

Rebuilding Systems: Adapting Housing Assessments to Prioritize Health, Equity, and Belonging

2022

Background on Housing Prioritization

There is a significant lack of affordable housing within the United States (US). The resulting process of accessing housing resources for people experiencing or at risk of homelessness is complicated, lengthy, and filled with inequities. The US Department of Housing & Urban Development (HUD) requires that every region create a [Coordinated Entry](#)¹ (CE) system to streamline this process. The group of organizations within a region who provide and oversee homeless services and who work to make this process more equitable is called the [Continuum of Care](#)² (CoC). In design, this system should serve as a single access point to emergency services as well as appropriate long-term housing. The CE system develops an order of who should receive housing first based on a series of “vulnerabilities” that a person or family might have. Lack of affordable housing has necessitated this ranking system.

[HUD provides guidance](#)³ on the types of risks that a community may choose to consider for prioritization, and may include specific illness, risk of victimization, frequency of use of emergency services, or continued risk of homelessness. The CoC decides which factors to include. These decisions often reflect the subjective values of the community and may not be based on risk or maximizing resources/programs. Communities are seeking guidance on how to create equity within this housing process while balancing the pressures to focus on outcomes and cost. This process is further challenged by numerous data systems that do not interface and the reality that any intake system will serve as a barrier to many of the people it is designed to serve. **This document is designed to provide a framework communities can use to create equity within their CE process. There is no one tool that can accommodate the unique resources of all communities but applying this guidance will help achieve equity in the process.**

Challenges and Issues in the Housing Prioritization Process

**“It’s reframing to view them as a person,
not just a score.”**

Addressing Inequity

Inequities are baked into prioritization tools.⁴

- Communities often decide risk and priorities based on values that uphold systemic racism and disproportionately favor white people.

- Scoring is based on the individual, not the structures that have created the systems where people of color are marginalized and have not had equal access to housing, community support and opportunities for economic mobility.
- Communities are motivated to internally review processes and their outcomes with an equity lens after publications in the field identified significant inequities in housing prioritization.
 - This internal review often reveals inequities consistent with existing literature.
- Currently, there is not a lot of clear guidance on how to address the inequity issue or alternative methods to prioritization.
- Communities need resources to re-develop tools and processes and support to ensure these are done in a valid and psychometrically sound way.

Issues with Implementation

There are challenges in communicating across systems (CoC and CE, health care, housing, etc.) which prevent gathering a full history or identifying the depth of need.

- Depending on the tool or process used, those required to enter in information may not have the clinical background to comprehensively answer questions. For example, asking non-medical providers to assess medical history and need.
- Current approaches and methods are not trauma-informed, especially if information is "required" to be collected to put a person within CE system.
 - In some cases, an incomplete application may not be considered, thus requiring a consumer to disclose sensitive personal information in order to access housing.

Consumer Navigation

Processes do not necessarily reflect or prioritize consumer choice and preference.

- Systems are difficult for consumers to navigate and present with challenges in communication, understanding the process, and remaining connected.
- Available housing resources are not necessarily set-up to meet the needs of those that are prioritized for housing, such as ensuring the housing is accessible or that staffing structures include providers able to address medical, mental health, or other needs.

Existing Tensions in Housing Prioritization Process

Communities were ultimately responsible for determining their prioritization process based on available resources. This has resulted in several issues:

- Assessment tools became prioritization tools but were not intended for that purpose. The creators eventually [stopped supporting](#)⁵ the use of these documents for prioritization.

- Communities do not use the same tools; and regardless of what tool is used, there is no standardization for how questions should be asked or what types of risks they will prioritize.
 - Further, self-developed tools may not be tested for validity and reliability.
- Scores do not describe actual need and are arbitrarily connected to services; which vary among communities because the resources available in each community differ.
- An aging and increasing medically complex population has also influenced considerations towards how medical needs impact housing prioritization.
 - Current process(es) do not fully consider medical fragility or morbidity/mortality risk, or involve providers who can more accurately make these assessments based on medical and health information.
- Communities do not have the same array of services and may choose not to house individuals with a certain vulnerability score because they do not have the “correct” level of services to match with them.
 - There is a mismatch between prioritization of “most vulnerable” and available community supports.
 - Often, more supportive environments for complex needs do not exist; consumers are then excluded from housing services due to perceived high needs.

Recommendations

Overall, there is not one recommended or identified tool that can comprehensively assess for individual needs and determine priority for housing.

However, there are ways that communities can actively address inequities while developing a more comprehensive prioritization process that focuses on community needs.

Develop a Process

As there is not a single tool that can address the needs of each community or provide a full view of an individual's unique situation, we recommend that communities transition from single tool-based screening to a comprehensive process. Every community has different resources. A standardized tool would not account for variation between communities and may not provide the most useful information to support individuals. Instead, community-based process can:

- Identify available community resources and develop a process that can match participants to what a community has available.
 - Do not collect data from individuals that is unnecessary for matching with appropriate services or directly linked to community needs.

