

THE FRAMEWORK FOR AN EQUITABLE COVID-19 HOMELESSNESS RESPONSE

VERSION 2: JUNE 5, 2020

Background and Purpose

The public health and economic crises created by the global COVID-19 pandemic are disproportionately impacting people experiencing homelessness, communities of color and people with disabilities and/or underlying health conditions. Homelessness assistance systems, most of which are strained in normal circumstances, are struggling to keep up with demand and be incorporated sufficiently into community-level public health and economic recovery activities. This crisis could be long-lasting – and we know that the longer the crisis lasts, the harder it will become for people experiencing homelessness and those with low or extremely low incomes to meet their basic needs, with Black and Hispanic people hit the hardest. Significant new funding to support the responses needed for this unprecedented situation is in the process of being allocated at the federal, state, and local levels.

The passage of the CARES Act and approval of other funding sources, such as FEMA Public Assistance, are helping make it possible for communities to conduct emergency protective measures and to plan for recovery-oriented uses of these funds simultaneously. The purpose of this Framework is to provide guidance to communities on how to use these funds strategically across a range of key public health and economic recovery strategies, to meet public health goals, to increase housing stability, and to prevent future increases in homelessness that result from an economic downturn – all with a racial justice and equity lens. These actions will need to be coordinated across many partners and systems, and across all levels of government, including emergency management offices and emergency operations; cash assistance programs; public health, physical health, and behavioral health care; homelessness services and housing; food and nutrition; and others.

This Framework will be regularly updated as new information on strategies, funding sources and implementation tools emerge – [please check here to confirm this is the most recent version](#). For example, much of the guidance on COVID-19 response for people experiencing homelessness thus far has not been specific to individual subpopulations (such as families with children, survivors of domestic violence, youth and young adults, and veterans). We recognize, however, that different communities are impacted in different ways and may need targeted strategies. Additionally, we will aim to focus on populations that have been historically marginalized. For example, it is disheartening, but not surprising, to see that COVID-19 is having a disproportionate impact on Black, Native, and Latinx communities. As we continue to revise and implement this Framework, we will also be releasing targeted support strategies for these (and other) highly vulnerable communities.

Framework for COVID-19 Homelessness Response

The range of strategies and activities that communities need to implement, across systems and partners, can be overwhelming. Through conversations with our partners, and by learning from the experiences of a diverse range of communities, we recommend using the following Framework for COVID-19 Response. Because of the changing nature of the crises, we fully expect elements of this Framework to change or evolve as we learn more and as we begin to focus more on longer-term strategies and economic recovery. This Framework will support communities' efforts to address needs during this public health crisis, to respond to future needs, and to leave our communities better prepared for future emergencies and crises. Strategies and activities will need to be undertaken in these five (5) areas:

- 1) Unsheltered People
- 2) Shelter
- 3) Housing
- 4) Prevention and Diversion
- 5) Strengthening Systems for the Future

Implementation Phases

This document identifies essential actions in four (4) implementation phases and provides guidance regarding funding that can support those actions, with a focus on existing and new federal funding.

Phase 1: Immediate Actions, with focus on equitably protecting all people experiencing unsheltered and sheltered homelessness from COVID-19 infection and illness.

Phase 2: Short-Term Actions, adding a greater focus on effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.

Phase 3: Medium-Term Actions, adding a greater focus on reducing new entries into homelessness through diversion and prevention strategies.

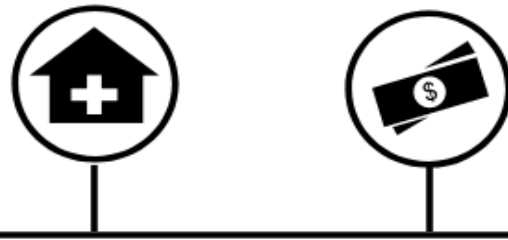
Phase 4: Longer-Term Actions, adding a greater focus on strengthening systems to be better prepared for future crises and for achieving racial justice and equity.

It is important to note that the work across these phases is not purely consecutive or confined to specific phases; rather, a great deal of the work begun in each phase will continue through the duration of the public health response and into the economic recovery response, and beyond.

Racial Justice and Equity Orientation

The homelessness services field is in the early stages of addressing racial justice and equity. People of color – especially Black and Native communities – are overrepresented within the population experiencing homelessness, in large part because of historical and systemic racism. People who identify as lesbian, gay, or bisexual are also overrepresented and face discrimination. Trans* identified individuals also face significant and distinct discrimination across a variety of systems and service points. Data is emerging that these groups also experience disparities in the homelessness system, itself. Further, it is already clear that people of color and people from marginalized communities are disproportionately impacted by the coronavirus.

