



Office Hours: COVID-19 Planning and Response

January 15, 2021



Housekeeping

- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content will be posted to the HUD Exchange within 2-3 business days
- Event information for upcoming Office Hours, along with copies of all materials can be found here:

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours>

- To join the webinar via the phone, please call in using:
+1-415-655-0002 Access code: 610 976 677
(If you need to call in toll-free, call 1-855-797-9485)

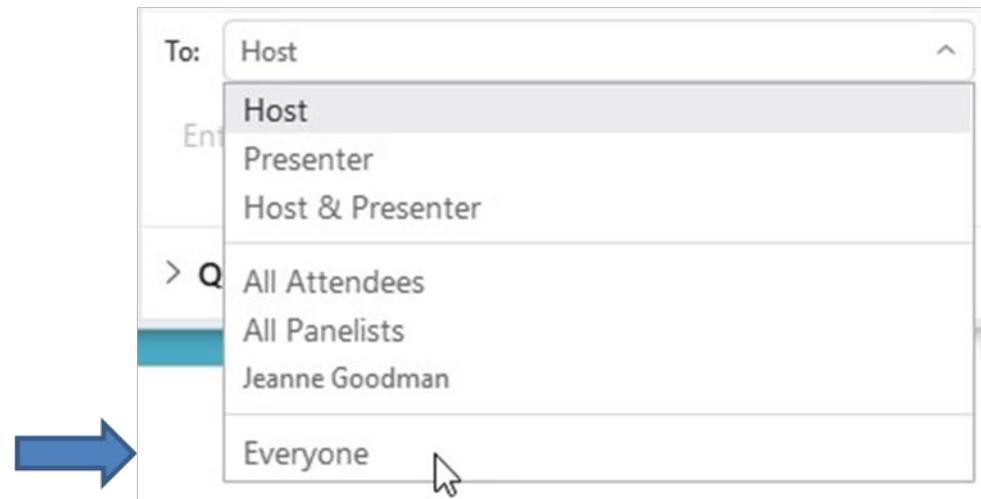


Chat Feature



Select the Chat icon to make a comment or ask a question.

Be certain the To field is set to **Everyone**



Speakers & Resource Advisors

Department of Housing and Urban Development

- Office of Special Needs Assistance Programs
 - Norm Suchar
 - Karen DeBlasio
 - Marlisa Grogan
 - Brett Esders
 - Ebony Rankin
 - William Snow
- Micah Snead, HUD TA, Corporation for Supportive Housing
- Scott Pruitt, HUD TA, The Cloudburst Group
- Michele Williams, HUD TA, Michele S. Williams, LLC
- Brian Roccapriore, HUD TA, The Cloudburst Group
- Darlene Matthews, HUD TA, Darlene Mathews, Inc.
- David Canavan, HUD TA, Canavan Associates



Speakers & Resource Advisors

Colorado Department of Local Affairs

- Kristin Toombs, MPA, Director, Office of Homeless Initiatives
- Cassy Westmoreland, Program Manager, OHI
- Kelly Forstbauer, Homeless Program Specialist, OHI

Centers for Disease Control and Prevention

- Emily Mosites, PhD, MPH- COVID-19 At-Risk Population Task Force, Senior Advisor on Health and Homelessness

