PRM score of 5 or less
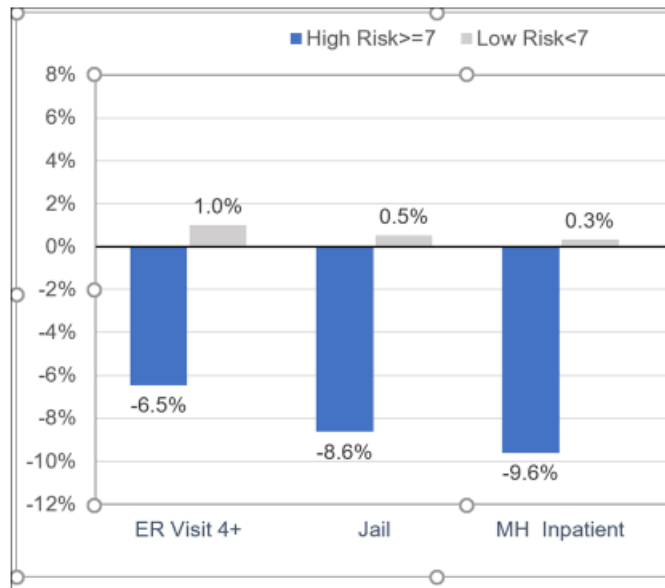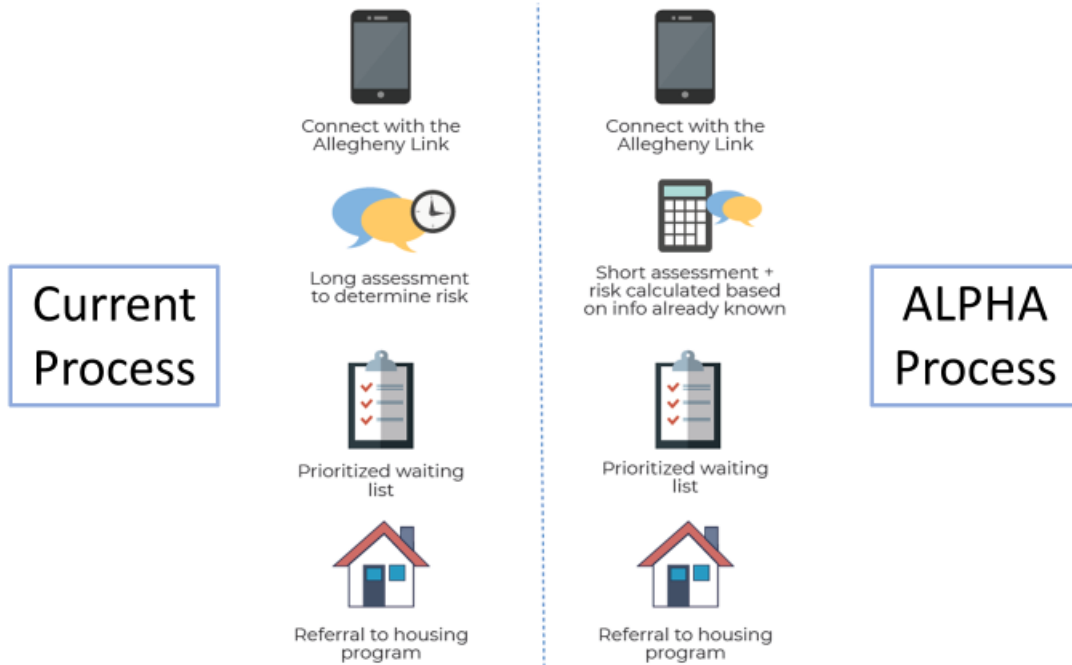

11

Housing Works Better for Higher Risk Clients

- High Risk Groups who received PSH/RRH/Transitional had lower rates of harm

- Low Risk Groups who received PSH/RRH/Transitional had (slightly) higher rates of harm

12

Current Process

- Connect with the Allegheny Link
- Long assessment to determine risk
- Prioritized waiting list
- Referral to housing program

ALPHA Process

- Connect with the Allegheny Link
- Short assessment + risk calculated based on info already known
- Prioritized waiting list
- Referral to housing program