It is critical, therefore, that planning, design, and implementation of responses to COVID-19 aim to close gaps in systems of care that lead to disproportionality and disparities. In order to understand the impacts of those gaps and identify appropriate and effective responses, communities should consult the people most impacted in their planning, design, and implementation. This Framework will help communities focus on these issues. It is important to hold them at the forefront during both the emergency response phase and the longer-term recovery/rehousing phase of the response. It will be much more difficult to eliminate disparities if we do not address them head-on.



Public Health and Economic Recovery

Overview: Homeless System Planning for the Most Effective Use of COVID-19 Funding



IMMEDIATE ACTIONS Public Health Response: Emergency Protective Measures to Flatten the Curve

Focus on equitably protecting all people experiencing unsheltered and sheltered homelessness from COVID-19 infection and illness.

- **Unsheltered People:** Increase outreach and create additional hygiene resources (handwashing stations, showers, laundry) for people in unsheltered locations.
- **Shelters:**
 - Ensure social distancing in current congregate facilities.
 - Stand up new non-congregate shelter for high-risk, symptomatic, overflow and people in unsheltered locations.
- **Housing**
 - Continue housing people through normal channels.
- **Prevention/Diversion**
 - Implement jurisdiction-wide moratoria on evictions.
 - Support people in PSH and RRH.
 - Link to employment.
- **Other Key Activities:**
 - Collect data for planning.
 - Engage People with Lived Expertise in planning.



SHORT-TERM ACTIONS Public Health and Economic Recovery Response: Effective and Equitable Re-Housing

Adds a greater focus on effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.

- **Unsheltered People:**
 - Sustain and expand efforts to support, screen, test, and safely shelter people who are unsheltered.
 - Engage people with lived expertise and other partners to increase outreach, especially in rural areas.
- **Shelters:**
 - Begin re-housing people placed into non-congregate or overflow shelter.
 - Re-house people in congregate or unsheltered locations.
- **Housing:**
 - Begin landlord engagement activities.
 - Begin re-engagement of coordinated entry.
 - Begin cross-system planning.
- **Prevention/Diversion:**
 - Scale up efforts to prevent loss of housing among people in PSH and RRH programs.
- **Other Key Activities:**
 - Implement equity-based decision making protocols.
 - Use data to project need for different interventions and inform equity-based decisions.



MEDIUM-TERM ACTIONS Economic Recovery Response: Reduce New Entries into Homelessness

Adds a greater focus on reducing new entries into homelessness through diversion and prevention strategies.

- **Unsheltered People:** Re-house people living in unsheltered locations and increase support for unsheltered persons.
- **Shelters:**
 - Scale up non-congregate shelter as needed.
 - Implement or increase housing-focused case management in shelter.
- **Housing:**
 - Move people from CARES-funded RRH into PSH if needed.
 - Work with PHAs and other housing agencies to access vouchers for households in CARES-funded RRH who need long-term assistance.
- **Housing cont'd:**
 - Prevent evictions due to economic crisis for extremely low income and marginalized persons first. Plan for higher income (30-80% AMI) at-risk households.
- **Prevention/Diversion:**
 - Divert households from homeless systems when possible.
 - Engage partner systems (TANF, Child Welfare, Justice) for prevention activities.
- **Other Key Activities:**
 - Use data to refresh projections of need for different interventions and assess equity impact.



LONGER-TERM ACTIONS Economic Recovery and Public Health Preparedness: Strengthen Systems to Advance Racial Equity and Prepare for Future Crises

Add a greater focus on strengthening systems to be better prepared for future crises and for achieving racial justice and equity.

- **Unsheltered People:** Monitor re-housing efforts for people living in unsheltered locations.
- **Shelters:**
 - Close non-congregate and overflow shelters by moving residents into housing.
 - Assess feasibility of replacing all congregate with non-congregate shelter in light of public health risk.
 - Connect COVID related homeless assistance to employment systems.
- **Housing:** Assess and plan additional activities/targeting for marginalized/highly impacted communities.
- **Prevention/Diversion:**
 - Scale diversion.
 - Conduct homelessness prevention for at-risk households, prioritizing below 30% AMI HHs first.
- **Other Key Activities:**
 - Conduct review of COVID response to inform lessons learned for planning, including impact of equity-focused practices.

PHASE 1: IMMEDIATE ACTIONS

PUBLIC HEALTH RESPONSE: EMERGENCY PROTECTIVE MEASURES

Initial focus is on: Equitably protecting all people experiencing unsheltered and sheltered homelessness from COVID-19 infection and illness, helping flatten curve of community infections and reducing demand on health care resources, integrated within public health and emergency response.

