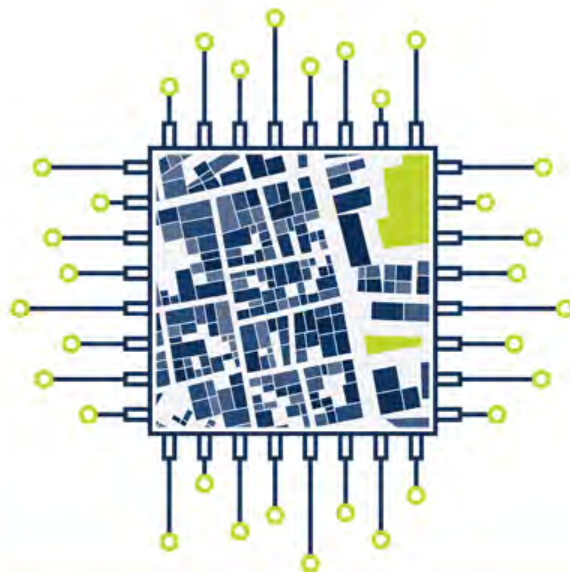


Racial Equity Analysis in the Coordinated Entry System Assessment Process

Findings and Methodology from a Multi-Community Study



Solving Problems &
Impacting Communities
With Data



Coordinated
Entry Systems

Racial
Equity
Analysis
of Assessment Data

OCTOBER 2019

Agenda

- I. Background and Scope of Study
- II. Methodology and Findings
- III. Implications for CoCs
- IV. Discussion



Background

- Anecdotal evidence from communities noticing that Whites were being prioritized at greater rates
- Concerns: limited reliability and validity; accuracy r/t self-reporting; implementation and fidelity concerns
- More communities experimenting with alternative/adjusted methods for prioritizing
- Racial equity and structural racism entering CoC conversations



Purpose of Study

Investigate the extent to which standardized coordinated entry assessments are perpetuating racial inequities by prioritizing White people over Black and Indigenous People/Person(s) of Color for referrals to housing resources.



Research Questions

- **What is the role of race in CES data?** Are White people more likely to be prioritized for permanent housing compared to people of color (BIPOC)? Is race a predictor of a higher score?
- **What is the role of the tool itself in perpetuating racial inequities?** Which subscales on the VI-SPDAT are predictive of vulnerability, and thus housing needs, across racial groups? Are there methods or proxy variables that can be transformed to result in more equitable prioritization?



Methods

- Coordinated Entry assessment (VI-SPDAT) data from four partner communities:
- Statistical analyses: ANOVA, chi-square analysis, logistic regression
- Analyses conducted for families and single adults separately



VI-SPDAT Structure

- 4 domains
- 16 subscales
- Each subscale has 1-6 questions (opportunities to endorse)
- Total out of 17 points
- Scoring bands:
 - 0-3 no housing intervention
 - 4-7 an assessment for Rapid Re-Housing
 - 8+ an assessment for PSH/Housing First



