Kings Tulare Continuum of Care

COVID-19 Coordinated Entry Prioritization Policies

# Overview

This document describes temporary prioritization measures for the Kings Tulare Continuum of Care Coordinated Entry System, in response to the COVID-19 health emergency. These temporary measures were informed by [HUD guidance](https://files.hudexchange.info/resources/documents/Changes-to-Coordinated-Entry-Prioritization-to-Support-and-Respond-to-COVID-19.pdf) and community discussions. The policies outlined below are meant to supersede any conflicting guidance in the CoCs’ Coordinated Entry Written Standards regarding prioritization, only to remain in place until such time as public health officials determine that the public health emergency associated with COVID-19 has concluded.

# Temporary COVID-19 Coordinated Entry Prioritization Measures

In order to quickly house homeless individuals who have been identified as high risk for developing serious and life-threatening health complications from COVID-19, the Coordinated Entry System will temporarily adopt the following prioritization scheme beginning in April of 2020. These temporary measures will remain in place until such time as public health officials determine that the public health emergency associated with COVID-19 has concluded.

The Coordinated Entry Steering Committee will regularly review these policies to ensure they do not negatively impact persons of color, who are disproportionately impacted by housing barriers, and will make adjustments to ensure prioritization is equitable.

**Permanent Supportive Housing (PSH) Prioritization:**

* Prioritization as described in the CoC Written Standards for PSH will remain unchanged.[[1]](#footnote-1)

**Rapid Rehousing (RRH) Prioritization:**

Persons experiencing homelessness will be prioritized for RRH in the following order:

1. **All persons temporarily sheltered at the motel-based non-congregate shelter (NCS) for people experiencing or at high risk of experiencing complications from COVID-19.**
	1. These persons have documented vulnerabilities that put them at increased risk of developing severe COVID-19 symptoms.
		1. Those 65+; or
		2. People of all ages with underlying medical conditions including
			1. [Cancer](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#cancer)
			2. [Chronic kidney disease](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#chronic-kidney-disease)
			3. [COPD (chronic obstructive pulmonary disease)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#copd)
			4. [Down Syndrome](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#downsyndrome)
			5. [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#heart-conditions)
			6. [Immunocompromised state (weakened immune system) from solid organ transplant](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#immunocompromised-state)
			7. [Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#obesity)
			8. [Severe Obesity (BMI ≥ 40 kg/m2)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#obesity)
			9. [Pregnancy](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#pregnancy)
			10. [Sickle cell disease](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#hemoglobin-disorders)
			11. [Smoking](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#smoking)
			12. [Type 2 diabetes mellitus](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#diabetes)

1. **Persons experiencing homelessness with a documented terminal illness**
2. **Persons experiencing homelessness with Highest Referral Score as follows: VI-SPDAT score + number of self-reported medical conditions**. Another point is added if head of household is 65 or older.

If two or more head of households within the same geographic area are identically prioritized and eligible for a referral to the next available housing program, the CES team should refer the household with the longest length of time homeless.

1. **Persons who were eligible for the NCS because of high levels of vulnerability to COVID-19, but who were unable to secure placement in the hotel for one of the following reasons:**
	* 1. Client was formally *referred* for placement but no NCS units were available;
		2. Client was not referred to NCS in the initial round of placements due to reasons such as having no history in HMIS but was subsequently prioritized and referred after NCS was no longer accepting new residents.
2. **Additional prioritization**
	1. If all persons in the first four categories have been housed and additional units or vouchers are available, the community will prioritize clients for RRH based on the existing prioritization scheme.
	2. The existing prioritization structure is detailed in the CoC Written Standards and Coordinated Entry Policies and Procedures.
	3. Under these policies, the highest-scoring participants within the RRH-identified range (4-9) of the VI-SPDAT 2.0 (or F-VI-SPDAT 2.0) will be prioritized for available RRH resources.

1. The PSH prioritization was left unchanged, because persons identified as appropriate for a PSH intervention are already prioritized at the top of the community queue/by-name list. The current PSH prioritization framework prioritizes persons who are chronically homeless, with the longest history of homelessness and with the most severe service needs. [↑](#footnote-ref-1)