



IMPROVING PRIORITIZATION

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Learning Objectives

- **Understand a new concept of prioritization and its place in a Coordinated Entry process**
- **Identify challenges to rural CoC's implementation of model that improves prioritization**
- **Identify strategies to improve the CoC's prioritization and to understand the CoC's potential pathways to a new model**

Coordinated Entry: *Revisiting Key Components*

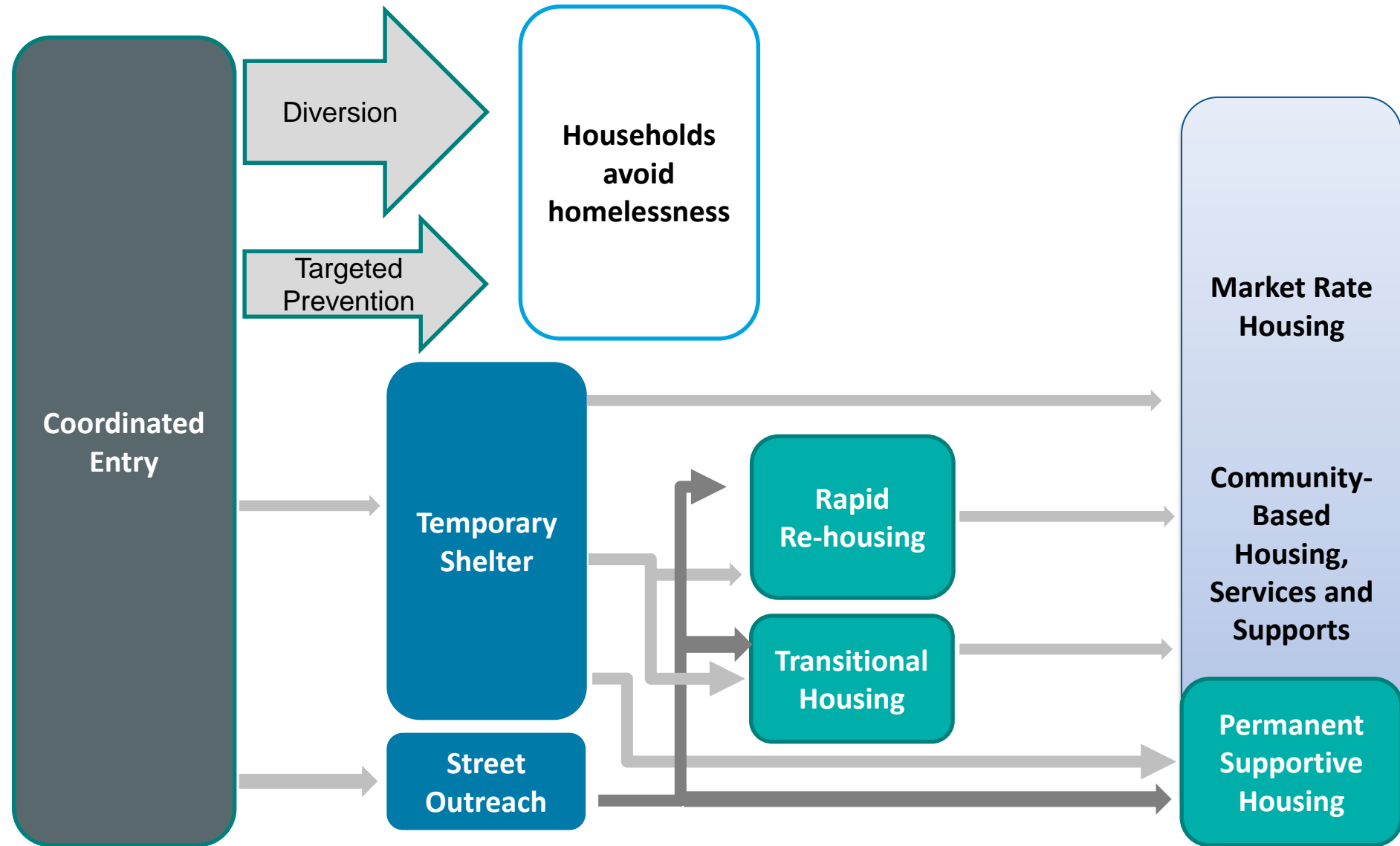




Coordinated Entry Key Elements

- **Prioritizes households with greatest needs**
- **Easy to access through street outreach, hotlines, and physical locations**
- **Standardized assessment that is person-centered**
- **Fair and equal referral process**
- **Lowers barriers to entry and uses a Housing First approach to enrollment and service delivery**
- **Inclusive of projects that serve all household types and target populations**

Coordinated Entry System in Context



Improving Prioritization





Why Prioritize?

Limited
Resources

Overall
Client
Success

Streamlined
System

Improved
System
Performance

HUD
Requirement



Goals of Prioritization

- **Prioritization ensures that:**
 - Vulnerable households with severe service needs have first access to housing and services
 - Wait times for most vulnerable individuals and families are reduced
 - Highest need households experiencing homelessness are matched to the most appropriate and available intervention
 - Increases responsiveness of homeless system



Prioritization: Common Challenges and Strategies for Continuous Quality Improvement

■ Common Prioritization Challenges

1. List is static (conditions change, but the list stays the same)
2. Stakeholder lack confidence in the score/order
3. List is long: many people get nothing: list is out-of-date and it's difficult to find high-priority people