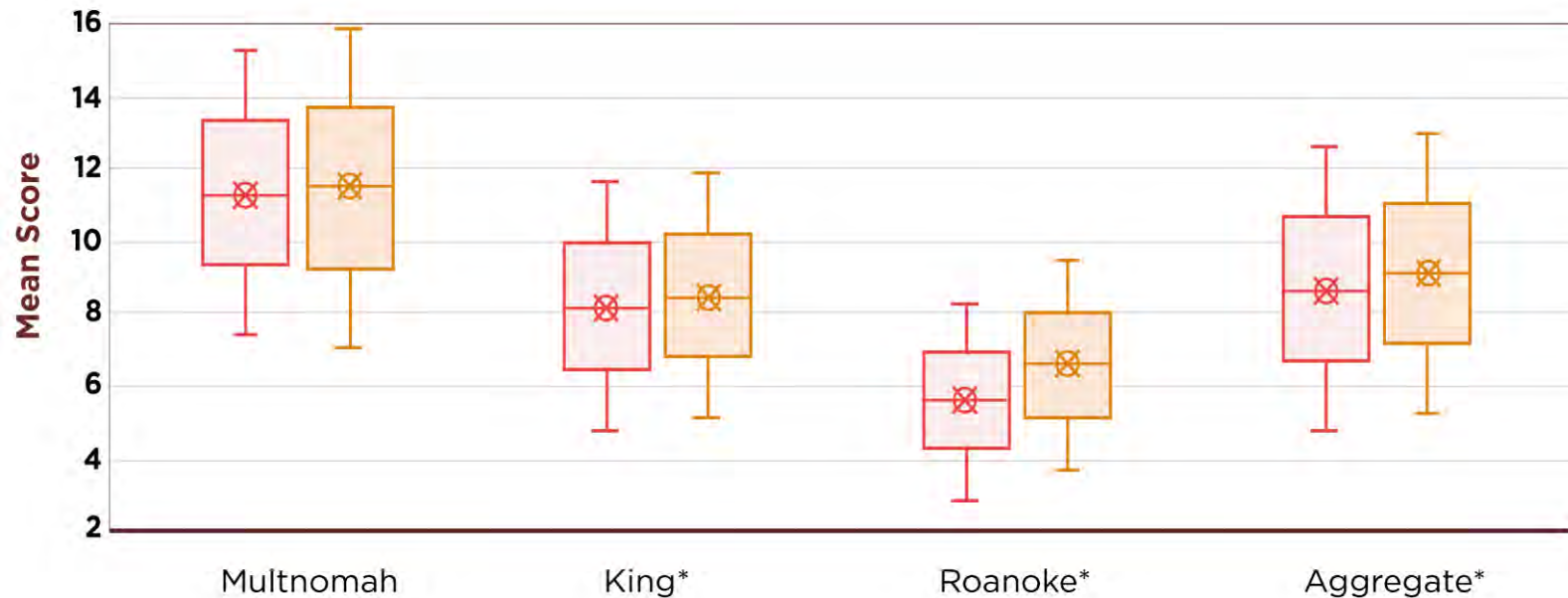
Findings

BIPOC clients are **receiving lower prioritization scores** than their White counterparts. This is true for both individuals and families.



