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

NHCHC Conference 2022

# Disclaimer

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*This activity is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,967,147 with 20 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).*

# Goals and Objectives

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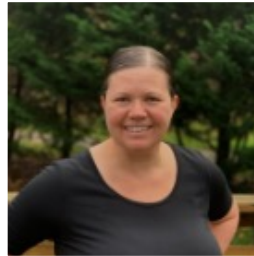
- Identify ways bias is introduced in housing prioritization.
- Identify 1-2 strategies to engage individuals with lived experience in the design and revision of Coordinated Entry processes.
- Explain 2-3 considerations communities should make in updating their Coordinated Entry processes.

# Who we are

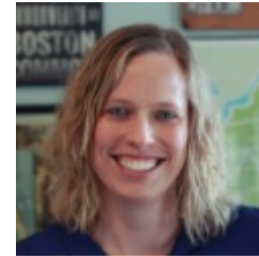
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# Panelists

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Alaina Boyer, PhD -  
Director of Implementation  
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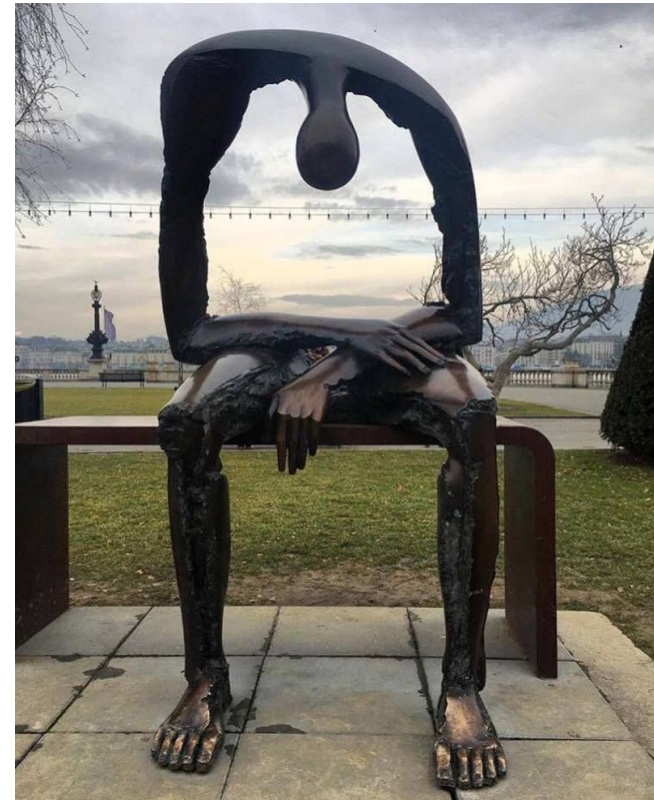


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Clinical Assistant Professor at the  
University of Houston College of Medicine

# The Fundamental Problem of Housing Prioritization

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- The process starts with housing type and not the individual.
- We do not need to do it this way.
- We SHOULD not do it this way.
- The impact of moral injury.
  - People experiencing homelessness
  - People who work with and care for PEH



