Background

As Continuums of Care (CoCs) across the country respond to the COVID-19 pandemic, many are asking about the role of Coordinated Entry (CE) in their response efforts. HUD strongly encourages CoCs to contact local public health departments, Healthcare for the Homeless agencies, and other local health partners to ensure the unique needs and opportunities related to the homeless service system are incorporated. CoCs can take steps now to implement community changes to further protect and prioritize families and individuals experiencing homelessness. Coordinated Entry remains a requirement for CoC and ESG projects and can be used to meet urgent housing needs associated with COVID-19 risk factors. CE policies have the potential to protect those most vulnerable to the virus' severe effects by speeding up connections to permanent housing for people at high risk of COVID-19 complications.[1] CE system grants may be utilized to review and adapt workflow, intake, assessment, and service approaches that may impact participants' access to services and housing.

Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

CE systems should actively evaluate policies and procedures affecting access and interventions for different subpopulations based on vulnerability to public health outbreaks. 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. The spread of COVID-19 has created new, urgent needs and has shifted priorities in communities throughout the country. With new and expanded resources available through the CARES Act, communities should make sure their prioritization criteria efficiently and accurately targets resources to families and individuals impacted by or at high risk of being impacted by COVID-19. This is a crucial moment to make these changes as systems like justice and healthcare are rapidly updating their operations in response to the outbreak; both of which could dramatically impact the flow of families and individuals into homelessness.

What populations need to be prioritized for permanent housing due to COVID-19?

During this public health crisis, people at high risk of developing severe COVID-19 symptoms (those 65+ and people of all ages with underlying medical conditions, per the CDC) are at higher risk of death than most others living in congregate settings or unsheltered. Rehousing this high-risk population will limit the spread and impact of COVID-19, so prioritization policies should support swift assessment and rehousing for anyone meeting ANY of the risk factors indicated by the CDC. CoCs should continue working with local health partners, including public health authorities, and monitoring CDC guidance to maintain an updated understanding of who is most vulnerable to severe illness or death from COVID-19 and adjust prioritization criteria as appropriate. The science is changing as we learn more about COVID-19 and the CE assessment and prioritization process needs to adapt accordingly.

One original goal of creating CE systems was to ensure that we were not leaving out the most vulnerable among those experiencing homelessness. However, despite the implementation of CE systems, Black people, people of color, and LGBTQ - identified people continue to have longer periods of homelessness, longer times to be housed, and higher

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[1] The policies discussed in this document are those established through Coordinated Entry to prioritize households for referral to permanent housing resources. CoCs should consult with their local public health authorities around referral pathways into temporary isolation and quarantine facilities.

rates of returns to homelessness. Black people and people of color also experience disproportionate impacts of COVID-19. These health and housing disparities represent high vulnerabilities that CE assessment and prioritization processes should be actively addressing. Although CoCs cannot set prioritization based solely on protected classes, CoCs can and should prioritize the vulnerabilities created by the compounding effect of other systems' inequities that contribute to people of color experiencing homelessness and impacts of COVID-19 at higher rates. Consider, for instance, housing barriers such as criminal records, poor credit histories, and histories of evictions—all of which disproportionately impact people of color—as vulnerabilities, as these factors often contribute to difficulties accessing and maintaining housing.

As new and additional permanent housing resources are developed, communities should also consider the opportunity to prioritize people based on much simpler criteria, even when that includes a large number of people. For example, if resources allow large numbers of people in unsheltered locations, congregate shelters, or temporary non-congregate shelters to be moved into permanent housing, then sophisticated assessment and prioritization could be unnecessary. CE system prioritization in nearly every community across the country has been shaped by a scarcity of resources, and CE policies must adapt to quickly and effectively use the current resources to rehouse people who otherwise have been left without options.

How must the Coordinated Entry assessment process change to collect the information needed for adjusted prioritization policies?

CE managers, access and assessment providers, current or former participants with lived expertise, working groups or other system-level committees, CoC and HMIS Lead agencies, and ESG recipients should be involved to implement and evaluate your prioritization strategy. This may require temporary changes to your governance or leadership structure and decision-making process. Your system should have the ability to evaluate, update, and implement changes in 10 days or less. Ensure you have discussed and communicated changes with all individuals or organizations who will be directly involved.

Jails, prisons, hospitals, and other institutions have prioritized diverting or releasing individuals to reduce populations and protect public health. CoCs should collaborate closely with mainstream systems discharging individuals to ensure at-risk and vulnerable populations have identified housing resources or access to Coordinated Entry.

As always, when considering changes to prioritization policies, it is important to think about who is likely to shift to a lower priority as a result of those changes. Each community can and should shift its policies in light of COVID-19 to prioritize those who are currently most vulnerable, but it is important to keep the broader population in mind when doing so and consider potential effects on (and alternative supports and resources still available to help) those who will not immediately be prioritized for permanent housing resources.

What specific tasks need to be completed to implement this strategy?

Prioritization policies should continue to change in response to additional learning, adjustments in resources available, and evolving needs of your community. The following steps will assist you in assessing, updating, and implementing changes to your policies and procedures:

- Create values to specifically address your community's immediate needs and guide decisions.
- Merge leadership teams and staffing to review, approve, and evaluate ongoing implementation.
- Identify processes that can or must be simplified to reduce time and increase staff capacity. This should include identifying recipients who are utilizing available CoC, ESG, and HOPWA waivers.
- Document how current prioritization standards will change, which projects will be impacted (e.g. Diversion, Emergency Shelter, Permanent Supportive Housing, Rapid Rehousing, etc.), eligibility criteria, priority populations, and the applicable time period of changes.
- Update your assessment process and tools to allow for collecting the minimum required information for prioritization and ensure diversion, housing-focused problem solving, flexible fund resources, and other resources are available and accessible for participants and staff during assessments.
- Implement accompanying changes to expedite the matching and referral process.
- Ensure housing programs receiving CE referrals have the guidance, tools, and logistics to facilitate move-ins while also following local public health orders.

- Communicate changes widely and in writing with remote/recorded training for new/updated tools or data entry processes.
- Meet frequently with leadership to monitor for further changes and evaluation of impact.
- Support efforts to reduce system-wide barriers to housing such as ID and documentation requirements.

Community Examples

The following communities have implemented changes to their prioritization policies due to COVID-19. CoCs can review these examples but should make decisions based on the unique conditions in their own communities, taking the above factors and questions into account:

Chicago Continuum of Care Expedited Housing Initiative
https://allchicago.org/wp-content/uploads/2020/04/COVID-19-Expedited-Housing-Initiative-4.21.2020.pdf

Washington State Temporary Changes and Suspensions for Coordinated Entry
https://deptofcommerce.app.box.com/s/mx4yx38vuuhtq3uf2a45uxfmc6dccw8b

State of Connecticut Rapid Re-Housing Prioritization
https://cceh.org/wp-content/uploads/2020/03/COVID-19-DOH-Guidance-RRH-Prioritization-Paperwork-Requirements.pdf

Greater Richmond Continuum of Care CE Policies and Procedures Addendum
http://endhomelessnessrva.org/images/Committees/Board/PoliciesStandards/GRCoC_CES_Emergency_Policies_and_P rocedures.pdf

Rhode Island Continuum of Care Policies and Procedures Addendum
https://www.rihousing.com/wp-content/uploads/RI-CES-PP-COVID-addendum_4.15.2020_final.pdf