Action Priorities	Strategic Use of Funding ¹
<p>UNSHELTERED PEOPLE:</p> <ul style="list-style-type: none"> • Implement non-congregate shelter for people living in encampments and follow CDC guidance not to clear encampments unless alternatives that meet CDC guidance are available. • Implement robust outreach, screening, and testing protocols to assess needs of people who are unsheltered, including people in encampments AND on their own, and use information gathered to identify and prioritize people with greatest risks. • Implement approaches to referring and safely transporting people to appropriate and safe shelter and/or housing. • Provide hygiene resources (handwashing stations, outreach, showers, laundry) for people in unsheltered locations. • Equip staff and clients with protective supplies (masks, etc.) and train staff to support people who remain unsheltered to implement safer social distancing, sanitation, hygiene, and harm reduction practices. • Ensure people who are currently unsheltered are actively connected to comprehensive health care services and are enrolled in health coverage. Services may need to be delivered via mobile programs or street medicine teams and on-site within encampments. • Engage people with lived expertise of homelessness to ensure plans for this population are adequate and implementable. 	<ul style="list-style-type: none"> • FEMA Public Assistance: Category B-Emergency Protective Measures for hygiene resources for unsheltered persons and expand outreach. These activities should be included in the Public Health Order and FEMA application. • ESG or ESG-CV for outreach and other services for people in unsheltered locations. • CDBG or CDBG-CV for essential services for people in unsheltered locations. • Federal Coronavirus Relief Fund funding provides to State and local jurisdictions. • Local jurisdictions or service providers should contact their local Office of Emergency Management to receive PPE through FEMA channels and other sources.
<p>SHELTERS:</p> <ul style="list-style-type: none"> • Implement screening and testing protocols to assess needs and to identify and prioritize people with greatest risks. • Implement approaches to referring and safely transporting people to appropriate and safe alternative shelter options and/or housing. 	<ul style="list-style-type: none"> • FEMA Public Assistance: Category B to pay for Emergency Protective Measures, including non-congregate shelter and congregate shelter.

¹ Communities should use funding as strategically as possible. National estimates for need on homeless response to COVID exceeded the amount allocated for ESG-CV, therefore it is important to ensure that planning includes ways to maximize ESG while using other non-dedicated resources for eligible activities.

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PUBLIC HEALTH RESPONSE: EMERGENCY PROTECTIVE MEASURES

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Action Priorities	Strategic Use of Funding ¹
<ul style="list-style-type: none"> • Stand up new non-congregate settings to provide isolation/quarantine units, respite beds, alternate care settings, and temporary shelter options for people, consistent with CDC guidance and ensuring people are provided with access to health assessments and connections to health care services and supports, onsite and via telemedicine. • Use data gathered through screening and testing strategies to inform planning and identify needs for additional non-congregate settings. • Ensure people staying within existing and new shelter options are actively connected to comprehensive health care services and trauma-informed services. • Ensure that all existing and new shelter options are low-barrier, culturally appropriate, non-discriminatory, accessible for people with disabilities, and equitably accessed by people in marginalized communities. • Deconcentrate existing shelters by relocating people to non-congregate settings, equip staff and clients with protective supplies (masks, etc.), and train staff and clients on social distancing, sanitation, and hygiene practices, including adjusting meal services. • Identify shelters that are likely to close because they are seasonal (winter-only) or due to lack of staff, lack of funding, inability to implement proper procedures, etc., and create alternate plans to extend operations and/or to safely relocate all people currently staying in such facilities. • Engage people with lived expertise for input and decision-making. 	<ul style="list-style-type: none"> • ESG, ESG-CV, CDBG, CDBG-CV for shelter operations and services. • Federal Coronavirus Relief Fund funding provided to State and local jurisdictions. • HHS/CDC COVID-19 funds through state and local jurisdictions for a variety of public health activities, including “Controlling COVID-19 in high-risk settings and protect vulnerable or high-risk populations.” • CSBG COVID/CARES funding flows through Community Action Agencies for services to low income persons, including people experiencing homelessness. • CDBG, CDBG-CV can be used for testing, purchase of equipment and supplies, social distancing activities. • Runaway and Homeless Youth programs are eligible for CARES Act/RHY supplemental funds (\$25 million). • Domestic Violence Programs can access Family Violence Prevention and Services CARES Act funding (\$45 million). • Temporary Assistance for Needy Families (TANF) funding can be used to support temporary shelter placements. • State and local discretionary funds. • Create cash flow or fill gaps with philanthropic dollars.
<p>HOUSING:</p> <ul style="list-style-type: none"> • Continue to house as many people as possible through existing resources and through a range of options – rapid rehousing, permanent supportive housing, family reconnection, shared housing, etc. • Link those exiting to housing with needed services, including employment services and opportunities as appropriate. 	<p>Funding is largely through existing mechanisms, including:</p> <ul style="list-style-type: none"> • CoC Program, including the Youth Homelessness Demonstration Program. • ESG and ESG-CV (RRH) • HOME TBRA

PHASE 1: IMMEDIATE ACTIONS

PUBLIC HEALTH RESPONSE: EMERGENCY PROTECTIVE MEASURES

Initial focus is on: Equitably protecting all people experiencing unsheltered and sheltered homelessness from COVID-19 infection and illness, helping flatten curve of community infections and reducing demand on health care resources, integrated within public health and emergency response.