Source: Melancolie by Albert György

# Background

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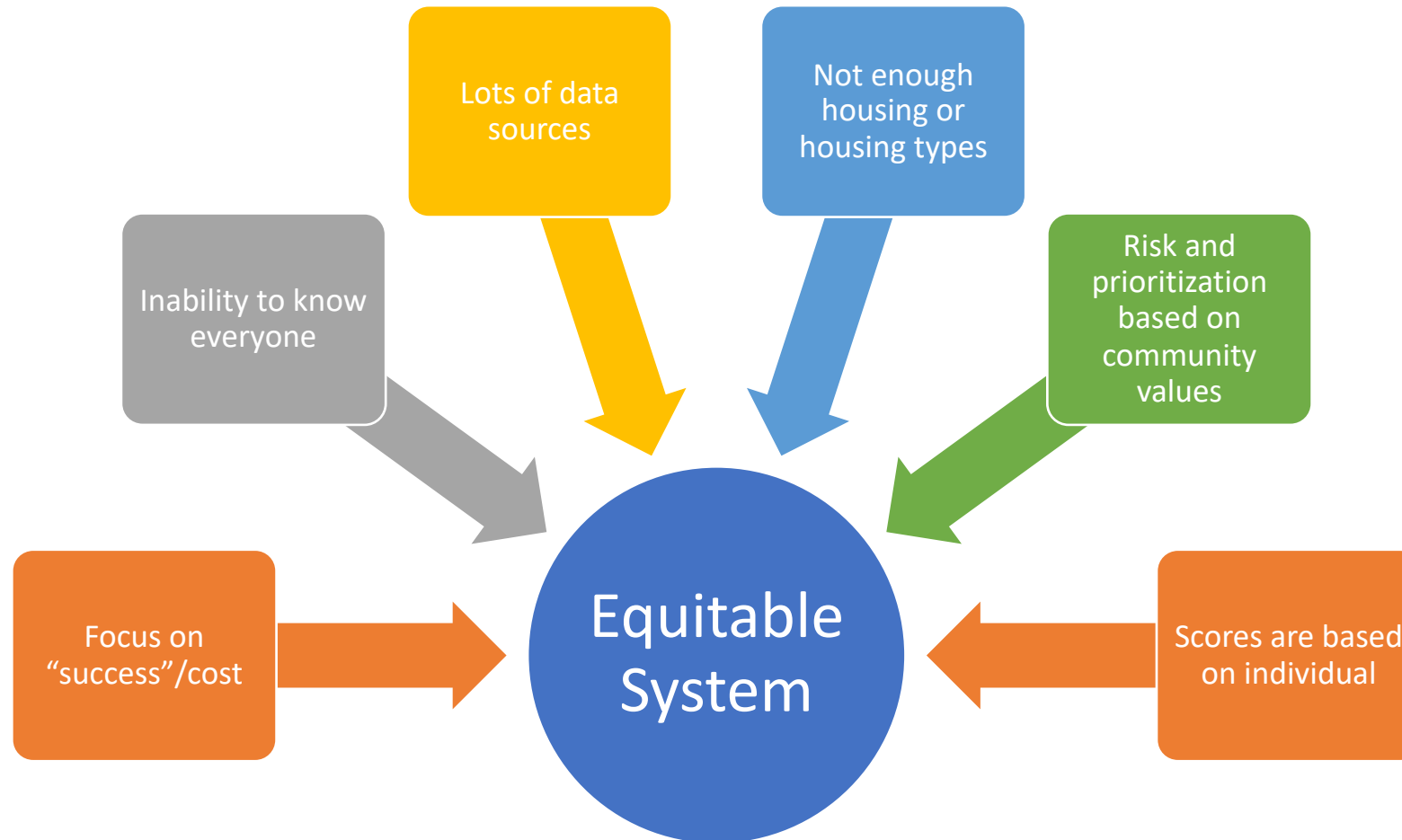
Housing Prioritization is the system developed by communities to “order” who should get housing first when a unit is available based on various “vulnerabilities”. This is only necessary because of the lack of adequate, quality, and affordable housing.

## Vulnerabilities

- Having a specific illness
- Risk of victimization
- Frequent use of emergency services (cost)
- Continued risk of homelessness

# Challenges to creating an Equitable System

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# SPARC Report

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- 2018 Report that provided data to demonstrate that the current prioritization process was inequitable:
  - BIPOC were overrepresented in PEH community
  - Poverty alone does not explain the inequity
  - Homeless service workforce is not representative of the people it serves
  - Identified 5 areas to focus on regarding racial inequity and homelessness:
    - Economic Mobility
    - Housing
    - Criminal Justice
    - Behavioral Health
    - Family Stabilization



# Tensions in the Housing Prioritization Process

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## Implementation

- Gathering complete data
- Who conducts the screenings
- Not trauma informed (i.e. requiring data)
- Communities left to create the process

## Consumer Navigation

- Complex systems and need to stay connected to be “active”
- Including client choice (housing preferences: location, amenities, etc.)
- Process starts with the housing type, and clients has to fit it, rather than the other way around

