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Provider Perceptions of the CES Triage Tools

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Introduction

In February of 2020, a team of interdisciplinary researchers and community partners came together to improve the way housing and services are allocated to homeless individuals and families, particularly those who are Black, Latinx, LGBTQ, aging, women and survivors of interpersonal violence. This work is a collaboration between the University of Southern California, University of California, Los Angeles, California Policy Lab, UCLA's Semel Institute, the USC Viterbi School of Engineering, the Suzanne Dworak-Peck School of Social Work, Lens Co, University of Missouri, Los Angeles Housing Authority (LAHSA), United Way of Greater Los Angeles Home for Good Program and the USC Homelessness Policy Research Institute. As part of an on-going investigation of how to improve the coordinated entry system (CES) in Los Angeles County, CA, within the time of CV-19 which has limited face-to-face access to the service sector, the Coordinated Entry System Triage Tool Research & Refinement Project (CESTRR) team created an online survey that enabled service providers to share their perspectives on assessment tools—in particular, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)—used to assess people experiencing homelessness for potential housing placement. The survey included closed and open-ended questions that ascertained perceptions of the goals (i.e., purpose) and application of the tools. The survey was administered in collaboration with the policy partner, the Los Angeles Homeless Services Authority (LAHSA), to optimize reach and response rates.

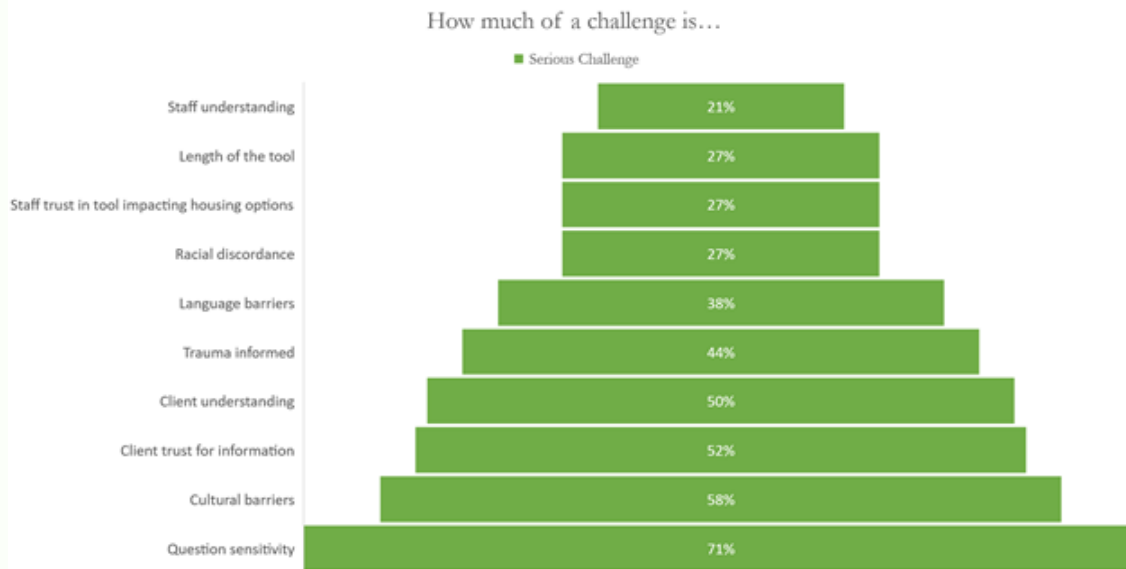
Methodology

The CESTTRR team sent the “Provider Survey” via email to every non-LAHSA employee listed on the Los Angeles Homeless Services Authority’s CES leadership list. The provider survey was 78 questions in length, and took approximately 20 minutes to complete. Beginning, July 6th, 2020, the survey was distributed to 105 unique individuals who comprised 27 unique agencies and programs. 11 emails bounced back as undeliverable (10%). Qualtrics was the platform used for data collection. The initial request provided a deadline of August 14th, 2020 for survey completion. The CESTTRR project team sent reminder emails twice a week (Monday and Friday) for a period of six weeks. Collectively, the CESTTRR team sent 1,050 email requests for survey completion. Service providers who completed the survey received a \$10 cash gift of their choice via Cash App, Venmo, PayPal or e-gift card for their time. Surveys were submitted by 45 providers, across 18 agencies, with a completion rate of 43%.

