Interim Guidance on COVID-19 Preparedness and Response

for Homeless Service Providers in the Ohio BoSCoC

**Updated 7.14.20**

This document provides guidance specific for homeless service providers in the Ohio Balance of State Continuum of Care (BoSCoC) during the outbreak of coronavirus disease 2019 (COVID-19).

This document will be updated frequently and the date updated noted above.

# Background

Coronavirus disease 2019 (COVID-19) is respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in most Ohio counties and we anticipate growing numbers of people who are symptomatic, under-investigation for COVID-19, and positive for COVID-19.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, chills, body aches, and diarrhea. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes. Current information about COVID-19 symptoms and spread may be found at the [CDC’s COVID-19 website](https://www.cdc.gov/coronavirus/2019-ncov/about/index.html).

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness among people experiencing homelessness, could contribute to an increase in emergency shelter usage, or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness may have underlying medical conditions that put them a higher risk for severe outcomes.

Protecting your staff, volunteers, and clients requires a coordinated effort between homeless service providers and local public health offices. This guide is intended to help providers in the Ohio BoSCoC prepare their COVID-19 responses.

# General Communication Guidance

Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from local public health officials and the Ohio BoSCoC team.

The Ohio BoSCoC will share updates via the Ohio BoSCoC email listserv and will post also post all updates to the Ohio BoSCoC and COHHIO website at <https://cohhio.org/boscoc/covid19/> and/or at <https://cohhio.org/home/covid-19/>

Email hannahbasting@cohhio.org or ericamulryan@cohhio.org to be added to the Ohio BoSCoC email listserv.

# General Hygiene Guidance

Updated 7.14.20

The following are general guidelines for facilities serving people experiencing homelessness or who are otherwise vulnerable. These and other practices recommended by the CDC and local public health officials should be observed to reduce risk of transmission and ensure universal precautions.

* Require everyone, staff and residents, in the facility to wear face coverings when in community spaces or in outdoor spaces where staff or residents cannot consistently maintain a distance of at least 6 feet, unless the person has a medical condition or disability that contraindicates the wearing of a facial covering or is a young child. In general, residents should wear facial coverings anytime they are not in their room or on their bed/cot/mat.
* Please keep up to date on local conditions via the Ohio Public Health Advisory System that tracks COVID-19 risks at the county level - <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system/>
* See *Staff Considerations* section below for details about how to safely launder cloth face coverings
* Encourage everyone in the facility to cover their cough or sneeze with a tissue and have trash cans available to dispose of tissues immediately.
* Encourage everyone in the facility to wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing their nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
* Post signs and informational posters for staff, volunteer, and client awareness about [COVID-19,](https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html) [cough etiquette](https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm), appropriate [handwashing, and required facial coverings.](https://www.cdc.gov/handwashing/posters.html#posters-general-public)
* Overnight shelter and transitional housing facilities:
* Limit visitors to the facility.
* Beds/mats should be spaced to allow at least 6 feet between residents’ heads, and in a head to toe arrangement. Increasing the space between clients can help reduce the spread of illness.
* Ensure readiness to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. More detailed recommendations are forthcoming.
* Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.
* Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
* Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
* Follow CDC [recommendations](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) for how to prevent further spread in your facility.
* Clients, staff and volunteers should immediately inform management if they have any symptoms consistent with COVID-19. More details on management follow below.
* All employees should take their temperature and monitor themselves for symptoms of COVID-19 before reporting to work and if temperature is elevated or symptoms are present they should NOT report to work.

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| ***SAMPLE PROTOCOL****Cleaning Procedures**The following surfaces need to be wiped with sanitizing wipes or bleach and water solution (1:10). Staff shall wear disposable gloves and wash hands thoroughly after removing gloves.** All doorknobs and handles (on every floor)
* Counters and desks in the front offices
* Table(s) and counters in the kitchen and dining room
* All refrigerators, including handles
* Microwave handles and buttons
* Tops and sides of all trash cans
* Laundry machines
* Copy machines
* Keyboards and mice in the front offices
* Handrails outside in the front and back of the building
* All phones in the office and available to residents (headsets and keys)
* Bathroom sinks and faucets
* Toilet seats and handles

*Staff are responsible for completing these tasks at the beginning of their shifts or at least once every 2 hours. A checklist for recording that the cleaning has been done on each shift will be posted in the front office at each location* |

# Staff Considerations

The following are general staffing considerations and guidelines that may be used to inform or supplement current agency and program practices.

