



Office Hours: COVID-19 Planning and Response

October 2, 2020



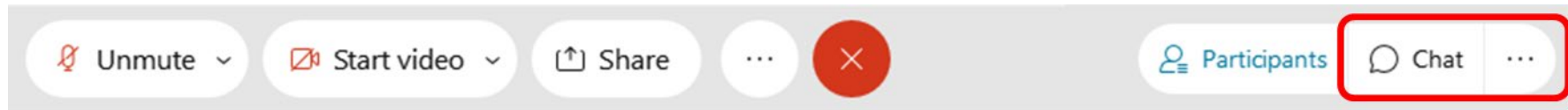
Housekeeping

- 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>

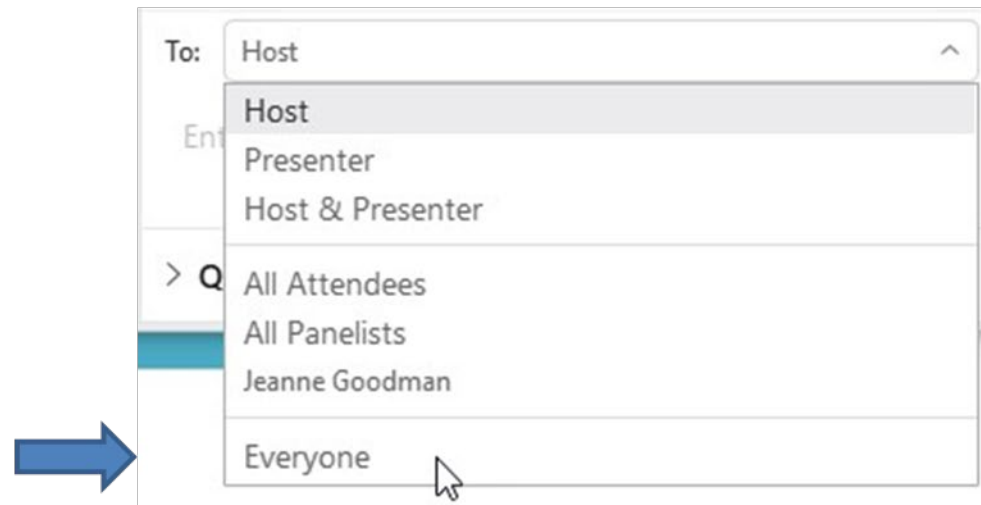
- To join the webinar via the phone, please call in using:
1-855-797-9485 Access code: 610 976 677

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
 - Lisa Coffman
 - Karen DeBlasio
 - Brett Esders
 - Marlisa Grogan
 - William Snow
- Taylor Kiely, CPD Representative, Chicago Field Office
- David Canavan, HUD TA, Canavan Associates

Centers for Disease Control and Prevention

- Lindsey Stillman Barranco, PhD, Homelessness Unit, Disproportionately Affected Populations Team

Speakers & Resource Advisors

Covenant House Alaska

- Alison E Kear, Chief Executive Officer
- Carlette S. Mack, Chief Operating Officer