Figure 3. Single Adult Mean Score by Race

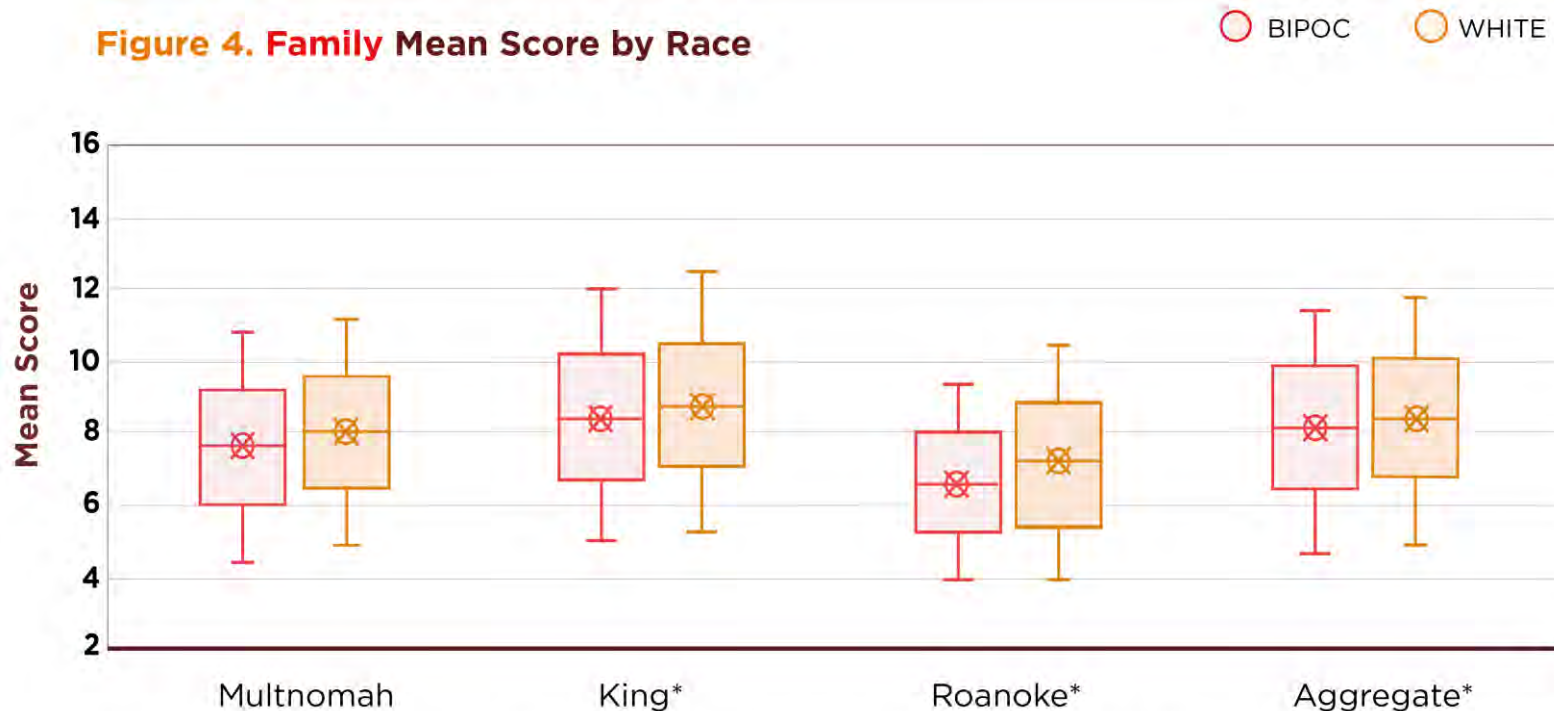
○ BIPOC ○ WHITE



*p-value <.05



Figure 4. Family Mean Score by Race



Note: The majority of communities used the single adult VI-SPDAT rather than the family VI-SPDAT for families; therefore the single adult scoring bands were applied to this analysis.

*p-value <.05



Findings

White individuals are recommended for Permanent Supportive Housing/Housing First (PSH/HF) intervention at a higher rate than BIPOC individuals, though this is not true for families.



