



COVID-19

Homeless System Response: Advancing Racial Equity through Assessments and Prioritization

Background

Communities across the country have raised concerns that coordinated entry (CE) tools and processes tend to perpetuate [racial inequities](#). In 2019, the C4 Innovations' (C4's) Racial Equity Initiatives team performed a [Racial Equity Analysis](#) that [documented](#) what housing and homeless services providers have long known: the tools often conceived to be best practices in assessing housing needs do not ensure racial equity across our most disenfranchised communities. In response, some CE systems have implemented new planning, assessment, prioritization, and evaluation processes to promote racial equity and ensure equitable access to housing. The crisis of COVID-19 has highlighted the [need for centering equity—especially racial equity—in our homeless response system](#). In addition to experiencing homelessness at higher rates, Black people, Indigenous people, and people of color (BIPOC) are contracting and dying from COVID-19 at [disproportionately higher rates](#) than non-Hispanic white people. Racism embedded within the homeless response system exacerbates this when people seeking services are not adequately assessed, prioritized, and served. As Continuums of Care (CoCs) begin [the process of rehousing individuals and families](#) during the COVID-19 crisis, it is imperative they use an equitable process that prioritizes persons most disproportionately impacted. This document focuses on strategies to advance racial equity and dismantle embedded racism in CE assessment and prioritization processes.

Planning

For communities to advance racial equity in their CE planning process, they should start by identifying and documenting discriminatory practices that impede a certain population's ability to access needed resources and retain permanent housing. In determining whether a practice is racially discriminatory in nature, the CE planning process should collect and analyze specific data metrics to evaluate whether and how racial disparities exist. Specifically compare outcomes such as lengths of time being homeless and returns to homelessness for white persons versus outcomes for local marginalized communities such as non-Hispanic Black persons, Hispanics and Latinx persons, American Indians/Alaska Natives, and other marginalized racial or ethnic communities within your CoC. In examining these outcomes, consider the implications of limited race and ethnicity categories in your Homeless Management Information System (HMIS) that may not accurately correspond to how local populations identify. Further, when multiple races are selected, analysis needs to carefully account for the multiplicity of racial identities or risk obscuring data insights. Adding intersectional factors such as gender, household type, disability status, and ability to obtain mainstream benefits to your outcome analysis can provide greater insight into the compounding ways that racial inequities may manifest themselves. Such disparities may reveal a need for a modified assessment system and modified prioritization policies intended to address racially discriminatory practices. In addition to comparing outcomes, use a racial equity impact assessment to guide your planning and implementation. For more, see [Rehousing Activation and Racial Equity](#).

CE systems should always evaluate policies and procedures affecting access and interventions for different subpopulations based on need. Communities are always encouraged to evaluate and [adjust their prioritization policies](#) based on evolving information and circumstances, including new or improved data, changing needs and priorities, and available resources. In times of public health crises and disaster response, your system should have the ability to evaluate, update, and implement changes in 10 days or less. This may require changes to your governance or leadership structure and decision-making process. The process should include an override or "all-stop" function in which an assessment or prioritization policy may be flagged and suspended if data, experience, or other feedback indicate it is not working in alignment with racial equity goals. An oversight entity's authority, membership, leadership, and connection to the CoC should be formalized and documented in the CoC's governance charter. For more, see HUD's [CE Management and Data Guide](#) and [Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19](#).

No protected class (race, color, religion, national origin, sex, age, familial status, and disability) can be used as the sole basis for decisions on housing, but communities must take meaningful actions to overcome historic patterns of segregation, promote housing choice, and foster inclusive communities that are free from discrimination.

In response to the 2019 [Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness](#), the Los Angeles Homeless Services Authority (LAHSA) engaged in a racial equity-driven CE planning process. They started the process with a guiding statement (founded in the objective to eliminate racial disparities impacting Black people experiencing homelessness by ensuring racial equity within the homeless crisis response system) that provided the basis for the committee's final recommendation. They also defined racial equity as the condition achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. Talking through your mission leads to shared understanding and ensures everyone plays a part in determining what equitable outcomes look like for your community.

As [COVID-19 crisis response efforts came online](#), LAHSA had concerns about proportionality of access to these resources by all racial and ethnic groups. In order to ensure equitable access, they issued updated guidance on conducting comprehensive COVID-19 risk assessment and balancing referrals with provider caseloads. LAHSA asked all system partners to take all possible steps to ensure they value all populations equally and provide resources according to their needs. Building off the committee's report and recommendations, LAHSA took the following actions to refine processes within the homeless response system by:

- Using HMIS to track the client demographics of referrals and placements within COVID-19 response projects.
- Working with county and city partners to ensure COVID-19 testing is accessible to persons experiencing homelessness.
- Educating stakeholders and partners about COVID-19, its spread, and its [disproportionate impact on communities of color](#)—as of June 12, 2020, age-adjusted hospitalization rates are highest among non-Hispanic American Indian or Alaska Native and non-Hispanic Black persons, followed by Hispanic or Latinx persons.
- Training and educating homeless service providers on implicit bias and cultural humility.
- Advocating at the state and federal levels for resources to respond to the joint COVID-19 and homelessness crisis in order to target communities with the greatest need.