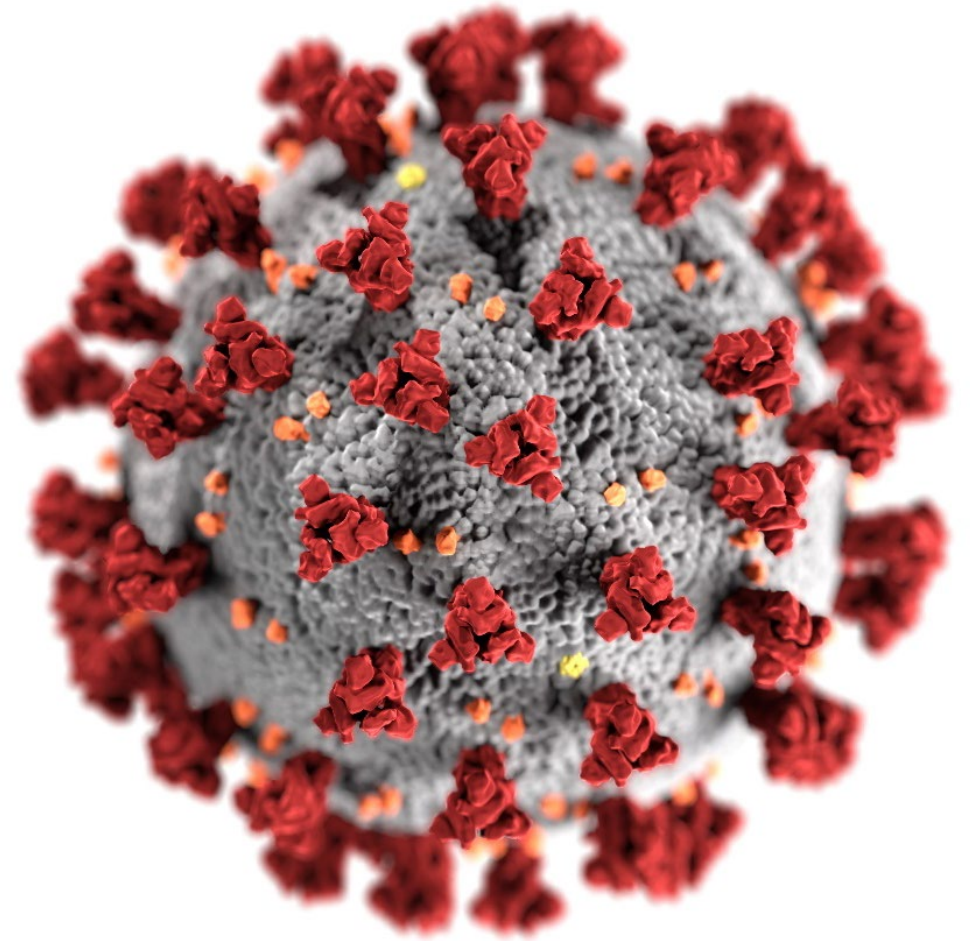
Department of Veterans Affairs

- Dina Hooshyar, MD, MPH, Director, National Center on Homelessness Among Veterans (the Center), VHA Homeless Program Office
- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office

COVID-19 and Homelessness

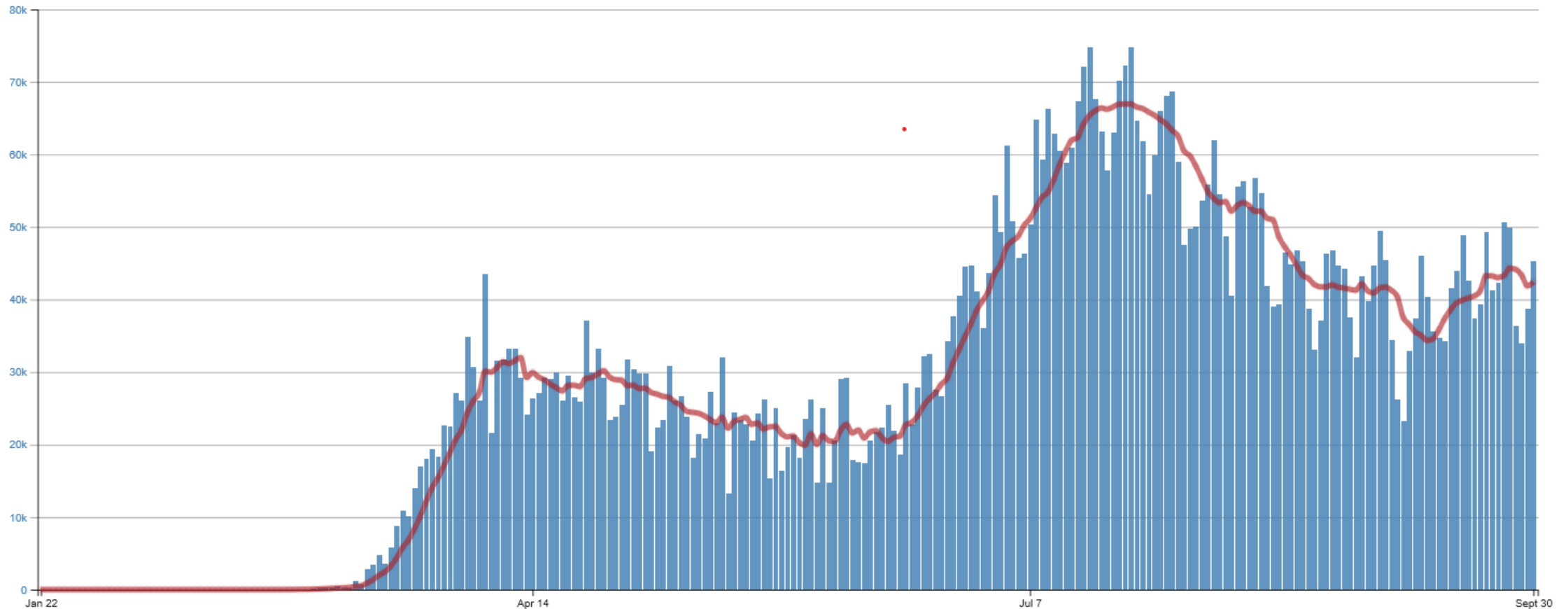
Updates

Homelessness Unit
Disproportionately Affected Populations Team
COVID-19 Response



cdc.gov/coronavirus

7.2 million cases reported in the United States*



*as of 10/1/20

CDC guidance related to homelessness and COVID-19

Ongoing Mitigation Guidance

Guidance to plan, prepare, and respond to COVID-19

[People experiencing unsheltered homelessness](#)