* Plan for staff and volunteer absences. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals.
* Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
* (Updated 3.19.20) All employees should take their temperature before reporting to work and if temperature is elevated they should NOT report to work.
* Plan your staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
* Use physical barriers to protect staff who will have interactions with clients with unknown infection status. For example, using a sneeze guard or placing a big table to increase distance between staff and clients.
* Ensure access to Personal Protective Equipment (PPE), such as mask, eye protection, gown, gloves and hand washing supplies.
* (Updated 4.23.20) [Cloth face coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) used by clients and staff should be [laundered regularly](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#How%20to%20Clean%20and%20Disinfect). Staff involved in laundering client face coverings should do the following:
* Face coverings should be collected in a sealable container (like a trash bag).
* Staff should wear disposable gloves and a face mask. Use of disposable gown is recommended, if available.
* Gloves should be [properly](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html) removed and disposed of after laundering face coverings; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.
* (Updated 7.14.20) Staff should self-monitor for the following symptoms before reporting to work and, if any symptoms are present, stay home:
* Fever (100.4 and above) or feeling feverish in past day
* New or worsening cough
* Shortness of Breath or difficulty breathing
* Fatigue
* Muscle pain or body aches
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

# Client Considerations

## Severe Symptoms

If you have a client with ***severe* symptoms** of COVID-19 infection, call 911. **Severe symptoms include**:

* Difficulty breathing or shortness of breath
* Pain or pressure in the chest or abdomen
* Sudden dizziness
* Confusion

## Mild Symptoms

**Many people with COVID-19 will have mild illness and do not need to be hospitalized**. Consider the following for symptomatic clients who have not been confirmed positive for COVID-19 by laboratory testing.

* Mild symptoms do not typically require medical attention. However, clients with these symptoms will need to be isolated from other clients and staff/volunteers.
* If a symptomatic client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, weakened/suppressed immune symptoms or is pregnant, they may be more vulnerable to COVID-19 and its complications.
* Clients with symptoms should wear surgical masks to protect those around them and be reminded and strongly encouraged to follow personal hygiene and sanitation measures.
* If at all possible, isolate clients who are symptomatic, per guidance below.

# Access Points and Diversion Screening

Added 3.17.20, in process

Ohio BoSCoC Coordinated Access Points (APs) should immediately begin making changes to their daily operations, as follows:

## Emphasize AP Availability by Phone

Communicate to partner agencies in your community about APs being available by phone

## Diversion

As needed and appropriate, HCRP grantees and partner agencies are permitted to use a larger proportion of their HCRP allocation to support the provision of more Homelessness Prevention (HP) assistance. See ODSA guidance about how to request grant amendments [here](https://development.force.com/OCDKnowledgeArticles/s/article/Guidance-to-Homeless-Crisis-Response-Program-Grantees)

Step up diversion: Explain to households in crisis that Ohio is attempting to minimize large crowds to prevent the potential spread of COVID-19. Shelters are to be used as an absolute last resort and if the person has anywhere else to stay, even temporarily, it is safer for the person to do that.

## Screening for COVID-19 Symptoms

* APs should begin using the [Coronavirus Screening Tool](http://hmis.cohhio.org/index.php?pg=kb.page&id=113) with all households that contact a local AP.
* For households that report symptoms consistent with COVID-19, the APs should strive to connect those households with local isolation/quarantine options, where available.

# Congregate Facilities Considerations and Recommendations

Updated 4.6.20

Ohio BoSCoC agencies that operate congregate facilities, such as emergency shelters (ES) and Transitional Housing (TH) projects should address the following aspects of COVID-19 preparedness.

## Admissions Screening

All congregate facilities, including ES and TH projects, should use the [Coronavirus Screening Tool](https://cohhio.org/boscoc/covid19/) with all prospective clients. For households that report symptoms consistent with COVID-19, providers should immediately quarantine the household in a private unit and contact local public health, or other entity, depending on the local protocol developed, to immediately transport the household to a local quarantine unit.