National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy

Department of Veterans Affairs

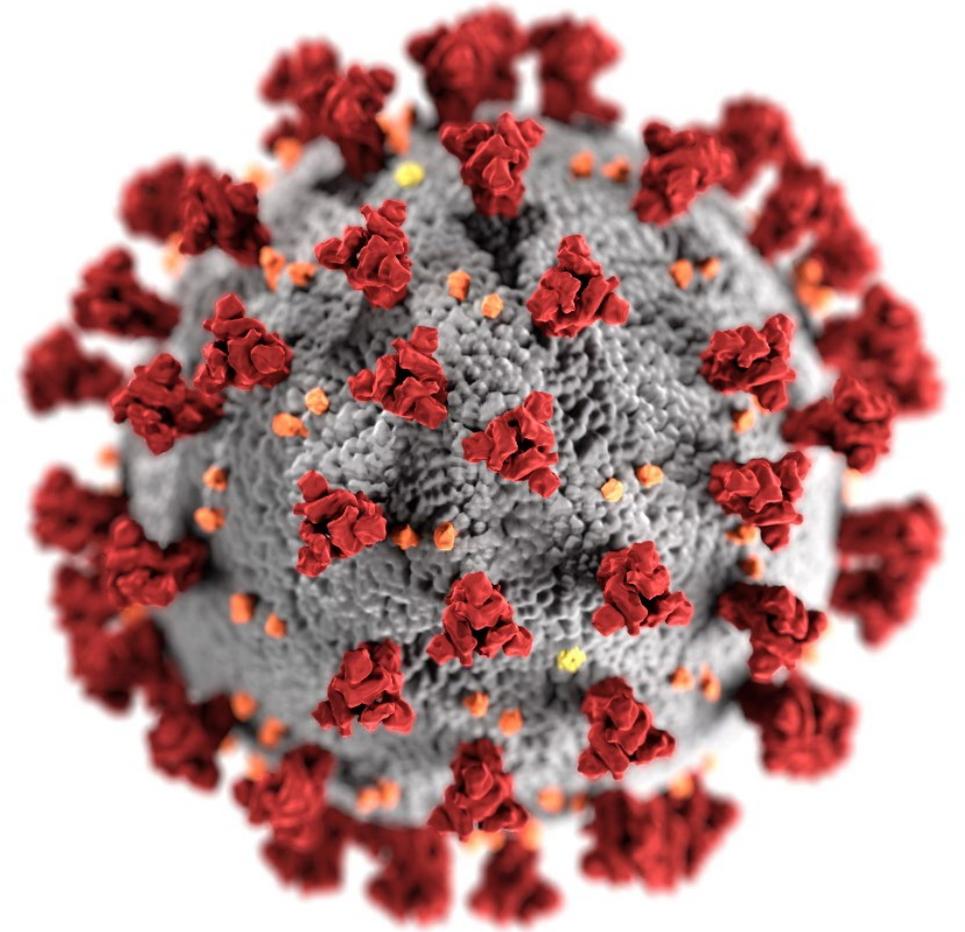
- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office