[Homeless service providers](#)

[Checklist for Homeless Service Providers During Community Re-opening](#)

[Testing in homeless shelters and encampments](#)

[Considerations for state and local health departments](#)

[Youth Experiencing Homelessness](#)

[COVID-19 Infection Control Inventory and Planning \(ICIP\) Tool for Homeless Service Providers](#)  [PDF – 426 KB]

Prevention and Support

[CDC/EPA cleaning and disinfection guidance](#)

[Screening for symptoms](#)

[FAQs for homeless shelters](#)

[Extra precautions for people experiencing homelessness](#)

[Homeless Shelter Worker Training](#)  [PDF – 1 MB]

[Dashboard on Universal COVID-19 Testing at Homeless Service Sites](#) 



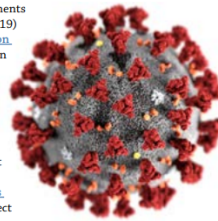
CDC guidance related to homelessness and COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/infection-control-inventory-planning-tool.pdf>

COVID-19 Infection Control Inventory and Planning (ICIP) Tool for Homeless Service Providers

Purpose

The purpose of this tool is to facilitate a conversation between health departments and homeless service providers during the coronavirus disease 2019 (COVID-19) pandemic. It can also be a starting point for developing an [infection prevention and control](#) protocol for homeless service settings. Homeless services are often provided in group settings, which could facilitate the spread of infectious diseases. Because many people experiencing homelessness are older adults or have [underlying medical conditions](#), they may be at higher risk for severe illness if they become ill with COVID-19. In response, the Centers for Disease Control and Prevention (CDC) has developed interim guidance that is intended to support response planning by emergency management officials, public health authorities, and homeless service providers, including overnight emergency shelters, day shelters, and meal service providers. See [Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#) for full guidance on the response measures to protect staff, volunteers, and clients.



CDC is working with state and local health departments to distribute this tool to homeless service providers. Information collected from this tool will be used to understand successes and challenges in implementing CDC COVID-19 interim guidance for homeless service providers. You and your facility's participation are completely voluntary; you may choose not to participate or not to answer any question at any time for any reason. Questions about utilizing this tool may be directed to [redacted]. Completed forms can be returned to EOCEvent366@cdc.gov.

How to use this tool

This tool is divided into **three modules** and should take no longer than 90 minutes to complete. Health departments can send this tool to homeless service providers and then schedule a call or visit with the provider to complete the tool. Consider in advance who should be included in this conversation. Health department participants should be versed in infection control practices and case reporting. Facility participants should oversee facility operations, staffing, and cleaning procedures.

The **first module** collects basic information about the size and layout of the facility and whether any COVID-19 cases have been identified. This module can be completed by the facility prior to the conversation with the health department. It can be helpful to share and review bed maps or floor plans prior to the conversation.

The **second module** consists of an infection prevention and control discussion. This module includes 18 elements, each of which should take about 2–3 minutes to discuss. For each element, sample prompts to guide the conversation are provided in **BOLD**; CDC interim guidance is included in *ITALICS*.

The **third module** is an additional module for facilities that specifically provide services to people with suspected or confirmed COVID-19, including medical care, isolation, quarantine, or transportation. Incorporating a videoconference walk-through of the facility may be helpful, particularly for facilities that are experiencing an outbreak. This will give the health department a better sense of the facility layout and make it easier to provide suggestions for quarantine or isolation.



6/11/2020

cdc.gov/coronavirus

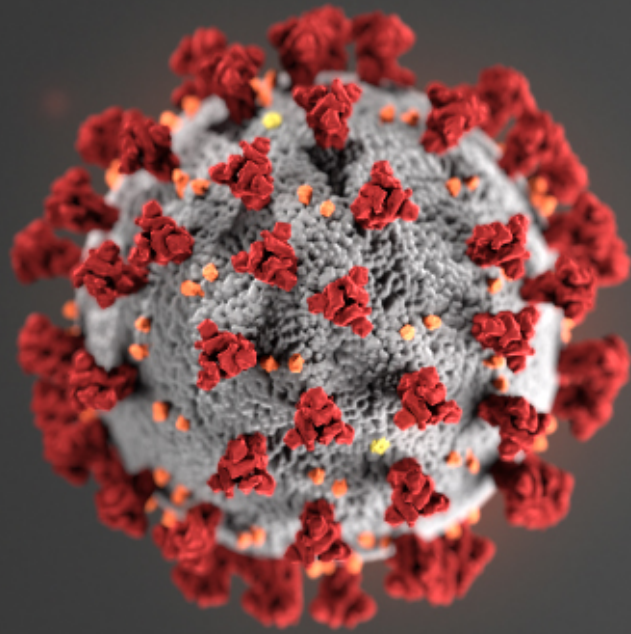
Section 7. Facility Layout (8 minutes)