ALPHA Business Rules

- Chronically homeless population will continue to be prioritized above score
  - Example: a chronically homeless person scoring 9 is prioritized above a non-chronically homeless person scoring 10
- Special populations will also continue to receive priority (domestic violence, youth, veterans).
  - Dedicated units for these populations will be filled first;
  - Once dedicated units full, special population will receive preference among remaining "general population" units
  - Example: a youth with score of 8 is prioritized over a non-youth with score of 8
- Order of priority:
  - Chronic homelessness status
  - Special population status, within same score
  - Score

ALPHA prioritization for chronic homelessness:

ALPHA Score	Chronic	Not Chronic
10		
9		
8		
7		
6		
5		
4		
3		
2		
1		

PSH

RRH/Bridge

If a score can't be generated…

- There will be cases when there is insufficient administrative data to provide an ALPHA score (i.e. person is new to Allegheny County).
- In such cases, Link staff will be able to utilize an alternative assessment tool called the Alternative ALPHA Assessment to generate an ALPHA score.
- Alternative ALPHA questions have been weighted to generate a score comparable to one generated by the ALPHA model.
- Alternative ALPHA Assessment utilizes rephrased questions from current actuarial tool, determined by AUT analysis to have most predictive value of future harms.
- Link staff will use discretion to determine if alternative ALPHA assessment should be used in cases even where an ALPHA score can be generated with administrative data.
- DHS will monitor use of alternative ALPHA

Community and Stakeholder Engagement:
Focus groups with persons experiencing homelessness

- DHS conducted 5 focus groups: clients from SWES/Winter Shelter, Wood Street Commons, Womanspace East, FamilyLinks youth shelter (2)
- Approximately 35 people participated
- Three overarching themes emerged across the focus groups:
  1. Current assessment process is too long and repetitive, which disproportionately impacts older adults and people who have experienced trauma
  2. ALPHA process must include mechanisms to ensure that the data are accurate
  3. ALPHA process is based on history; might not reflect my current situation

Other tricky issues

Ethics Review Questions

- Will people be able to opt out of the PRM?
- Can people obtain their score?
- What will happen to the score after it is run?
- What if there isn't enough data to run the score?
- Who can access the score?
- What will DHS do to ensure that the score is running properly?

Client Feedback

- Don't like answering the same questions repeatedly
- Current process takes a long time
- There is some control in current process: people have told me how to game the system
- I want to know where I am on the waiting list
- Want to know how to get prioritized
- New system is less transparent
- How can I get my score?

17

Work completed so far…

- Problem identification, data exploration and model development
- Stakeholder engagement: Focus group discussions with persons experiencing homelessness; CoC providers, HAB, peer communities, researchers, ethicists and HUD
- Case reviews by DHS staff
- Development of business rules
- Link software application changes to support ALPHA
- Development of alternative assessment (alternate ALPHA)
- Ethics, fairness/discrimination evaluation
- Preparation of FAQ document
- Preparation of technical documentation

Remaining work to complete…

• Link staff weekly review of ALPHA scores on waitlist until go-live
• Staff training on Link application changes to support ALPHA
• Finalize monitoring reports
• Publish focus group findings, FAQs and methodology reports

• Planned implementation – summer 2020 (exact date TBD)

Questions & Feedback

alleghenycountyanalytics.us

Erin.Dalton@alleghenycounty.us

FAQ: What about harms that are not factored into the ALPHA, such as domestic violence and other harms?

- ALPHA model does not specifically predict for domestic or sexual violence, however all homeless clients that contact the Link are asked a set of assessment questions that include whether the persons is experiencing homelessness due to domestic violence.
- In these cases, persons are assessed and referred to housing programs that specialize in working with victims of domestic violence, for which the CoC has dedicated units. As such, victims of domestic violence will continue to receive special prioritization.
- This is an area that DHS will continuously monitor once ALPHA is implemented to determine if the model needs to be adjusted to better address domestic violence as a cause of homelessness.

FAQ: Can anyone opt out of having the ALPHA used to determine their homeless services priority?

- Based on our preliminary evaluation of the predictive risk model and feedback from stakeholders, we believe that the ALPHA more effectively assesses risk of harm than the current assessment.
- Thus, we will use it in all situations where sufficient data are available.
- Link staff always have the choice to use the alternative assessment to determine risk.

FAQ: How will this initiative effect existing service providers?