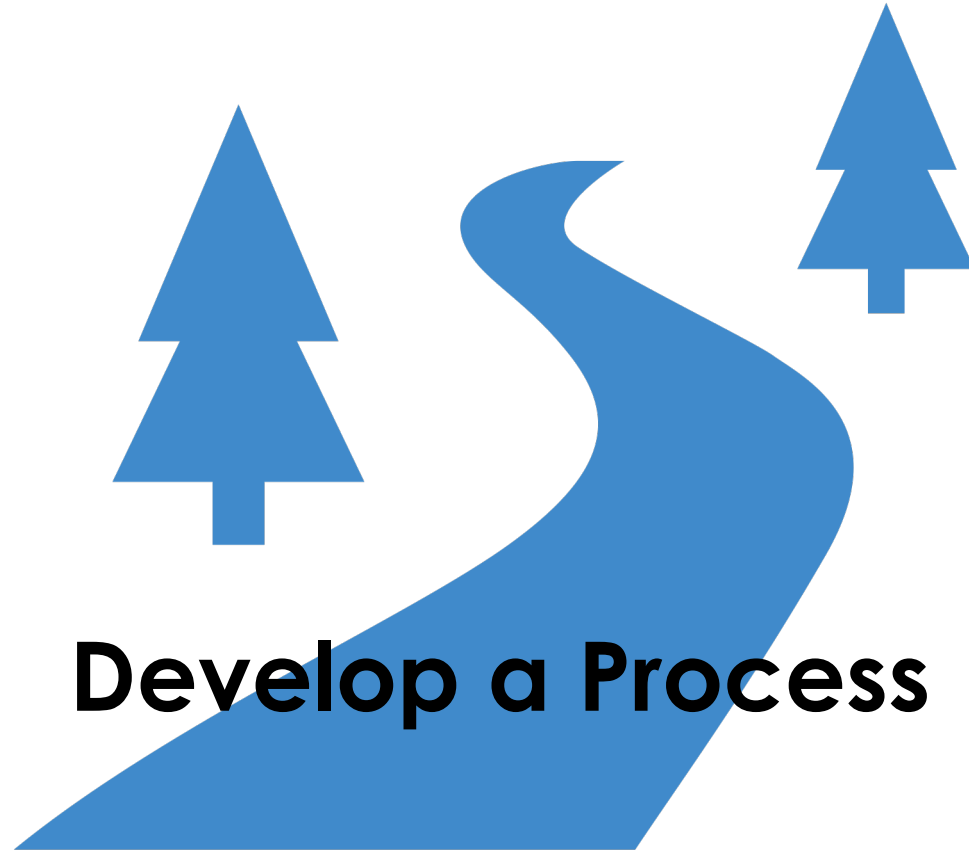
# Shortfalls of Starting with the Housing Types

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- Community is aging and medically complex.
- Medical fragility and morbidity/mortality not fully considered.
- Communities do not have the same array of service and may determine a person is “unable/unsafe for housing” because of this.

# Recommendations

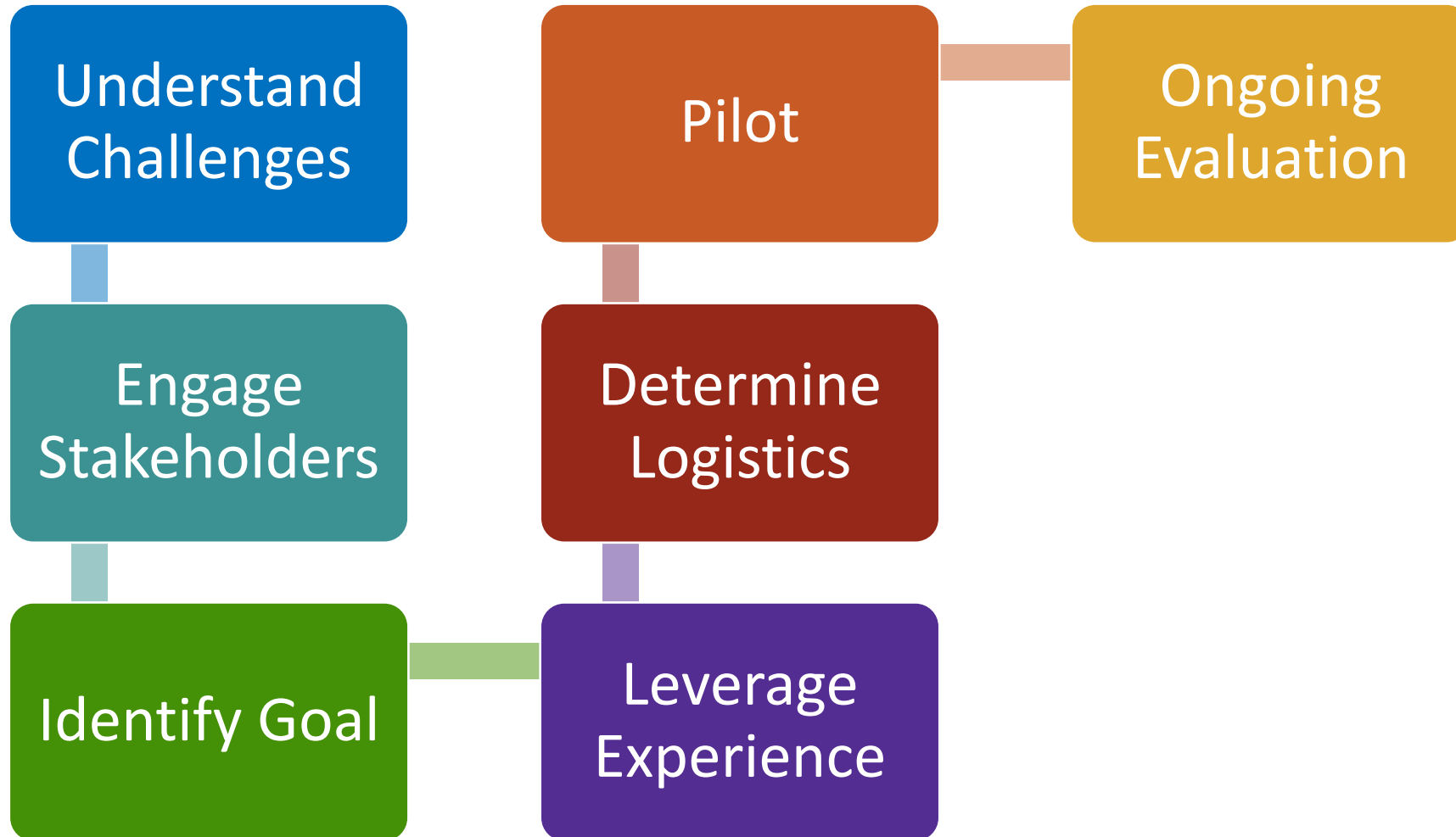
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**Develop a Process**