Element to discuss	Notes
Can you tell me about the social (physical) distancing measures that you've put in place for general common areas for both clients and staff? Do you have clients with behavioral health issues that make it difficult to implement social (physical) distancing? <ul style="list-style-type: none">It has been easy to maintain physical distancing in common areasThere have been challenges to maintain physical distancing in common areasOther (describe) <i>Guidance:</i> 1) Put in place plans on how to maintain social distancing (remaining at least 6 feet apart) between all clients and staff while still providing necessary services. 2) Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet. 3) Create a way to make physical distancing between clients and staff easier such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.	
Can you tell me about the social (physical) distancing measures that you've put in place for sleeping areas? <ul style="list-style-type: none">It has been easy to maintain physical distancing in sleeping areasThere have been challenges to maintain physical distancing in sleeping areasOther (describe) <i>Guidance:</i> 1) In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client's faces are at least 6 feet apart. Align mats/beds so clients sleep head-to-toe.	
Can you tell me about the social (physical) distancing measures that you've put in place for meal service areas? <ul style="list-style-type: none">It has been easy to maintain physical distancing in meal areasThere have been challenges to maintain physical distancing in meal service areasOther (describe) <i>Guidance:</i> 1) In meal service areas, create at least 6 feet of space between seats and/or allow either food to be delivered to clients or for clients to take food away.	

10

Completed forms can be returned to EOCEvent366@cdc.gov.





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.



MEGAWAIVER #3



Background

- On September 30, 2020, HUD issued a memorandum providing regulatory waivers for certain requirements associated with:
 - Continuum of Care (CoC) Program
 - Youth Homeless Demonstration Program (YHDP)
 - Emergency Solutions Grant (ESG) Program, including CARES Act ESG funding
- Effective date is September 30, 2020
- The waivers are intended to help prevent the spread of COVID-19 and to provide additional supports to individuals and families eligible for assistance who are economically impacted by COVID-19

CoC (and YHDP) Program Waivers

1

Third Party Documentation of Income (Order of Preference distinction)--

NEW

24 CFR 578.103(a)(7)(iv)

2

Housing Quality Standards (HQS) – Initial Physical Inspection of Unit -- EXTENSION and EXPANSION

24 CFR 578.75(b)(1)

3

Suitable Dwelling Size and Housing Quality Standards -- NEW

24 CFR 578.75(c), 578.75(b), and 982.401(d)(2)(iii)

4

CoC Program Only: Coordinated Entry – Annual Ongoing Planning and Stakeholder Consultation -- NEW

24 CFR 578.7(a)(8) and Section II.B.15 of Notice CPD-17-01

5

Homeless Definition – Temporary Stays in Institutions of 90 days or less -- NEW

24 CFR 578.3

CoC (and YHDP) Program Waivers

6

Assistance Available at Time of Renewal--

EXTENSION

24 CFR 578.33(c)

7

Permanent Housing-Rapid Re-housing Monthly Case Management --

EXTENSION

24 CFR 578.37(a)(1)(ii)(F)

8

Fair Market Rent for Individual Units and Leasing Costs --

EXTENSION

24 CFR 578.48(b)(2)

9

Disability Documentation for Permanent Supportive Housing (PSH) --

EXTENSION AND EXPANSION

24 CFR 578.103(a) and 578.103(a)(4)(i)(B)

10

One Year Lease Requirement, Definition of Permanent Housing --

EXTENSION

24 CFR 578.3 and 578.51(i)(1)

Third Party Documentation of Income

Requirement	Applicability	Other Provisions	Required Documentation
24 CFR 578.103(a)(7)(iv) Recipients are required to demonstrate that source documents and third-party verification are unobtainable before allowing written certification by the program participant.	Any CoC recipient charging rent or occupancy charges from date of Memo through December 31, 2020.	Must still ensure that the written certification by the program participant is on file.	Written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

Housing Quality Standards – Initial Inspection of Unit

Requirement	Applicability	Other Provisions	Required Documentation
Housing Quality Standards (HQS) – Initial Physical Inspection of Unit 24 CFR 578.75(b)(1)	<p>This September 30, 2020 waiver suspends the initial physical inspection requirement as long as the recipient documents the criteria listed.</p> <p>This September 30, 2020 waiver is in effect until December 31st, 2020.</p>	<p>Must meet the following criteria:</p> <p>a. The owner certifies that they have no reasonable basis that life-threatening conditions exist in the unit; AND</p> <p>b. The recipient or subrecipient has written policies to physically inspect the unit within 3 months of a public health official determining it is safe</p>	<p>Written statement signed by the owner/property manager of the unit stating they have no reasonable basis that life-threatening conditions exist in the unit</p> <p>AND</p> <p>Written emergency policies and procedures that indicate intent to physically inspect the unit(s) within 3 months after the health officials determine special measures to prevent the spread of COVID-19 are no longer necessary.</p>

