

SANTA CRUZ COUNTY

COORDINATED ENTRY EQUITY ANALYSIS SUMMARY

INTRODUCTION

Focus Strategies conducted a quantitative analysis of the Coordinated Entry (CE) data for the Housing for Health (H4H) department in Santa Cruz County (County). The goal of the analysis was to identify potential disparities in the provision of CE services, with particular attention to inequities in access to services, scoring of the assessment, prioritization, and referral to housing. Disparities in CE services were investigated in terms of race and ethnicity, gender, age group, and self-reported mental health or substance use conditions.

The analysis used CE data recorded in the Homeless Management Information System (HMIS) collected between March 2023 and June 2024. Additionally, demographic data from the 2024 Point in Time (PIT) Count and the 2022 U.S. Census American Community Survey (ACS) was used to compare people accessing homeless services with the general population and the population experiencing homelessness in the County. This document provides a summary of the key findings from the analysis and considerations for increasing equity within CE.

KEY FINDINGS

Disparities in Populations Experiencing Poverty, Experiencing Homelessness, Accessing Coordinated Entry, and Referred to a Housing Program

Table 1 summarizes disparities in who experiences poverty, experiences homelessness, and accesses homeless services in the County. A table with the percentages of demographics by population used for the calculations in Table 1 can be found in Appendix A.



Table 1. Identified Disparities per Demographic Group

| Demographic | Adult Only Households | Family Households |
|---------------------------------------|---|---|
| <i>Race/Ethnicity</i> | | |
| American Indian/ Alaskan Native | | Are 2.6 times more likely to experience homelessness |
| Asian | Are 2.8 times less likely to enroll in CE | |
| Black | Are 2.0 times more likely to experience poverty, 1.4 times more likely to be counted in the PIT, and 1.4 times less likely to enroll in CE | Are 3.0 times more likely to experience poverty |
| Hispanic/Latine | are 1.3 times more likely to experience poverty and are 1.2 times less likely to enroll in CE | Are 1.6 times more likely to experience poverty, 1.2 times more likely to experience homelessness, and 1.2 times less likely to be referred to a housing program |
| Native Hawaiian / Pacific Islander | <i>No disparities observed</i> | |
| White non- Hispanic | <i>No disparities observed</i> | |
| <i>Sex</i> | | |
| Male | Are 1.4 times more likely experience homelessness | |
| Female | <i>No disparities observed</i> | |
| Transgender | Are 3.0 times less likely to enroll in CE | |
| <i>Age Group</i> | | |
| Older Adult (62+) | <i>No disparities observed</i> | |



Analysis of data from March 2023 to September 2024 resulted in no significant disparities in adult only households who completed an assessment (HNA), placed on the housing queue, and referred to a housing program.¹ However, after an HNA threshold score for prioritization was established, disparities in referrals to the housing queue were observed for participants referred to housing programs. These disparities are discussed in the section below.

Housing Needs Assessment Score - Adult Only Households

Table 2 summarizes the average HNA scores for adult only households by demographics.

Analysis of average scores determined that:

- White non-Hispanic households have higher average scores than Hispanic/Latine and Black households leading to increases in the proportion of white non-Hispanic households referred to housing services and a decrease in the proportion of Hispanic/Latine households who were referred to housing services through the housing queue after the prioritization threshold was implemented. For example, the proportion of white non-Hispanic households referred to the queue increased from 49% prior to the adoption of the threshold to 60% after, while Latine households saw a decrease from 34% to 24%.
- There are no differences in average score by gender.
- Older Adults scored an average of 1.5 points higher than adults aged 26-65. This difference is expected as households with older adult members tend to report more disabilities and health concerns and are a priority population for the County.
- Participants who self-reported having a mental health or substance use condition scored, on average, higher than participants without a self-reported condition. This suggests that the HNA is adequately supporting the prioritization of participants with self-reported mental health and substance use conditions.

¹ This analysis did not explore disparities in families assessed through CE or referred to a housing queue due to data collection differences between family and adult households. Given there is no family waitlist for housing resources, the current workflow allows for families to bypass the CE assessment process if a housing opportunity is identified.