Figure 5. Single Adults: Intervention Recommendation by Race

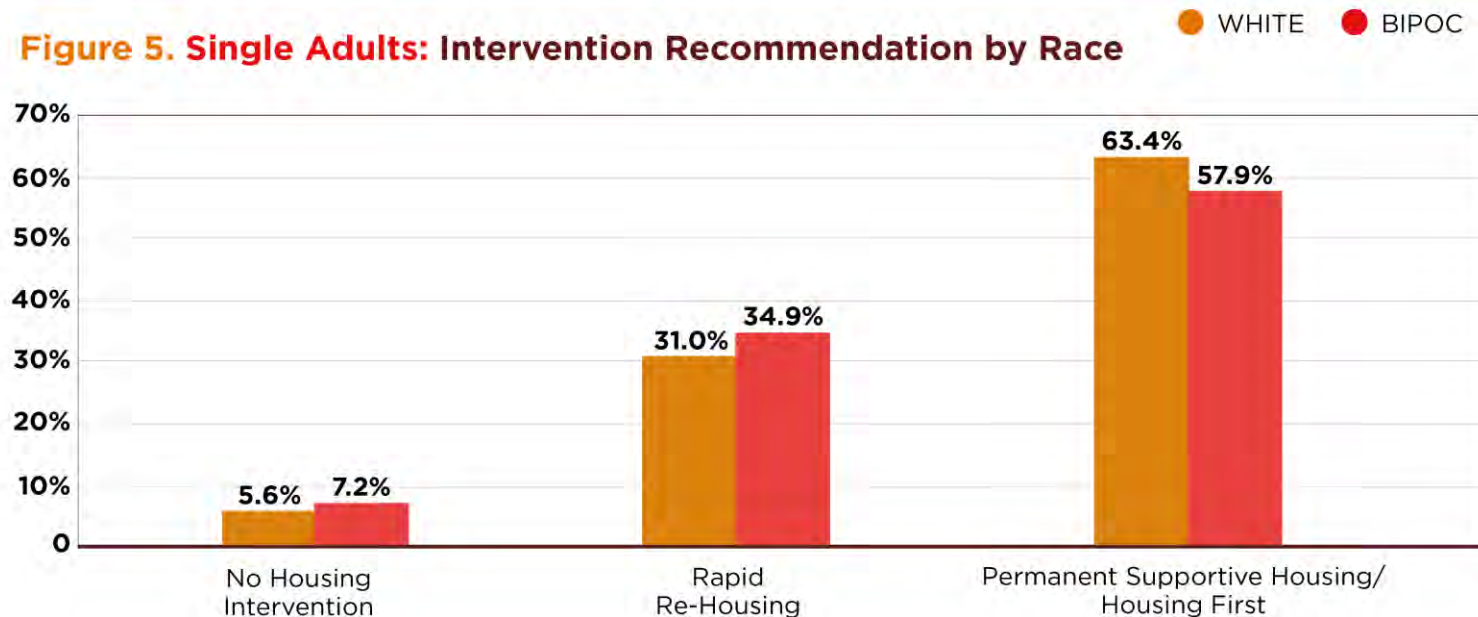
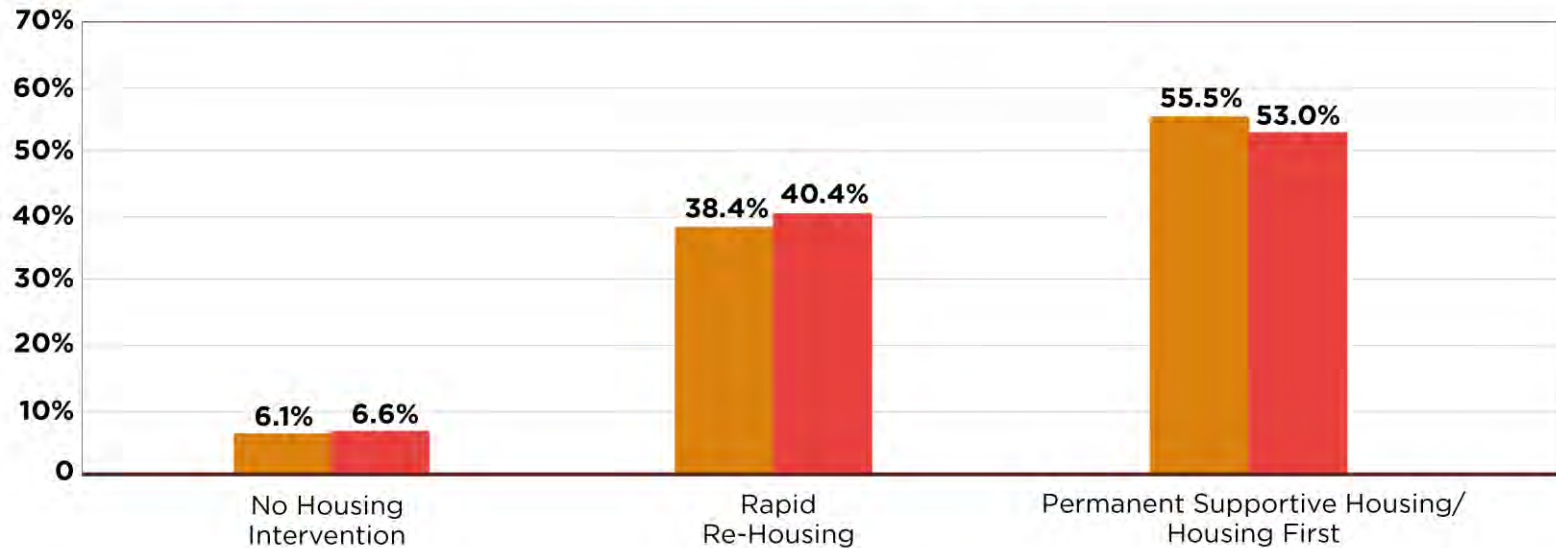




Figure 6. Families: Intervention Recommendation by Race

● WHITE ● BIPOC



Note: The majority of communities used the single adult VI-SPDAT rather than the family VI-SPDAT for families; therefore the single adult scoring bands were applied to this analysis.