Suitable Dwelling Size and HQS (both CoC and YHDP)

Requirement	Applicability	Other Provisions
24 CFR 578.75(c), suitable dwelling size, and 24 CFR 982.401(d)(2)(ii) as required by 24 CFR 578.75(b), Housing Quality Standards, requires units funded with CoC Program funds to have at least one bedroom or living/sleeping room for each two persons.	Requirement is waived for recipients providing RRH assistance for leases executed between September 30, 2020 and December 31, 2020 and extending only until the later of 1) the end of the initial term of the lease or occupancy agreement; or 2) December 31, 2020.	Recipients are still required to follow State and local occupancy laws.

Coordinated Entry – Annual Ongoing Planning and Stakeholder Consultation (CoC Only)

Requirement	Applicability
<p>24 CFR 578.7(a)(8) requires CoCs to comply with any requirements established by HUD by Notice regarding the centralized or coordinated assessment system (CE).</p> <p>Section II.B.15 of Notice CPD-17-01 requires CoCs to facilitate ongoing planning and stakeholder consultation concerning the implementation of CE by soliciting feedback at least annually from participating projects and from households that participated in CE during that time.</p>	<p>The annual evaluation of the CoC's coordinated entry requirement is waived for 1-year beginning on the September 30, 2020.</p>

Homeless Definition – Temporary Stays in Institutions of 90 days or less

Requirement	Applicability	Other Provisions	Required Documentation
An individual who is exiting an institution where they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution are considered homeless per 24 CFR 578.3.	<p>Waiver extends the time in institution to “120 days or less”.</p> <p>Waiver is in effect for 6 months beginning September 30, 2020.</p>	Individual will still need to have resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.	Homeless documentation on file demonstrating that the individual most recently has been residing in an institution for 120 days or less AND that directly prior to that stay, they were experiencing literal homelessness i.e. emergency shelter or residing in a place not meant for habitation.

Assistance Available at Time of Renewal

Requirement	Applicability	Other Provisions	Required Documentation
24 CFR 578.33(c) requires that budget line item amounts a recipient is awarded for renewal in the CoC Program Competition will be based on the amounts in the final year of the prior funding period of the project.	The requirement is further waived for all projects that amend their grant agreement between October 1, 2020 and December 31, 2020 to move funds between budget line items in a project in response to COVID-19.	Recipients may then apply in the next FY CoC Program funding cycle based on the budget line items in the grants before they were amended.	HUD will consider any grant agreement amendment executed between March 31 st , 2020 and December 31, 2020 to move funds between budget line items in response to COVID-19 as notification to HUD.

Permanent Housing – RRH Monthly Case Management

Requirement	Applicability	Other Provisions
Permanent Housing-Rapid Re-housing Monthly Case Management 24 CFR 578.37(a)(1)(ii)(F)	Waived for all RRH projects until December 31, 2020.	Recipients should continue to provide sufficient case management to meet the needs of the client.

Fair Market Rent for Individual Units and Leasing Costs

Requirement	Applicability	Other Provisions	Required Documentation
24 CFR 578.49(b)(2) prohibits a recipient from using grant funds for leasing to pay above FMR, even if the rent is reasonable.	FMR Restriction continues to be waived for any lease executed to provide TH or PSH (leasing) until December 31, 2020.	The affected recipient or subrecipient must still ensure that rent paid for units paid for with leasing dollars meet the rent reasonableness standard in 24 CFR 578.49(b)(2).	Rent reasonableness documentation in case file.

Disability Documentation for Permanent Supportive Housing

Requirement	Applicability	Required Documentation
Disability Documentation for Permanent Supportive Housing (PSH) 24 CFR 578.103(a) and 24 CFR 578.103(a)(4)(i)(B)	<p>Requirement that recipients obtain third party documentation of disability to verify intake staff-recorded observations of disability or program participant's certification of disability is waived until public health officials determine no additional special measures are necessary to prevent the spread of COVID-19.</p> <p>Recipients will not need to obtain additional documentation for program participants admitted during this time even after the public health crisis is over</p>	<p>Staff-recorded observation of disability or written certification by the individual seeking assistance that they have a qualifying disability.</p>

One- Year Lease Requirement

Requirement	Applicability	Other Provisions
One-Year Lease Requirement 24 CFR 578.3, definition of permanent housing, 24 CFR 578.51(l)(1)	Waived for leases executed between the date of this memorandum and December 31, 2020.	The initial lease term of all leases must be at least one month.