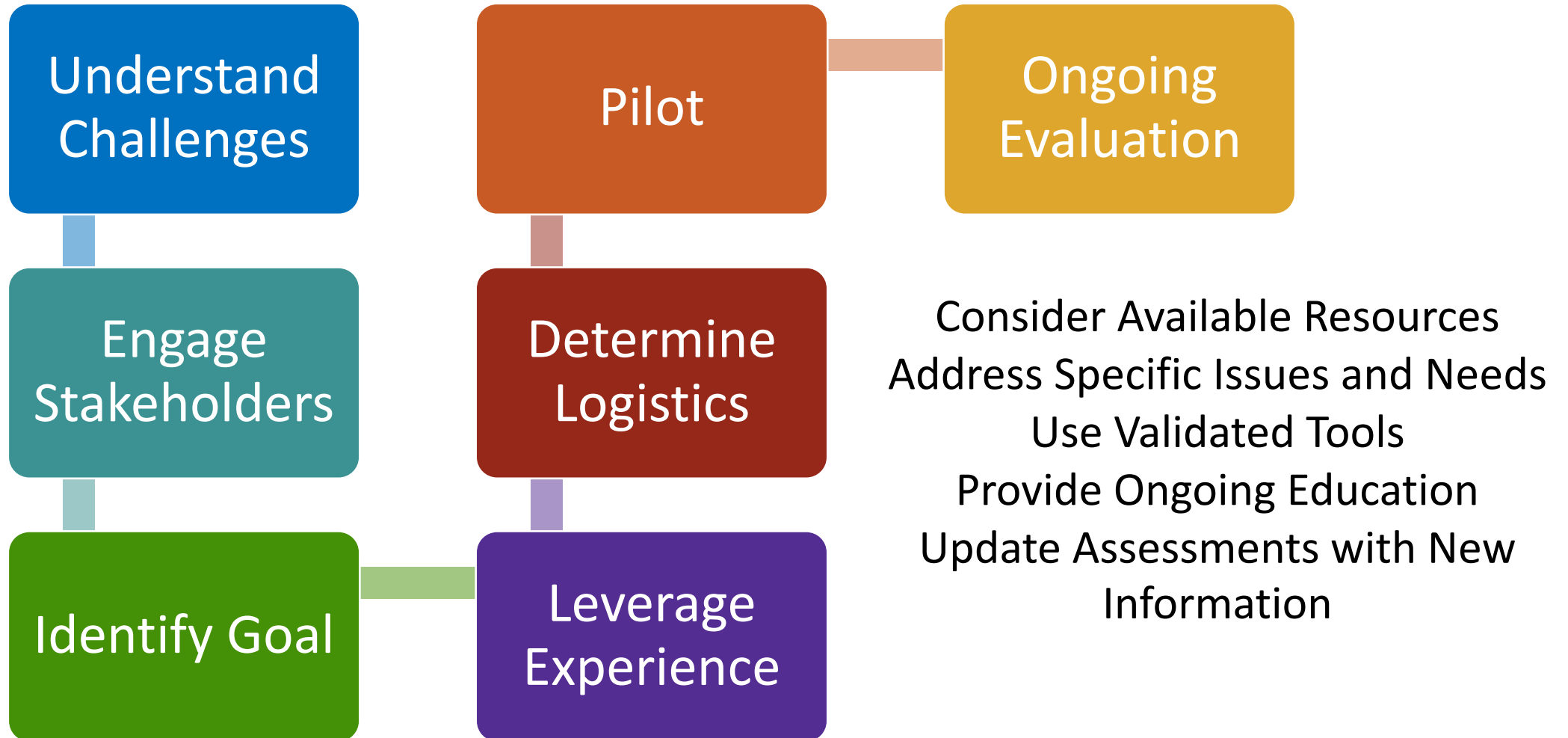
# Develop a Process