Action Priorities	Strategic Use of Funding ¹
	<ul style="list-style-type: none"> • CDBG, CDBG-CV for employment activities and other essential services, short-term rental assistance. • HOPWA (for People Living with HIV/AIDS) • Public Housing Authorities (Public Housing and Housing Choice Vouchers) • HUD-VASH/Tribal HUD-VASH (for Veterans) • USDA Section 515, Section 515/516, and Section 521 programs support housing opportunities in rural areas • SSVF (for Veterans) • TANF can support rapid rehousing interventions and links to employment. • Workforce Innovation and Opportunity Act (WIOA) funding, CSBG, Second Chance Act Demonstration Grants, Senior Community Service Employment Program, SNAP E&T, TANF, and DOL Homeless Veterans' Reintegration Program can all support employment activities. • State and local discretionary funding. • Funds administered through HUD's Office of Native American Programs for Tribal Areas.
<p>PREVENTION AND DIVERSION:</p> <ul style="list-style-type: none"> • Identify and support people who are living in permanent supportive housing or being served by rapid rehousing programs who may be at highest risk of losing their housing. • Implement jurisdiction-wide moratoria on evictions. 	<ul style="list-style-type: none"> • ESG and ESG-CV • SSVF (Veterans) • TANF can provide financial assistance to prevent loss of housing. • Philanthropic funding

PHASE 1: IMMEDIATE ACTIONS

PUBLIC HEALTH RESPONSE: EMERGENCY PROTECTIVE MEASURES

Initial focus is on: Equitably protecting all people experiencing unsheltered and sheltered homelessness from COVID-19 infection and illness, helping flatten curve of community infections and reducing demand on health care resources, integrated within public health and emergency response.

Action Priorities

Strategic Use of Funding¹

STRENGTHENING SYSTEMS FOR THE FUTURE:

- **Integrate homelessness response within general public health response through partnerships** among Public Health Department, Emergency Management Departments, health care partners, housing agencies, and Continuum of Care.
- **Integrate all relevant data into HMIS**, including data on the use of overflow congregate and non-congregate shelter for future planning purposes.
- **Engage people with lived expertise of homelessness and peers** into all elements of planning and implementation.
- **Document and assess the impact of COVID-19 on disproportionately impacted communities, especially communities of color**, and create planning structures and partnerships to develop strategies to eliminate such disparities.
- **Ensure strategies and communications efforts have broad geographic reach**, including into rural areas of community and in support of Native American communities.

- Administrative funds from **block grants**.
- **CoC Planning funds** can be used to plan for integration of homelessness and public health.
- **CoC HMIS, ESG and ESG-CV** for data collection and analysis.
- **Philanthropic dollars** for racial justice and equity analysis.

PHASE 2: SHORT-TERM ACTIONS

PUBLIC HEALTH AND ECONOMIC RECOVERY RESPONSE: RE-HOUSING

Add greater focus on: Effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.

Action Priorities	Strategic Use of Funding ²
<p>UNSHELTERED PEOPLE:</p> <ul style="list-style-type: none"> • Ensure and monitor full reach of efforts to screen, provide quick and comprehensive access to testing for diagnostic purposes, and universal or scientifically randomized sample testing for surveillance purposes. • Safely shelter or house people who are unsheltered, and support people who remain unsheltered to implement safer social distancing, sanitation, hygiene, and harm reduction practices. Ensure all assistance is trauma-informed. • Engage people with lived expertise and grass roots organizations, faith-based institutions, etc., to reach out to people experiencing homelessness, especially in areas where shelter is scarce and unsheltered people may be staying in less visible locations. • Ensure people who are currently unsheltered are actively connected to comprehensive health care services and are enrolled in health coverage. Services may need to be delivered via mobile programs or street medicine teams and on-site within encampments. 	<ul style="list-style-type: none"> • FEMA Public Assistance: Category B-Emergency Protective Measures for hygiene resources for unsheltered persons and expand outreach. This terminates at the end of the declared public health crisis. • ESG or ESG-CV for outreach and other services for people in unsheltered locations. • CDBG or CDBG-CV can be used for essential services for people in unsheltered locations. • Federal Coronavirus Relief Fund funding provided to State and local jurisdictions. • Philanthropic funding to engage people with lived expertise.
<p>SHELTERS:</p> <ul style="list-style-type: none"> • Scale up additional non-congregate shelter options for people who are high-risk, people who are symptomatic, people who need to be relocated to deconcentrate shelters, and people in unsheltered locations, as needed. • Ensure people staying at new and existing shelter options are provided with access to health coverage, assessments, and connections to health care services and supports, onsite and via telemedicine. • Ensure and monitor full reach of efforts to screen, provide quick and comprehensive access to testing for diagnostic purposes, and universal or scientifically randomized sample testing for surveillance purposes. • Ensure safety of people staying in congregate and non-congregate shelter settings through supporting safer social distancing, sanitation, hygiene, and harm reduction practices, and monitor and adjust efforts as needed. 	<ul style="list-style-type: none"> • FEMA Public Assistance: Category B to pay for Emergency Protective Measures, including non-congregate shelter and congregate shelter. Authorization is usually provided in 30-day increments. • ESG, ESG-CV, CDBG, CDBG-CV for shelter operations and services. • Federal Coronavirus Relief Fund funding provided to State and local jurisdictions. • HHS/CDC COVID-19 funds through state and local jurisdictions for a variety of public health activities, including “Controlling COVID-19 in high-risk settings and protect vulnerable or high-risk populations.”