Staff can keep up to date on local COVID-19 risks at the county-level via the Ohio Public Health Advisory System at <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system/>

## Resident Monitoring

### Educate and monitor residents for compliance with on the following practices:

* **Wash your hands often** with soap and water for at least 20 seconds (tip: the alphabet song lasts about 20 seconds). If soap and water are not available, use alcohol-based hand sanitizer (products with 60% or more alcohol-based work best). For hand sanitizer to be effective, you need to cover your hands thoroughly with the sanitizer, and your hands must air dry. Do not wipe your hands on a tissue to dry your hands sooner.
* **Avoid touching your eyes, nose, and mouth**. The average person touches their face approximately 12 times/hour.
* **Avoid close contact** with people who are sick.
* **Practice social/physical distancing** – 6 feet distance at all times is appropriate to prevent coming into contact with airborne respiratory particles.
* Cough or sneeze into your bent elbow or a tissue, then throw the tissue in the trash.
* **Clean and disinfect frequently touched objects and surfaces** (clean hard surfaces every shift or every few hours and launder soft surfaces appropriately using hot water).
* **Wear face coverings** anytime residents are not in their room or on their bed/cot/mat.
	+ Exceptions may be provided for the following:
		- Those with medical conditions or disabilities that contraindicate the wearing of facial coverings
		- Children under 10 years of age

### Monitor residents for the following symptoms:

* Fever (100.4 and above) or feeling feverish in past day – via client self-report
* New or worsening cough
* Shortness of Breath or difficulty breathing
* Chills
* Muscle pain or body aches
* Headache
* Sore throat
* New loss of taste or smell
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

### Get medical attention immediately if a patient develops emergency warning signs for COVID-19:

* Difficulty breathing
* Persistent pain or pressure in the chest
* New confusion or inability to arouse
* Bluish lips or face

## Increase Social Distancing

In addition to reconfiguring sleeping quarters and beds, if needed, congregate facilities make the following accommodations to help increase physical space between residents:

### All Areas

* Place an additional table between the desk and clients to increase the distance
* Use disposable gloves when handling client belongings
* Limit visitors to the facility
* At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask and direct them to the quarantine area
* Require wearing of facial coverings for all residents anytime they are not in their room or on their bed/cot/mat. See exceptions on page 5.

### Meals

* Allow residents to manage their meal times according to their own schedules, and limit numbers of residents that can be in the eating space at the same time
* If meals can only be provided at one time, have residents take their meal at staggered times and limit the numbers of residents in the eating space
* Require wearing of facial coverings for all residents anytime they are not in their room or on their bed/cot/mat. See exceptions on page 5.

### Community Spaces

* Limit the number of residents that can be in community spaces at the same time, if needed
* Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing
* Provide access to fluids, tissues, and plastic bags for the proper disposal of used tissues
* Require wearing of facial coverings for all residents anytime they are not in their room or on their bed/cot/mat. See exceptions on page 5.

## Emergency Shelter Space Configuration

### Sleeping Quarters

* Sleeping quarters are re-arranged as necessary to ensure client’s heads are at least 6 ft apart for non-symptomatic persons.
* Where needed, beds are removed to reduce capacity in sleeping areas in an effort to provide sufficient space. Consider using administrative and other spaces to accommodate any reductions of in sleeping areas.
* If clients are symptomatic or positive for COVID-19, but not experiencing severe symptoms that warrant going to the hospital, they should be placed in off-site isolation/quarantine (I/Q) units (see Isolation and Quarantine Units section below for details). One household per I/Q unit.
* If offsite I/Q units are unavailable symptomatic clients should be sent to the hospital
* Any decrease in shelter capacity must be reported to the CoC Team at ohioboscoc@cohhio.org or ericamulryan@cohhio.org

### 24-hour Availability and Operations

* Shelters that are not currently open to residents all day/evening should immediately strive to identify staffing approaches to provide 24-hour accessibility. This is important to address needs of residents who may be isolated/quarantined in place (see details below) and needs of resident families whose children are no longer able to attend school.

## Facial Coverings

* All staff and residents are required to wear facial coverings in any community spaces. For residents specifically, this means wearing facial coverings anytime they are not in their room or on their bed/cot/mat.

