

**Kentucky Balance of State Continuum of Care**  
**Interim Guidance for Coordinated Entry Prioritization During the COVID-19 Emergency**  
*(This guidance is effective April 6, 2020 and will remain in place until further notice)*

Kentucky Housing Corporation (KHC), on behalf of the Kentucky Balance of State Continuum of Care (KY BoS CoC), has developed interim guidance for the prioritization of people experiencing homelessness for permanent housing interventions during the COVID-19 national emergency to reduce the risk for participants and shelter/housing provider staff of contracting and spreading the virus. This document includes the interim prioritization criteria as well as instructions for fulfilling this guidance.

As a reminder, the KY BoS CoC has an interim policy in place regarding serving high acuity households with available Rapid Re-Housing (RRH) resources (previous referred to as the RRH Bridge Policy). That policy states that RRH resources should be used for people with higher acuities recommended for a Permanent Supportive Housing (PSH) intervention when a PSH resources is not available. Both during this pandemic and always, the goal is to get people into permanent housing as quickly as possible while prioritizing those with the highest level of need first.

All participants of the KY BoS CoC Coordinated Entry System (CES) should continue to follow the existing order of priority for housing as established in the [KY BoS CoC CES Policies and Procedures](#). However, Local Prioritization Communities (LPC) are asked to also consider the current living situation of each person on the LPC's Prioritization List when making housing referrals. **Once the existing CES order of priority is applied, those with potentially higher risk of contracting and spreading COVID-19 should be prioritized for permanent housing first (PSH and RRH). The following living situations should be considered:**

- Individuals/Households sleeping outdoors or in other places not meant for regular human habitation in close proximity (less than 6 feet apart) to others not in the same household without regular access to hygiene facilities where frequent handwashing is possible. **(High-Risk)**
- Individuals/Households sleeping in emergency shelters where appropriate social distancing and isolation is not possible (e.g., sharing bedrooms or congregate sleeping spaces with people from other households where sleeping/general presence cannot consistently be 6 feet apart.) **(High-Risk)**
- Individuals/Households sleeping in emergency shelters where appropriate social distancing is being practiced for sleeping (e.g., individuals/households share separate sleeping areas from other households or where sleeping is at least 6 feet apart from others) but bathing/hand-washing facilities and common areas are shared with other people not in the same household. **(Potentially Medium-Risk)**
- Individuals/Households sleeping outdoors or in other places not meant for regular human habitation, but not in close proximity to others not in the same household yet still without regular access to hygiene facilities where frequent handwashing is possible. **(Potentially Medium-Risk)**

- Individuals/Households sleeping in emergency shelters where appropriate social distancing is being practiced (e.g., individuals/households share separate sleeping areas from other households such as a separate bedroom with doors and bathing/handwashing facilities are separate from others not in the same household). This includes staying in hotel/motels or in other alternative locations arranged by the shelter. **(Potentially Lower-Risk)**

**To determine the current living situation of people currently on each LPC's Prioritization List, the following must occur immediately:**

1. Referring staff must update each participant's entry within the LPC's Coordinated Entry Project within KYHMIS to include the person's current living situation in the comment section of the Entry Assessment. This includes manually updating VSP Inclusion Form information.
2. Information about current living situation should be included in the comment section of each participant's entry, including the name and location of the shelter where person is staying if applicable.
3. Staff should also indicate if the sleeping arrangement is High-Risk, Medium-Risk, or Low-Risk based on the scenarios outlined on the previous page.
4. Staff should keep the information up to date as circumstances change, (e.g. engage in regular contact with individuals and households on the list)
5. LPC Lead Agencies should review their current LPC prioritization list (including HMIS entries and manual Victim Service Provider Inclusion Forms) to confirm sleeping location and circumstance for each household have been recorded.
6. When holding CES meetings/case conferring, referrals should not be made to housing without considering current living situation.

KHC determined the categories of High, Medium, and Low Risk based on publicly available general information about how COVID-19 spreads. The categorizations are meant to be "best guesses" and have not been reviewed/prescribed by any official health agency. Therefore, LPCs are permitted and encouraged to consider any other COVID-19 risk- factors not explicitly stated within this document.

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