² Communities should look to combine current and new funding streams to address emerging needs. Communities should also seek non-traditional partners that reach into underserved and marginalized communities.

PHASE 2: SHORT-TERM ACTIONS

PUBLIC HEALTH AND ECONOMIC RECOVERY RESPONSE: RE-HOUSING

Add greater focus on: Effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.

Action Priorities	Strategic Use of Funding ²
<ul style="list-style-type: none"> • Implement protocols to ensure that no one is purposefully exited from any of new sheltering facilities into unsafe congregate shelters or unsheltered homelessness and provide individual units for those who exit quarantine or isolation shelters and cannot return to their original location. • Assess whether equitable access to new and existing shelter facilities is being provided to people of color and examine data to determine if there are other disparities to be addressed, such as by race, ethnicity, disability, gender status, family composition, etc. 	<ul style="list-style-type: none"> • CSBG COVID/CARES funding flows through Community Action Agencies for services to low income persons, including people experiencing homelessness. • Runaway and Homeless Youth programs are eligible for CARES Act/RHY supplemental funds (\$25 million). • Domestic Violence Programs can access Family Violence Prevention and Services CARES Act funding (\$45 million). • State and local discretionary funds.
<p>HOUSING:</p> <ul style="list-style-type: none"> • Use data to project need for different housing interventions (permanent supportive housing, rapid rehousing, affordable rental housing subsidies, etc.) and to inform equity-based decisions and begin to identify resources that can support interventions at scale needed. • Stand up new housing tracking and lease-up protocols, if needed, to closely track unit availability and minimize time to lease up. • Begin to scale new investments into permanent housing options, including re-housing people from congregate or unsheltered locations, modifying coordinated entry policies and protocols as necessary. • Scale landlord engagement activities to ensure that people are housed quickly, and that tenant-based rental assistance can be mobilized efficiently. • Monitor data to ensure that exits to housing are equitable and that returns to homelessness are not racially or otherwise disproportionate. • Ensure people in housing are linked to appropriate services, including health care and employment services. 	<ul style="list-style-type: none"> • CoC Planning and HMIS for developing equity-based decision structures. • CoC Program (PSH and RRH) including the Youth Homelessness Demonstration Program. • HUD/SNAPS Technical Assistance to stand up emergency housing tracking and lease-up protocols. • ESG and ESG-CV (RRH) • CDBG-CV for essential services. • Mainstream systems (including Community Health Centers) for services. • HOME TBRA • HOPWA (for People Living with HIV/AIDS) • Public Housing Authorities (Public Housing and Housing Choice Vouchers) • HUD-VASH/Tribal HUD-VASH (for Veterans) • USDA Section 515, Section 515/516, and Section 521 programs support housing opportunities in rural areas. • SSVF (for Veterans)

PHASE 2: SHORT-TERM ACTIONS

PUBLIC HEALTH AND ECONOMIC RECOVERY RESPONSE: RE-HOUSING

Add greater focus on: Effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.

Action Priorities	Strategic Use of Funding ²
	<ul style="list-style-type: none"> • CSBG COVID/CARES funding (through Community Action Agencies) • TANF • Workforce Innovation and Opportunity Act (WIOA) funding, CSBG, Second Chance Act Demonstration Grants, Senior Community Service Employment Program, SNAP E&T, TANF, and DOL Homeless Veterans' Reintegration Program can all support employment activities. • Funds administered through HUD's Office of Native American Programs for Tribal Areas. • State and local discretionary funding.
<p>PREVENTION AND DIVERSION:</p> <ul style="list-style-type: none"> • Scale up efforts to prevent loss of housing among people who are living in permanent supportive housing or being served by rapid rehousing programs. • Assess homelessness services system's current diversion practices and establish strengthened practices and increased capacity, including tailoring support for households whose support networks have fewer resources. 	<ul style="list-style-type: none"> • ESG and ESG-CV • SSVF (Veterans) • TANF • Philanthropic funding
<p>STRENGTHENING SYSTEMS FOR THE FUTURE:</p> <ul style="list-style-type: none"> • Implement equity-based decision making in order to promote equitable outcomes for highly impacted communities. • Monitor and assess data to ensure that tests are being administered equitably, and to ensure that screening and referral processes are yielding appropriate outcomes across race, ethnicity, gender status, sexual orientation, and disability status. • Create planning structures and partnerships that can assess racially-based health disparities and develop remediation strategies. • Establish links to employment services and jobs, and use data to ensure that employment, income, and access to benefits outcomes are equitable. 	<ul style="list-style-type: none"> • Philanthropic funds for development of equity-based decision making and planning tools and coordination with mainstream systems. • CoC and ESG/ESG-CV to monitor and assess data collected through HMIS. • CoC Planning for developing partnerships to plan regarding disparities.