ESG Program Waivers (including ESG-CV)

11

Homeless Definition – Temporary Stays in Institutions of 90 days or less -- **NEW**

Applicability	Other Provisions	Required Documentation
An individual who is exiting an institution where they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution are considered homeless per 24 CFR 576.2	<p>Waiver extends the time in institution to “120 days or less”.</p> <p>Waiver is in effect until March 31, 2021 and began on the date the community started preventing, preparing for, and responding to coronavirus, which HUD will presume to be January 21, 2020.</p>	Homeless documentation on file demonstrating that the individual most recently has been residing in an institution for 120 days or less AND that directly prior to that stay, they were experiencing literal homelessness i.e. emergency shelter or residing in a place not meant for habitation.

Q & A



Covenant House Alaska COVID-19 Response

Alison E. Kear, Chief
Executive Officer
Carlette S. Mack, Chief
Operating Officer



Covenant House Alaska

- **CHA is part of Covenant House International, a human rights movement for homeless and trafficked youth in 31 cities and six countries**
- **CHA is the largest provider of services to homeless and trafficked youth within the state of Alaska since 1988**
- **CHA provides a continuum of care of housing services from shelter to rapid-rehousing programs and non-residential services that engage youth through outreach, drop-in, and Education and Employment**
- **Housing capacity is 130 beds throughout the continuum**
- **Awarded 1st round of HUD YHDP funding – developed Innovative Permanency Navigator Program that now being duplicated in three other Alaska communities**



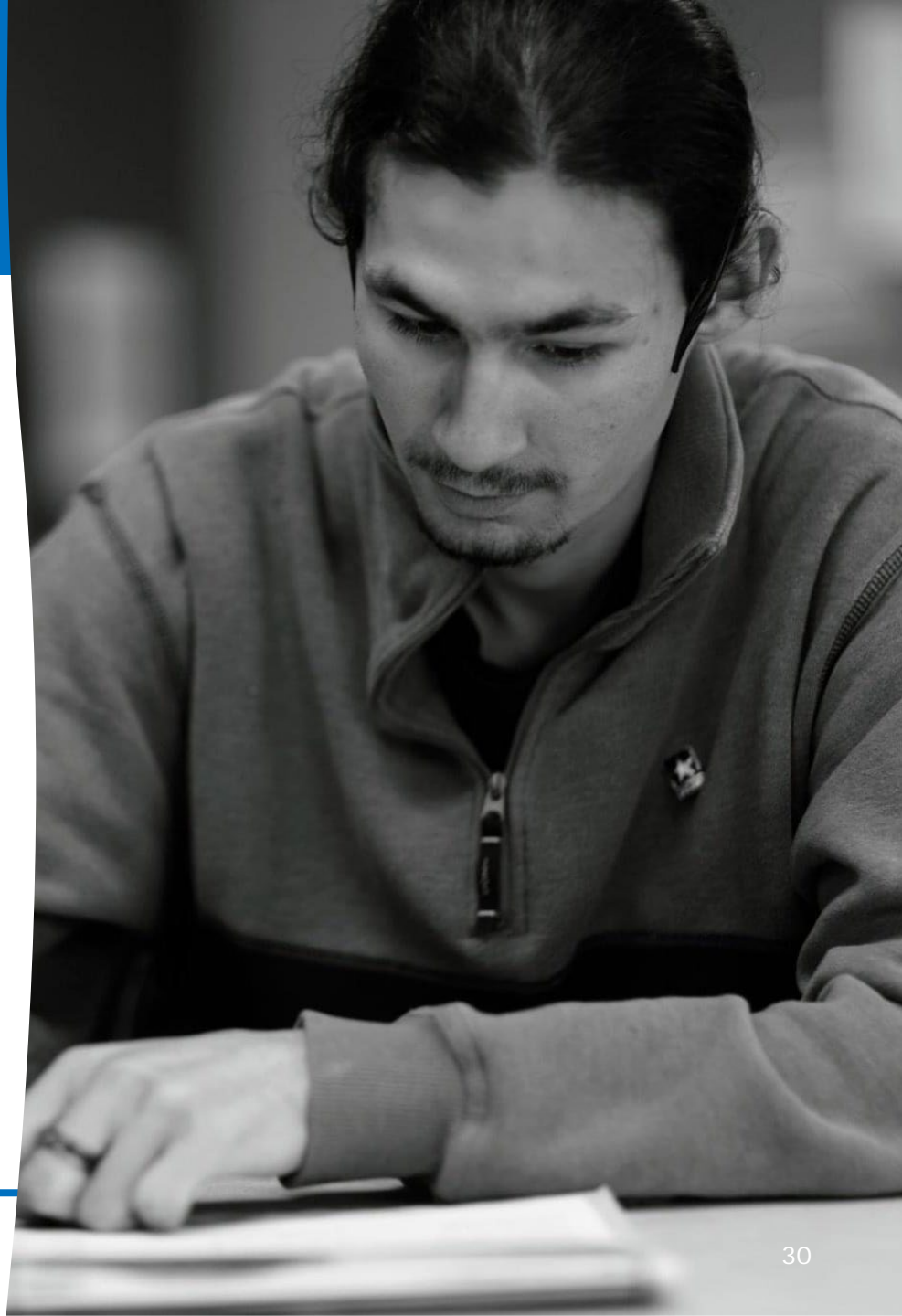
Alaska Was Not Late To The Game This Time