COVID-19 and Homelessness

Updates

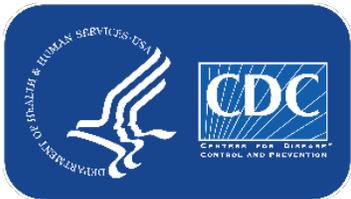
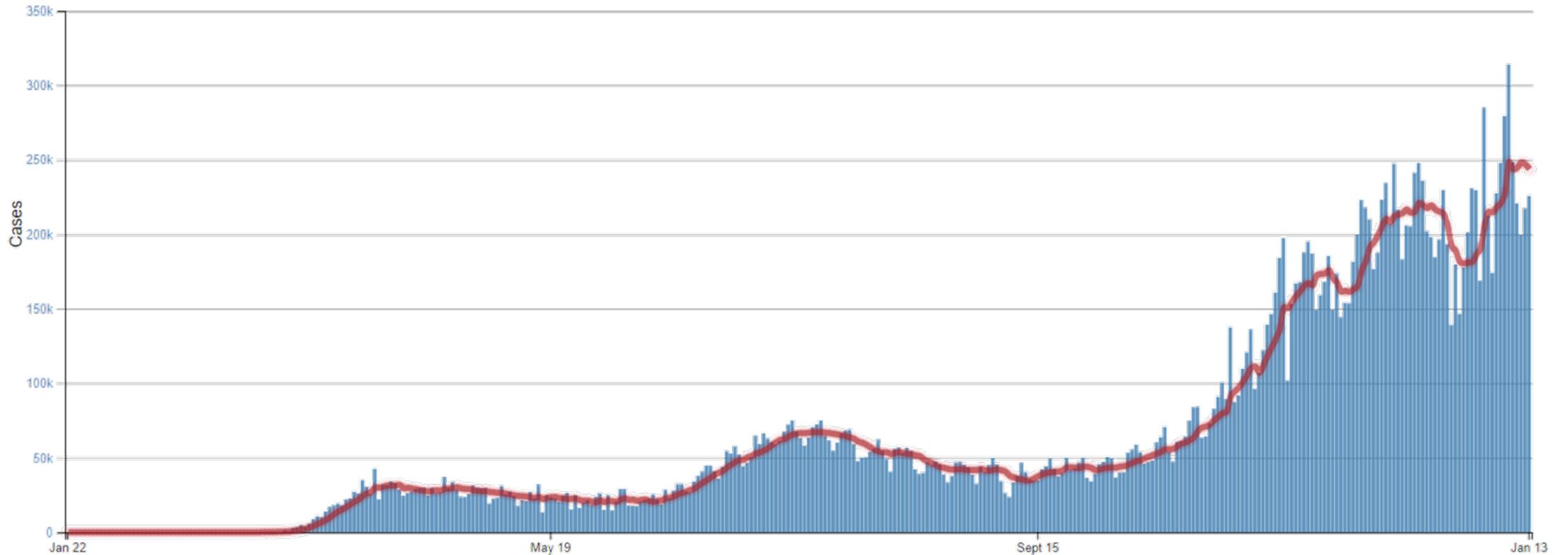
Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response



cdc.gov/coronavirus

226,000 cases on 1/15/21 in the United States

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



CDC Resources

Homelessness and COVID Landing Page:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

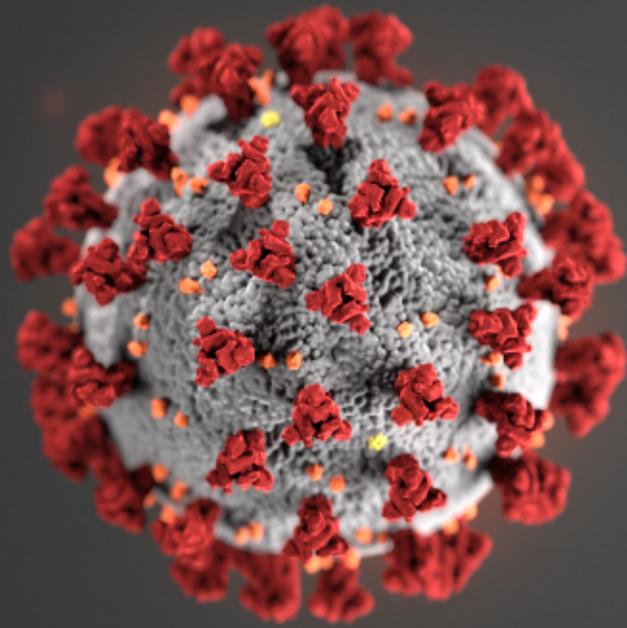
Vaccine Frequently Asked Questions:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccine-faqs.html>

Vaccine implementation guidance:

Coming soon





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





*Colorado's Coordinated
COVID-19 Response:
ESG Homeless Providers &
Public Health Agencies*



COLORADO
Department of Local Affairs

State Emergency Operations Center Homeless Task Force

Created in March 2020 through the State Emergency Operations Center to quickly coordinate key emergency response, public health, and homeless providers regarding COVID-19 specifically.

Aim:

- Help communities prepare for, prevent, and respond to COVID-19 for people experiencing homelessness.
- Together with local communities, prevent individuals without stable housing from contracting COVID-19.