- We do not expect the ALPHA to change anything for existing service providers, as they already receive client referrals for housing programs from DHS (consistent with the CoC's coordinated entry process and with HUD's recommendations and policy requirements).
- DHS's homeless resource coordinator will continue to match clients from the top of the prioritized housing list with available program slots.

FAQ: Will the system automatically decide on the recipient of a program vacancy, or will the system simply rank individuals and allow for staff input into the final decision?

- The ALPHA tool will not automatically decide on the recipient of the available service.
- It will only provide a risk score that will be used to rank individuals or families.
- DHS's homeless resource coordinator will still be ultimately responsible for making the decision about who is referred to service providers.
- This is our current business process and it will remain in place when ALPHA is implemented.

FAQ: Will HUD and CoC priorities still be reflected with ALPHA?

- Yes, the homeless policy priorities of the Allegheny County CoC and HUD will be integrated into the new risk assessment process.
- Priority will continue to be given to people who are chronically homeless, families with children, transition age youth and veterans.
- The CoC has programs dedicated to serving these populations

FAQ: What safeguards are in place to make sure ALPHA is working appropriately?

- DHS is committed to ensuring that the ALPHA is working appropriately and will engage in quality assurance throughout implementation and maintenance.
- DHS will seek feedback from different sources of on-the-ground knowledge, such as Link and provider staff, to understand how the model performs on different groups and how the phenomena being modelled might be changing over time.
- Given the large number of databases that are being linked in ALPHA, quality checks and ongoing model maintenance are critical. DHS'quality assurance systems check that the data being used doesn't show anomalies (e.g. sudden breaks in their time trend).
- We also test predictive accuracy by correlating the score to short terms outcomes that we know the score should be strongly correlated to – such as ER visits within a few months of receiving the score.

Appendix D
Communication and Education Committee Discussion Questions

The Continuum of Care governing documents describe the HAB Communication and Education Committee (formerly Advocacy) with this: "The purpose of the Communication and Education Committee is to develop and distribute messaging about the needs of homeless persons in Allegheny County. Based on the conviction that the organized, strategic, and effective engagement of stakeholders in relevant policies and funding is critical to creating an effective homeless system, this committee also coordinates advocacy efforts at the county, state and federal levels."

Our committee seeks a HAB discussion about the focus of Communication and Education Committee work, as we set realistic goals for the future. Please consider these questions as you prepare for our May 2020 meeting:

1. **What do you see as the most important part of the message that the committee is distributing to the public? Your answers could include:**

   - Elevate the voices and stories of those experiencing housing instability or homelessness
   - Educate about what leads to homelessness, including identifying systemic problems
   - Highlight the work of member organizations and ways the public can support and/or participate in their work
   - Provide tools for community members to advocate for public policy changes that will benefit people experiencing homelessness, prevent homelessness, or limit its duration
   - Express a variety of different priorities and emphases in how these stories are told

2. **Over the last few years, the Communication and Education committee has not focused much on education about public policy advocacy opportunities, though we are open to integrating this into our renewed vision and goals.**

   - What would you and/or your organization like to see as the focus of advocacy efforts?
   - Are we limited by policies that uphold the goals of DHS?
   - How would the HAB or its Communication and Education Committee determine which policies to support and encourage?

3. **What communication tools are the best means for this work?**

   - Develop an independent website that represents the message and goals of the Continuum of Care. Our committee thinks that this option reduces some oversight and content complications, especially when it comes to encouraging public policy advocacy that might be consistent with the continuum of care but might not be possible to publish on a government website. It also makes clear that some resourcing (staffing and/or funding) would be required in order to create and strategically sustain this communication tool. Here is an example of a community that has done so which includes inviting donations to support the cost of their shared communication efforts : https://www.csb.org/
   - Develop a more extensive web resources that represent the message and goals of the Continuum of Care as an extension of the current DHS website. This option might allow us to use DHS staff and current website as resources, but we might also be limited by its complicated structure / accessibility issues, staff availability, and boundaries when it comes to advocacy encouragement. Here's the current Homeless Advisory Board page on the DHS website: https://www.alleghenycounty.us/Human-Services/About/Advisory-Bodies/Homeless-Advisory-Board.aspx
   - Strategically use social media to draw attention to information and stories.