- The population of Alaska is a little over 730,000 people and the Anchorage population reported in 2019 is 398,000 people
- Alaska has a saying/belief that due to our location/isolation that things do not always impact us the same way it does in the Lower 48 – this was a belief when COVID-19 hit.
- March 12th marked the first case of COVID-19 in Alaska
- Anchorage enacted the first Hunker Down on March 20, 2020
- Like many cities and states, there is a continued resistance/refusal to wear mask by a small percentage of residents

Total Cases	Recovered Cases	Currently Hospitalized	Deaths Statewide	New Cases as of 9/29
7,824	4,057	33	56	105

COVID-19 Response – Support Of Our Federation

- Covenant House International (CHI) stood up an Emergency Response Team with representatives from all 31 cities meeting via Zoom Weekly
- CHI served as Technical Assistance providing access to medical experts providing interpretation of CDC guidelines and recommendations
- Helped site stay up to date on best practices and CDC guidelines
- Initiated the development of COVID-19 Response Plans, including establishment of plan standards and requirements based on CDC guidelines
- CHI coordinated efforts to secure PPE's for all locations



4 Tier Emergency Response

- Through CHA's Emergency Response Team, a 4 Tier Response Plan was developed
- Each Tier provides guidance on agency response based on local and state rate of positive cases, increased or decreased restrictions, mandatory requirements for staff and youth, guidance to staff on any changes to agency policy or practice, and what staff were identified to work remotely
- Movement between the Tier's was determined by the CEO and COO based on local positive cases and city mandates
- The plan initiated a screening tool for staff and youth and stood up two locations for quarantine and isolation
- A weekly communication plan was initiated that included both email and recorded updates.



The Good, The Bad, and the Pandemic

- CHA was able to maintain all housing services uninterrupted
- The city of Anchorage stood up a Mass shelter for all homeless adults for a capacity of 300+ clients. CHA Permanency Navigators conducted outreach to engage any TAY ages 18-24
- CHA saw 100% of youth who were housed and newly housed through rapid re-housing lose employment immediately at the onset of COVID-19 and the hunker down
- CHA saw a 300% increase in youth 18 accessing services due to Child Welfare and Division of Juvenile Justice service disruption
- Food insecurity, transportation, technology, and increased isolation were quickly identified as barriers for youth housed.



Collaboration is Always The Key!

- Local partner, Southcentral Foundation maintained CHA as an essential location, continued to provide health services including screening of symptoms and 24-hour triage – collaborated on development of agency response plan
- When testing became more readily available Southcentral Foundation and Alaska Native Health Consortium made testing available to CHA staff and youth onsite
- Municipality of Anchorage provided daily providers who conducted screening of all staff and youth



Youth Response and Ambassadors

- Youth response to COVID-19 initially was of indifference and resistance to following city mandates for hunker down or wearing of mask
- CHA had to get creative with designating staff to develop internal activities (24/7) or it was difficult to keep youth inside
- Worked with staff on grace and patience...discharge was not an option
- Hired youth to be ambassadors to help with planning of activities and communicating preventative measures



Differential – To Give or No...Do It!

- CHA implemented a 10% differential on top of base pay for all frontline staff that was initiated at Tier 4 of our response plan; loosened restrictions on access to Extended Sick Leave
- The differential was essential in recognizing that staff were on the frontlines with increased risk of exposure
- We did experience some staff call outs and some resignations due to COVID-19, but it was minimal and primarily impacted shelter services.
- Staff engagement did not decrease, and we saw a strong message from staff of support and response to the plan and overall communication
- We have had to continue to stress requirement to wear mask and have initiated weekly onsite COVID-19 testing



Testing!

- CHA participated in mass onsite testing as soon as it was made available
- First mass testing was conducted on May 5th and 6th of over 200 staff, youth, and we extended to family members. All test came back by negative
- Testing was mandatory for all and youth – we knew it was risky, but it gave us information and allowed staff to know what they were coming into – they knew the space was safe as we communicated results
- We incentivized participation for staff and youth
- Had first positive in July 2020 and to date total staff positive is 4 and total youth is 2



Lesson's Learned – Business Will Not Be As Usual

- Re-visioning of Program Model – COVID-19 pushed up timelines
- Fundraising and Donor Engagement – Do not assume how your donors and partners want to continue to support during a pandemic
- Response plan does not stay stagnate – must be nimble and adaptable
- There is no such thing as over communication
- Never underestimate the individual staff experience
- Do not stop hiring – made onboarding new staff difficult and we lost staff in the process



Q&A

Thank you!