The Task Force is doing this in three main ways:

- 1) Information and Guidance
- 2) Resources
- 3) Coordination and Technical Assistance

Current Focus:

- Assist with shelter capacity: Socially distanced congregate shelters and non-congregate shelters (h/motels, renovations, operation adjustments and plans, volunteers/staffing, etc.)
- Coordinate public health and emergency response with homeless providers (PPE, testing, outbreak prevention and response, etc.)
- Connect people to stable housing: Rehousing funding and local/regional coordination



SEOC Homeless Task Force Public Health Highlights

- State and local public health members on Task Force
- Created additional Outbreak Committee specific to persons experiencing homelessness
- Incorporated person experiencing homelessness needs in state public health orders
- State public health testing guidance
- Several webinars incorporating public health partners
- State tracking of homeless positive cases
- Assist local coordination and TA with local and state public health as needed
- Coordinate testing and other resource requests/needs
- Assist coordination from prison to community with state and local public health
- Encouraging local coordination: local public health homeless planning survey & homeless providers CDC tool and check lists/guidances
- Engagement with local public health through multiple channels: state public health, membership organization, individually, other partners
- Created website to centralize information, including guidance and contacts



Planning for Winter Shelter Capacity

Initial Planning Response Efforts

- Statewide survey to estimate impacts to emergency winter shelter beds
- Collaborated with HUD TA for select communities to test out winter shelter planning tool and host Cold Weather Shelter Webinar

Planning Efforts for Agencies

- Planning for multiple-case scenarios
- Helping agencies understand ways they can leverage ESG-CV funds to support non-congregate shelter and social distancing efforts in congregate spaces
- Encouraging agencies to coordinate with Public Health at all stages of the planning process

Future Planning

- Leveraging conversations around COVID to help create stronger systems for Cold Weather Shelter response across state
- Increase in ESG-CV funds has allowed us to be strategic about seeking out new partners and working to build capacity across the state



Vaccination Planning & Prioritization

- Coordination at state level for Homeless Task Force with state and local public health surrounding vaccine coordination and communication
- Coordinating at local levels with Emergency Management and local public health meetings
 - Currently have ESG-CV NOFA out for third round of ESG funding and looking at ways these funds can support vaccination distribution



Colorado Lessons Learned

Coordinate:

- **People:** Local and state coordination of emergency response staff, public health agencies, and homeless providers is key. Include local and state public health agencies in all planning and response efforts.
- **Resources:** Coordinate various resources and funds across agencies and levels of government. Create flexibility in coordination of and pivot of funds as needed where possible. Anticipate shift from prepare for/prevent to respond to recovery.

Peer Learning: Enabling communities and peers platforms to ask questions and share together.

Clear & Localized Technical Assistance/Guidance: Distilling and localizing information across systems and partners to ensure all are on the same page and understanding each other's terminology, roles, and processes.

Can't Move Fast Enough or Talk Enough: Plan ahead, constant communication for immediate response and pivot as need. Have intentional time dedicated to efficient planning and communication.



Questions?

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New Communications Tools



Preparing Staff and Clients for Vaccination

Communications tools HUD will release shortly:

- ❑ Building Personnel Confidence
- ❑ Communication-Confidence-Checklist
- ❑ COVID-19 Meeting Template
- ❑ Vaccine Confidence Conversation Starter
- ❑ Vaccination Conversation tips



Informational Flyers for Staff and PEH



Why Get Vaccinated?

To Protect Yourself, Your Family, and Your Community

- Building defenses against COVID-19 in your community is a team effort. And **you** are a key part of that defense.
- Getting the COVID-19 vaccine adds **one more layer of protection** for you and your community.



Vaccine Ambassador Program/Job Description

WHAT?

- Provide ongoing outreach to PEH/Staff
- Disseminate clear/consistent vaccine info
- Facilitate two-way communication; identify, elevate, and respond to any concerns
- Provide peer support, real-world experience, and personal stories

WHO?