Findings

Race is a predictor of receiving a high score (i.e., an assessment for Permanent Supportive Housing/Housing First) – BIPOC individuals were less likely to receive a high score.



**Black, Indigenous, and People of Color
(single adults) are 32% less likely to
receive a recommendation for PSH/HF
on the VI-SPDAT.**



Findings

Subscales have variable weight in predicting recommendation for PSH/HF between Whites and BIPOC.



Figure 7. VI-SPDAT Subscales as Predictors of High Vulnerability Scores: By Race

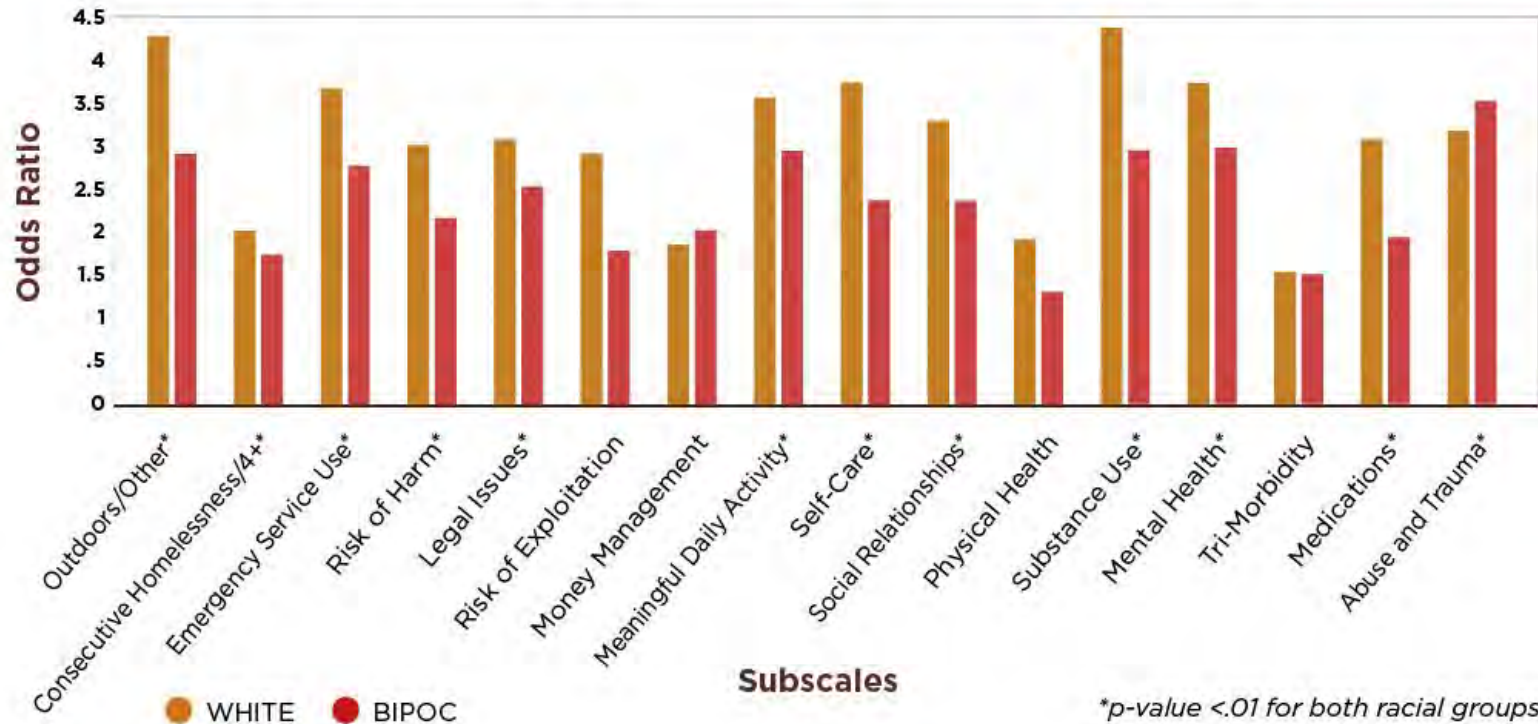
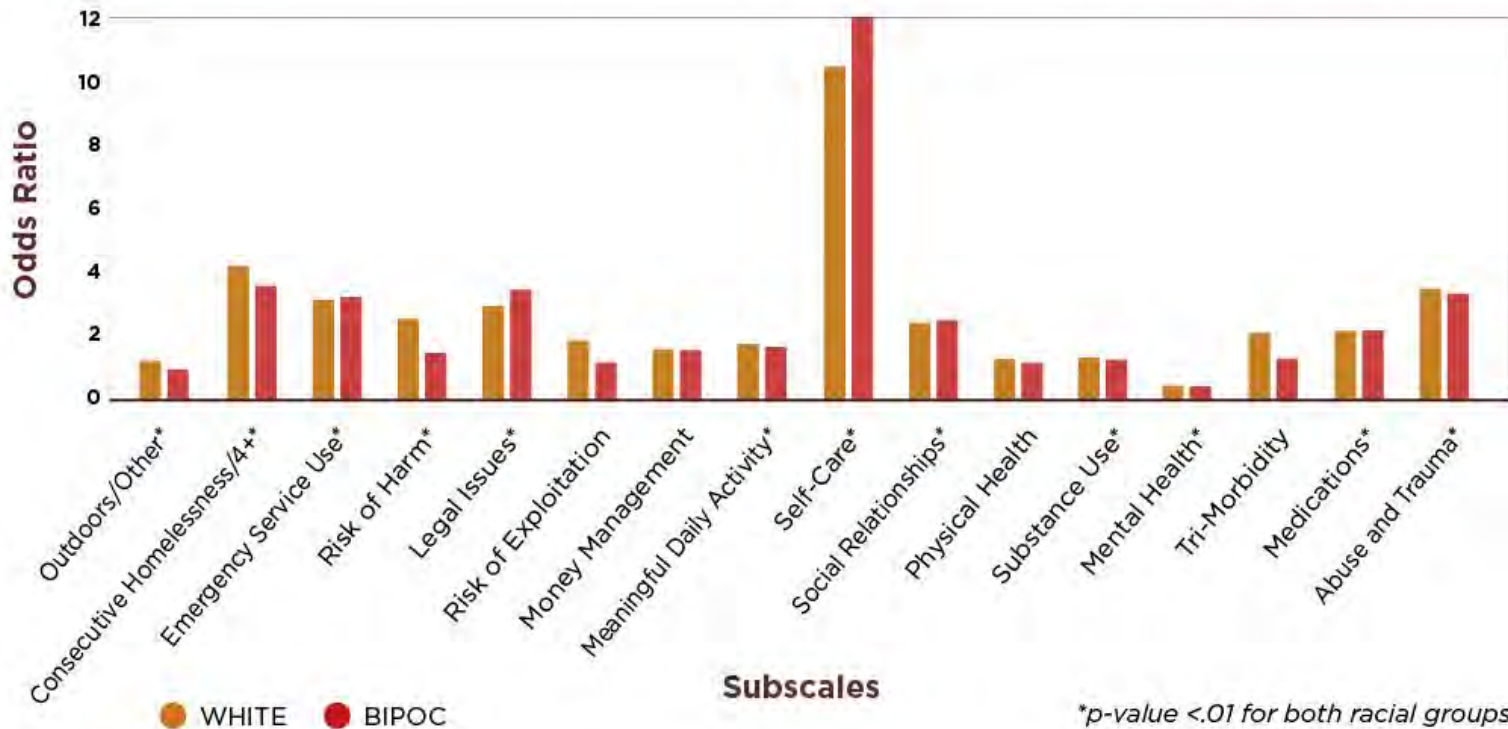




