

Communities have been working tirelessly to ensure the safety of those experiencing homelessness throughout the pandemic. With the widespread availability and demonstrated effectiveness of vaccines, many CoCs and ESG recipients have pivoted their attention to long-term rehousing strategies. However, the Delta variant has led to increased infection rates across the country, especially where vaccinations rates have been lower, including in communities of color. This suggests that COVID-19 will be a safety consideration for the foreseeable future. In light of this reality, ESG-CV recipients may need to reallocate or reprogram a portion of funds to prepare for and respond to outbreaks to mitigate the spread of COVID-19.

Allowable ESG-CV activities to support COVID-19 response expansion

- The ESG-CV notice has expanded the [eligible activities](#) that can support the preparation for, prevention of, and response to COVID-19.
- Communities with [high rates of COVID transmission](#) should consider reprogramming and/or reallocating ESG-CV funds to support infection control and outbreak containment through all components, but especially street outreach and emergency shelter. It is important to review local data to inform decision-making and understand the risk of outbreaks in sheltered and unsheltered settings.

A Multi-Pronged Strategy is Necessary to Reduce Outbreaks

For Unsheltered Individuals

- Follow [CDC guidance](#) on meeting the needs of those experiencing unsheltered homelessness
- Do not clear encampments during community spread of COVID-19 unless there is real-time access to individual rooms or units for ALL households in the encampment and a clear plan to safely transport those households. Clearing encampments without these measures in place causes people to disperse throughout the community and breaks connections with service providers, increasing the potential for infectious disease spread.
- Use Non-Congregate Shelter (NCS) as a protective measure for individuals at high-risk of severe illness from COVID-19 regardless of vaccination status
- Continue to use ESG-CV funding flexibilities for infection control supplies such as handwashing stations, PPE, etc.
- Deploy mobile vaccination clinics and vaccine ambassadors to offer vaccinations to those who are unsheltered
- Enhance outreach efforts to emphasize engagement and housing placement for those in unsheltered settings

Decompressed Occupancy in Sheltered Settings

- Continue to follow [CDC guidance](#) on occupancy and decompression; keep measures in place throughout the federal emergency declaration
- Ensure six feet between individual/family units
- Communities need pathways to additional shelter beds if shelters are full: consider renewing hotel partnerships or exploring temporary emergency shelter options. Review additional planning guidance on types of facilities to use as shelter [here](#)
- Don't wait to start planning for winter, use available resources to guide your planning efforts
 - ◆ [Winter Planning Resources](#)
 - ◆ [Alternative Approaches to Winter Shelter During COVID-19](#)

Universal Masking

- High risk of transmission in shelters means masks should be worn by all staff and shelter residents regardless of vaccination status
- Shelters must establish policies for those who cannot wear masks for medical or mental health reasons

Non-Congregate Shelter and Isolation and Quarantine

- Communities need to have equitable pathways to isolation and quarantine beds - which means they need to consider all locations that can safely house COVID+ or COVID-exposed individuals according to CDC guidance.
- Drill down on [workflows](#) and processes
 - ◆ Refer to winter planning documents and consider:
 - When and how symptom screenings are done - [Example Screening](#)
 - Have plans in place for when an individual tests positive (e.g., establish a policy for referring and transporting the person to an isolation unit)

Vaccine Outreach

- Remember: vaccines are the best protection against death and severe illness
- Partnerships with Federally Qualified Health Centers (FQHCs), Health Care for the Homeless (HCH) providers, and local public health departments are essential for increasing vaccination rates. If your community is having difficulty establishing these partnerships, submit a request for technical assistance on the [HUD Exchange](#).
- [Details on Richmond, VA partnership with the local HCH](#)
- Vaccination status cannot be used as a condition of services or shelter, but outreach should focus on engaging people experiencing homelessness and encouraging vaccination. Provide an equity-driven approach to promote access including:
 - ◆ Proactively engage individuals using [vaccine ambassadors](#) and trusted staff to build vaccine confidence
 - ◆ Provide an equity-driven approach to promote access including:
 - ◆ Two-way communication
 - Accessible messaging with culturally competent partners such as vaccine ambassadors
 - [Incentives](#)
 - Regular **onsite** events to reach people new to homelessness or the program

Testing

- Communities that have high transmission of COVID-19 and low vaccination rates should consider weekly shelter testing. Ensure the pathways to isolation and quarantine are available when people test positive.
- While testing is recommended, **it cannot be used as a reason for denying shelter access**. ESG-CV funded shelters cannot require prerequisites for shelter entry.
- Refer to [CDC guidance](#) on testing in shelters and encampments

How ESG-CV Can Support a Community Public Health Strategy

- CoCs should engage with ESG recipients and public health to develop a coordinated community plan for COVID-19 response this winter, including [CDC Infection Control strategies](#) in both sheltered and unsheltered settings

Suggested ways ESG-CV can be most impactful include

- Bolster street outreach to link people to healthcare, reduce spread, and ensure vaccine access, and/or hire vaccine ambassadors as part of the outreach staffing compliment
- Onsite, mobile vaccination and testing in coordination with public health partners
- Fund onsite vaccination and testing strategies
- Expand winter beds including isolation, quarantine, and respite
- Provide vaccine incentives (up to \$50 per dose, including boosters)

- Infection control measures including access to masks, hand sanitizer, etc.
- Increase bed spacing in shelter facilities, offering individual space when possible
- Enhance sanitation and cleaning services
- Renovate existing shelter to support infection control measures such as:
 - ◆ Accessibility features (i.e., touchless door entries, faucets, and water fountains)
 - ◆ Single-use bathrooms and shower facilities

Grants Management Considerations

- Review upcoming quarterly report expenditures for Sage to identify progress towards expenditure deadlines
- Review terms of written agreements with providers to determine if and when reallocating or reprogramming funds is possible.
- Repurposing funds from one activity to another may not require a Substantial Amendment - recipients can reach out to their field office or submit an AAQ to make this determination. [Find more details here.](#)
- Amendments to the ConPlan or Action Plan need to be made in accordance with 24 CFR 91.505

Additional Resources

- Standing Up Infection Control Measures:
 - ◆ [SNAPS In Focus: Evaluating Our COVID-19 Preparedness](#)
 - ◆ [Alternative Approaches to Sheltering](#)
 - ◆ [Shelter Preparedness Checklist](#)
 - ◆ [Creative Staffing Solutions \(See Appendix 1\)](#)
 - ◆ [COVID Informational Flyers](#)
 - ◆ [Vaccine Messaging Toolkit](#)
- CDC, NHCHC, and USICH Guidance:
 - ◆ [Strategies for Proactive Universal Testing](#)
 - ◆ [Homeless Service Providers](#)
 - ◆ [People Experiencing Unsheltered Homelessness](#)
 - ◆ [The Delta Variant: 5 Ways Communities Can Protect People Experiencing Homelessness](#)