



Coordinated Entry Prioritization

Oakland/Berkeley/Alameda County CoC



CE PRIORITIZATION



CE Prioritization Requirements

The CoC must use the coordinated entry process to prioritize homeless persons within the CoC's geographic area for access to housing and supportive services. Prioritization must be based on a specific and definable set of criteria that are made publicly available through the CoC's written prioritization standards and that must be applied consistently throughout the CoC. CoCs should refer to the [2016 Prioritization Notice](#) for detailed guidance on prioritizing in PSH projects.



Allowable Prioritization Criteria

A CoC's prioritization criteria may include any of the following factors:

- Significant health or behavioral health challenges or functional impairments that require a significant level of support for the person to maintain permanent housing
- High use of crisis or emergency services to meet basic needs, including emergency rooms, jails, and psychiatric facilities
- Extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault, trafficking, or sex work
- Other factors determined by the community and based on severity of needs

HUD FAQ ID 3735

Given the significant public health crisis and the unique circumstances of the COVID-19 pandemic, it may be appropriate for CoCs to prioritize households *who are at increased risk for severe illness from COVID-19 based on objective factors.*

Given the urgency of the present situation and taking into account the specific subpopulations served by HUD's homelessness programs and the demonstrated impact homelessness has on aging, it may be permissible to prioritize the following categories of persons for assistance within a CE process, provided that the persons in these categories are eligible for programs receiving CE referrals and the process is applied consistent with federal nondiscrimination requirements:

1. People 50 years and older
2. People of all ages with the following underlying medical conditions:
 - Cancer
 - Chronic kidney disease
 - Chronic obstructive pulmonary disease (COPD)
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity (body mass index [BMI] of 30 or higher)
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Sickle cell disease
 - Type 2 diabetes mellitus

APPROACHES TO CE PRIORITIZATION



Changing Prioritization

- Update existing prioritization to incorporate people who are at risk of severe illness or death from COVID-19 (Rhode Island CoC CE P&P and Miami-Dade Prioritization Option)
- Adopt a temporary prioritization plan (Chicago)
- Create an addendum to their existing CE policies that could set rules for a specific time period or for specific pots of money

Rhode Island CoC CE Policies and Procedures Addendum

Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
ALL Program Models	<p>No additional eligibility requirements can be applied beyond those required by funders or established as a Coordinated Entry policy</p> <p>All eligibility requirements stipulated by funders will apply</p>	<p>Households containing a person aged 60 years of age or older who also has a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses</p> <p>Households containing a person aged 60 years of age or older</p> <p>Households containing a person with a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses</p>

Chicago CE Temporary Prioritization Plan

Temporary CE Prioritization Plan

CDPH Recommended Priority Population Set-Asides	Households at High Risk for Serious Illness due to COVID-19 and Tested Negative *10% Set-Aside for Youth (Ages 18-24, with or without children) 10% Set-Aside for Unsheltered Households 20% Set-Aside for Families
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Note that Chicago prioritized people from their Safer Ground-type hotel for the first two months and then planned to expand identification of people who met the COVID risk factors.



Other Models

Short term prioritization with defined timeline that targets people in the hotels because the hotels are closing imminently and by sending people (regardless of how got in) back to shelter or the street there are risks related to:

- crowding in hotels and encampments, many of which have already been deconcentrated to some extent
- movement of people in and out of shelter which introduces increased risk of infection

CE PRIORITIZATION CONSIDERATIONS



Identification of People with COVID Risk Factors

How to Identify People at Risk

- Update CE Assessment with COVID risk factors
- Partner with the Department of Public Health to identify people at risk of severe illness from COVID (Chicago)

Limits

- Estimate the period of time that the new prioritization will be in effect and review regularly

Who or What the Prioritization Covers

- Define whether the prioritization covers all program models (Rhode Island) or only specific resources (ex. only for ESG-CV)

