Data-Driven Solutions to Homelessness

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CALIFORNIA
POLICY
LAB

Agenda

- **About the California Policy Lab**

- **Predicting and Preventing Homelessness**

- **Serious Mental Illness Among People who are Unsheltered**

CPL's mission is to…

Improve the lives of Californians by working with government to generate evidence that transforms public policy.

We do this by forming lasting partnerships between California government and the state's flagship universities to harness the power of rigorous research and administrative data.

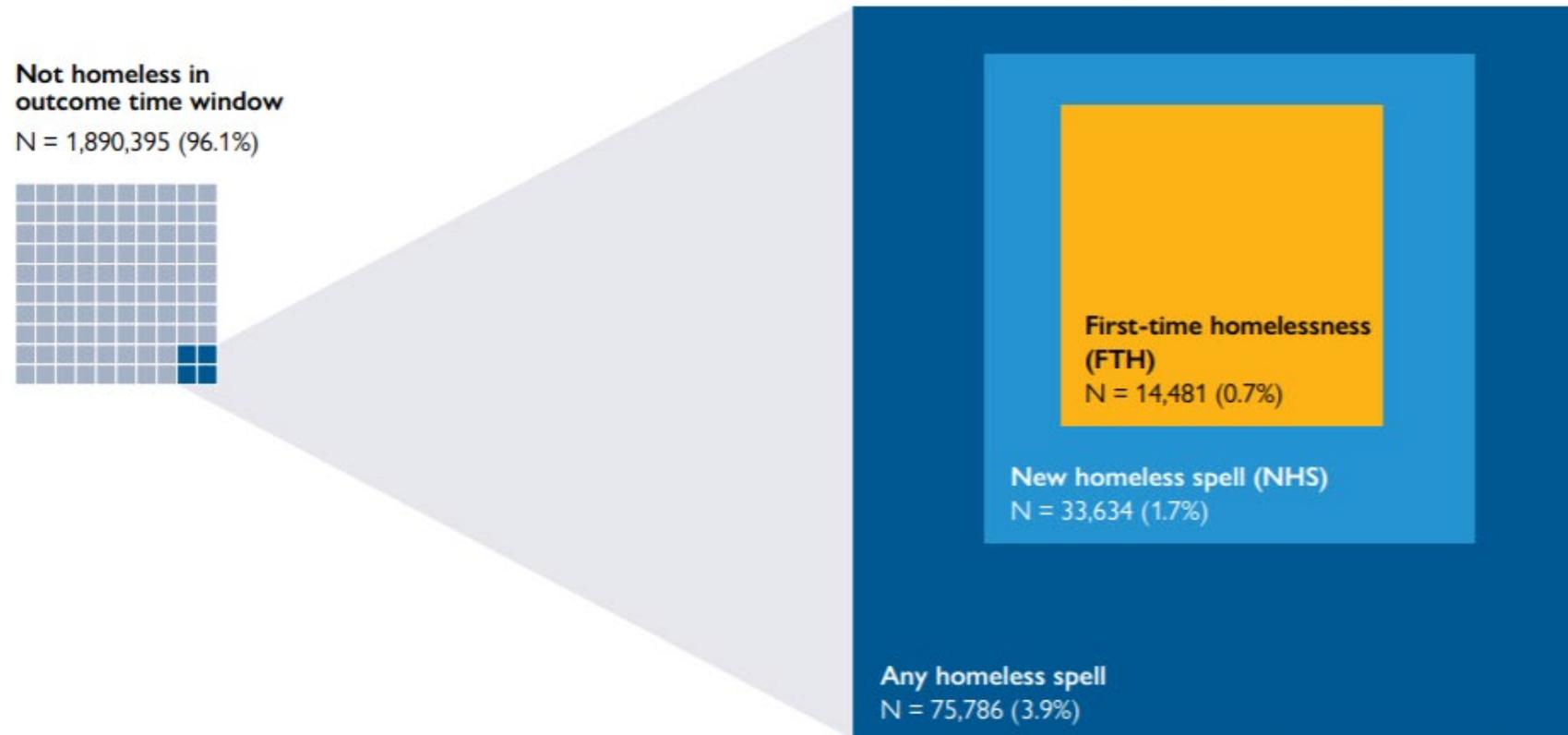**Explicitly cross-sector in terms of impacts and policies:**

- Labor and employment
- Homelessness and high-needs populations
- Social safety net
- Criminal justice
- Education
- *Expanding into Health*

3

Targeting prevention is hard

FIGURE 1. Homelessness among single adults in the ELP in calendar year 2017 (restricted to individuals with prior service histories)