- Volunteer or a paid employee.
- PWLE (i.e., experiences of taking the vaccine, of homelessness, as a racial minority, or staff person)
- Trusted community member
- Can share personal stories, real-world experience to educate others

Vaccine Ambassador Program/Job Description

Considerations

- Plan for enough lead time
- Hire PWLE of hoemelssness and pay them equitably for their time
- Hire and utilize staff from historically marginalized communities to facilitate trust and meaningful engagement

Data Considerations for Homeless Systems



Vaccine Planning: Things to consider now

- Jurisdictions will operationalize their plans in accordance with CDC guidance, which includes prioritizing individuals living in congregate settings (emergency shelters) and essential workers (shelter staff and outreach workers)
- Start to plan what your HMIS will record
- Start collecting data now, in advance of HMIS
- Ensure your local [HMIS privacy policy](#) is up to date

Vaccine Planning: Funding HMIS Upgrades

Recommended Approach	Alternative Approach
<p>States have an unprecedented amount of funding to serve people experiencing homelessness and vaccinating this population is a critical component of their work. HUD encourages state ESG-CV recipients to fund vaccination upgrades to data collection systems in support of local planning efforts.</p>	<p>Traditional HMIS funding mechanisms from local CoC Program HMIS grants and ESG entitlement CV and annual awards could fund these upgrades if coordination with the state is not an option.</p>
Strategy	
<p>States are encouraged to pay the HMIS vendor(s) directly. This eliminates the need for different jurisdictions that may use the same HMIS software to submit multiple invoices for costs incurred. This will ultimately reduce the cost to the state and allow the states to more effectively use their funding for direct services.</p>	<p>CoC or Entitlement jurisdiction pays for the upgrade to the system individually with the HMIS vendor.</p>



HUD Message



Ensure priority vaccine access for essential staff and people residing in congregate shelters

- Vaccine supplies are limited; states must establish a phased approach
- CDC has observed increased rates of transmission in congregate living settings
- HUD concurs with CDC guidance that:
 - Homeless shelters meet the definition of congregate settings and should be prioritized
 - Homeless service staff and outreach teams are considered essential workers and should be prioritized for Phase 1
 - Communities should consider offering vaccine to shelter guests at the same time as frontline staff, because of their shared increased risk of disease

Work with public health to plan for prioritization of vaccine within shelter facilities

- Communities encouraged to offer vaccine to ALL people residing in congregate shelters during vaccination events
- But while supplies are scarce, plan for limited doses
 - Coordinate with Public Health to understand what priority phase(s) and populations they intend to inoculate for the vaccine event.
 - Ask public health partners how many doses will be available for your shelter.
 - If there are not enough doses for all residents/staff, seek their guidance on how to prioritize people within the shelter.

Work with public health to plan for transitioning between priority phases if there are extra doses available for your shelter

- CoCs and shelter providers should work with public health to plan for efficient and equitable allocation of COVID-19 vaccine
- HUD concurs with CDC guidance that it is not necessary to vaccinate all individuals in one phase before initiating the next phase; phases may overlap.
- If there are extra doses of vaccine available to your shelter after offering vaccination to people in the priority phase, the CDC and HUD recommends moving to the next priority phase.

HUD TA SPOTLIGHT

- TREASURY EMERGENCY RENTAL ASSISTANCE PROGRAM
- ESG HOMELESSNESS PREVENTION ELIGIBILITY FLYER
- A FRAMEWORK FOR HOMELESSNESS PREVENTION



Treasury Emergency Rental Assistance Program

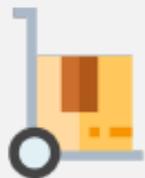
- \$25b to assist households unable to pay rent and utilities due to COVID-19. Funds provided directly to States, U.S. Territories, local governments, and Indian tribes.
- Eligible grantees had to submit payment information and a signed acceptance of award terms on January 12.
- A list of eligible local governments available here:
<https://home.treasury.gov/system/files/136/ERA-List-of-Eligible-Local-Governments-Final.pdf>
- Funds available through 12/31/2021

Treasury Emergency Rental Assistance Program

- Eligible households are those (1) in which one or more individuals qualifies for unemployment, incurred significant costs, OR experienced a financial hardship due to COVID-19, (2) which demonstrate a risk of experiencing homelessness or housing instability, AND (3) which have a household income at or below 80% of AMI.
- Assistance should be prioritized to eligible households that include an individual unemployed for 90 days prior to application, households with income at or below 50% of the AMI, and for payment of existing arrears that could result in an eviction.

