

# NY-603 Prioritization of CoC, ESG and ESG-CV Resources in Response to COVID-19 on Long Island (Nassau/Suffolk)

**Timeframe: 9/1/20- 5/31/21\***

**Last Revised: 3/19/21**

\*CoC GB focus group to review outcomes and effectiveness of enacted policy before 5/31/21. Emergency meetings may be called sooner to address challenges and to ensure enacted priorities are meeting local needs, housing and providing safety to those most at-risk of COVID, and doing so through a racial equity lens to address racial disparities within the homeless system on Long Island. Coordinated Entry will assess households based on level of need, eligibility, and housing needs and preferences. As part of CE coordination, the CE team will present cases in monthly (or more frequent) case conferencing to review cases to help ensure referrals are appropriate and as a holistic view to understand one's vulnerability for the top prioritized households.

*As some priorities established below are not applicable to households that are not currently homeless, CoC and ESG will continue to discuss any possible further considerations for the prioritization for at-risk households served by homeless prevention programs, using a targeted HP assessment with ESG and ESG-CV homeless prevention programs.*

Priorities listed in order. For example, Priority 1 households to be prioritized for placement before Priority 2, and so on.

## **COVID Priority 1:**

Homeless households that are:

- living on the street or in congregate shelter (including those living on the street or in shelter and actively fleeing DV for DV CE);

Specific Living Situations (CE Assessment):

- Congregate shelter (emergency shelter without own rooms)
- Motel/Hotel setting with congregate spaces such as kitchen, cafeteria, recreation areas
- Unsheltered (outside, place not meant for human habitation)
- Actively or attempting to flee domestic violence in my own home or doubled up with someone else
- Hotel or other setting with own room with no shared spaces
- Other, please specify \_\_\_\_\_

- COVID high risk based on one of the underlying medical conditions listed by the CDC and the number of household members within each household that meets one of the CDC high risk categories:
  - [Cancer](#)
  - [Chronic kidney disease](#)
  - [COPD \(chronic obstructive pulmonary disease\)](#)
  - [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
  - [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
  - [Obesity \(body mass index \[BMI\] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>\)](#)
  - [Severe Obesity \(BMI ≥ 40 kg/m<sup>2</sup>\)](#)
  - [Pregnancy](#)
  - [Sickle cell disease](#)
  - [Smoking](#)
  - [Type 2 diabetes mellitus](#)
- Present as high barrier/least likely to exit homelessness on their own (either homeless one year or more, has a history of evictions that led to homelessness, and/or criminal history);

prioritized by age of individual with underlying condition ([based on CDC guidance related to age](#)) within this group.

The CoC is dedicated to ensuring that we quickly respond to the need to create safe and stable environments for those most at-risk of COVID-19. Examples of this would be to quickly outreach those living unsheltered and connect them to immediate shelter, moving those most at-risk and residing in congregate shelters to move to private motels/SROs, and to exit those at the highest risk of COVID-19 and homeless out of homelessness entirely.

As such, the highest consideration for COVID-19 prioritization for housing placement is whether a homeless household is in a stable and safe environment that allows them to self-isolate to protect themselves from contracting COVID-19 and decrease community spread. Specifically, households living unsheltered and

households in congregate shelters (shared living space with more than one household at a shelter site) are not able to self-isolate.

Additionally, due to scarcity of resources, and to best target resources to those most in need of a housing intervention to exit homelessness, households that have the highest barriers to exiting homelessness on their own, will be prioritized. This includes households that are long-term homeless, have a history of eviction(s) that resulted in homelessness, and/or have a criminal history.

According to the CDC, households most at risk of severe illness of COVID includes households with underlying health conditions which includes an Immunocompromised state.

As such, households with adults with underlying medical conditions (which includes but is not limited to immunosuppressed illnesses) will be prioritized for housing placements.

CDC list of high risk to COVID based on illness:

- [Cancer](#)
- [Chronic kidney disease](#)
- [COPD \(chronic obstructive pulmonary disease\)](#)
- [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
- [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
- [Obesity \(body mass index \[BMI\] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>\)](#)
- [Severe Obesity \(BMI ≥ 40 kg/m<sup>2</sup>\)](#)
- [Pregnancy](#)
- [Sickle cell disease](#)
- [Smoking](#)
- [Type 2 diabetes mellitus](#)