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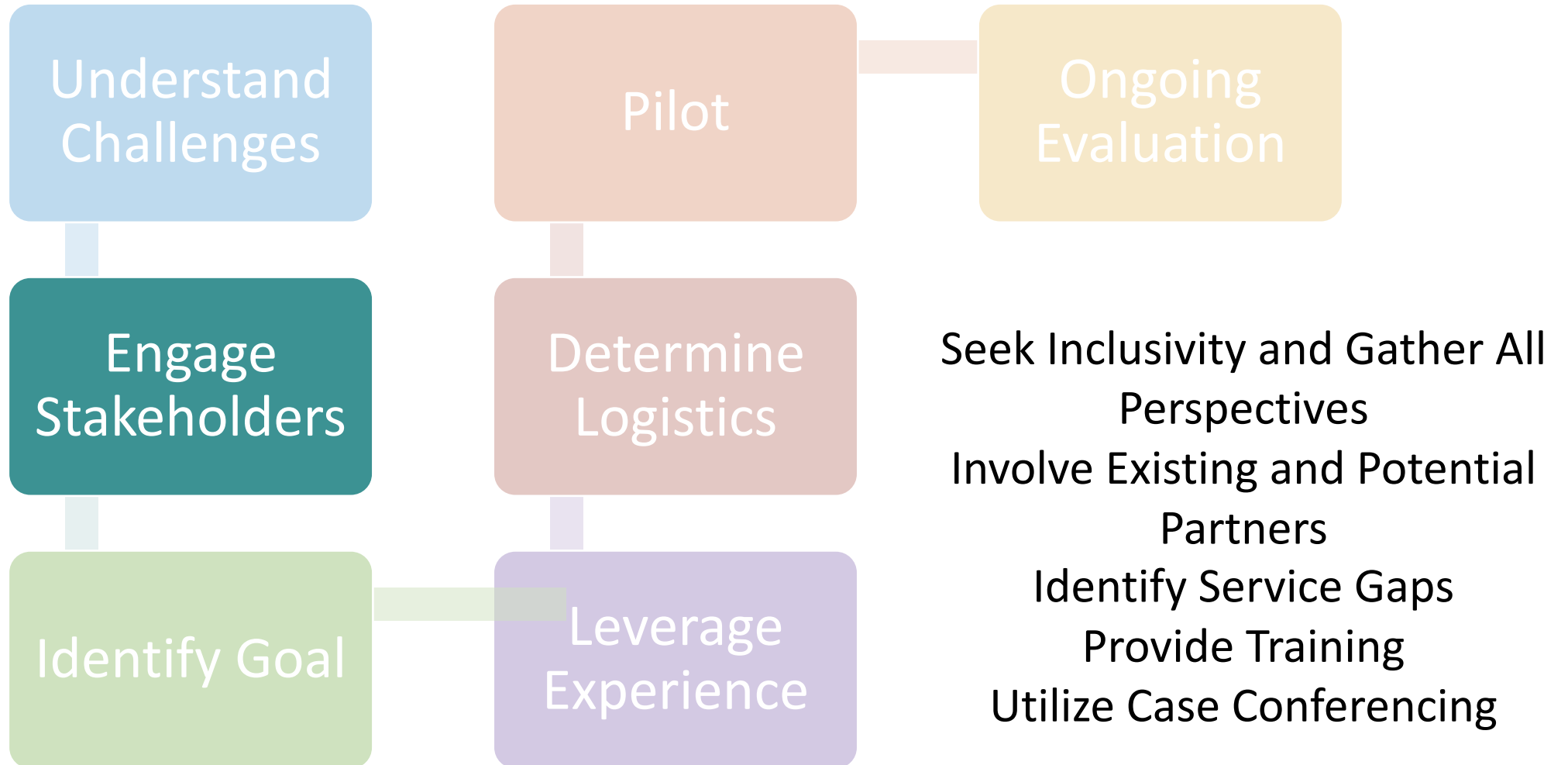
# Develop a Process