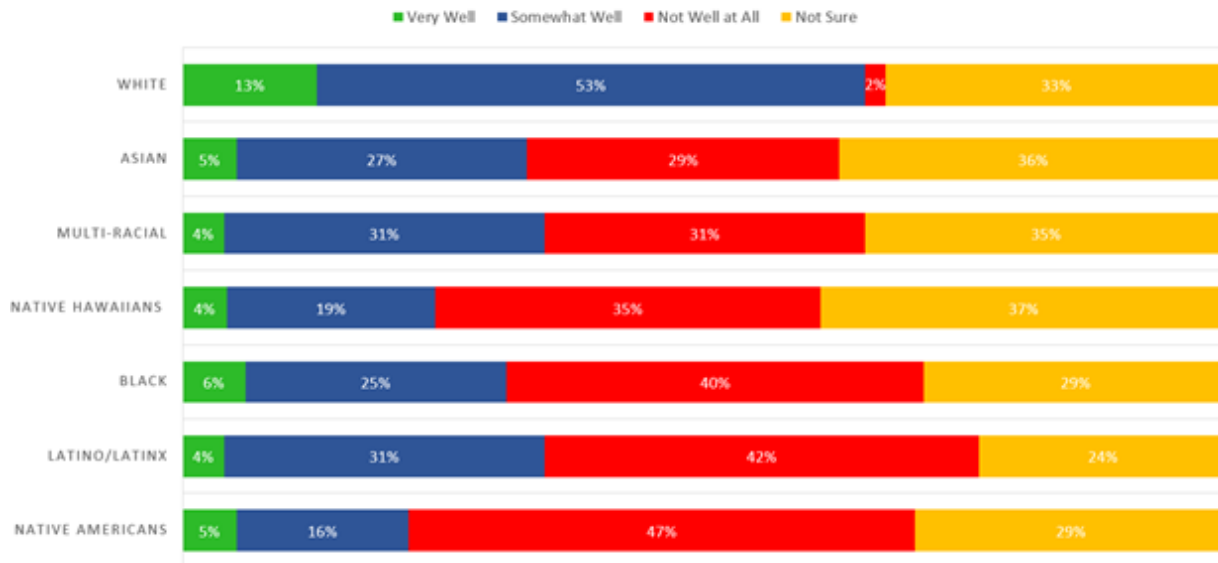
Of the providers who completed the survey, 44% were Latinx, 35% were White, 6% were Black, 6% were Asian, 4% identified as Mixed race/ethnicity, 2% were Native Hawaiian or Pacific Islander, and 2% identified as Other. Most providers identified as female (77%). Almost two-thirds of providers had been with their agency for 1-3 years, and 35% of providers had been working in the homelessness field for 10 years or more.

Findings

Providers of homeless services were asked to identify which barriers pose the most challenges when administering the VI-SPDAT. More than two-thirds of providers indicated that question sensitivity introduces a serious challenge to tool administration. This is followed by cultural barriers (58%), client trust for information (52%), client understanding (50%), trauma informed (44%), language barriers (38%), racial discordance (27%), staff trust in the tool (27%), length of tool (27%), and staff understanding of the tool (21%).