Table 2. Average HNA Score for Adult Only Households

| Demographic | Average Score | N |
|---------------------------------------|----------------------|------------|
| Total | 13.5 | 321 |
| <i>Race/Ethnicity</i> | | |
| American Indian/ Alaskan Native | 14.9 | 29 |
| Asian | 10.7 | 3 |
| Black | 12.4 | 14 |
| Hispanic/Latine | 13.1 | 94 |
| Native Hawaiian / Pacific Islander | 12.3 | 3 |
| White non-Hispanic | 13.5 | 175 |
| <i>Sex</i> | | |
| Male | 13.5 | 181 |
| Female | 13.5 | 139 |
| Transgender | 15 | 2 |
| <i>Age Group</i> | | |
| Adult (26-64) | 13.1 | 258 |
| Older Adult (65+) | 14.6 | 62 |
| <i>Self-Reported Condition</i> | | |
| Mental Health (MH) Condition | 13.9 | 183 |
| Substance Use Disorder (SUD) | 14.4 | 103 |
| Co-occurring SUD & MH | 14.1 | 73 |
| No SUD or MH | 12.2 | 106 |

Differences in Responses to HNA Questions

The analysis explored the response rate of each question in the HNA by demographic group to better understand why white non-Hispanic and American Indian/Alaskan Native households are, on average, scoring higher than Black and Hispanic/Latine households. Table 3 summarizes the response rates for questions where differences of more than five percentage points between race and ethnic groups were identified. The analysis found that:

- Three questions on the HNA are reserved for assessor observation rather than the participant self-reporting. The observation questions are about health being a barrier to housing, the household being at risk of violence, and the household being at risk of



consequences from illness. Staff endorse these questions at a higher rate for white non-Hispanic households and American Indian/Alaskan Native than for Hispanic/Latine and Black households.

- A higher percentage of households aged 65 and older were white non-Hispanic and American Indian/Alaskan Native, as compared to Hispanic and Black households.
- White non-Hispanic and American Indian/Alaskan Native households self-report having three or more health conditions at a higher rate than Hispanic and Black households.
- There appears to be a compounding effect for white non-Hispanic and American Indian/Alaskan Native households. They tend to be older and have more health conditions that impact their housing, which may lead to assessors observing higher risk of health conditions, victimization, and consequences from illness.

Table 3. Percent of Respondents who Received Points for Each Question²

| HNA Question | Am. Indian/ Alsk Native (n=29) | Black (n=14) | Hispanic/ Latine (n=94) | White non- Hispanic (n=175) |
|--|---|-------------------------|--|--|
| Last address in Santa Cruz | 72% | 71% | 67% | 59% |
| No positive housing reference | 58% | 36% | 53% | 46% |
| Has arrest history | 40% | 35% | 41% | 32% |
| 12+ mo. homeless | 78% | 89% | 81% | 87% |
| Age 65+ | 35% | 7% | 21% | 35% |
| Has 3+ health conditions | 72% | 57% | 46% | 65% |
| Other health conditions impacting housing* | 72% | 64% | 57% | 70% |
| At risk of violence or being taken advantage of* | 69% | 50% | 47% | 65% |
| At high risk of suffering consequence from illness if unsheltered* | 86% | 64% | 64% | 82% |

*Assessor observation questions

² Asian and Native Hawaiian/Pacific Islander were excluded from this analysis due to a sample size smaller than ten.



RECOMMENDATIONS

H4H may want to consider the following recommendations to help address disparities identified through this analysis. These recommendations should be weighed against other community priorities, especially those identified through community engagement during the implementation of the new CE system design.