## COVID-19 Testing Guidance

*Updated 7.14.20*

The Ohio Department of Health has identified residents of congregate living settings, including homeless shelters, who are symptomatic or who are asymptomatic with known exposure to COVID-19 as a priority testing group. Guidance can be found [here.](https://content.govdelivery.com/attachments/OHOOD/2020/05/04/file_attachments/1442911/testing%20update%205.4.2020.pdf)

As providers identify residents in their congregate facilities who are symptomatic or have known exposure to COVID-19, they can support their clients to connect with a local health care provider and advocate on their behalf to be prioritized for testing based on this new guidance.

The CDC has recognized that certain settings, such as those where vulnerable populations are in close quarters for extended periods of time, including homeless shelters, can experience rapid spread of the coronavirus. To help identify COVID-19 cases and minimize the spread of the virus in congregate settings, the CDC recommends shelters, transitional housing providers, and other congregate setting providers implement the following COVID-19 testing approaches depending on the level of community transmission:

**None to Minimal Community Transmission**

* This means there are isolated or limited cases of COVID-19 in the community; case investigations are underway; and there is no evidence of exposure in large communal settings, including shelters
* Recommended Testing Strategy – Continue to support residents to access COVID-19 testing when they are symptomatic or have had a known or suspected exposure to COVID-19

**Minimal to Moderate Community Transmission**

* This means there is sustained transmission that is not large-scale but with high likelihood or confirmed exposure in communal settings and with the potential for rapid increase in cases
* Recommended Testing Strategy – Increase access to COVID-19 testing both for those who are symptomatic or have had exposure to COVID-19, and for those who are asymptomatic to facilitate early identification of cases and minimize transmission in congregate settings. Strategies to increase testing may include:
	+ Enhanced symptom-based testing access
		- eg, consider stationing medical providers in homeless shelters and other congregate settings to offer testing to anyone with symptoms.
	+ Random-selection testing
		- Offer testing to randomly selected clients, staff, or volunteers at the site on a regular basis.
	+ Sentinel sites
		- Choose a single site to conduct regular facility-wide testing. Or consider connected sites to be sentinel sites for each other; for example local correctional facilities or nearby homeless shelters

**If a positive case of COVID-19 is identified in a shelter, other congregate facility, or in a sentinel site at any point, the facility should immediately begin coordinating with their local health department to begin facility-wide testing. In these cases, shelter providers should also immediately contact the CoC team to inform them of need for facility-wide testing, and for support in working with their local health department**

The CDC guidance can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html?utm_source=HUD+Exchange+Mailing+List&utm_campaign=09aa7b5dd9-SNAPS-COVID-19-Digest-07-08-2020&utm_medium=email&utm_term=0_f32b935a5f-09aa7b5dd9-19409793>

# Emergency Shelter Overflow and De-Concentration

Updated 4.6.20

During the COVID-19 crisis, shelter providers may need to utilize non-congregate spaces, such as hotel/motel units or empty apartments, to provide shelter overflow space or to facilitate de-concentration in existing shelters. Providers are encouraged to identify and use non-congregate spaces as needed. In addition to a guidance and considerations listed below, providers can find more detailed guidance for managing non-congregate shelter overflow units (both those used for overflow and de-concentration) [here](https://cohhio.org/wp-content/uploads/2020/04/Guidelines-for-establishing-H.M-I.Q-REV-4-6-201-1.pdf).

## HMIS Data Collection and Entry

Providers need to collect and enter into HMIS all client-level data for those served by the shelter overflow/de-concentration units. Please see the guidance on provider set-up and workflows at <http://hmis.cohhio.org/index.php?pg=kb.book&id=19>. Providers may contact the CoC or HMIS team with questions.

## Considerations for Shelter De-Concentration Units

Added 4.6.20

Providers must ensure clients residing in non-congregate units, such as hotels, used for shelter overflow or de-concentration are supported in those units and have ongoing access to services. However, the overall level of care provided does not need to rise to the level of care that needs to be provided to clients residing in non-congregate I/Q units. Following are considerations that providers need to address as part of their operational plan for managing shelter overflow/de-concentration units:

### Identify Who May Use the I/Q Units

* Are you targeting units to clients who may be more vulnerable to complications if they acquire COVID-19? Or are you using the units for general de-concentration purposes?

### Basic Needs

* Food and Meals
* How will food be provided to clients in shelter overflow units?
* Are the units equipped with some appliances, such as a microwave or refrigerator, so that clients can prepare some meals themselves? Or Will delivery of multiple meals a day be required?
* Laundry
* How will clothing be laundered?
* Will the hotel provide clean bedding and towels on a regular basis?