PHASE 3: MEDIUM-TERM ACTIONS

ECONOMIC RESPONSE: HOMELESSNESS AND EVICTION PREVENTION

Add greater focus on: Reducing new entries into homelessness through prevention and diversion strategies

Action Priorities	Strategic Use of Funding
<p>UNSHELTERED PEOPLE:</p> <ul style="list-style-type: none"> • Examine situation of those who remain unsheltered; assess whether they remain unsheltered because of lack of beds available or because assistance being offered is unacceptable to them; and take individualized, trauma-informed steps to assist remaining unsheltered people into shelter or housing that is acceptable to them. • Establish and sustain regular support for any people who remain unsheltered including sustaining diagnostic and surveillance testing strategies and efforts to support safe social distancing, sanitation, hygiene, and harm reductions practices. Also provide, healthy food, access to comprehensive health and behavioral health services and health coverage, clean and weather-appropriate clothing and bedding, etc. • Ensure that nothing is done to criminalize, sanction, or penalize people for engaging in essential activities of life while experiencing unsheltered homelessness. 	<ul style="list-style-type: none"> • ESG or ESG-CV for outreach and other services for people in unsheltered locations. • CDBG or CDBG-CV can be used for essential services for people in unsheltered locations. • FEMA Public Assistance: Category B authorization is usually provided in 30-day increments. • Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.
<p>SHELTERS:</p> <ul style="list-style-type: none"> • Further scale up additional non-congregate shelter options for people who are high-risk, people who are symptomatic, people who need to quarantine, people who need to be relocated to deconcentrate shelters, and people in unsheltered locations, until all need is met. • Continue to monitor the screening and diagnostic and surveillance testing of people staying in congregate and non-congregate shelter settings, and their access to comprehensive health care services and coverage, to ensure their health and safety, and adjust as needed. • Monitor effectiveness of protocols to ensure that no one is purposefully exited from any of new sheltering facilities into unsheltered homelessness, and adjust as needed. • Expand housing-focused case management services and housing subsidy resources within shelters to support people to exit to housing. • Initiate planning for new or sustained non-congregate shelter capacity and medical respite care capacity to replace congregate shelters. 	<ul style="list-style-type: none"> • FEMA Public Assistance: Category B to pay for Emergency Protective Measures, including non-congregate shelter and congregate shelter. Authorization is usually provided in 30-day increments. • ESG, ESG-CV, CDBG, CDBG-CV for shelter operations and services. • Federal Coronavirus Relief Fund funding provided to State and local jurisdictions. • HHS/CDC COVID-19 funds through state and local jurisdictions for a variety of public health activities, including “Controlling COVID-19 in high-risk settings and protect vulnerable or high-risk populations.” • CSBG COVID/CARES funding flows through Community Action Agencies for services to low income persons, including people experiencing homelessness.

PHASE 3: MEDIUM-TERM ACTIONS

ECONOMIC RESPONSE: HOMELESSNESS AND EVICTION PREVENTION

Add greater focus on: Reducing new entries into homelessness through prevention and diversion strategies

