Washtenaw County Continuum of Care

Addendum to Coordinated Entry Policies and Procedures to Address COVID-19 Public Health Crisis

In response to the COVID-19 pandemic and new public health needs, temporary changes to the Washtenaw County Continuum of Care (CoC)'s Coordinated Entry Policies and Procedures are necessary to mitigate the virus' impact on those experiencing homelessness. These adjustments are made in light of vast new resources available through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and are informed by federal, state, and local public health and housing guidance.

The U.S. Department of Housing and Urban Development has advised CoCs to 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." According to the Center for Disease Control and Prevention, those ages 65 and older and people of all ages with underlying medical conditions are at higher risk than most others living unsheltered or in congregate settings. Underlying medical conditions include chronic lung disease or moderate to severe asthma, serious heart conditions (including congestive heart failure and coronary artery disease), immunocompromising conditions (including cancer treatments, multiple sclerosis, and any condition that requires maintenance steroids), severe obesity, diabetes, chronic kidney disease, and liver disease. In addition, the Washtenaw County Health Department has noted the following underlying conditions as risk factors: respiratory issues (including chronic obstructive pulmonary disease (COPD)) and end stage renal disease.

To address evolving threats to public health due to COVID-19, the Washtenaw County Continuum of Care will adhere to the following prioritization criteria:

PSH Prioritization (Individuals)

1. CH status
2. COVID-19 at-risk
3. VI-SPDAT Score (highest to lowest): 8+
4. Mental health vulnerability: mental health status (including substance use) makes it impossible for them to stay safely outside or in a shelter
5. Length of time homeless: priority to those experiencing the longest histories of homelessness, based on the date of the VI-SPDAT and/or additional homelessness history present within HMIS will also be utilized to document this length of time

PSH Prioritization (Families)*

1. CH status
2. Families currently receiving RRH and have been identified for PSH**
3. VI-SPDAT Score (highest to lowest): 9+
4. Medical/physical vulnerability
5. Mental health vulnerability: mental health status (including substance use) makes it impossible for them to stay safely outside or in a shelter
6. Length of time homeless: priority to those experiencing the longest histories of homelessness, based on the date of the VI-SPDAT and/or additional homelessness history present within HMIS will also be utilized to document this length of time

*Existence of a COVID-19 risk factor among any member of the household will be used as a tiebreaker when necessary.

Due to the PSH resource constraints for families, RRH is used for many families that score in the PSH VI-SPDAT range. These households **will receive priority for PSH openings BEFORE new clients (regardless of VI-SPDAT assessment scores) as stated in the CHP FAQs.

Approved by the CoC Board 6/17/2020

RRH Prioritization (Families)

1. COVID-19 at-risk (any member of the household)
2. VI-SPDAT Score (highest to lowest) (based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores)*
3. Unsheltered status**: unsheltered sleeping location prioritized over a household in emergency shelter
4. Mental health vulnerability: mental health status (including substance use) makes it impossible for them to stay safely outside or in a shelter
5. Length of time homeless: priority to those experiencing the longest histories of homelessness, based on the date of the VI-SPDAT and/or additional homelessness history present within HMIS will also be utilized to document this length of time

*Based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores. Total family RRH opening search fiscal year will be referred for placement in the following way:

- 1/3 of total openings will be filled by households scoring in the 14-22 range
- 1/3 of total openings will be filled by households scoring in the 9-13 range
- 1/3 of total openings will be filled by households scoring in the 4-8 range

**Families in emergency shelter will get priority for RRH openings over families with a higher VI-SPDAT score who have no connection to an agency – and whose literal homeless status cannot be verified. This does not mean sheltered families always get priority for RRH; it is only for cases where an unsheltered family's homeless status (and eligibility for RRH) cannot be verified.

RRH Prioritization (Individuals)

1. COVID-19 at-risk
2. VI-SPDAT Score (highest to lowest) (based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores)*
3. Length of time homeless

*Based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores. Total individual RRH openings each fiscal year will be referred for placement in the following way:

- 1/3 of total openings will be filled by individuals scoring in the 13-17 range
- 1/3 of total openings will be filled by individuals scoring in the 8-12 range
- 1/3 of total openings will be filled by individuals scoring in the 4-7 range

Rapid Exit Prioritization (Individuals & Families)

1. COVID-19 at-risk (any member of the household)
2. VI-SPDAT Score
3. Length of time homeless

In order to stay informed of best practices and public health risks, the Washtenaw County Office of Community and Economic Development and CoC agencies will continue to partner closely with the Washtenaw County Health Department and follow guidance from the Michigan Department of Health and Human Services and the Center for Disease Control and Prevention. The Washtenaw County Health Department will determine the end of the COVID-19 crisis for the purposes of this addendum.