Not homeless in outcome time window
N = 1,890,395 (96.1%)

First-time homelessness (FTH)
N = 14,481 (0.7%)

New homeless spell (NHS)
N = 33,634 (1.7%)

Any homeless spell
N = 75,786 (3.9%)

Two Approaches to Prevention

- **Self-identification and screening**
  - Self-identification alone does not identify highest risk populations (Chicago, New York)
  - Improvement in screening tools has helped (New York)
  - Screening tools act in concert with eligiblity criteria
  - CPL produced refined screening tools for Los Angeles (eligibility criteria already defined high-risk group)

- **Predictive modeling to identify highest risk group (experimental)**
  - Data-driven procedure to identify those at highest risk of an outcome
  - Generates a rank-ordered risk list
  - Allows for proactive strategies
  - Considers individuals already engaging with LA-county programs (health, behavioral health, benefits)
  - Likely to have more complex needs based on previous service utilization

Targeting: These approaches reach different groups

Prevention Clients: 1,243 | 23 | Predictive Analytics Risk List: 5,533
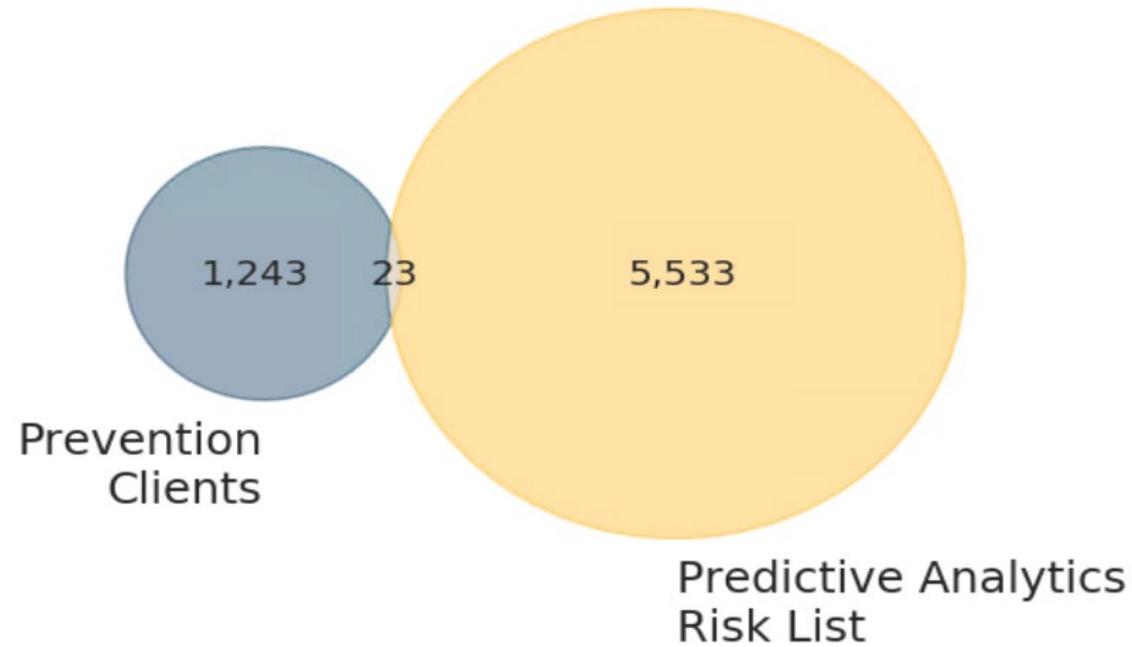
Homeless Prevention Unit (HPU)

- **Proactive outreach to single adults and families**
  - Recently utilized County health services
  - Current stable housing
  - Predicted at high risk of homelessness

- **Prevention services**
  - Services up to 6 months
  - Flexible cash assistance (e.g., $4,000 to $6,000)
  - Case management
  - Connections to other services

HPU Partners

- **Los Angeles County**
  - Department of Health Services (Housing for Health)
  - Department of Mental Health
  - CEO (Office of the Chief Information Officer)

- **Community Advisory Board**
  - 8 individuals with lived experience of homelessness
  - 10 homelessness prevention service providers

- **Technical Advisory Board**
  - 3 leading researchers in homelessness, program evaluation, equity, and predictive modeling

How does HPU work?