Action Priorities	Strategic Use of Funding
	<ul style="list-style-type: none"> • Runaway and Homeless Youth programs are eligible for CARES Act/RHY supplemental funds (\$25 million). • Domestic Violence Programs can access Family Violence Prevention and Services CARES Act funding (\$45 million). • TANF • State and local discretionary funds
<p>HOUSING:</p> <ul style="list-style-type: none"> • Create a plan to ensure that no one who is in a hotel and motel room or other non-congregate setting exits to the street or shelter, but rather exits to permanent housing. • Develop agreements and protocols for housing high need and unsheltered populations at full scale needed, including identifying and securing funding commitments. • Mobilize scaled-up investments into permanent housing options to exit people from sheltered and unsheltered homelessness, with consideration for the accessibility needs of people with disabilities and focus on the most greatly impacted populations. • Work with partners including public housing authorities, health systems, state housing finance agencies and others to access short- and long-term rental subsidies for housing, including permanent supportive housing as appropriate. • Use data to refresh projections of need for different housing interventions and to examine equity impact. • Create critical time intervention structure to link unsheltered and other high need individuals who are moving into housing with appropriate services in the community, including employment and employment services. • Ensure that everyone who is housed has a solid link to health care, that their home does not present health risks (mold, rodents, lack of insulation, etc.), that people with disabilities are housed in accessible units, that all members of the family have a primary care provider, and that they can readily access health care services. 	<ul style="list-style-type: none"> • CoC Planning and HMIS for developing exit strategies for temporary non-congregate and congregate facilities. • CoC Coordinated Entry funds to conduct housing placement. • CoC Program (PSH and RRH) including the Youth Homelessness Demonstration Program. • HUD/SNAPS Technical Assistance to stand up emergency housing tracking and lease-up protocols. • ESG and ESG-CV (RRH) • CDBG, CDBG-CV for employment activities and other essential services, short-term rental assistance. • HOME TBRA • HOPWA (for People Living with HIV/AIDS) • Public Housing Authorities (Public Housing and Housing Choice Vouchers) • HUD-VASH/Tribal HUD-VASH (for Veterans) • HUD’s Healthy Homes Program supports efforts to protect children from housing-related hazards. • USDA Section 515, Section 515/516, and Section 521 programs support housing opportunities in rural areas. • SSVF (for Veterans)

PHASE 3: MEDIUM-TERM ACTIONS

ECONOMIC RESPONSE: HOMELESSNESS AND EVICTION PREVENTION

Add greater focus on: Reducing new entries into homelessness through prevention and diversion strategies

Action Priorities	Strategic Use of Funding
<ul style="list-style-type: none"> • Sustain robust landlord engagement strategies to ensure that people are housed quickly and that tenant-based rental subsidies can be utilized quickly and efficiently. 	<ul style="list-style-type: none"> • CSBG COVID/CARES funding (through Community Action Agencies) • Funds administered through HUD’s Office of Native American Programs for Tribal Areas. • State and local discretionary funds
<p>PREVENTION AND DIVERSION:</p> <ul style="list-style-type: none"> • Implement system-wide diversion strategies, including financial assistance and problem-solving services, across homelessness assistance system. • Implement expanded homelessness and eviction prevention services, through flexible models of financial assistance and other services, with focus on those with lowest incomes (0-30% of AMI) and greatest risks of loss of housing. • Ensure prevention funding is being provided to community-based organizations and/or non-traditional partners best able to reach into highly-impacted communities. • Identify and engage partner systems (TANF, Unemployment, Child Welfare, Justice) to strengthen their prevention activities. 	<ul style="list-style-type: none"> • ESG and ESG-CV • SSVF (Veterans) • TANF • Philanthropic funding
<p>STRENGTHENING SYSTEMS FOR THE FUTURE:</p> <ul style="list-style-type: none"> • Assess likely impacts of cessation of eviction moratoria, rent forbearance, unemployment compensation, individual payments, and other policies on homelessness. • Continue to closely monitor data on households receiving assistance, households exiting homelessness, and households returning to homelessness to ensure that there are not inequities in access and outcomes. • Assess impact of equity-based decision-making and make mid-course corrections to program design to ensure equitable outcomes. 	<ul style="list-style-type: none"> • Philanthropic funds for strategic planning. • CoC and ESG/ESG-CV to monitor and assess data collected through HMIS. • CoC Planning for developing partnerships to plan regarding disparities. • TANF

PHASE 4: LONGER-TERM ACTIONS

ECONOMIC RECOVERY AND PUBLIC HEALTH PREPAREDNESS: LONG-TERM CHANGE

Add greater focus on: Strengthening systems to be better prepared for future crises and for achieving racial justice and equity

Action Priorities	Strategic Use of Funding ³
<p>UNSHELTERED PEOPLE:</p> <ul style="list-style-type: none"> • If any people remain unsheltered after offers of available shelter or housing options have been unsuccessful, continue to provide people with access to testing options, healthy food, hygiene equipment, sanitation services, harm reduction supports, and other assistance to meet basic needs, while continuing efforts to assist them into shelter or housing. • Ensure that any people who remain unsheltered are being regularly contacted and engaged, screened, and tested as needed, and are receiving re-housing, medical and behavioral health care services, health coverage, and other trauma-informed services as needed. 	<ul style="list-style-type: none"> • ESG or ESG-CV for outreach and other services for people in unsheltered locations. • CDBG or CDBG-CV can be used for essential services for people in unsheltered locations. • Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.
<p>SHELTERED:</p> <ul style="list-style-type: none"> • Initiate planning to eliminate congregate shelters in favor of shelters with private rooms and bathrooms to address general and long-term public health issues, trauma, etc. Such shelters should be low-barrier, accessible to people with disabilities, connect people to health care and coverage, and housing-focused. (Note: Investments in shelter should be balanced with investments into expanded permanent housing opportunities.) • Begin to implement activities for closing non-congregate shelters if no longer needed in public health response <u>or</u> for long-term supply of shelter. • Ensure there is adequate medical respite care capacity to meet the needs of people requiring safe hospital discharges who cannot manage at home. 	<ul style="list-style-type: none"> • Philanthropic funding for long-term strategic planning on emergency shelter configuration. • ESG or ESG-CV for winding down auxiliary shelter operations. • Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.
<p>HOUSING:</p> <ul style="list-style-type: none"> • Continue to mobilize scaled-up investments into permanent housing options, including permanent supportive housing as needed, to exit people from unsheltered homelessness and from shelters, including from new sheltering options created. Housing investments should be targeted to the lowest-income and most marginalized populations to the greatest extent possible. 	<ul style="list-style-type: none"> • CoC Coordinated Entry funds to conduct housing placement • CoC Program (PSH and RRH) including the Youth Homelessness Demonstration Program. • Mainstream systems for services • CDBG and CDBG-CV for employment activities and other essential services, short-term rental assistance.