- Address specific issues, such as equity or health needs.
- Bring together validated tools to assess specific needs of the community.
- Incorporate ongoing evaluation to ensure that the process is equitable and achieving the intended goals.
- A process can allow for ongoing update of assessments as individuals feel safe disclosing information and/or more information becomes available. A completed assessment is not required for placement on the coordinated entry list.

Steps for a Process:

1. Identify committees to review the housing prioritization system and identify specific challenges and existing inequities.
2. Use the findings from the committees to identify equity/inequity issues in the current process, and priorities for the new process.
3. Convene stakeholders across the spectrum of those involved in prioritization process.
 - a. Include experts to provide feedback to ensure all processes are in alignment with [Fair Housing Laws](#).⁶
4. Using committees and stakeholder groups, identify the new method for housing prioritization. This may include:
 - a. Identifying a set of tools to be used;
 - b. Developing a process for case conferencing;
 - c. Expanding process for consumer choice; and
 - d. Establishing who will be involved in the process and at what stages.
5. Implement the new process and evaluate its impact.
 - a. Remain open to modifying the process as issues arise.



Requires buy-in and participation from all community partners to implement a new process.



Process is then specific and tailored to the individual community, although effective methods may be borrowed from others who have undergone the process.



The process often involves case conferencing to review cases and provide opportunity to comprehensively review needs.

What could your planning process look like?



Engage Stakeholders

Engaging community stakeholders is essential to providing comprehensive services to individuals experiencing homelessness as they transition into housing. Having a variety of stakeholders engaged in the process provides a holistic view of the needs of individuals and informs the information needed to appropriately and equitably match people with resources.

- Involve all perspectives in the process to ensure its inclusivity.
- Stakeholders can include people with lived experience, coordinated entry staff, continuum of care staff and boards, housing navigators, health center providers, supportive housing staff, outreach workers, those working at systems levels, researchers, etc.
- Consider existing partners & potential partners when identifying stakeholders.
- Identify gaps in resources when considering potential partners.
- Ensure training component is part of implementation to standardize the process in a trauma-informed way.
- Utilize case conferencing, both with the individual present and not, to include cross-sector providers who may have strong relationships with individuals and can fill in information on needs.

Leverage Experience

Review existing resources to learn about equity issues in housing prioritization and identify important aspects of what a process can look like in your community.

- [Coordinated Entry Systems Racial Equity Analysis of Assessment Data, C4 Innovations](#)⁷
- [Table of Homelessness-Specific Screening Tools, Homeless Hub, Canadian Observatory on Homelessness and Mental Health Commission of Canada](#)^{8*}

**Note: This table includes the VI-SPDAT, which is no longer endorsed. The additional tools reviewed may be of interest.*

- [Allocating Homeless Services After the Withdrawal of the Vulnerability Index-Service Prioritization Decision Assistance Tool](#)⁹

What's Next?

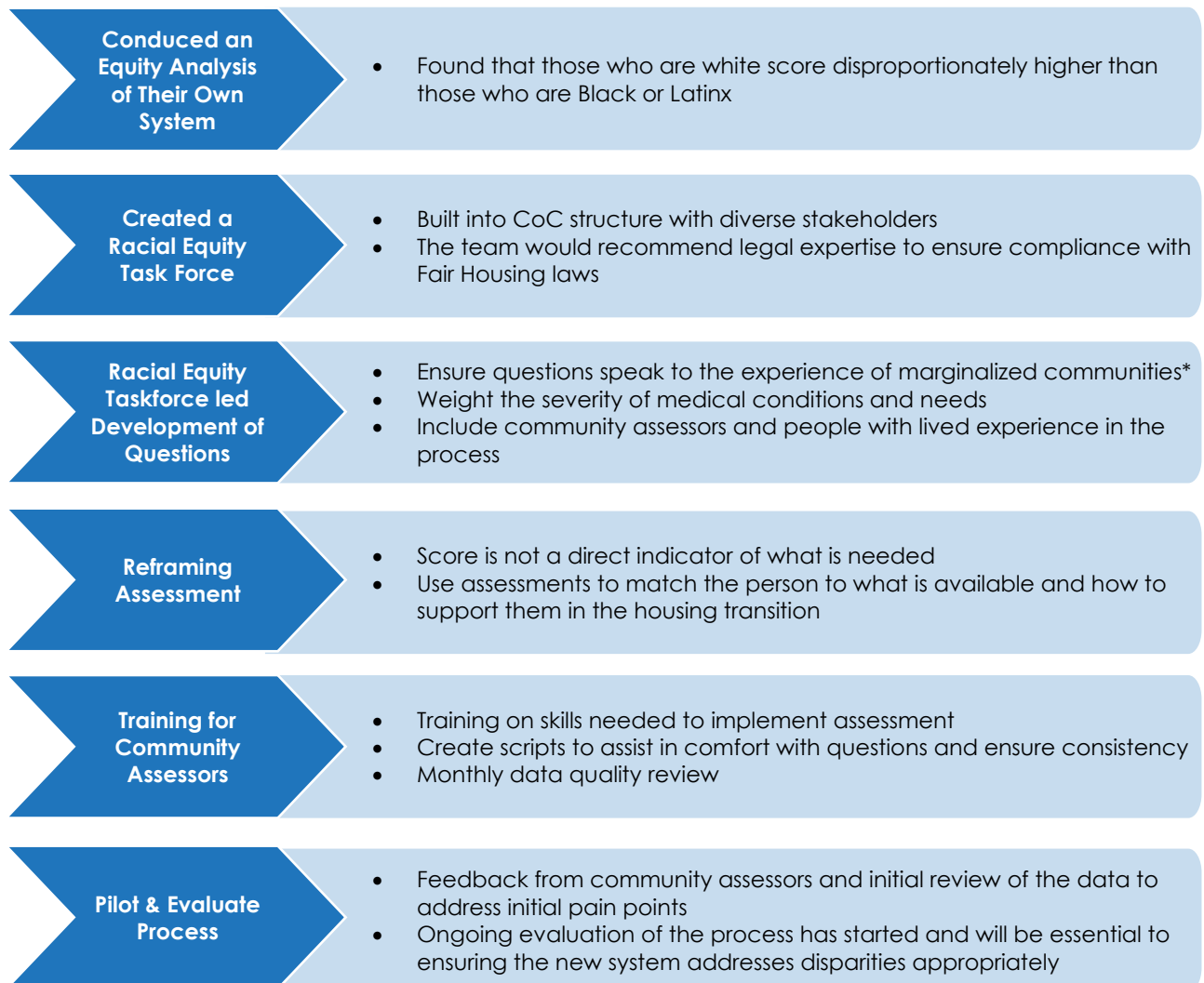
The National Health Care for the Homeless Council will work with stakeholders to develop a full comprehensive resource guide for communities to collectively embark on addressing equity in their CE process. This guide will dive deeper into recommendations and lessons learned and provide tools to utilize along the way.

