



# Allegheny Housing Assessment (AHA) Report on Client Focus Groups

August 2020

## EXECUTIVE SUMMARY

In 2017, the Allegheny County Department of Human Services (DHS) began exploring opportunities to use its administrative human services data to improve decision making related to homelessness services, specifically with regard to ways to improve prioritization for its longer-term homeless housing programs. In August 2020, DHS will implement a predictive risk modeling (PRM) tool in its homeless coordinated entry system to improve its ability to prioritize for service those clients with the greatest risk of future harms if they remained unhoused, while also improving client experiences. This PRM tool has been named AHA (Allegheny Housing Assessment).

To understand client experience with the current assessment process and to gain feedback on the proposed changes, DHS conducted five focus groups with 29 people living in local homeless shelters in January and February of 2020.

Client feedback across the focus groups can be summarized into two overarching themes:

1. The current assessment process is too long and repetitive, disproportionately impacting older adults and people who have experienced trauma.
2. The proposed assessment process will be better so long as it includes mechanisms to ensure that data are accurate and the assessment is sensitive to bias.

DHS will incorporate this client input to make the new assessment process as trauma-informed, accurate and equitable as possible.

## BACKGROUND

Allegheny County Department of Human Services (DHS), through Allegheny Link, connects people in need to available resources designed to support their independence and quality of life. Allegheny Link offers the following services for people experiencing homelessness: information and referral, services coordination, eligibility screening for housing programs, options counseling, application assistance, case management, and follow-up.

Every year, Allegheny Link assesses over 2,000 households for eligibility for a housing program. Some are individuals and some are families with children. Due to funding limitations, DHS cannot provide longer-term housing (e.g., bridge housing, rapid rehousing, permanent supportive housing) to everyone who is homeless. Last year, for example, fewer than one in three households assessed for eligibility were ultimately enrolled into housing programs. In any given month, there are approximately 500 households (families and individuals) on a waitlist for a housing program.

Since 2015, Allegheny Link has used an actuarial tool called the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), a widely used assessment of the health and social vulnerabilities and housing needs of individuals experiencing homelessness. This assessment is conducted in an interview style, during which applicants answer questions about their current and past experiences. It relies upon self-reported information and is dependent upon a client's memory and willingness to share personal information. Asking people during a housing crisis to provide answers to sensitive personal questions is not the best way to conduct an accurate assessment. We questioned whether housing placement decisions were being made based on accurate information and whether the limited number of available beds were going to the individuals and families who could most benefit from them. DHS already has client-specific, integrated information about prior service utilization in its Data Warehouse and has used these data to develop predictive risk models in other areas. Development of AHA was an opportunity to more accurately assess client risk while reducing the trauma of the interview and improving the housing intake experience.

In consultation with partners that include local service providers, the Homeless Advisory Board (Continuum of Care board), peer communities across the U.S., national experts in the domains of homelessness, ethics and security, and representatives from the U.S. Department of Housing and Urban Development (HUD), DHS developed a new assessment process designed to improve both accuracy and client experience. The new process combines a shortened interview with PRM built in, using DHS's large administrative data set from the [Allegheny County Data Warehouse](#). The Data Warehouse includes information from previous services that a person has received in the County; these data can be used to generate a score that predicts a person's risk for future harm.

## METHODOLOGY

To better understand the client experience with the current assessment process for permanent housing and to obtain feedback on the proposed new process, DHS conducted five focus groups, in January and February 2020, with 29 residents of local homeless shelters.

DHS solicited the help of four homeless shelter providers to recruit participants and provide meeting space for the focus groups. The four shelters, each serving specialized populations, were selected to ensure a representative sample of participants — youth, families, singles and people experiencing chronic homelessness. An overview of the focus groups and client populations represented can be found in **Appendix A**.

Interview questions (**Appendix C**) were collaboratively developed by a workgroup composed of staff from several DHS offices. Additionally, input and feedback were provided by Michael Yonas of The Pittsburgh Foundation because of his vast experience with conducting collaborative research with this population. To educate focus group participants about the proposed change to the assessment process, DHS developed a visual aid (**Appendix D**) and incorporated it into the interview guide. Members of the DHS workgroup were trained to be facilitators by colleagues with facilitation expertise. DHS and provider staff jointly recruited participants, who each received a gift card for their voluntary participation. Before each focus group, the facilitators explained informed consent procedures, and participants signed consent forms (**Appendix B**).

Facilitators followed a semi-structured interview protocol. They then compiled participants' responses and analyzed them using inductive coding — organizing coding into themes. Common themes are discussed in the next section.

## KEY FINDINGS

Most clients participating in the focus groups reported having personal experience with the Allegheny Link's current assessment process. Clients reflected on their own experiences and sometimes shared the experiences of other clients they had observed interacting with the Link while staying at the same shelter.