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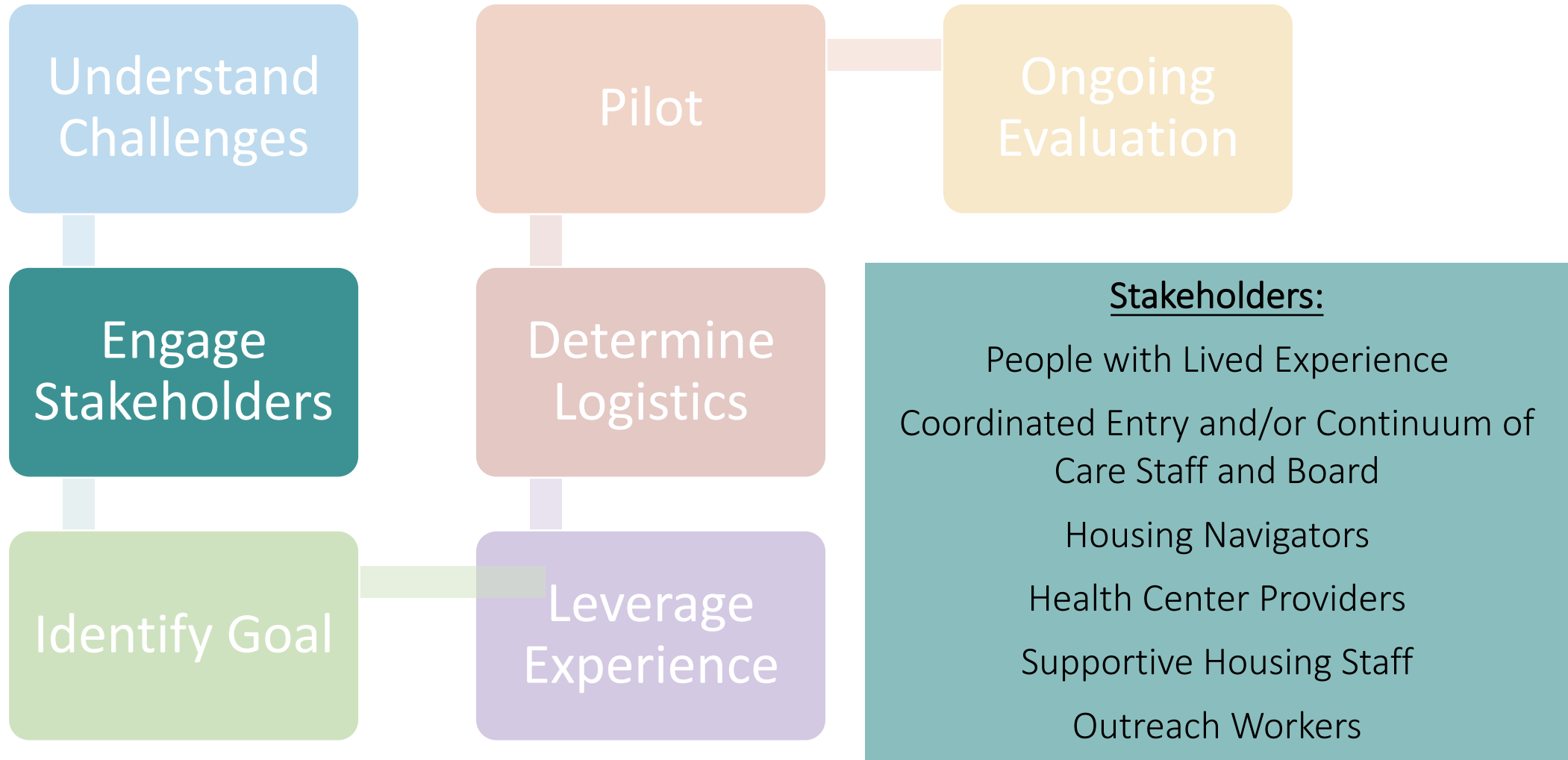