Case Example – Austin, TX

“A Person is more than a score”

The Austin Ending Community Homelessness Coalition (ECHO) operates the CoC for Travis County, TX. In response to a 2019 report⁷ that highlighted disparities with the current prioritization assessment process used nationally, the team at Austin ECHO conducted an internal equity analysis. What they found mimicked the report: those with the highest vulnerability scores were disproportionately white, followed by Latinx individuals, with people who are Black having comparatively low scores. In October 2021, Austin launched the [Austin Prioritization Index](#),¹⁰ a new tool and process to address the inequities identified. In the two years between identifying the issues and implementing a new strategy, the team thoughtfully and comprehensively looked at their community resources, priorities, and where there may be a disconnect, starting with the formation of a Racial Equity Committee embedded in the CoC governance structure.

High Level Overview of Austin ECHO's work



*Example: white individuals were more likely to access hospice care; a question asking about hospice need or access was rephrased to ask about end-stage progressive disease.

Glossary

Continuum of Care² (CoC) – A regional or local planning body that coordinates housing and services funding for homeless families and individuals. A continuum of care consists of four parts: 1. Outreach, intake and assessment; 2. Emergency shelter; 3. Transitional housing with supportive services; and 4. Permanent and permanent supportive housing.

Coordinated Entry¹¹ (CE) - Process through which people experiencing or at risk of homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region.

Supporting Partnerships for Anti-Racist Communities⁴ (SPARC) – Document published by the Center for Social Innovation documenting the efforts of a group of communities and partners to understand and respond to racial inequities and to jump start implementation of racial equity strategies in homeless services, programs, policies, and systems.

Homeless Management Information System¹² (HMIS) - A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness. Every CoC is required to have an HMIS.

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¹ Coordinated Entry Systems, Assessment of Vulnerability, and Housing Prioritization for People Experiencing Homelessness, NHCHC, https://nhchc.org/wp-content/uploads/2020/02/HealingHands_USE_020620.pdf

² What is a Continuum of Care?, National Alliance to End Homelessness, <https://endhomelessness.org/resource/what-is-a-continuum-of-care/>

³ Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, HUD, <https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>

⁴ Supporting Partnerships for Anti-Racist Communities, C4 Innovations, <https://c4innovates.com/our-expertise/equity/sparc/>

⁵ A Message from OrgCode on the VI-SPDAT Moving Forward, OrgCode, <https://www.orgcode.com/blog/a-message-from-orgcode-on-the-vi-spdats-moving-forward>

⁶ Housing Discrimination Under the Fair Housing Act, HUD, https://www.hud.gov/program_offices/fair_housing_equal_opp/fair_housing_act_overview

⁷ Coordinated Entry Systems: Racial Equity Analysis of Assessment Data, C4 Innovations, https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity_Analysis_2019-.pdf

⁸ Table of Homelessness-Specific Tools, <https://homelesshub.ca/sites/default/files/ScreeningforHF-Table-Nov17.pdf>

⁹ Shinn M, Richard MK. Allocating Homeless Services After the Withdrawal of the Vulnerability Index-Service Prioritization Decision Assistance Tool. *Am J Public Health.* 2022 Mar; 112(3):378-382. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306628>

¹⁰ Austin Prioritization Index, Austin ECHO, <https://www.austinecho.org/api/>

¹¹ Coordinated Entry Core Elements, HUD, <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

¹² Homeless Management Information System, HUD, <https://www.hudexchange.info/programs/hmis/>