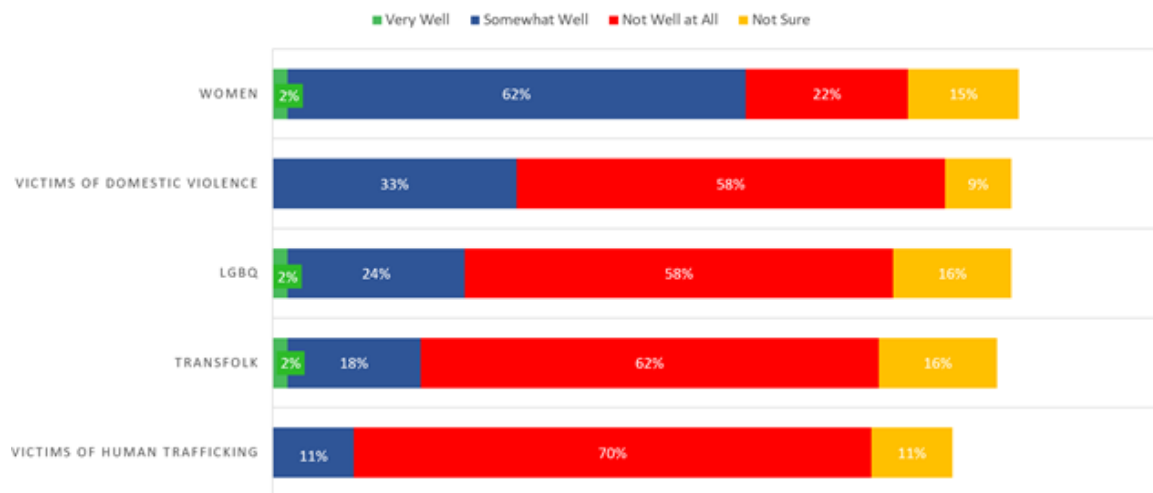


HOW WELL DOES THE TOOL WORK FOR RACIAL & ETHNIC GROUPS?



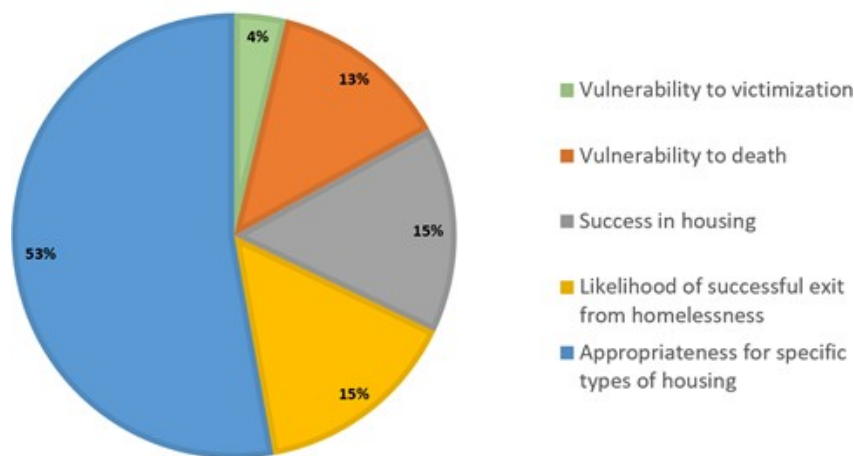
Previous findings from the Adhoc Committee for Black People Experiencing Homelessness suggests that the VI-SPDAT may not work very well for Black, Indigenous, People of Color (BIPOC). To explore this assertion further, providers of homeless services were asked to indicate how well the tool works for specific racial and ethnic groups. Responses from providers suggest that they do not believe the tool works “very well” for anyone. . While the tool works somewhat better for White people, the perceptions of tool utility for BIPOC are extremely poor. In addition to the previously mentioned, one third of providers indicated that they were unsure how well the tool works for racial and ethnic groups.

HOW WELL DOES THE TOOL WORK FOR OTHER MARGINALIZED GROUPS?