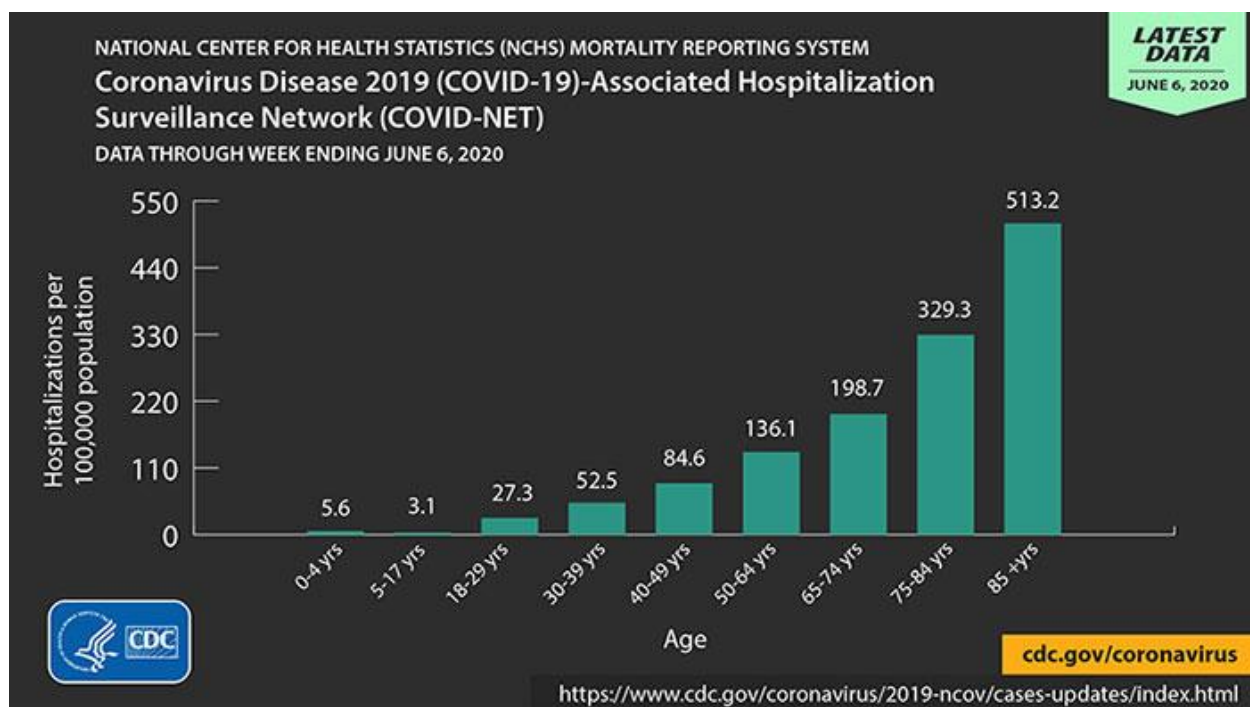
CDC guidance related to age as a risk factor for COVID as the rationale for a prioritization consideration, as the CoC recognizes that age is a protected class under fair housing, and in general, cannot be used for prioritization.

As per most recent CDC guidance:

### Risk for Severe Illness Increases with Age

As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>



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The older the individual, the greater risk they are for hospitalization and/or death from COVID-19, as shown below (chart). The CoC will strictly adhere to up to date CDC guidance related to age as a risk factor for COVID as the rationale for a prioritization consideration, as the CoC recognizes that age is a protected class under fair housing, and in general, cannot be used for prioritization.

Households at locally [CoC] measured highest risk for COVID-19 (1. homeless with an inability to self-isolate, 2. those with an underlying medical condition, and 3. those that present with high barriers to exiting homelessness) will be offered housing opportunities first. However, in circumstances where households fare the same through the first three prioritization criteria, age may be used to further prioritize. Households with an adult member of the household of an older age\*, who also is at-risk to COVID due to inability to self-isolate, has an underlying risk medical condition as explained in priority 2, and presents as high barrier, will be prioritized first.

\*The prioritization based on age will strictly follow CDC guidance for persons at risk for severe illness from COVID-19 due to age.

## **COVID Priority 2\*:**

- Households living on the street or in congregate shelter (including those living on the street or in shelter and actively fleeing DV for DV CE);

### Specific Living Situations (CE Assessment):

- Congregate shelter (emergency shelter without own rooms)
  - Motel/Hotel setting with congregate spaces such as kitchen, cafeteria, recreation areas
  - Unsheltered (outside, place not meant for human habitation)
  - Actively or attempting to flee domestic violence in my own home or doubled up with someone else
  - Hotel or other setting with own room with no shared spaces
  - Other, please specify \_\_\_\_\_
- 
- COVID high risk based on one of the underlying medical conditions listed by the CDC and the number of household members within each household that meets one of the CDC high risk categories:
- 
- [Cancer](#)
  - [Chronic kidney disease](#)

- [COPD \(chronic obstructive pulmonary disease\)](#)
  - [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
  - [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
  - [Obesity \(body mass index \[BMI\] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>\)](#)
  - [Severe Obesity \(BMI ≥ 40 kg/m<sup>2</sup>\)](#)
  - [Pregnancy](#)
  - [Sickle cell disease](#)
  - [Smoking](#)
  - [Type 2 diabetes mellitus](#)
- Do not present as high barrier/least likely to exit homelessness on their own (either homeless one year or more, has a history of evictions that led to homelessness, and/or criminal history);

prioritized by age of individual with underlying condition ([based on CDC guidance related to age](#)) within this group.