Figure 8. VI-SPDAT Subscales as Predictors of High Vulnerability Scores: By Race (Families)





Findings

Race is a predictor of endorsing 11/16 subscales.

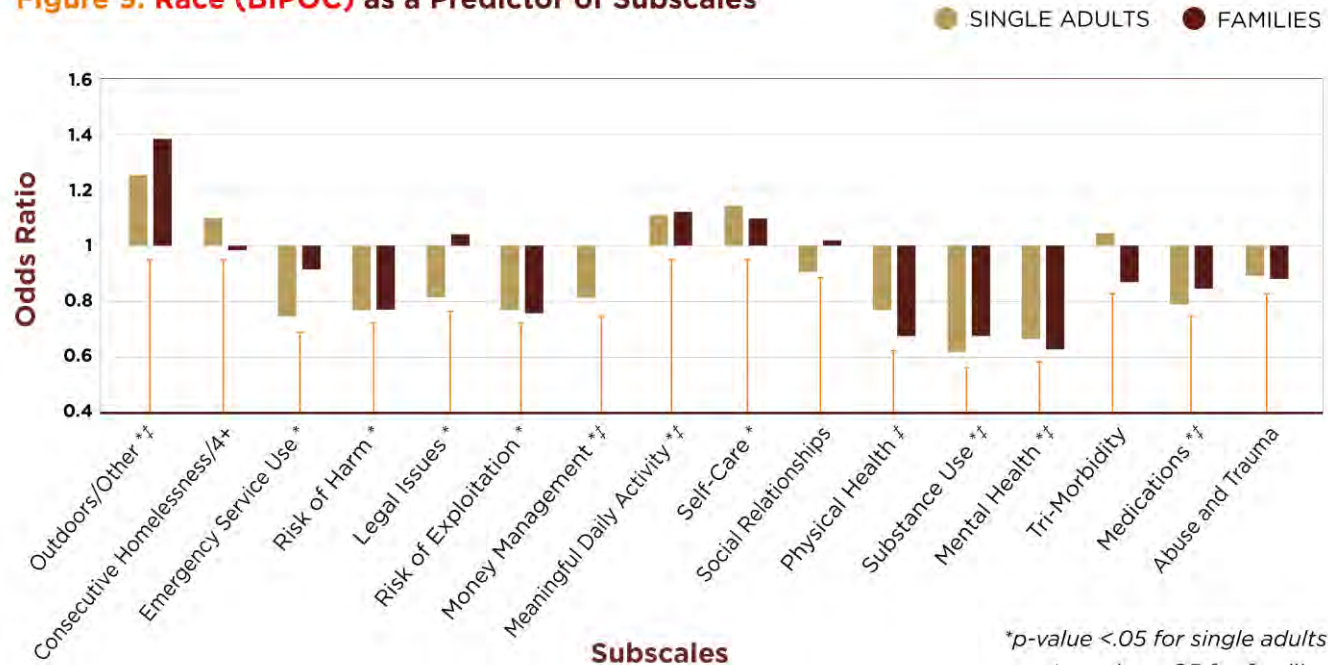
Whites are more likely to endorse 8 subscales.

BIPOC are more likely to endorse 3 subscales.

A higher percentage of subscales are tilted towards capturing vulnerabilities that Whites are more likely to endorse → 8:3 ratio.



Figure 9. Race (BIPOC) as a Predictor of Subscales



*p-value <.05 for single adults
† p-value <.05 for families

Note: The majority of communities used the single adult VI-SPDAT rather than the family VI-SPDAT for families; therefore the single adult scoring bands were applied to this analysis.

Substance use subscale

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

0

- Two opportunities to endorse.
- BIPOC are 62% less likely to endorse
- For whites who endorse, 4.4 times as likely than not to get PSH/HF referral; for BIPOC who endorse, 3.0 times as likely.

Medications subscale

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

0

- Two opportunities to endorse.
- BIPOC are 27% less likely to endorse
- For whites who endorse, 3.1 times as likely than not to get PSH/HF referral; for BIPOC who endorse, 2.0 times as likely.

Where do you sleep most frequently **subscale**

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

- Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING",
OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

0

- One opportunity to endorse.
- BIPOC are 25% more likely to endorse.
- For whites who endorse, 4.3 times as likely than not to get PSH/HF referral; for BIPOC who endorse, 2.9 times as likely.



Acknowledging:

- CES assessments are not used in a vacuum
- Limitations: What happens after assessment?

Asserting:

- BIPOC individuals and families experience system-level inequities in housing resource prioritization
- The VI-SPDAT is not equitably capturing “vulnerabilities” across racial groups
- Race IS a factor



An equitable process...