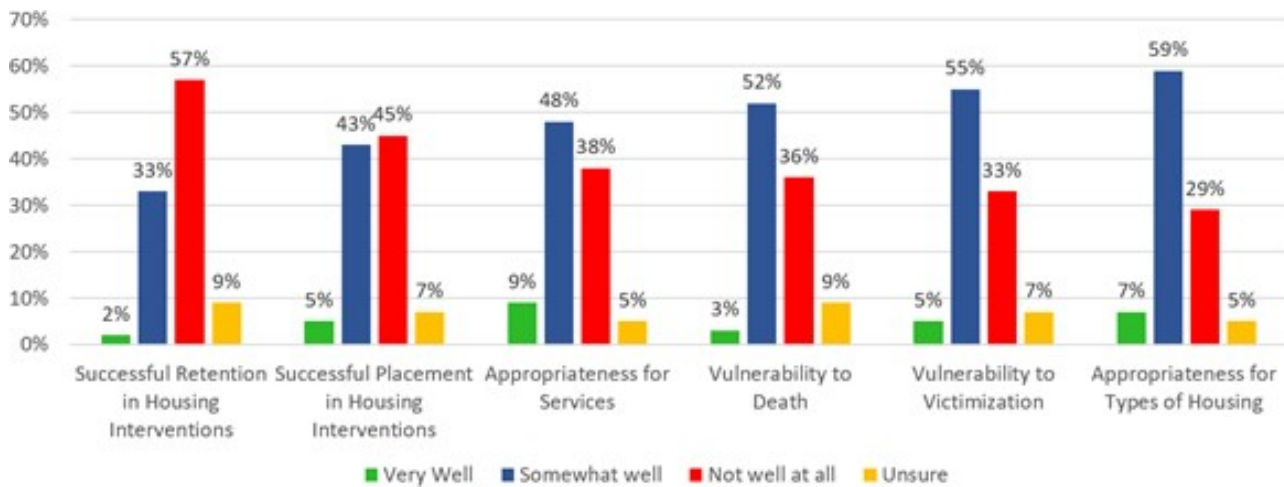


Providers of homeless services were also asked to indicate how well they believe the tool works for other marginalized groups. Once again, it is noteworthy that almost no one responded that they thought the tool worked “very well” for anyone but relative to race and ethnicity, there is less uncertainty among other marginalized groups. Responses from providers suggest that while the tool works somewhat well for women, it does not work very well for survivors of intimate partner violence, the LGBTQ community, and survivors of human trafficking. It is interesting to note that the “not sure” response rates are lower here than in the figure that explores race/ethnicity issues.

MOST VALUABLE PURPOSE OF THE TOOL



Providers were asked to select the “most” valuable purpose of the tool. Responses indicated there is not a consensus. While most providers (53%) selected appropriateness for specific types of housing as the most valuable purpose of the tool, 47% of providers were split among vulnerability to victimization, vulnerability to death, success in housing, and likelihood of successful exit from homelessness. It is noteworthy that OrgCode describes this tool as a vulnerability assessment, and yet, most providers perceive it to be a tool designed to allocate persons to appropriate housing resources.



Providers of homeless services were asked to assess how well the tool predicts successful retention in housing interventions, successful placement in housing interventions, appropriateness for services, vulnerability to death, vulnerability to victimization, and appropriateness for types of housing. Although less than 10% of providers indicated that the tool predicts any of the outcomes well, 59% of providers believe the tool predicts appropriateness for types of housing somewhat well.

Refinement of CES Triage Tools

Providers were asked to share risk factors that should be collected by the CES triage tools but currently are not. Providers highlighted the need for items that assess issues specific to:

- *Seniors (i.e. have you fallen?)*
- *Black people*
- *Survivors of Intimate Partner Violence*
- *Survivors of Human Trafficking*
- *Illnesses that impact subgroups of individuals experiencing homelessness*
- *Adverse childhood experiences (for example, violence, abuse, neglect), foster care involved youth, positive factors, and systemic racism.*

Training

Providers were also asked to share what training they received prior to administering the VI-SPDAT. Responses highlighted a range of tool training experiences. These included:

- *“VI-FSPDAT training from LAHSA and shadowing with another staff member.”*
- *“Direct supervisor...”*
- *“CES training with SPA Data Coordinator.”*
- *“Online videos.”*
- *“Not much training.”*
- *“Housing resources, trauma informed care, and a 40-hour Domestic Violence training.”*
- *“Outreach and Housing Navigation Staff.”*
- *“No training is offered.”*
- *Guide to administer VIFSPDAT*

Discussion

Since launching the provider survey, the CESTTRR team has convened a Community Advisory Board (CAB). The purpose of the CAB is to build and foster partnerships between the CESTTRR research team and community stakeholders. Our CAB is comprised of people with lived experience, direct care professionals who administer CES triage tools, and providers of homelessness services at the supervisory level. The CAB is an essential part of the research process and has assisted the CESTTRR research team in ensuring that community needs are addressed and prioritized.

Through the provider survey, we learned that service providers do not believe the tool works well for BIPOC. We also learned that among service providers, there is no consensus on the tool's purpose. During our first CAB meeting, we asked the CAB to share what they found surprising, or affirming about our findings. While the CAB affirmed many of our findings, the CAB highlighted several issues with tool administration. Most notably, the CAB believes the triage tools are not administered uniformly and that the tools are administered too early in the process. The CAB also identified the need to engage Native populations and explore the feasibility of creating tools specific to unique populations (Black people, seniors, Native Americans, etc).



After sharing the results of the provider survey with the CAB, the CAB recommended re-distributing the survey to groups we missed and/or were underrepresented. As the CAB provides unique entry points into various marginalized communities and offered to assist the research team in connecting with additional groups, the CAB will co-lead the re-launch of the provider survey.