³ Plan for spending of CARES Act funds over program period (2-3 years), including projections for program wind-down

PHASE 4: LONGER-TERM ACTIONS

ECONOMIC RECOVERY AND PUBLIC HEALTH PREPAREDNESS: LONG-TERM CHANGE

Add greater focus on: Strengthening systems to be better prepared for future crises and for achieving racial justice and equity

Action Priorities	Strategic Use of Funding ³
<ul style="list-style-type: none"> • Implement multi-sector efforts to project and meet current and future needs for housing at all affordability levels, starting with the housing needs of households that cannot be met by the private sector without federal, state, or local assistance. • Connect people exiting homelessness with employment, health care, and other services. 	<ul style="list-style-type: none"> • ESG and ESG-CV (RRH) • HOME TBRA • National Housing Trust Fund • HOPWA (for People Living with HIV/AIDS) • Public Housing Authorities (Public Housing and Housing Choice Vouchers) • HUD-VASH/Tribal HUD-VASH (for Veterans) • USDA Section 515, Section 515/516, Section 521 and Section 538 programs support housing opportunities in rural areas. • SSVF (for Veterans) • CSBG COVID/CARES funding (through Community Action Agencies) • TANF • Funds administered through HUD’s Office of Native American Programs for Tribal Areas • State and local discretionary funding
<p>PREVENTION AND DIVERSION:</p> <ul style="list-style-type: none"> • Continue to assess and strengthen the implementation of diversion strategies, and use success of diversion efforts to shape planning for scale of non-congregate shelter needed. • Support previously sheltered and unsheltered people who have moved to permanent housing to maintain health and housing stability, including regular check-ins and provision of necessary services and supports. • After meeting all the prevention needs of people with the lowest incomes (0-30% AMI), consider scaling efforts to prevent evictions due to economic crisis for higher-income populations (30-80% AMI). 	<ul style="list-style-type: none"> • ESG and ESG-CV • SSVF (Veterans) • TANF • Philanthropic funding

PHASE 4: LONGER-TERM ACTIONS

Economic Recovery and Public Health Preparedness: Long Term Change

Add Greater Focus on: Strengthening systems to be better prepared for future crises and for achieving racial justice and equity

Action Priorities	Strategic Use of Funding ⁴
<p>STRENGTHENING SYSTEMS FOR THE FUTURE:</p> <ul style="list-style-type: none"> • Strengthen coordination and partnerships between state and local public health systems and homelessness services and housing systems to both reduce homelessness and to strengthen future public health responses. • Document strengths and weaknesses of response for people experiencing homelessness within COVID-19 emergency response and develop actionable plans that can be implemented quickly in future crises. • Use data to quantify and then publicly communicate the inequitable health and economic impacts of COVID-19 on communities of color and marginalized communities, and develop strategies to limit such disparate impacts in the areas of health, financial well-being, and housing within future public health crises. • Identify and document promising practices and support all organizations to implement such practices, including equity-focused practices, and make mid-course corrections to program design to ensure equitable outcomes. • Assess and target the use of federal, state, and local resources to build and preserve rental homes affordable to people with the lowest incomes who are at the greatest risk of homelessness. Use non-subsidy tools, such as zoning and land use regulations, to promote more housing supply for households with relatively higher incomes. • Adopt policies at the local level to make federal, state, and local investment more effective, including source of income discrimination bans. 	<ul style="list-style-type: none"> • Partnership with colleges and universities to collect and report promising practices/conduct analyses. • Philanthropic funds for strategic planning. • CoC and ESG/ESG-CV (including admin) to monitor and assess data collected through HMIS. • CoC Planning for developing partnerships with public health and other mainstream systems.

⁴ Plan for spending of CARES Act funds over program period (2-3 years), including projections for program wind-down