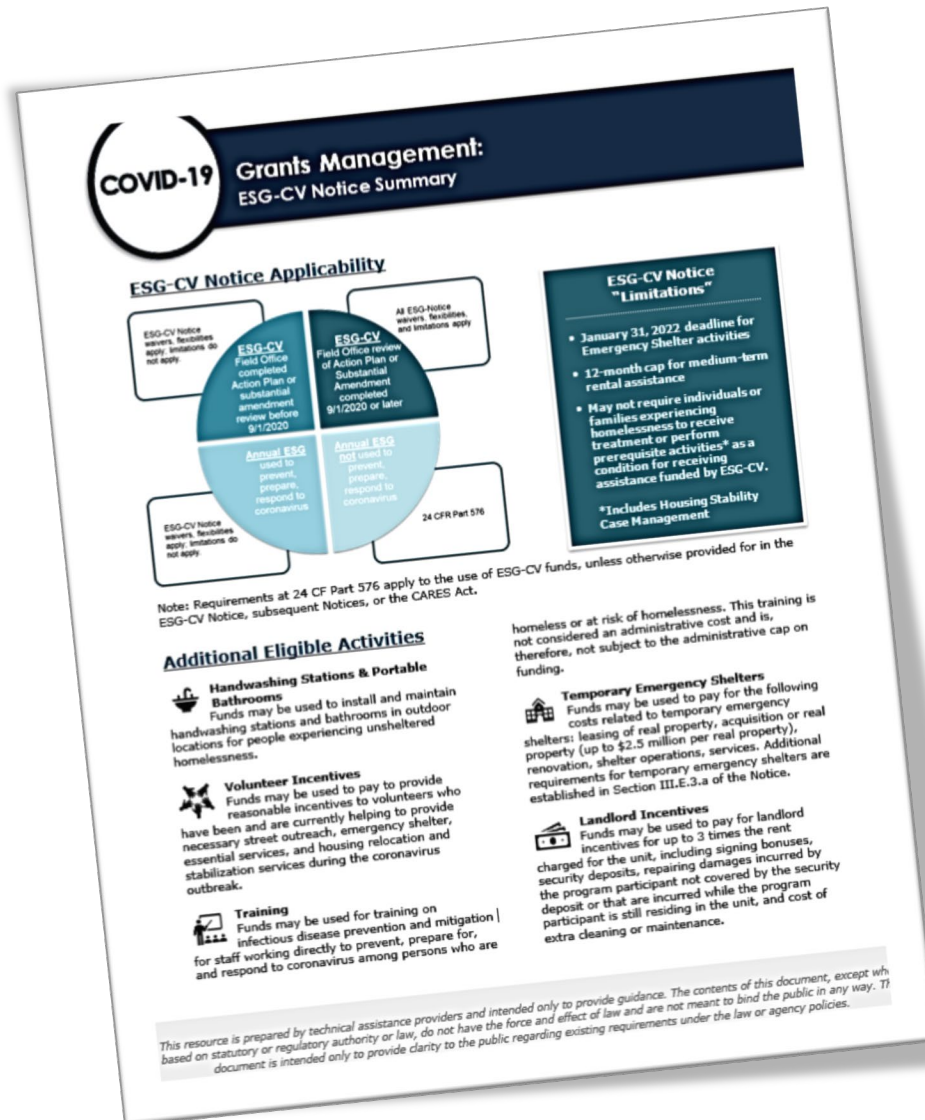
HUD TA RESOURCE SPOTLIGHT

- *ESG-CV NOTICE SUMMARY*



ESG-CV Notice Summary

- Notice Applicability
- Limitations applicable to ESG-CV funding
- Additional Eligible Activities
- Important dates –
 - Cost eligibility, Obligation dates, Expenditure deadlines
- Recapture provisions
- Means of Carrying Out Grant Activities
- Waivers and Alternative Requirements
- Additional ESG-CV Reporting
- Duplication of Benefits



New Resources Posted

- [ESG-CV Notice Summary](#)
- [Creating Cohorts for Your Rehousing Strategy](#)
- [Managed Care Resource Brief](#)
- [Supervisors Promoting a Culture of Self-Care](#)
- [Coordinating with Public Health for Safe Transitions into Housing](#)
- [Coordinated Investment Planning Case Studies](#)
- [Remote Supervision Tips for Homeless Service Providers](#)
- [Rapid Rehousing Ramp-Up](#)

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