Overall, clients expressed a preference for the proposed process. Clients voiced these overarching themes across the focus groups:

1. The current assessment process is too long and repetitive, which disproportionately impacts older adults and people who have experienced trauma.
2. The proposed assessment process will be better so long as it includes mechanisms to ensure that data are accurate and the assessment is sensitive to bias.

### **Key Finding #1: The proposed assessment process will be better so long as it includes mechanisms to ensure that data are accurate and the assessment is sensitive to bias.**

While clients acknowledged the necessity of sharing their story during the assessment process, they expressed a common preference to minimize the length, repetitive content and sensitive content of the assessment to the extent possible.

Clients reported that the excessive length and repetitive content of the current assessment limits accessibility for older adults. Multiple clients witnessed an older adult becoming frustrated, one to the point of hanging up on the operator, when asked to repeat themselves during a phone assessment.

Clients who have experienced trauma described the current assessment process as uncomfortable. One source of discomfort was having to repeat their story over and over to a stranger, which made them feel judged and their privacy invaded. Another source of discomfort was the sensitive content of certain questions, which recalled past trauma and triggered emotional distress. Clients cited questions regarding hospital stays, sex, risky behavior and family members as especially upsetting. Clients felt that it was important to share their story with staff at the Allegheny Link, but felt that the extensive set of required questions used was not the ideal way to do so or to communicate their needs.

### **Key Finding #2: The proposed assessment process is better, if it includes mechanisms to ensure that the data are accurate and removes potential for bias.**

While clients felt that using data from their previous service experiences would make sense and potentially improve their experience, they expressed a common concern that the administrative data be accurate and up to date. Clients expressed a desire to be able to confirm their identity and check the accuracy of the information being used. One client who recently moved to Allegheny County from another state noted that there may be special cases like hers where administrative data are incomplete or altogether unavailable.

Clients felt that the current process, while arduous, promotes accuracy, fairness, honesty and safety by requiring everyone to answer the same set of questions. Any new process, therefore, should continue to promote these values.

Clients expressed a second concern: The proposed assessment tool could bring stereotypes and assumptions into the process. Specifically, they wondered if the nuance of each individual's unique history could be captured by the PRM. One client explained that there could be assumptions behind certain variables that may not align with an individual's lived experience. They shared an example of hospital visits, i.e., an individual may choose to go to the hospital for a variety of reasons, including to seek medical treatment or shelter, but the administrative data may not capture this layer of nuance. To mitigate this, some clients suggested incorporating opportunities to factor in more nuanced information, such as an individual's emergent needs, into the proposed assessment process, providing a more balanced perspective.

## DISCUSSION

DHS appreciates the critical and thoughtful feedback provided by focus group participants. As DHS prepares to implement AHA, it will address client concerns shared in the focus groups by:

1. **Implementing the AHA tool**, which will eliminate the long, repetitive and potentially traumatic assessment process.
2. **Ensuring that the data used to calculate the risk score are up to date and accurate.** DHS incorporated mechanisms in the Data Warehouse, to monitor the quality and accuracy of client-level data, long before AHA was planned, and is committed to constant improvement of these mechanisms. This work is supported by consultants, and DHS analytic staff continually monitor both the performance of the model and the consistency of client records. Further, DHS has a client record portal called [AccessMyInfo](#), which allows clients and service providers to view client records and inform DHS of any inaccuracies. Research conducted by the model's developers as well as by an independent third-party equity assessment concluded that the AHA model produces a more accurate prediction of future harm than the current assessment tool. Because some clients may not have resided in the County for very long and will therefore not have significant service history with which an AHA score can be calculated, DHS has developed an alternative shortened assessment tool which can be used to produce a score.
3. **Prior to implementation, the model was tested for potential bias, and DHS will continuously monitor the model's performance with respect to bias.** The model's developers as well as a third-party ethics consulting firm have tested the model for bias with respect to race, gender, disability status, age and veteran status. All analyses have found that the model does not discriminate against any groups except for those with a disabling condition, which the model favors. As those with disabling conditions are considered more vulnerable, this bias is not considered discriminatory. Additionally, the analyses found that Black households without children were likely to receive higher risk scores under AHA compared to the former actuarial tool, resulting in higher prioritization for housing services. Further, consistent with ongoing practice, workers will continue to use clinical judgment in the prioritization process. The AHA tool will support workers by providing valuable information used in housing prioritization, which has not been and will not become an automated process.

**APPENDIX A****APPENDIX A: FOCUS GROUP OVERVIEW**

POPULATION OF FOCUS	Date
Singles and people experiencing chronic homelessness	1/23/2020
Families experiencing homelessness	2/6/2020
Youth experiencing homelessness	2/12/2020
Singles and people experiencing chronic homelessness	2/14/2020
Youth experiencing homelessness	2/25/2020

## APPENDIX B

## APPENDIX B: CONSENT FORM

**CLIENT - Consent to Participate in a Focus Group**

The purpose of the focus group and the nature of the questions have been explained to me. I consent to take part in this focus group about my opinions and experiences.