In addition, because of the insights garnered from the provider survey and the expertise provided by the CAB, the CESTTRR recognized the need to take a deeper dive into how the CES tools are administered. Through a collaborative process with the CAB, we designed qualitative interview guides, created interview protocols, and identified community stakeholders we'd like to talk to. To maximize our time with the CAB, we have divided the CAB into three interest groups: tool administration, research logistics, and unique needs. These groups will meet as needed to co-facilitate and co-design various components of the research project.

Limitations

COVID-19 created challenges in conducting community-engaged research with service providers and people with lived experience of homelessness. Previously planned qualitative fieldwork via face-to-face interviews and focus groups could no longer be implemented. As a result of pivoting to online surveys as well as limited access to diverse sampling pools and the inability to physically enter marginalized communities, we were unable to reach a more representative sample. This includes males as well as BIPOC. Furthermore, as the distribution of the survey occurred at the height of Los Angeles' first COVID surge, providers of homeless services were inundated with a rising homeless population and expedited housing requests.

Acknowledgements

We would like to thank Home for Good, the Conrad N. Hilton Foundation, USC's Homelessness Policy Research Institute, and United Way Greater Los Angeles for their support in funding the project. We would like to thank the members of our Community Advisory Board and the Core Planning Committee for their feedback on these results and their assistance in interpreting and contextualizing the data.

Provider Perceptions: Online Survey Questions

Introduction

Thank you for agreeing to participate in USC's Provider Survey. The purpose of this survey is to explore your perception of CES Triage tools. Your participation is completely voluntary, and your responses are confidential. If you agree to participate, you will receive \$10. The provider survey should take about 20 minutes to complete. If you have any questions, please contact Chyna Hill at Chynahil@usc.edu.

Q2 Which CES Triage Tool does your agency use? (Check all that apply.)

- VI-SPDAT for single adults
- CES or Next Step Tool for youth (TAY-VI-SPDAT)
- Family VI-FSPDAT for families

Q3 Do you administer any of the CES triage tools currently?

- Yes
- No

Q4 Which CES triage tools do you personally administer?

- VI-SPDAT for single adults
- Next Step Tool for youth (TAY-VI-SPDAT)
- VI-FSPDAT

Q5 How many CES assessments do you, personally, administer on a monthly basis on average?

Q6 Have you administered any of the CES triage tools in the past?

- Yes
- No

Q7 Other than yourself, how many people administer CES triage tools in your organization? (If you don't know the exact number, an estimate is fine.)

Q8 When a client is assessed at one agency; are providers at other agencies able to see the assessment information (For example, can a provider at another agency access a client's responses)?

- Yes
- No
- Unsure

Q9 When a client is assessed in one service planning area; are providers in other service planning areas able to see the assessment information(For example, can a provider in another SPA access a client's responses)?

- Yes
- No
- Unsure

Q10 Are you willing to share this survey with people who administer CES triage tools in your agency?

- Yes
- No

Q11 In your own words, what do you believe the CES triage tool is assessing?

Q12 The next set of questions will ask you how well the CES triage tool is assessing or predicting various components.

Q13 How well is the tool assessing or predicting: **Vulnerability to victimization?**

- Very well
- Somewhat well
- Not well at all
- Unsure

Q14 How well is the tool assessing or predicting: **Vulnerability to death?**

- Very well
- Somewhat well
- Not well at all
- Unsure

Q15 How well is the tool assessing or predicting: **Successful PLACEMENTS in housing interventions such as PSH or RRH?**

- Very well
- Somewhat well
- Not well at all
- Unsure

Q16 How well is the tool assessing or predicting: **Successful RETENTION in housing interventions such as PSH or RRH?**

- Very well
- Somewhat well
- Not well at all
- Unsure

Q17 How well is the tool assessing or predicting: Appropriateness for specific types of services (For example, connecting to emergency shelter, enrolling in MediCal, enrolling in CalFresh, etc)?

- Very well
- Somewhat well
- Not well at all
- Unsure

Q18 How well is the tool assessing or predicting: **Appropriateness for specific types of housing (PSH orRRH)?**

- Very well
- Somewhat well
- Not well at all
- Unsure

Q19 There are some people who believe that the CES Triage Tools are not working well for specific populations of persons who experience homelessness. The next set of questions will ask you how well you believe the current CES Triage Tool works for specific populations.

