

COORDINATED ACCESS IN A PANDEMIC

Keeping Things Moving

During a pandemic, it can feel like the only thing we can focus on is the crisis itself. Coordinated Access is something that is important to continue as best we can, particularly because this will help house people experiencing homelessness. A home to self-isolate in is the best option to keep people safe and healthy, especially in a health crisis. For general information on Coordinated Access refer to the [Coordinated Access toolkit webpage](#).

Access Points (Intake and Assessment)

- If access points and methods have changed, ensure these changes are communicated broadly with details of how to access through new methods. You may also consider creating a central or mobile intake to minimize operational strain at the front lines.
- It is recommended to use a phased assessment approach. See the [Washington State Department of Commerce document](#).
- Work with local Public Health Authority to determine the role of coordinated access or access points in screening people experiencing homelessness for COVID-19 or referring people to isolation or quarantine units.
- Work with Public Health to develop proper response to symptomatic and asymptomatic people who reach out your CA for services. See the [Atlanta Continuum of Care Triage Tool for COVID-19 Concerns](#).
- Develop strategies to manage social distancing at in-person access points.
 - Virtual intakes (Teams, Skype, Zoom, FaceTime, WhatsApp Hangouts, etc.).
 - Phone intakes.
 - Establish intake interviews through websites or online surveys ([Survey Monkey](#) now offers templates specific to COVID-19).
 - Ensure you build rapport and a connection through a conversational approach as these methods can seem impersonal.
 - Ensure any new methods or processes are advertised on websites, office doors, messages, and flyers in the community.

- If you must still meet with people in person, ensure ability to **establish physical distancing and enhanced sanitation recommendations or guidelines, and limits for congregating from your local health authority.**
 - Chair space
 - Windows between participants and intake staff
 - Sit to the side and not in front in case of cough or sneeze.
 - Have sanitary supplies and PPE on hand (ensure staff are trained to use PPE)
 - Wash hands and other precautionary measures before and after each intake
 - Ensure other cleaning protocols are used and available
- Create flexible and extended hours for intake staff and rotations.
- For signing documents, use technology such as:
 - DocuSign
 - Tablets, and follow cleaning instructions to stop the spread of COVID-19 as provided by your local health authority
 - Adjust policy for use of electronic signature or documenting verbal agreement to conditions
 - [Example of Release of Information and Informed Consent](#) to be used as a conversation guide for obtaining consent.
 - For verbal consent consider the adapting the script provided by the [Washington State Department of Commerce suggestion](#).

By-Name Lists

- This should continue as normal.
 - Electronic transfer of information and assessments etc.
 - Committee discussion can occur virtually.

Prioritization and Matching

- Consider any changes you want to make to your prioritization policies at this time e.g.:
 - Focus on rapid re-housing, those who are immediately available and interested in housing match, and lower acuity individuals and families (if supports are not available)
 - Prioritize those who are [particularly vulnerable to contracting or spreading COVID-19](#), including older individuals and those with respiratory challenges.
 - Prioritize those who are unable to isolate (e.g., unsheltered, fleeing violence)
- Continue same process but incorporate virtual meetings (Zoom, Teams, Skype).
 - Prioritization discussions
 - Matching discussions

- Washington State Department of Commerce suggests method for [prioritizing overwhelming number of calls or messages](#) if you are using phone systems.
- Access CAEH's COVID-19 Resource on [Finding and Securing a Home](#) for information on housing resource acquisition.

Warm transfers to community support or case managers can also happen

- All communication should take place virtually and by phone or email, preferably through HMIS but even Excel documents can be shared quickly through email, SharePoint, or Google documents.

Disclaimer: This document is a collection of resources and/or ideas compiled by the team at CAEH. Please follow [Public Health Agency of Canada guidelines on COVID-19](#) as the primary resource for all health-related concerns.

CAEH will continue to update this resource as new information or ideas become available. Please refer to the CNH3 website Resources page at cnh3.ca/resources for additional information. If you have an idea or resource to share or are seeking further support, please contact us at info@caeh.ca.