■ Strategies for Continuous Quality Improvement

- More dynamic prioritization
- Case conferencing
- Limit priority pool to resources available



Defining Prioritization


Prioritization = person's needs and level of vulnerability are quantified *in relation to other people who are also seeking homeless assistance.*

- ✓ Uses information learned from assessment
- ✓ Manages the inventory of housing resources
- ✓ Ensures persons with the greatest need and vulnerability receive priority or accelerated access to the supports they need to resolve their housing crisis.



Prioritization Criteria

- **Prioritization criteria may include any of the following factors:**
 - ✓ Significant health/behavioral health challenges
 - ✓ High use of emergency services
 - ✓ Sleeping in unsheltered locations
 - ✓ Vulnerability to death or illness
 - ✓ Risk of continued homelessness
 - ✓ Vulnerability of victimization
 - ✓ Other locally determined factors
- **May be different for families, single adults, survivors of domestic violence, and persons seeking homelessness prevention services**
- **Prioritization policies should not be seen as static and should be refined as resources and needs begin to shift**



Aligning Prioritization with Federal Civil Rights Laws, including Fair Housing Act

- CoCs are prohibited from using the prioritization process to discriminate based on race, color, religion, national origin, sex, age, familial status, or disability.
- It would be a violation of federal civil rights laws if prioritization is based solely on a score produced by an assessment tool that consistently provides a higher score to persons with *specific* disabilities over those with other disabilities, or that provides scores that rely on membership in a protected class
- For more information, see HUD's FAQ:
<https://www.hudexchange.info/faqs/3464/my-coc-needs-to-prioritize-households-to-meet-the-requirements-of-hud>