Q20 How well does the current CES Triage Tool work for: **African American or Black persons?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q21 How well does the current CES Triage Tool work for: **Latino, Latina, Latinx, or Hispanic persons?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q22 How well does the current CES Triage Tool work for: **White persons?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q23 How well does the current CES Triage Tool work for: **Asian/Asian Americans?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q24 How well does the current CES Triage Tool work for: **Native Americans/American Indian/Indigenous persons?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q25 How well does the current CES Triage Tool work for: **Native Hawaiians/Pacific Islanders?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q26 How well does the current CES Triage Tool work for: **Multi-Racial/Multi-Ethnic persons?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q27 How well does the current CES Triage Tool work for: **LGBQ persons?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q28 How well does the current CES Triage Tool work for: **Transgender persons?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q29 How well does the current CES Triage Tool work for: **Older persons (over 50 years)?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q30 How well does the current CES Triage Tool work for: **Women?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q31 How well does the current CES Triage Tool work for: **persons who have experienced domestic violence or intimate partner violence?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q32 How well does the current CES Triage Tool work for: **persons who have experienced human trafficking?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q33 How well does the current CES Triage Tool work for: **Veterans?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q34 How well does the current CES Triage Tool work for: **Transition Age Youth (18-24 years)?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q35 How well does the current CES Triage Tool work for: **Youth (17 years or younger)?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q36 How well does the current CES Triage Tool work for: **Families?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q37 How well does the current CES Triage Tool work for: **Families with young children?**

- Very well
- Somewhat well
- Not well at all
- Unsure
- I don't know because I don't work with this population

Q38 What would be the **most** valuable purpose of an assessment tool for you in the work that you do?

- Assessing vulnerability to victimization
 - Assessing vulnerability to death
 - Assessing success in housing
 - Assessing likelihood of successful exit from homelessness
 - Assessing appropriateness for specific types of housing
 - Something else (please specify):
-

Q39 In your opinion, what are the **most** important risk factors currently captured by the CES Triage Tool? (Please select your top 3).

- Length of time homeless
 - Exposure to violence on the streets
 - Exposure to violence prior to life on the streets
 - Substance abuse and use issues
 - Mental health issues
 - Physical disabilities
 - Conflict with family
 - Other (please specify):
-

Q40 Are there any risk factors that should be in the current CES Triage Tool but are not currently captured?

- Yes
- No

Q41 What risk factor(s) should be in the current CES Triage Tool and are not currently captured?

Q42 The next set of questions will ask you about administrative challenges.

Q43 When people who work at your organization administer the CES triage tools, where are the assessments done? (select all that apply)

- In a private office
- In a quiet part of a public space at the agency
- In a public space at the agency (space that is not quiet)
- On the street
- Other: _____

Q44 When people who work at your organization administer the CES Triage Tool, when are the tools administered (a majority of the time or most often)?

- At the first meeting with a new client
- After at least 2 meetings with a new client
- After at least 1 month of service with a new client
- When a client is about to move into a unit
- When a client has recently moved into a housing unit ?
- When you are aware that new housing units or resources are becoming available

Q45 What kind of training are people in your organization given with respect to administering the CES triage tools?

Q46 What challenges, if any, does your organization have in capturing or entering the CES Triage Tool information you collect? (For example where/when/how it is being administered, barriers to data capturing and entering, etc.)

Q47 Organizations sometimes re-administer the assessment tool for a particular person. What are the scenarios in which your organization re-administers the tool with the same person?

Q48 The next set of questions will ask you about the extent to which you believe the following issues create challenges in administering the CES Triage Tool.

Q49 How much of a challenge is: **the length of the tool?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q50 How much of a challenge is: **the extent to which the tool seems to be trauma informed?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q51 How much of a challenge is: **client's understanding of the purpose of the tool?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q52 How much of a challenge is: **agency staff's understanding of the purpose of the tool?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q53 How much of a challenge is: **client trust in how the information collected from the tool will be used?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q54 How much of a challenge is: **staff trust in how the tool will impact the housing options of clients they are working with?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q55 How much of a challenge is: **language barriers?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q56 How much of a challenge is: **cultural barriers?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q57 How much of a challenge is: **racial/ethnic discordance (i.e., client & provider do not share the same racial or ethnic background)?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q58 How much of a challenge is: **question sensitivity (i.e., questions that may cause a client to feel uneasy about answering truthfully or at all)?**

- Serious challenge
 - Minor challenge
 - Not a problem at all
 - Other (please specify):
-

Q59 The next set of questions will ask you about COVID-19 experiences.