It is important to note planning is a dynamic process that requires evaluation and constant quality improvement. A [client population profile of Project Roomkey \(PRK\) in Los Angeles County](#) identified uneven distribution of race and ethnicity which was disproportionately impacting Black and Hispanic clients despite the intentions of the planning process. A [rehousing strategy](#) prioritizing PRK clients may inadvertently further those racial inequities if other steps are not taken to address the disproportionality of clients entering and exiting PRK.

To advance racial equity through the CE planning process, consider the following steps:

1. Review who comprises your planning body or bodies and ensure at least equal leadership, representation, and meaningful collaboration by BIPOC affected by policy, practice, strategy, and decision-making. Recommended actions to increase engagement and collaboration with BIPOC are:
 - Plan a multi-year strategy to increase the participation of communities traditionally underrepresented in the homelessness response system.
 - Affirmatively engage year-round, and not just during annual events like CoC competitions, gaps analysis, or Point-in-Time counts.
 - Outreach and engage with local, community-based organizations outside traditional housing and homelessness providers.
 - Include leadership development and mentoring for underrepresented communities, especially for youth and young adults, in planning grant applications and budgets.
 - Establish benchmarks and track your progress.
2. Develop clear objectives related to prioritization and housing placement that further racial equity goals. These strategies must be coordinated with a broader push for [racial equity in leadership](#), staffing, funding priorities, and program models.

3. Use the CE evaluation process to identify discriminatory practices, whether intentional or based on [implicit bias](#). Start with an [audit of your organization](#) and CE system by element (access, [assessment](#), prioritization, and referral) and move toward broader [community analysis](#). Consider the impact of external sources of discrimination and bias on movement through CE to permanent housing as well, such as [discrimination](#) by private-market landlords.
4. Develop and collect a standardized set of data that can be used to understand racial disparities and inequities within the homelessness system. At a minimum, this should include race, ethnicity, and zip code as reported by the household, and confirmed or collected if it is missing as the household moves through the system.
5. Establish goals, benchmarks, and structure for accountability with the aim of shifting the CE system to support racial equity goals.
6. [Pair data with action](#). Data must be collected, analyzed, and packaged in a way that policy-makers and leadership can use to drive decision-making and system changes. Analysis and strategy tools like [HUD's Stella](#) can be used to view [how a homeless system serves people from different race and ethnic groups](#).

CE Assessment and Prioritization for Racial Equity

CE assessment tools, policies, and procedures must be steeped in each community's local context. The legacy of [systemic racism](#) has left stark divisions, both literal and figurative, that have compounded with each generation throughout our country. Inequities can range from education and income to neighborhood walkability and healthcare access. These gaps can be defined by region, zip code, or even census tract, and [the relative health of a community can directly impact the health and mortality of its residents](#). Communities can use factors such as rates of civic participation, incarceration rates, and area median income to identify geographic areas that need targeted strategies best informed by local residents.

Again, protected classes cannot be used as the sole basis for decisions on housing. To develop CE assessment and prioritization tools and processes that promote racial equity, CE systems must ensure that assessment questions account for the different experiences of vulnerability and barriers facing racial and ethnic groups. The way they assess clients' needs and assign a weight or score to those assessment responses in the prioritization process must take into account the full depth and breadth of these intersecting experiences and vulnerabilities.

Prior to 2019, the Seattle/King County's [Coordinated Entry for All](#) prioritized households based on a formula using a household's Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT) score, how long they reported experiencing homelessness, and the length of time since the VI-SPDAT has been entered and saved in HMIS. The results produced by using the VI-SPDAT score as the primary factor in prioritization showed significant racial disparities: As of late 2017, for families and single adults, each point increase in assessment score was associated with an increase in the percent of white family heads of households referred to housing.

Knowing the VI-SPDAT is a screening tool that does not adequately capture the realities of a household's vulnerability alone, the community is moving towards creating a new, locally developed tool that addresses racial equity as a factor in household prioritization. In the meantime, they committed to disrupting racial inequity with the tools and data to which they currently have access. An [Interim Prioritization \(IP\) workgroup](#) was formed to create new formulas that utilize data already contained in their Housing Triage Tool, as well as the length of time spent homeless and answers to supplemental questions. Supplemental questions are listed in the Housing Triage Tool form in HMIS and include living history, disabling conditions, and criminal background information.

For example, in prioritizing youth and young adults, the weight of the VI-SPDAT was reduced and redistributed to homelessness chronicity and a history of foster care. The family prioritization formula reduced the weight of the VI-SPDAT and length of time homeless and redistributed those points to households if children 12 or under are left unsupervised, if children help with childcare, if the caregiver has a history of foster care, and if a household member is pregnant. These changes were informed by the workgroup's analysis of response patterns to their triage tool and VI-SPDAT questions for each population and identified questions where BIPOC responded differently than white respondents, and the question was related to vulnerability (defined locally as an increased likelihood that someone would be harmed or victimized or die while homeless and an increased likelihood that a person would not be able to secure and/or maintain housing without additional support).