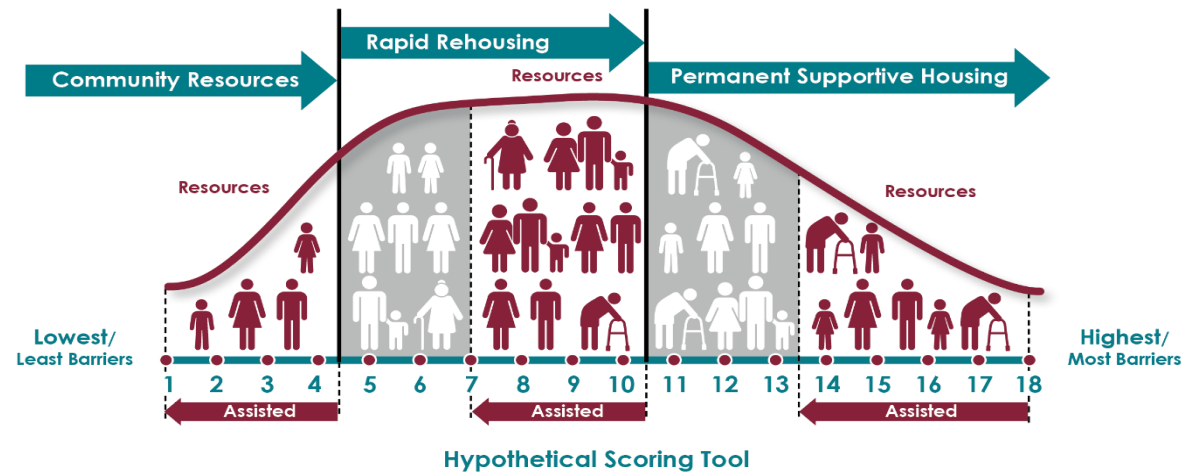


Common Approach to Prioritizing

- **In many prioritization processes:**
 - Scores from one set of information are used, often gathered once, to place on a waitlist for a specific intervention type
 - The order in which someone is selected for a vacancy is static once on the list and typically doesn't change
 - Actual availability of resources are not considered people are referred to a waitlist for the intervention type indicated from the assessment tool score
 - This may result in long waitlists, with lower-need households being served first in certain resource types

Example: *“Household X must be served in PSH as their primary housing intervention because they scored Y on the assessment tool.”*

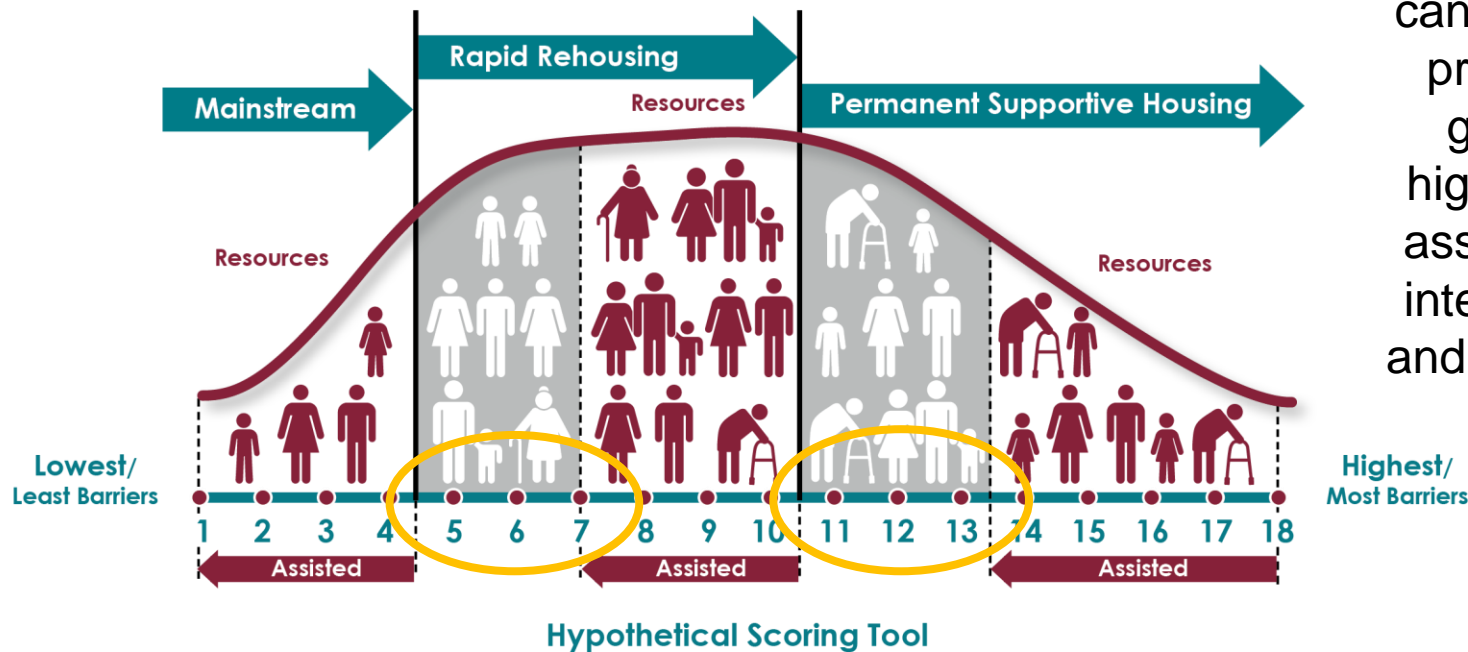
Sample of Common Approach to Prioritization with Scores