Q60 What is needed **most, besides housing**, to prevent COVID-19 infection and spread amongst people experiencing homelessness?

- o Implementing social distancing
 - o Access to masks or materials for masks
 - o Access to hand washing facilities
 - o Access to hand sanitizer
 - o PPE (e.g., masks, gloves) for staff
 - o Having enough staff
 - o Hiring barriers
 - o Changes in funding
 - o Other please specify:
-

Q61 What is your organization's greatest challenge, **besides housing**, to preventing COVID-19 infection and spread among people experiencing homelessness?

Q62 What has continued to function as it did before COVID-19 within your agency?

Q63 What has changed drastically due to COVID-19?

Q64 What are you worried about happening after COVID-19?

Q65 During COVID-19, how frequently has your agency administered assessments?

- More
 - About the same
 - Less
 - Other (please specify):
-

Q66 During COVID-19, how frequently have you, personally, administered assessments?

Q67 Has your organization used the assessment tools as a way of prioritizing housing placements

- Yes
- No

Q68 Are you experiencing COVID-19-related staffing shortages?

- Yes
- No

Q69 If you are experiencing COVID-19-related staffing shortages, in what areas are they occurring? (Check all that apply.)

- Frontline Shelter Staff
- Social Workers
- Physical Health Specialists
- Street Outreach Workers
- Behavioral Health Specialists
- Food prep workers
- Facilities Maintenance
- Volunteers
- Other (please specify):

None

Q70 Are there any other challenges/concerns that you would like to share (related to COVID-19 or the CES triage tools)?

Q71 In the final set of questions, we will ask you about demographic characteristics.

Q72 What agency do you work for?

- Ascencia
 - Bridge to Home
 - Center for Pacific Asian Family
 - Coalition for Responsible Community
 - Exodus Recovery
 - Harbor Interfaith Services
 - Hathaway-Sycamores Child & Family Services
 - Homeless Health Care - Los Angeles
 - Jovenes Inc
 - LA Family Housing
 - LGBT Center
 - Mental Health America - Los Angeles
 - PATH
 - Rainbow Services
 - Safe Place for Youth
 - Salvation Army
 - SCHARP
 - Special Services for Groups
 - St. Joseph Center
 - The Center at Blessed Sacrament
 - The People Concern
 - The Village Family Services
 - The Whole Child
 - Union Station Homeless Services
 - Valley Oasis
 - Volunteers of America - Los Angeles
 - Watts Labor Community Action Committee
 - Other: Please specify
-

Q73 What is your role?

- Adult Co-Matcher
 - Adults Matcher
 - Assistant Adult Coordinator
 - CES Director
 - Coordinator
 - Data Coordinator
 - DV Coordinator
 - Family Coordinator
 - Family Matcher
 - Family Regional Coordinator
 - Interim Adult Matcher
 - Interim Family Matcher
 - Lead Coordinator
 - Outreach Coordinator
 - Partnership Coordinator
 - Regional Coordinator for Adults & Families
 - Regional Data Coordinator
 - Regional Performance Coordinator
 - Regional Program Director
 - Regional Systems Director
 - SPA Lead Coordinator
 - Veteran Lead Coordinator
 - Youth Matcher
 - Youth Coordinator
 - Other: Please Specify
-

Q74 How long have you worked at your agency?

- Less than one year
- 1-3 years
- 4-6 years
- 7-9 years
- 10 or more years

Q75 How long have you worked in the homelessness field?

- Less than one year
- 1-3 years
- 4-6 years
- 7-9 years
- 10 years or more

Q76 How old are you?

- 18-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75+

Q77 What is your race/ethnicity?

- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Mixed Race
 - Latino, Latina, Latinx, or Hispanic
 - Other (Please specify)
-

Q78 What is your gender?

- Male
- Female
- Transgender - Male to Female
- Transgender - Female to Male
- Non-Conforming
- Other