During an eviction moratorium, Emergency Solutions Grants (ESG) Homelessness Prevention resources for COVID-19 response may be used for individuals or families:

- Whose incomes do not exceed Very Low Income for the area; **AND**
- Who do not have sufficient resources or support networks to avoid emergency; **AND**
- Who meet ONE of the following criteria described below.



Multiple Moves

Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance; OR



Doubled-Up

Is living in the home of another because of economic hardship; OR



Hotel/Motel

Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state, or local government programs for low-income individuals; OR



Overcrowded Housing

Lives in a single room occupancy (SRO) or efficiency apartment unit where two or more persons reside or where there are more than one-and-a-half persons per room; OR



Exiting Institution

Is exiting a publicly funded institution or system of care (e.g., jail, prison, psychiatric hospital, etc.); OR



Other Situations of Housing Instability

Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Consolidated Plan.

ESG HP Eligibility During Eviction Moratoria

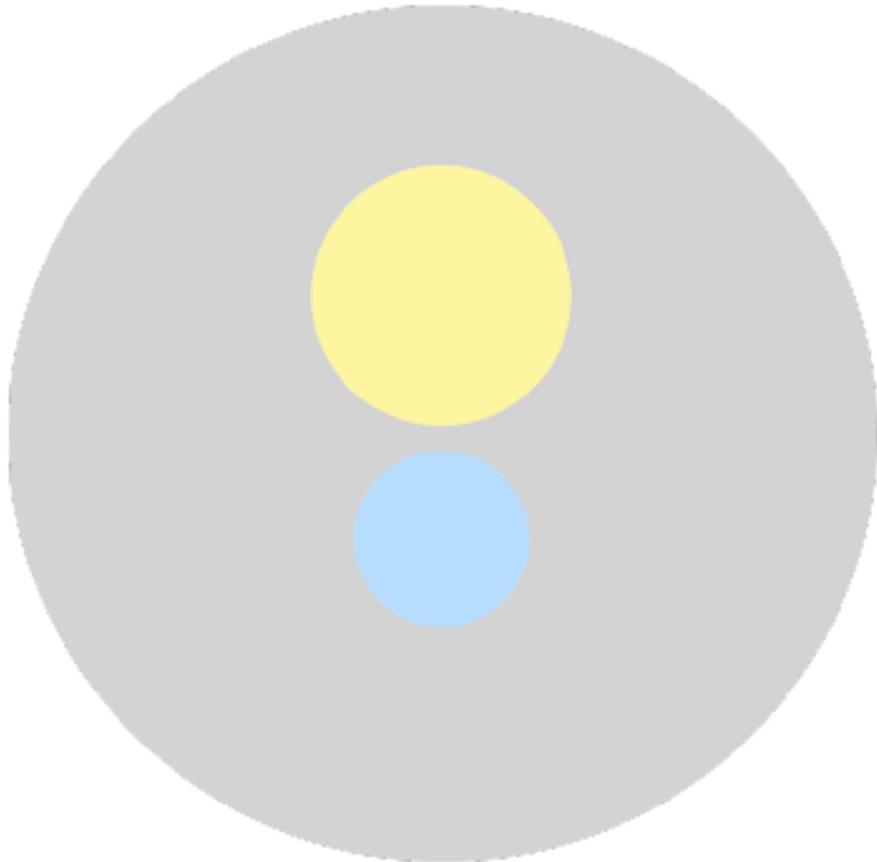
A child or youth (as well as their parent[s] or guardian[s], if living with them) may also qualify as eligible if considered homeless under other federal statutes and meet additional criteria (see "Homeless" definition at [24 CFR 576.2](#)).