- **Step 1: CPL creates a risk list using predictive modeling**
  - Among 80,000 DHS or DMH clients, we predict a risk list of about 12,000 people
  - Models use linked data from 8 county departments; identifies 500+ "features" that predict risk of homelessness
  - Top 15% of the risk list = 34% predicted risk of future homelessness
  - Rest of the risk list = 2% predicted risk of future homelessness

- **Step 2: Outreach/enrollment by the HPU**
  - 3 phone calls over 10 business days
  - Introduced as general help for a "challenging" time
  - Final screen for not currently experiencing homelessness

- **Step 3: HPU Program implementation**
  - 4 months standard, but allowed up to 6 months case management
  - Flexible financial assistance (e.g. rental assistance plus other items needed to improve self-sufficiency)
  - Linkages to supportive services (e.g. health, employment)

Results to Date

- **Results to date (as of May 2022)**
  - 92 enrollments since July 2021
  - $4,014/participant in financial assistance (rental assistance is largest expenditure)
  - 5 services/participant
  - 2 linkages/participant (mental health, employment)
 - 90% retain permanent housing during program

- **Populations served**
  - Expansion to include families
  - Expected 600 single adults and 480 families to be served

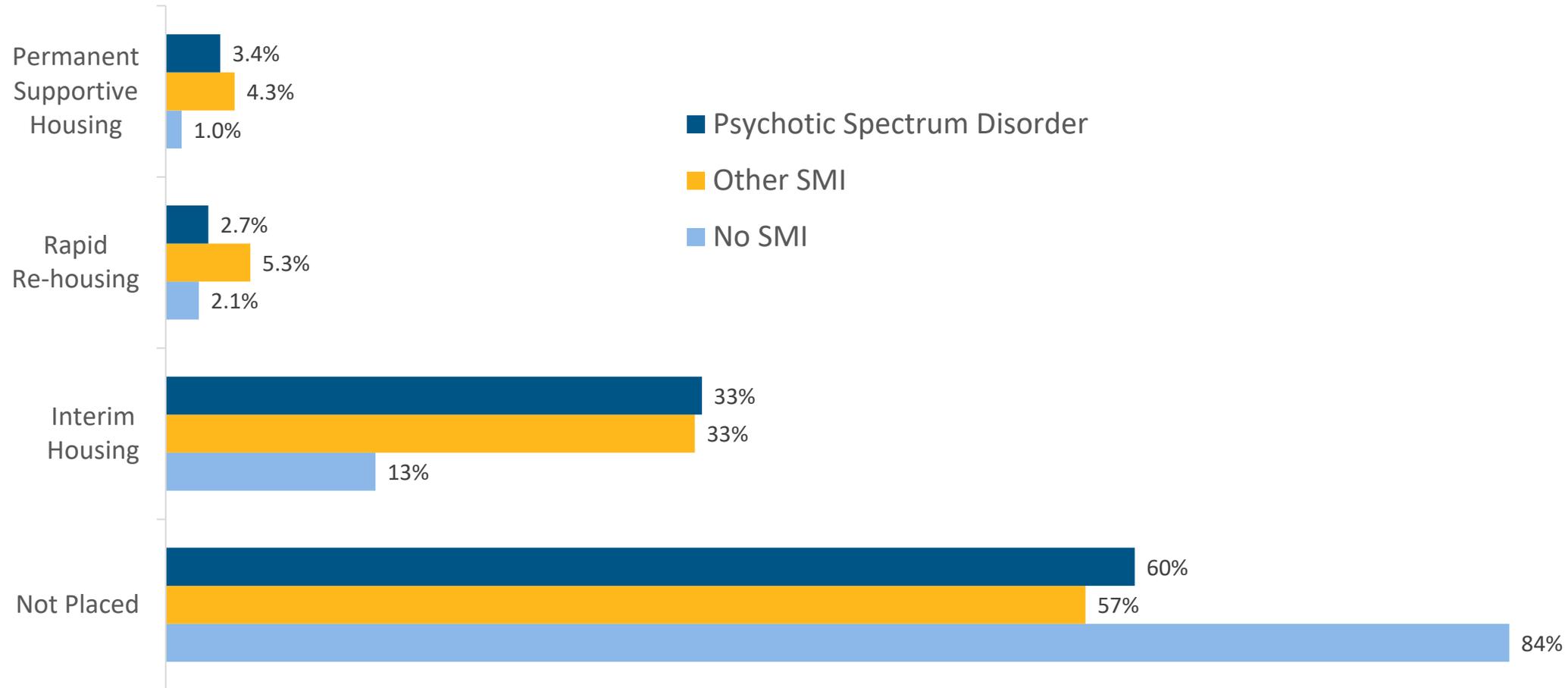# Serious Mental Illness Among the Unsheltered