# Develop a Process

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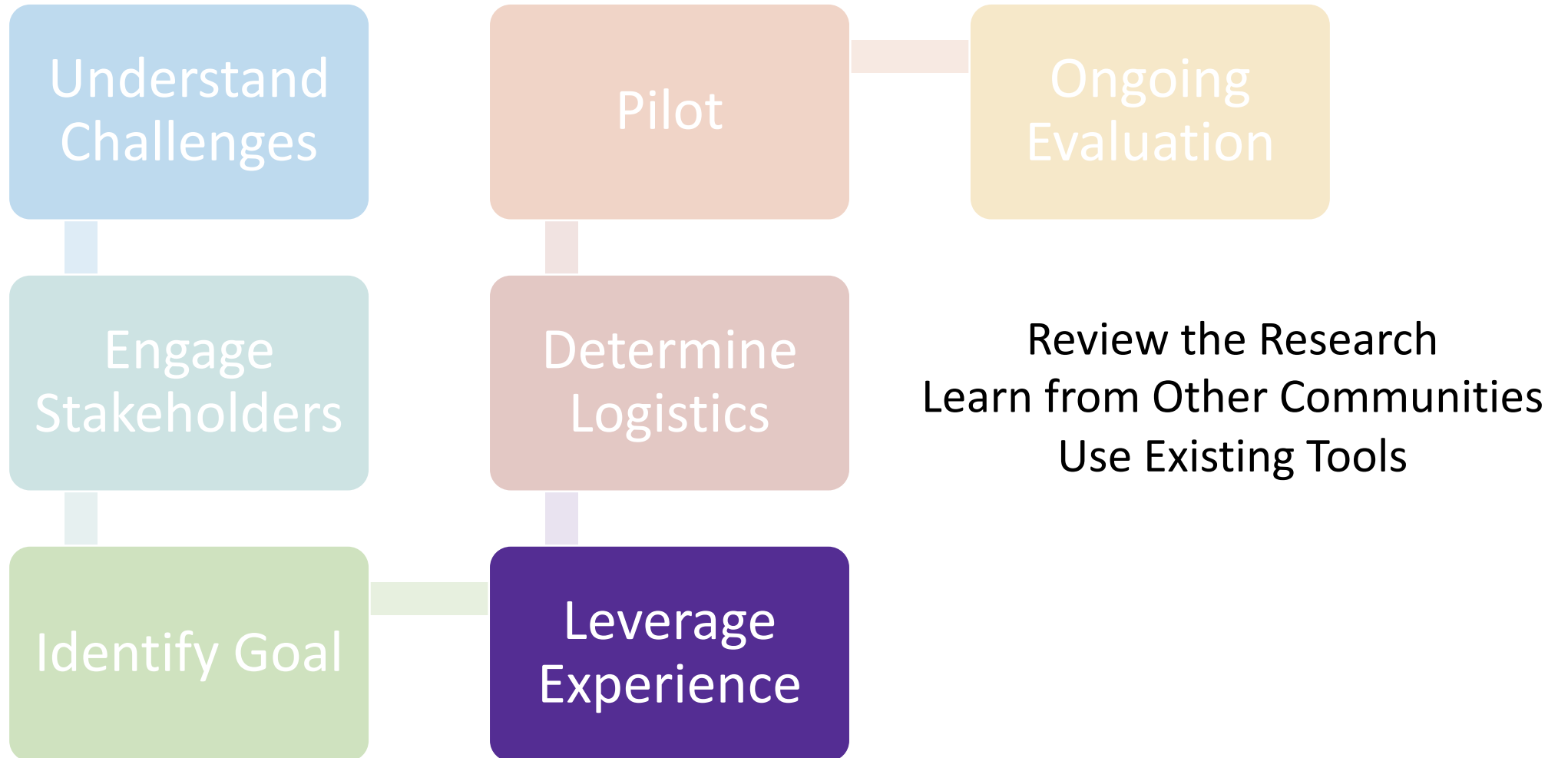
# Develop a Process





# Develop a Process

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