Homelessness Prevention Framework

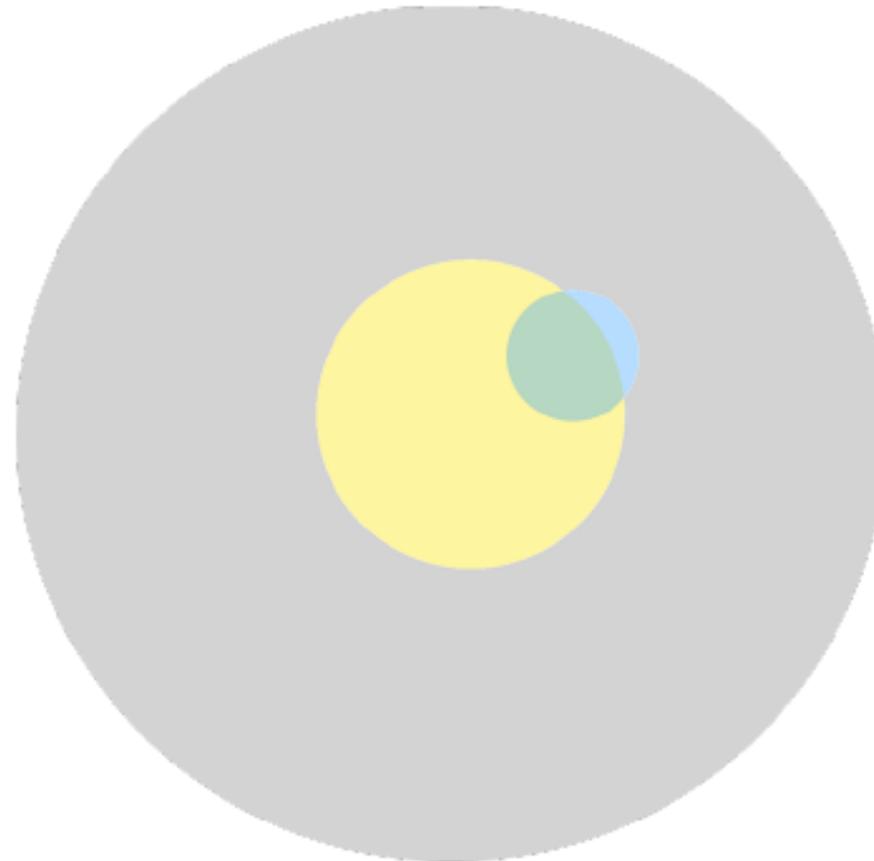
- Prevention programs reduce homelessness when they're both effective and efficient
- Effective interventions help people find and maintain stable housing and avoid homelessness
- Efficient interventions assist people who would experience homelessness in its absence
- For more information about Effectiveness and Efficiency of homelessness prevention programs, see the [Center for Evidence-Based Solutions to Homelessness](#)

Targeting Prevention that is Effective and Efficient

Example of Inefficient Targeting



Example of Efficient Targeting



Key

-  People at risk of becoming homeless
-  People who will become homeless and seek assistance
-  Targeted Prevention

Categories of Targeted HP Strategies

Commonly used categories of homelessness prevention to guide decisions that promote being effective and efficient include:

- Primary prevention strategies that attempt to mitigate the direct factors that lead to homelessness.
- Secondary prevention strategies that help people find safe alternatives when they are seeking shelter or are likely to have to stay in an unsheltered location.
- Tertiary strategies that provide stabilization assistance to people who have already experienced homelessness to mitigate the impact of their homelessness and prevent another occurrence.

Primary Prevention Strategies

Primary Prevention strategies aim to reduce individual and structural risk factors that contribute to homelessness and increase protective factors that shield against homelessness.