Street Outreach Participants with a Service involving Psychotic Spectrum Disorder within 5 Years of Street Outreach Enrollment

- 10% of individuals (4,584) had a DMH or DHS service for a psychotic spectrum disorder diagnosis within 5 years prior to enrollment in street outreach

- 7.3% of individuals (3,277) had a service for another SMI ("Other SMI") within 5 years prior to enrollment in street outreach

- Overall, 17% of people had an SMI service within 5 years prior to enrollment in street outreach

No SMI Diagnosis, 83%

Other SMI, 7.3%

Psychotic Spectrum Disorder, 10%
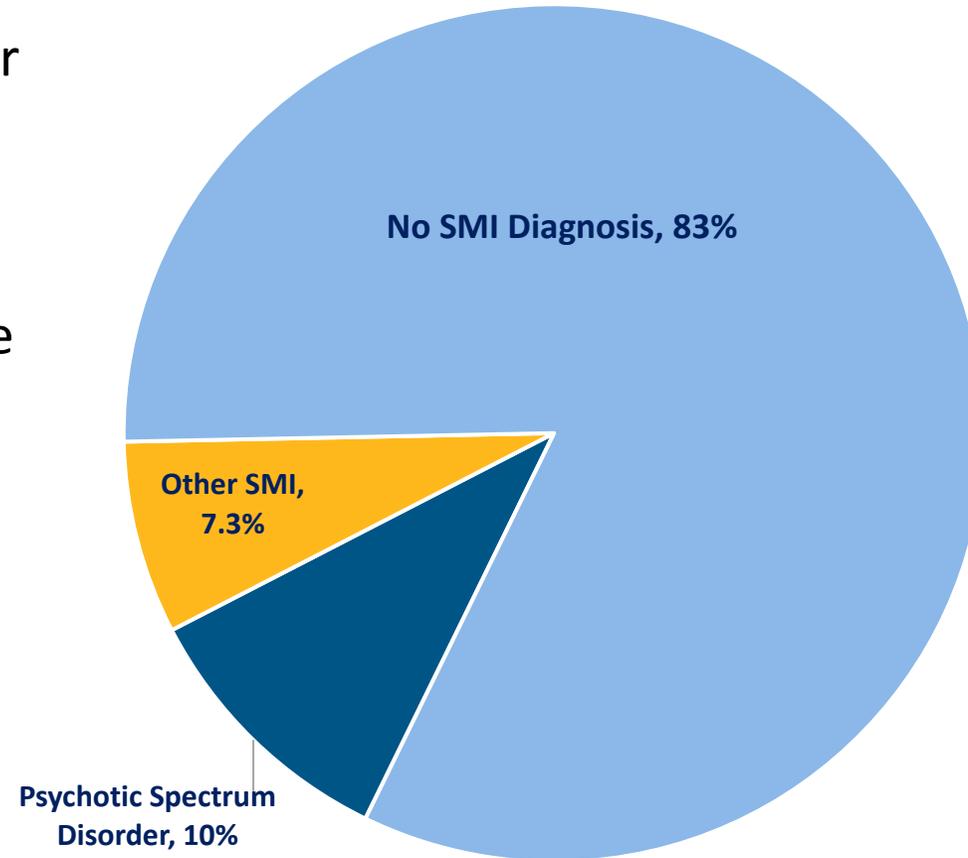
Rate of Interim and Permanent Housing Enrollments of Participants with Services involving Psychotic Spectrum Disorder, Other SMI, or No SMI

Permanent Supportive Housing
- Psychotic Spectrum Disorder: 3.4%
- Other SMI: 4.3%
- No SMI: 1.0%

Rapid Re-housing
- Psychotic Spectrum Disorder: 2.7%
- Other SMI: 5.3%
- No SMI: 2.1%

Interim Housing
- Psychotic Spectrum Disorder: 33%
- Other SMI: 33%
- No SMI: 13%

Not Placed
- Psychotic Spectrum Disorder: 60%
- Other SMI: 57%
- No SMI: 84%

Legend:
- Psychotic Spectrum Disorder
- Other SMI
- No SMI

Take Aways

- **Prevention works, but it is hard to target effectively**
- **Predictive Analytics are experimental but promising**
  - They can be much more precise at predicting homelessness
  - Because they are more precise, they can enable more flexible interventions
- **Serious mental illness**
  - At a minimum, the County knows about 4,600 individuals with psychotic spectrum disorder who are living on the street
  - This is a "lower bound" estimate
  - Systems built to end homelessness for 4,600 could probably be scaled to serve more individuals