

# **Georgia Balance of State Continuum of Care: Emergency Response Policies and Procedures Addendum to GA BoS CoC Coordinated Entry Written Standards, Policies and Procedures**

## **Overview**

In response to the public health and economic crisis caused by the COVID-19 (“coronavirus”) pandemic, the Georgia Balance of State Continuum of Care (GA BoS CoC) is issuing changes to the Coordinated Entry Written Standards, Policies and Procedures to ensure that the coordinated entry process is flexible and responsive to new information. The goal of this guidance is to address and mitigate the risk of COVID-19 for people experiencing homelessness. In order to address the threats posed by COVID-19, the GA BoS CoC is following HUD and CDC guidance about increased risk of exposure and negative outcomes from COVID-19 for people experiencing homelessness.

New versions of this document will be issued as needed. They will be reviewed in advance by the Assessment, Services and Placement Committee and approved by the GA Balance of State CoC Board of Directors. The most current version will be available on the Georgia Department of Community Affairs (DCA) website.

## **Applicability and Implementation**

The interim policies and procedures described herein are applicable to all projects operating under the GA Balance of State GA BoS CoC Coordinated Entry Written Standards, Policies and Procedures. Providers must update their policies, procedures, and practices to reflect these recommendations as applicable to their programs. Providers must also ensure that implementation of these recommendations does not cause any current participant to return to homelessness.

## **Changes to Coordinated Entry Process and Prioritization**

- Providers will explain to households seeking shelter that the State is attempting to minimize the use of congregate living settings to prevent the potential spread of COVID 19. Shelters are to be used as an absolute last resort. If the person has anywhere else to stay, even temporarily, it is safer for the person. Providers should work together with their Coordinated Entry Planning Groups, local authorities, and the GA BoS CoC to create a plan for congregate shelter alternatives as appropriate and necessary.
- To the extent appropriate and possible, providers will quickly exit as many households from congregate shelters, especially when that shelter is at or close to capacity. This will offer shelters the ability to increase personal space for shelter guests and reduce the number of people in congregate shelter settings helping to decrease the potential spread of COVID-19. The priority focus should be on exiting individuals who are identified as high risk for developing serious and life-threatening health complications from COVID-19. Priority factors that increase

an individual's risk for developing serious and life-threatening health complications are outlined below.

- In order to ensure that individuals who are at high-risk for developing serious and life-threatening health complications from COVID-19 remain housed or quickly gain stable housing, Coordinated Entry and all housing providers will prioritize households as outlined below for all homeless prevention and permanent housing openings.

### **Priority Factors**

1. Individuals at greater risk of severe-illness as a result of COVID-19 are:
  - [People 65 years and older](#)
2. People of all ages with [underlying medical conditions](#) including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
    - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
  - People with severe obesity (body mass index [BMI] of 40 or higher)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease

## **Additional CoC Recommendations**

### **COVID-19 Screening**

During the COVID-19 pandemic, screening for symptoms is important to ensure client and staff health and safety. As screening tools are developed and made available during a public health emergency, the CoC recommends that providers utilize screening tools and record information about participants who are assessed.

It is recommended that providers utilize the COVID-19 assessment tool, which is available in the BoS CoC Homeless Management Information System (HMIS), ClientTrack. The results of screenings and testing should be entered into HMIS in real time, or as close to real time as possible. When clients are tested for COVID-19, HMIS should be updated with test results.

The CoC recommends symptom screening of participants for all providers to the maximum extent possible. It is recommended that providers screen:

- All clients, including children and other household members on a weekly basis;
- All new intakes upon initial contact;
- All clients showing symptoms of respiratory infection. In this case, if screening is negative, it is recommended that providers increase screenings until symptoms subside.

**HMIS Data Sharing and Privacy**

Any modified data privacy practices, as a result of HUD guidance in response to the public health emergency, to include HMIS setup and Data Sharing Practices and HMIS Privacy and Security Standards, must be followed.

DCA has implemented the Privacy Policy Temporary Emergency Addendum that allows clients to verbally consent to share their information in ClientTrack, which is in addition to the written consent to share that is generally signed at the agency site. Information is only collected that is needed to provide services, or that DCA considers relevant to helping understand the scope and dimensions of homelessness in order to design effective service delivery.

- GA HMIS Privacy Policy Temporary Emergency Addendum  
<https://www.dca.ga.gov/node/6388>