The workgroup implemented changes based on a short-term goal to quickly revise the scoring formulas used to prioritize single adults, young adults, and families for housing to achieve greater racial equity. They planned to continue to review the new formulas' impacts on a monthly basis and consider additional revisions to the formulas that improve racial equity (again, using only currently available data). The long-term goal of the workgroup is to develop a new assessment tool using rigorous methods, with the assistance of experts. The IP workgroup recognized this will require significant resources and a lengthy testing and validation process.

When designing a data-driven assessment and prioritization process that advances equity for BIPOC, consider the following steps:

1. Develop and provide appropriate training and support to leadership and staff administering the CE process to ensure the process is completed in a manner that provides fair and equitable access and provision of assistance. Some suggestions:
 - [Assessing Organizational Racism](#)
 - [Excluding Blacks and Others From Housing: The Foundation of White Racism](#)
 - [Practicing Cultural Humility to Transform Health Care](#)
 - [White Supremacy Culture](#)
 - [White Culture Worksheet](#)
 - [Dismantling Racism Works](#)
 - [Racial Justice Trainings](#)
 - [The People's Institute for Survival and Beyond](#)
 - [Race to Lead: Confronting the Nonprofit Racial Leadership Gap](#)
2. Conduct a [Racial Equity Impact Assessment](#) (REIA) before implementing changes to determine how different racial and ethnic groups may be affected intentionally and unintentionally by a proposed action or decision. See [Equity as the Foundation](#) for more on reducing inequities through REIAs.
3. Develop standard equitable questions, with considerations for question content, phrasing, equal opportunities across questions to receive points toward a final score, and questions that capture the unique vulnerabilities of BIPOC. These should be customized to reflect how racial disparities exist in the community. For example, as we have seen with the [impact of COVID-19 on racial and ethnic minority groups](#), different communities of color are impacted by systemic racism in very different ways. It is important that assessment tools request and collect the right information based on local needs and conditions.
4. Listen to people experiencing homelessness and include their experiences in the assessment process, whether through quantifiable factors such as number of moves in the last three years and length of time homeless or qualitatively with narrative case notes describing an individual's experiences (i.e., past engagement with social service agencies and expressed desires for housing type or location). These factors should be combined so any "score" obtained by an assessment accounts for lived experience.
5. Ensure representative staffing and [culturally responsive organizations](#) throughout your system. Organizations should reflect and ideally be located in and led by the communities they serve to ensure clients receive the culturally responsive resources and services they need. **Who** is conducting an assessment, facilitating case conferencing, updating prioritization, and leading CE management entities is as important as the tools they use. An evaluation strategy should also incorporate representative organizations and staff and participant feedback for continuous quality improvement. Agencies including CoC leaders and CE management entities should [examine their own cultural responsiveness](#) in addition to seeking leaders and partners from local culturally significant organizations.
6. Account for how the prioritization process incorporates and compares different types of needs, vulnerabilities, strengths, and barriers. Prioritization policies should reflect community-wide assessment data and accommodate identified needs, vulnerabilities, strengths, and barriers—both systemic and individual.

7. Analyze how the following factors disparately impact BIPOC and determine if they should be incorporated into a community's prioritization:
 - High vulnerability to COVID-19 complications and [Centers for Disease Control and Prevention \(CDC\)-defined "high-risk" conditions](#) including specific respiratory issues, diabetes, and heart and circulatory disorders.
 - Social determinants of health such as economic stability, educational opportunities, and healthcare access.
 - Community-level factors like zip codes or an [area deprivation index](#) that serve as indicators of disparities, marginalization, and discrimination.
 - Number and length of engagement(s) with child welfare and with foster care systems.
 - Number and length of involvement(s) with carceral systems.
8. Examine current assessment and prioritization factors to identify additional criteria you can incorporate to ensure your processes account for appropriate vulnerabilities and barriers that promote racial equity:
 - Experience with housing quality and stability.
 - Employment and economic factors, including work eligibility, veteran status, employment training history, career field and work interest, and current and previous connections to workforce development systems.
 - Education experience and opportunities including early childhood education, language, literacy, accessible and relevant education programs, and education interest.
 - Food security and access, personal and family history with food scarcity, and use of Supplemental Nutrition Assistance Program (SNAP) benefits.
 - Transportation, including personal experience, access, and reliability.
9. Examine housing and health outcomes between white versus Black, white versus Indigenous, white versus people of color, and non-Latinx vs. Latinx. This will inform the match and referral processes with relevant individual assessments and allow for greater gap analysis. For example, participants with health conditions like diabetes or hypertension may require local access or reliable transportation to health care facilities, which could be missing from historically segregated neighborhoods.