

Moving Past a Waiting List to Nowhere: The Case for Dynamic Prioritization



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“It’s so easy for us to convince ourselves that putting people on a waitlist is helping them. But it isn’t.

There are some people who are never going to get housed. We’re putting people on **a waitlist to nowhere.**”

— Anonymous community

There is far too little permanent, affordable housing available to those experiencing homelessness in the United States, and far too many people who need it. Every community in the country, then, is already compelled to prioritize among the individuals they work so hard to serve when referring individuals to housing: intentionally, by means of a standard, transparent, and flexible system, or implicitly, by offering housing *ad hoc* to some and not to others.

Dynamic prioritization is a loose term for a specific prioritization process wherein all available housing resources for persons experiencing homeless in a given community are flexibly and immediately offered to the individuals who need them most acutely in that moment, regardless of whether the individuals might be better-served in the future by a type of program not presently available to them.

Prioritization processes of this kind are intended to ensure that each community's high-acuity individuals are always provided with *some* level of immediate support, rather than left to wait on a list for a higher-intensity intervention that will likely become available for only a very small percentage of individuals in any given year.

Imagine, for example, an individual who presents as literally homeless in a community with ten total units of permanent supportive housing (PSH), none of which are presently available for new residents. That individual, when assessed, scores (on the community's chosen assessment tool) in a range that indicates that PSH might be the best long-term housing solution. Unfortunately, because no such units are available at the time of assessment, the individual is placed on a waitlist.

What happens then? All too often, nothing at all. If the individual's prioritization score on the community's chosen assessment tool is sufficiently high, there's a reasonably good chance that, when a PSH unit opens up, he or she will be offered a spot. But if the individual scores low enough that higher-acuity individuals consistently are placed above her on the list above them, it's possible that she will languish on the list indefinitely *while lower-acuity clients are offered RRH and housed immediately*.

It is that unhappy circumstance—wherein a community's highest-acuity individuals are not necessarily those who are first or best assisted—that dynamic prioritization is intended to address. Under dynamic prioritization, *all* individuals and *all* available resources are considered against one another *all the time*, and

communities work to match the individuals most in need to the resources available to effectively meet their needs at that time.

Doing so might mean referring an individual who would likely be best served by PSH to RRH instead, if no PSH units are available. It might mean referring a high-acuity individual already in RRH to PSH, instead of someone not yet in housing but with lower acuity. And it might mean changing the way RRH providers operate, with higher service levels and deeper rental assistance provided to meet the need of the higher-acuity individuals who will now be referred to providers.

These are big changes, and some communities will be challenged to adjust the way that they operate, or to address resistance from the providers they work with. That response is both reasonable and understandable. This work is not easy. But in extensive conversations, surveys, and focus groups, communities around the country have made clear to us that they believe their status quo is untenable and unsustainable, and they are ready to make a change.

These communities nearly uniformly wish to work towards a trio of ends:

- 1) **Effective inflow management**, including the use of diversion and progressive assistance to reduce demand for the most intensive CoC assistance;
- 2) **Dynamic priority list management**, which enables communities to account for changes as new people present and new units become available; and
- 3) **Flexible use of CoC assets**, so that service strategies (amount, intensity, type, and duration of assistance) can be adjusted to best serve those in need.

Put another way, these communities seek to (1) reduce the flow of clients into the shelter system, (2) understand changes in their communities in real time, and (3) ensure that their community *always* serves those in highest need first.

Easier said than done, of course. Over the next few months, the Systems Strengthening Partnership here at the Center will publish in this space brief case studies of communities we've heard from in the last year, each illustrating a different road taken to achieve the ends stated above. Some are particularly tricky; others can be achieved by most CoCs with relatively minimal difficulty. All, however, are essential to achieving a system that functions best for those it serves.

The stubborn fact is that prioritization is already happening everywhere, intentionally or not. We believe this series will be a useful and practical resource for communities who wish to make their prioritization systems more standard, transparent, and flexible—and, fundamentally, more effective for the people they serve. We know it will not be easy, and we do not pretend to have all of the answers. We have, however, asked a lot of questions of a great many communities, and are excited to share what we have with you.