\*This group will be targeted for diversion and will be less likely to immediately access RRH/PSH resources due to scarce housing resources.

### **COVID Priority 3:**

Homeless households that are:

- Residing in a motel paid for by DSS or another charitable organization (private setting with no shared spaces)
- COVID high risk based on CDC underlying illnesses and how many household members meet one of the CDC high risk categories;
- Present as high barrier/least likely to exit homelessness on their own (either homeless one year or more, has a history of evictions that led to homelessness, and/or criminal history);

## COVID Priority 4\*:

- Residing in a motel paid for by DSS or another charitable organization (private setting, no shared spaces)
- COVID high risk based on CDC underlying illnesses
- Do not present as high barrier/least likely to exit homelessness on their own (either homeless one year or more, has a history of evictions that led to homelessness, and/or criminal history);

\*This group will be targeted for diversion and will be less likely to immediately access RRH/PSH resources due to scarce housing resources.

## COVID Priority 5 (DV CE):

Households actively fleeing domestic violence not living on the street or in congregate shelters (e.g. living with abuser);

- COVID high risk based on one of the underlying medical conditions listed by the CDC and the number of household members that meet one of the CDC high risk factors:
  - [Cancer](#)
  - [Chronic kidney disease](#)
  - [COPD \(chronic obstructive pulmonary disease\)](#)
  - [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
  - [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
  - [Obesity \(body mass index \[BMI\] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>\)](#)
  - [Severe Obesity \(BMI ≥ 40 kg/m<sup>2</sup>\)](#)
  - [Pregnancy](#)

- [Sickle cell disease](#)
  - [Smoking](#)
  - [Type 2 diabetes mellitus](#)
- Present as high barrier/least likely to exit homelessness on their own (either homeless one year or more, has a history of evictions that led to homelessness, and/or criminal history);  
prioritized by age of individual with underlying medical condition based on [CDC guidance](#).

### **COVID Priority 6 (DV CE)\*:**

Households actively fleeing domestic violence not living on the street or in congregate shelters (e.g. living with abuser);

- COVID high risk based on one of the underlying medical conditions listed by the CDC and the number of household members that meet one of the CDC high risk categories:
- [Cancer](#)
  - [Chronic kidney disease](#)
  - [COPD \(chronic obstructive pulmonary disease\)](#)
  - [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
  - [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
  - [Obesity \(body mass index \[BMI\] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>\)](#)
  - [Severe Obesity \(BMI ≥ 40 kg/m<sup>2</sup>\)](#)
  - [Pregnancy](#)
  - [Sickle cell disease](#)
  - [Smoking](#)
  - [Type 2 diabetes mellitus](#)



- Do not present as high barrier/least likely to exit homelessness on their own (either homeless one year or more, has a history of evictions that led to homelessness, and/or criminal history);

prioritized by age of individual with underlying medical condition based on [CDC guidance](#).

**\*This group will be targeted for diversion and will be less likely to immediately access RRH/PSH resources due to scarce housing resources. All households that meet the HUD Category 4 definition are also eligible for ESG/ESG-CV HP.**

#### **COVID Priority 6 (CE and DV CE):**

If no COVID high risk households that are HUD 1 or HUD 4, CE and DV CE will default to their prioritization policies prior to the enactment of COVID prioritization (this is only likely to occur with DV CE based on presenting needs). For DV CE, this was considerations in vulnerability (local assessment tool score) and length of time homeless/actively fleeing. For CE, this was considerations of chronic homelessness and length of time homeless.

#### **PSH Transfer Policy (PSH AT-RISK OF HOMELESSNESS/DV IN COC PSH):**

Households in closing PSH programs and may become at-risk of homelessness as a result, will also be assessed for level of risk to COVID-19. Households in PSH closing programs that are at-risk of becoming homeless, are at high risk for COVID-19, and are assessed (local assessment tool score) to be referred as in need of PSH, will also be considered for CoC PSH vacancies/placements. CE will work directly to support all households in closing programs to transition households to alternative permanent housing options, as eligible and appropriate,

in which all efforts will be made for all households in closing program to maintain stable permanent housing and not returning to homelessness to ensure that these households do not experience an increased risk of COVID.

Households in CoC-funded PSH that are actively fleeing domestic violence will be immediately referred to DV CES for safety planning and housing relocation assistance.