- Equitable scores
- Equally weighted subscales
- Race an equal predictor (not race blind, race equitable)
- Capture the “vulnerabilities” experienced by BIPOC
- Cultural humility of language and self-report
- Normed on BIPOC homeless populations



Implications for CoCs:

- Simple analyses: identification of most disparate groups and comparison of means
- More complex analyses: diving into the subscales and understanding role of race
- “Racial equity unpack” → dissecting, evaluating, exploring, transforming with a racial equity lens
- Inclusion of other processes and prioritization methods
- Testing of alternative methods
- Long view: what is role of assessment scores in housing/stability outcomes?



Next Steps for C4 Innovations

- Ongoing community research and partnership to:
 - Test proxy variables and alternative methods
 - Develop and test a new CES tool/process
 - Identify and scale up emerging CES equitable solutions
- National CES RE work group for transformation of the CES process
- TA, training, and immediate solutions for communities



Questions for you!

- How are you using your CES/assessment data to mitigate racial inequities/promote equity? To drive community change? For strategic planning?
- What ideas do you have for incorporating community-specific processes into a racial equity analysis?
- Do you see value in "racial equity unpack"? Looking at each subscale?
- What other methods do you think could work to understand structural inequities?



Thank you!

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Recommendations: Local

- Community-specific racial equity analyses must be performed;
- Communities should assess whether/which contextual factors contribute to inequities;
- Investigate alternative tools and/or methods for prioritization and use a racial equity framework for this investigative process;
- Providers and program administrators are trained in racial equity frameworks and practice, cultural humility/sensitivity, and trauma-informed practice.



Recommendations: National/Policy

- HUD should consider revising their CES policy and guidelines;
- HUD and affiliated agencies should reconsider the training and technical assistance provided to CoCs on CES to ensure that these efforts are conducted using a racial equity framework;
- HUD should provide guidance on reliability testing and norming.



Recommendations: Research

- How and in what way VI-SPDAT subscales and questions can be transformed to produce more equitable prioritization results;
- What are the “vulnerabilities” of BIPOC that we are not capturing?;
- Tracking of access/intervention/outcome following assessment;
- Geographically representative; qualitative research.

Table 1. Predictors for Receiving a High Prioritization Score (8+) on the VI-SPDAT for Single Adults in Multnomah, King, & Blue Ridge Counties and Aggregate Dataset

Logistic Regression Model Parameters

SINGLE ADULTS	β	Wald $\chi^2(1)/S.E.$	OR	95% CI
RACE				
Multnomah	-0.17	4.69*	0.84	0.72, 0.98
King	-2.31	36.96*	0.79	0.74, 0.86
Blue Ridge	-0.64	33.38*	0.53	0.43, 0.66
Aggregate	-0.28	0.06*	0.76	0.67, 0.85
ETHNICITY				
Multnomah	-0.03	0.05	0.97	0.74, 1.27
King	-0.12	3.03	0.89	0.78, 1.02
Blue Ridge	0.43	1.77	1.54	0.82, 2.89
Aggregate	0.03	0.16	1.03	0.75, 1.41



BIPOC individuals are 32% less likely to receive high score.

Table 2. Predictors for Receiving a High Prioritization Score (8+) on the VI-SPDAT for Families in Multnomah, King, & Blue Ridge Counties and Aggregate Dataset

Logistic Regression Model Parameters

FAMILIES	β	Wald $\chi^2(1)/S.E.$	OR	95% CI
RACE				
Multnomah	-0.15	2.94	0.86	0.72, 1.02
King	-0.20	7.65*	0.82	0.71, 0.94
Blue Ridge	-0.36	2.31	0.70	0.44, 1.11
Aggregate	-0.02	0.07	0.98	0.86, 1.11
ETHNICITY				
Multnomah	-0.22	2.29	0.80	0.61, 1.07
King	0.01	0.00	1.01	0.78, 1.29
Blue Ridge	0.76	2.27	2.13	0.80, 5.69
Aggregate	-0.05	0.12	0.95	0.75, 1.20



OR = odds ratio; CI = confidence interval. | * $p < .05$ ** $p < .01$. | Note: White is the reference group.