- ✓ *Doesn't consider actual resource availability*
- ✓ *Long waitlists, no housing plan*
- ✓ *Assumes a single pathway out of homelessness*
- ✓ *Information becomes quickly out-of-date*
- ✓ *Lower need households exit homelessness more quickly*

Example: Using Score Ranges with Some Prioritization

In this example you can see people are prioritized within groups so that higher scorers get assigned the most intensive resource and are served first.



How about those **not** targeted for immediate assistance?

You can see it's the **lower scoring households** within each housing intervention range who do not get assisted or have to wait on a list.



Another Strategy for Prioritization

- Considers information in real time and does each of the following:
 - ✓ Ensures the most vulnerable persons are prioritized for all available dedicated resources
 - ✓ Seeks to achieve housing placements quickly, preferably on average of 30 days or less
 - ✓ Allows for flexible housing placement decisions that considers a variety of factors
 - ✓ Continues to utilize problem-solving conversations to move those households not currently prioritized into housing



What about those who are not prioritized?

- **Dynamic prioritization should not mean that those who are not prioritized for referral are simply ignored**
- **Households not prioritized for a system intervention should be offered problem-solving, diversion, help with self-resolution and referrals and supports to use mainstream services**
- **If circumstances change, people should be reassessed or new information should be added to a profile so they are reconsidered**



Scores and Prioritization

Key Message:

- A person's background, history and characteristics are not necessarily predictive of whether they will be successful in a specific intervention
- Prioritization is about deciding as a community how to best use the resources available
 - Not “they are a #, so they get X intervention” or “they got a # so they need X intervention to be successful”.
 - Ask: “What is the best use of each of the currently available interventions? What is the best way to provide assistance to as many highest needs persons right now?”
- Case conferencing can help these conversations, while remaining focused on the highest needs person



Strategy: Case Conferencing

- **Case conferencing is a meeting of stakeholders to discuss housing placement decisions on a case-by-case basis**
- **Use case conferencing to discuss:**
 - What is vacant?
 - Who is 'ready'?
 - Of those 'ready', who is highest need and eligible for opening?
 - New or additional information collected on a household



What About By-Name Lists?

- **Many CoCs have developed by name lists to record information on all persons experiencing homelessness**
 - Can be a helpful tool to galvanize community action and improve street outreach
 - Creating and maintaining can be very burdensome and utility becomes less as the 'list' grows
 - Having a quality by-name-list in and of itself often does not increase housing placements
 - Avoid creating a separate database for collecting and storing information on persons experiencing homelessness outside of HMIS



Using the information for system design

- **A benefit of this alternate approach to prioritization: it can be used to inform efforts to size the need for intervention types**
 - How much more RRH is needed?
 - What types of PSH?
 - How much problem solving/diversion?
- **More fixed systems can appear to indicate what is needed, but are likely to overestimate the lack of certain resources, based on the assigned score being considered to be the same as a proven need for a given intervention**

Questions, Comments and Discussion





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