My participation is voluntary. I understand that I am free to leave the focus group at any time. If I decide not to participate at any point in time, my decision will in no way affect the services that I receive in Allegheny County.

None of my experiences or thoughts will be shared with anyone outside of Allegheny County Department of Human Services unless all identifying information is removed first.\* The information that I provide during this focus group will be grouped with answers from other people so that I cannot be identified.

**Thank you for your participation.**

\_\_\_\_\_  
Please Print Your Name (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Sign Your Name (Participant)

*\*As a DHS employee, the interviewer is a state mandated reporter of suspected child or adult abuse.*

If you have any questions, please contact  
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412-350-7287

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**APPENDIX C****APPENDIX C: FOCUS GROUP MATERIALS****Facilitation Guide****Introduction**

- Thank you for coming and participating
- Introduce facilitator and note taker and roles and any additional non-participants in the room
- A focus group is a way to find out what people think through group discussion — ideas & opinion
- 1.5 hours, will receive a \$15 gift card, mention consent forms

**Intro DHS**

- Oversees and coordinates homeless services in the county, including Allegheny Link
- Is committed to improving these systems as much as possible
- Is committed to listening to input from our clients and providers to help improve these systems, because your expertise is critical
- Is not HUD or the housing authority

**Purpose of focus group**

- Who? Experience using homeless services and/or have sought or may seek housing services through Allegheny Link
- Info will help inform planned changes about how housing decisions are made
- Changes will affect the prioritization process for housing programs. Currently use a risk assessment that asks questions about previous and current experiences. New process will use information Link may already have from other DHS affiliated services (homeless, MH, substance abuse, CJ, CYF). Both processes give us a score with a goal of better understanding who is at most risk of harmful experiences in the future.
- Current process has limitations; new process simplifies interaction for the client.

**Review ground rules — on paper role as moderator**

- Consent forms

**Participant introductions — note layout: first name, ever worked with Link before for referral or PH**

- What do you consider the biggest challenge of getting into stable housing? 1-2 sentences

**Challenges in providing housing**

- Every year, over 2,000 people contact Allegheny Link to be assessed for eligibility for a housing program. Some of these are individuals and some are families with children.
- We cannot provide housing to everyone who is homeless. Last year, for example, approximately 600 households were enrolled in these programs. So fewer than 1 in 3 households will receive referrals for housing programs.
- In any given month, there are approximately 550 households (families and singles) who are on a waitlist for a housing program.

**APPENDIX C****HANDOUT****Review current process — is this like what you've experienced?**

- What do you think works well currently? What does not work well?
  - Do you want to be able to describe your current situation and history, or do you prefer we use the info we already have?
- If necessary: things we think work well and don't work well
  - Well: People can tell their story; people may feel more control over the process
  - Not well: Telling one's story by answering our current assessment questions may be painful, awkward or uncomfortable; research shows current assessment tool is not very effective

**Review process with risk model**

- What do you think might be better with this new process? Worse?
- What information would you like to get when you talk to Allegheny Link?
- If necessary: things we think will work well and concerns
  - Pro: Significantly reduce asking of sensitive questions; calls with Allegheny Link shorter; better identify those with highest risk
  - Con: Person may feel less control over the process; may want to tell story in greater detail

**Summarize and Close****More info about the processes**

DHS thinks that the new process will be easier and less stressful, by eliminating questions about a person's experiences for which we already have information, and which can be traumatic to discuss. Research shows that the current risk assessment tool has limitations, and DHS believes that these planned changes will allow Allegheny Link to more accurately determine a person's risk for harm. The feedback that we have received from various experts has been very supportive so far, and we want to hear your feedback also.

**Additional questions**

- How do you feel about the idea of using information from your previous services/experiences to help make decisions about your current needs?
- What information would you like to get from Allegheny Link during the call? What else do you want out of your interaction with Allegheny Link? (What would it mean to know you were at the bottom of the waiting list — or/vs. not eligible for the waiting list at this time?)
- What more would you like to know about this in the future? How would you like to be informed about this?

**Materials**

- Ground rules on paper
- Clip boards
- Nametags
- Markers
- Parking lot
- Gift cards
- Consent forms



APPENDIX D

APPENDIX D: VISUAL AID

## Current Process



Connect with the Allegheny Link



Long assessment to determine risk



Prioritized waiting list



Referral to housing program

## Future Process



Connect with the Allegheny Link



Short assessment + risk calculated based on info already known



Prioritized waiting list



Referral to housing program