- **Universal Strategies:** Provide protection to a broad array of people who might be at risk of homelessness. These include public benefits programs, affordable housing development, and education and employment programs.
- **Selected Group Strategies:** Target assistance to populations at higher risk of homelessness, such as people who live in high poverty neighborhoods or who are exiting from institutional care.
- **Indicated Group Strategies:** Serve people who are likely to have to stay in emergency shelter or unsheltered location because of individual circumstances, or because they have experienced a crisis event (e.g. fleeing DV, having a health problem, being evicted from housing) that is likely to lead to homelessness.

Primary Prevention: Selected Group Strategies

Goal	Keep marginalized populations housed, targeting assistance to those who likely face significant structural barriers that make loss of housing more likely. If correctly designed, adequately resourced, and informed by people most impacted, these strategies will reduce racial disparities in who experiences homelessness.
Target Population	Groups or populations with a particularly high risk of homelessness as members of a protected class
Key Partnerships	People with lived experience, Civil Legal Aid/Eviction Courts, Advocacy organizations and Non-profits primarily led by people of color and primarily serving the selected target population(s)

To have the greatest impact, identify the most disproportionately impacted communities rather than all marginalized populations.

Primary Prevention: Indicated Group Strategies

Goal	Keep people housed who are likely to have a stay in emergency shelter or unsheltered location because of individual circumstances. Most efficient at preventing homelessness and often require the use of an assessment tool to determine who is most likely to experience homelessness.
Target Population	Those most likely to experience homelessness but for the assistance. Risk and predictive factors should be identified using local data, including the characteristics of the households entering shelter.
Key Partnerships	People with lived, experience, Health clinics, schools, religious leaders, criminal justice partners

Ensure that the program is designed to provide the assistance or services that will be needed to prevent homelessness for people at high risk of homelessness or high risk of COVID

Indicated Group Strategies: Risk Factors

Identify both risk and protective factors to be efficient with indicated group strategies. Use this information about common pathways to inform how you might create targeted strategies.

- Households who have eviction proceedings initiated;
- Families with young head of household;
- Households in doubled-up situations;
- Households who are losing their homes or have an eviction threat and recently lost employment in a sector impacted substantially by COVID-19 shutdowns;
- Individuals who exit institutions like detention, jails, prisons, or hospitals; or,
- Individuals who age out of foster care.

Types of Prevention: Secondary Prevention Strategies

Goal	Commonly referred to as Diversion, provides a safe alternative for people who are seeking shelter or are moving to an unsheltered location. Prevents prolonged experiences of homelessness and avoids unnecessary shelter stays, preserving shelter and homeless housing resources for households with no other options.
Target Population	Households at the “front door” of the homeless response system at the point(s) they are seeking shelter or facing unsheltered homelessness.
Key Partnerships	People with lived experience, Coordinated Entry teams, Emergency Shelter Providers, Non-profits primarily led by people of color and primarily serving populations facing the greatest disparities

Strategic placement of the interventions and adoption of problem-solving techniques are critical to success in these strategies.

COVID-19

**Homeless System Response:
How To Design, Scale, and Fund a Homelessness
Prevention Program During COVID-19**

Presenter:

Scott Pruitt, HUD TA, The Cloudburst Group

Prevention: Design, Scale, Fund

- Topic: This resource is a step-by-step guide to help communities design prevention programs that target assistance to households who have demonstrated risk factors for homelessness and ensure there is enough funding to fully serve those in the identified segment.



Link: [How to Design, Scale, and Fund a Homeless Prevention Program During COVID-19](#)

New Resources Posted

- [Adjusting ESG Written Standards for ESG-CV](#)
- [Eligibility During Eviction Moratoria](#)

Key Websites

HUD: <https://www.hudexchange.info/homelessness-assistance/diseases/infectious-disease-prevention-response/>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

NHCHC: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

USICH: <https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/>

VA: <https://www.publichealth.va.gov/n-coronavirus/index.asp>

HRSA: <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

Federal Partner Contacts

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:
www.cdc.gov/COVID19; 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:
[HUD Exchange Ask-A-Question \(AAQ\) Portal](#)



Q & A

