COORDINATED ENTRY POLICIES & PROCEDURES ADDENDUM TO ADDRESS COVID-19 PUBLIC HEALTH CRISIS

Indianapolis Continuum of Care

The addendum identified temporary coordinated entry prioritization changes in response to the COVID-19 public health crisis.

Indianapolis Continuum of Care

Coordinated Entry System

Policies and Procedures Addendum to address

COVID-19 Public Health Crisis

Updated May 19, 2021

BACKGROUND: The spread of COVID-19 has created new, urgent needs for people most vulnerable to the virus' severe effects. Consequently, our community has responded by 1) reevaluating our understanding of the characteristics that make a person experiencing homelessness "most vulnerable" and in need of immediate connections to permanent housing as healthcare and by 2) developing an interim policy for prioritizing and matching to account for this new understanding. On June 11, 2020, a Coordinated Entry System (CES) Leadership Team created a temporary prioritization plan in response to COVID-19 and following the guidance of HUD, the Centers for Disease Control, and the Marion County Public Health Department. This CES Policies and Procedures addendum reflects those updates. The CES Leadership Team will review and report data related to this temporary prioritization addendum monthly to ensure the policy reflects the changing landscape of COVID-19 and characteristics that make individuals more vulnerable to the virus. This addendum is in effect, with Indianapolis Blueprint Council approval, from June 15, 2020 through the duration of the CARES Act ESG-CV funding. Because this is an ongoing and evolving public health crisis, this addendum may be extended or amended then or following any monthly review.

Indianapolis began six weeks of intensive technical assistance (TA) from HUD's Disaster Recovery Team on May 3, 2021 with the focus on permanently rehousing households residing in temporary, non-congregate hotel sites. As of May 2021, three temporary non-congregate hotel sites are in operation with a tentative closure date of June 30, 2021.

POLICY: The Indianapolis CoC's commitment and responsibility has always been to secure permanent housing for those residing in temporary, non-congregate hotel sites. In order to ensure these households have access to permanent housing within the time constraints of the hotel closures, it is imperative the Coordinated Entry System responds quickly and nimbly to ensure households are matched to available housing resources. Effective 5/18/2021, households residing in temporary, non-congregate hotel sites will be prioritized for available housing resources within CARES Act ESG-CV funded housing projects. HUD TA

will assist housing teams in restructuring and launching a core rehousing team to be stationed at one of the non-congregate sites. This core rehousing team will ensure assessment, referral, and connect to permanent housing and provide the housing navigation and case management services necessary for households to obtain permanent housing. Once all households in temporary, non-congregate hotel sites have been matched with a permanent housing solution, remaining referrals to CARES Act ESG-CV funded housing projects will resume the prior established prioritization as outlined below.

In order to quickly house individuals and families experiencing homelessness who have been identified as high-risk for developing serious and life-threatening complications from COVID-19 based on guidance from the Centers for Disease Control and Prevention and the Marion County Public Health Department (as identified in Marion County Public Health Order 8), Coordinated Entry will prioritize individuals and households as outlined below for all CES housing openings until CARES Act ESG-CV funding is available. Once CARES Act ESG-CV funding is available, this prioritize addendum will apply to CARES Act ESG-CV funded housing projects only.

First Priority Population:

> Households containing a person 60 years of age or older **who also has** chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised status (which may be caused by cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and/or prolonged use of corticosteroids and other immune weakening medications), severe obesity (BMI of 40 or higher), diabetes, chronic kidney disease and undergoing dialysis, and/or liver disease.

Second Priority Population:

> Households containing a person 60 years of age or older **or** a person with chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised status (which may be caused by cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and/or prolonged use of corticosteroids and other immune weakening medications), severe obesity (BMI of 40 or higher), diabetes, chronic kidney disease and undergoing dialysis, and/or liver disease.

Note: The next levels of prioritization for households within each priority population will be based on vulnerability and length of time homeless as outlined in the Indianapolis CoC Written Standards and CES Policies and Procedures for the program in which they are being

Page | 3
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referred (i.e. PSH or RRH) unless otherwise prioritized based on the case conferencing and approval of the Housing Case Conferencing Committee. For ESG-CV RRH projects, households of all VI-SPDAT scores will be considered and prioritized based on priority population status, length of time homeless, and vulnerability. The Housing Case Conferencing Committee will play an essential role in case conferencing households and matching high need households to ESG-CV RRH projects that are intended to serve as a bridge to PSH and lower need households to ESG-CV RRH projects that are not intended to serve as a bridge to PSH. If there are no active households within the CES that fall within a priority population, prioritization will follow the guidelines as currently outlined in the Indianapolis Written Standards and CES Policies and Procedures.

RACIAL EQUITY: In recognition of the fact that racism permeates systems, it is imperative that the implementation of this plan accounts for systemic racial inequities and therefore works to create and sustain equitable access for Black people and people of color. The CES Leadership Team will review disaggregated data to ensure Black people and people of color are identified, tested, assessed and housed at a rate that is proportionate to their makeup of homeless households in Indianapolis. This team will make adjustments to the CES prioritization plan as needed to make certain it is racially equitable.