- Prioritize providers who primarily serve Asian, Black, and Hispanic/Latine households when expanding CE assessor (Connector) capacity to help increase access to CE for these populations.
- Update the HNA scoring criteria to remove points given for the three assessor observation questions. This would remove assessor bias from the HNA scoring. However, this change should be weighed with the initial motivation for including points for assessor observation questions. When soliciting feedback for the CE redesign, staff felt it was important for them to be able to identify households with high barriers to housing based on underreporting, misreporting, or other factors that are not captured by the HNA.
 - Consider giving points to assessor questions only if the participant did not already receive points for self-reporting having two or three health conditions. This would reduce the compounding effect that the observation questions have on the overall score yet allow staff to identify households with barriers not captured through other scored questions.
 - Ensure providers understand the process for updating HNA information that is underreported or misreported by households on the HNA. For example, if arrest records or health diagnosis information is verified through external data, staff should update the HNA to reflect this information.
- Explore whether the current HNA question around health conditions adequately reflects the housing barriers of participants with multiple health conditions compared to the severity of a single health condition. In the current HNA, a household can receive up to three points for having multiple health conditions. However, some households may only receive a single point for one health condition that causes similar barriers to housing.
- Evaluate the unique barriers transgender people face when trying to access Coordinated Entry. Of adults counted in the PIT, 3% identified as transgender, but made up only 1% of adults enrolled in CE. Consider collecting qualitative information



from providers and transgender people experiencing homelessness to better understand how the system is or is not serving transgender individuals.

- Continue monitoring the experience of Black households in accessing CE and housing resources. Although the analysis highlighted disparities, Black households only make up 2% of the Santa Cruz population and 4% of people accessing CE, which makes it difficult to ascertain whether the disparities found in this analysis are a result of the system or are exacerbated by small sample sizes.
- Explore opportunities to track and analyze housing problem solving data to potential disparities in the types of assistance and outcomes of housing problem solving by population.
- Analyze newly collected demographic data from Referral Request Forms, including demographic comparisons of households seeking assistance to those who get referred to Connector services, complete an HNA, and are referred to the housing queue. This data was not included in this analysis due to limitations with how the Referral Request information was previously collected. H4H has changed how demographic information for referral requests is collected and should be analyzed in the future.
- Routinely analyze CE to identify disparities. The population experiencing homelessness and system resources are likely to change over time. It is important for H4H to continue monitoring the system to ensure it is equitably helping people obtain stable housing.



APPENDIX A - PERCENT OF POPULATION BY DEMOGRAPHIC

Adult Only Households

| Demographic | SCZ Population* | SCZ Population in Poverty | PIT Count | Coordinated Entry Enrollment | Assessed through HNA | Added to Housing Queue | Referred to Housing Program |
|--------------------------------|-----------------|---------------------------|-----------|------------------------------|----------------------|------------------------|-----------------------------|
| <i>Race and Ethnicity</i> | | | | | | | |
| American Indian/Alaskan Native | 4% | 3% | 4% | 8% | 9% | 8% | 15% |
| Asian | 11% | 7% | 3% | 1% | 1% | 1% | 1% |
| Black | 2% | 4% | 5% | 4% | 4% | 4% | 3% |
| Hispanic/Latine | 32% | 46% | 40% | 30% | 29% | 48% | 34% |
| Nat. Hawaiian/Pacific Islander | <1% | <1% | 1% | 1% | 1% | 1% | 1% |
| White non-Hispanic | 53% | 43% | -- | 55% | 54% | 37% | 50% |
| <i>Sex</i> | | | | | | | |
| Male | 48% | 47% | 64% | 56% | 56% | 41% | 55% |
| Female | 52% | 53% | 33% | 43% | 43% | 58% | 44% |
| Transgender | -- | -- | 3% | 1% | 1% | <1% | 0% |
| <i>Age Group</i> | | | | | | | |
| Older Adult (62+) | 22% | 26% | 10% (64+) | 24% | 15% | 14% | 29% |

*Santa Cruz population breakdown is for Adult Households Only. The data comes from the 2022 American Community Survey (ACS).



Family Households

| Demographic | SCZ Population* | SCZ Population in Poverty | PIT Count | Referred to Housing Program |
|---------------------------------|-----------------|---------------------------|-----------|-----------------------------|
| <i>Race and Ethnicity</i> | | | | |
| American Indian/ Alaskan Native | 4% | 2% | 5% | 4% |
| Asian | 7% | 4% | 0% | 1% |
| Black | 1% | 3% | 1% | 4% |
| Hispanic/Latine | 43% | 70% | 81% | 68% |
| Nat. Hawaiian/ Pacific Islander | 1% | 0% | 0% | 1% |
| White non-Hispanic | 67% | 22% | 18% | 22% |

