

**Emergency Coordinated Entry System Prioritization and Matching
Procedures due to COVID-19 Pandemic
April 24, 2020**

Goal: To ensure as many people experiencing homelessness with high-acuity needs AND who face high-risks of death or illness from exposure to COVID-19 (referred to as COVID-19 high-risk) are matched to permanent housing resources as quickly as possible.

Immediate COVID-19 Matching Procedure (Effective period: 4/24/2020 – 4/29/2020)

1. Matchers will match people who meet the following three criteria to PSH (up to 80 percent of available PSH resources):
 - Recorded VI-SPDAT assessment scores of 15, 16 or 17
 - Staying in Project Roomkey or those identified by DMH/DHS who are staying in alternate sites, because they chose not to relocate to Project Roomkey sites
 - Case managers affirm that PSH is a feasible housing setting for the person.
2. Matchers will match up to 20 percent of available PSH from the community queue, using standard CES operating procedures.
3. Resources whose eligibility criteria are not likely to align with the needs and characteristics of the COVID-19 high-risk group identified above (e.g., TAY and Family resources) should be matched using standard CES operating procedures.
4. VASH resources should be matched in conjunction with VA Medical Center staff, using standard CES operating procedures.

Interim COVID-19 Matching Procedure (Effective period: 4/29/2020 – 5/29/2020*)

1. Matchers will match people who meet the following three criteria to PSH (up to 80 percent of available PSH resources):
 - Recorded VI-SPDAT assessment scores of 15, 16 or 17. [After people with scores of 15 or higher are matched, persons with scores of 12, 13 and 14 will be matched, according to the same interim emergency procedure.]
 - Identified in HMIS as being COVID-19 High-Risk, as documented using the Clarity Tier 1 Assessment. COVID-19 High-Risk forms may be recorded in HMIS even if the person does not want to be considered for placement in a Project Roomkey site. *Instructions to complete a form are attached.*
 - Case managers affirm that PSH is a feasible housing setting for the person.
2. Matchers will match up to 20 percent of available PSH from the community queue, using standard CES operating procedures.
3. Resources whose eligibility criteria are not likely to align with the needs and characteristics of the COVID-19 high-risk group identified above (e.g., TAY and Family resources) should be matched using standard CES operating procedures.
4. VASH resources should be matched in conjunction with VA Medical Center staff, using standard CES operating procedures.

* Policy will be reassessed no later than this date, and will be extended, modified or suspended based on current needs.

Considerations

1. This policy allows people who have high-acuity needs and are identified as COVID-19 High-Risk to have access to housing opportunities, even if they choose not to move into Project Roomkey. While completing the Clarity Tier 1 Assessment will create some additional burden for providers, HMIS is the only feasible way to quickly and systematically operationalize the concept of COVID-19 High-Risk within the matching process.
2. Given the importance of housing those in the COVID-19 High-Risk group quickly, this policy advantages people in known locations who are actively working with a provider. However, the 20 percent allowance ensures that others with high-acuity who are on the community queue awaiting housing also have access to future housing opportunities.