### Support Services

* How will clients continue to access mental health services?
* How will clients continue to access substance abuse services?
* How will shelter staff continue to provide case management services?

## ODSA Guidance on Paying for Hotels/Motels

ODSA has communicated that agencies receiving emergency shelter grants through HCRP may use their ***current*** grant funds to provide temporary housing in motels when there is not space available in their shelter. Normally, assistance should continue just until there is room available at the shelter. Under current circumstances, however, clients should be able to stay in the motel indefinitely if they need to be isolated or quarantined, are a member of a medically vulnerable/older population, or if the use of the motel is meant to assist in deconcentrating the shelter space to provide sufficient social distancing.

Please note, HCRP-HP and RRH resources cannot be used for hotel/motel stays as outlined above, although they can be used for hotels if a rental unit has been identified for move-in within 30 days.

## Isolation and Quarantine Units

Updated 4.6.20

Ohio BoSCoC homeless services providers, particular those that operate congregate facilities, should immediately strive to work together with other providers and their local [public health offices](https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts/find-local-health-districts) and [Emergency Management Agencies](https://webeoctraining.dps.ohio.gov/ohiocountyEMADirectorList/countyemalist_web.aspx) (EMA) to develop plans and protocols to provide isolation/quarantine options **off-site** of congregate facilities if possible.

It is critical that providers, in collaboration with their local public health authorities, identify isolation/quarantine options for prospective COVID-19 cases in the homeless community NOW.

**Quarantine** is used for people or groups who don’t have symptoms but were exposed to the sickness. Quarantine helps keep these individuals away from others so they don’t unknowingly infect anyone.

**Isolation** is used for those who are already sick. It keeps infected people away from healthy people to prevent the sickness from spreading.

## Unit Options

Communities may have several options they can use to create isolation/quarantine (I/Q) spaces outside of existing congregate facilities. This could include apartments, buildings, community spaces, offices, or local hotels and motels. In many Ohio BoSCoC communities, providers are using hotels/motels for these purposes.

Homeless services providers should strongly encourage other systems of care to identify I/Q spaces for the people they are responsible for as well, so that non-homeless individuals are not directed to the homeless system’s I/Q units.

Remember, for those with mild symptoms of COVID-19 (either who tested positive or have not been tested), we want to help prevent them from using hospital resources that need to be preserved for those with severe symptoms or complications. However, if separate I/Q space is not available the hospitals will need to provide this space.

## Considerations for I/Q Units

Updated 4.6.20

Recent CDC guidance provides more detailed information about how I/Q units should be supported and staffed, including the medical services provided to persons/households in I/Q units. See CDC guidance [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html).

All planning for I/Q must be undertaken with local health departments and local healthcare systems as part of the overall local effort to develop I/Q units (ie, I/Q units not only for the homeless community). I/Q units and the households in those units need to be sufficiently supported in order to ensure safety for residents and staff. To that end, the following considerations need to be addressed as part of the I/Q operational plans and protocols. Please note, this list is not exhaustive. A comprehensive list of guidelines for I/Q management can be found [here](https://cohhio.org/wp-content/uploads/2020/04/Guidelines-for-establishing-H.M-I.Q-REV-4-6-201.pdf).

It is highly unlikely that homeless systems and providers can provide all the needed supports to I/Q units to ensure they operate safely, particularly in terms of the needed medical services and supports. If your local public health department and local healthcare system are unable or unwilling to lead I/Q planning and management or to coordinate with the local homeless system, and the homeless system itself cannot comply with all guidelines for management of I/Q units, then homeless providers will need to refer symptomatic or COVID+ clients to the local hospital for care. ***Homeless providers and systems should not create or manage I/Q units unless they can ensure compliance with ALL*** [*guidelines*](https://cohhio.org/wp-content/uploads/2020/04/Guidelines-for-establishing-H.M-I.Q-REV-4-6-201-1.pdf).

As part of a comprehensive I/Q operational plan, communities need to address the following areas in I/Q protocols (this list below is not comprehensive):

* Medical Services Qualified medical professionals should establish level of care that can be provided in I/Q units, etc.
* Qualified medical professional should approve the site and operations plan to ensure appropriate infection prevention and control considerations
* A clinician must be accessible 24/7 to address emergency medical needs
* Qualified medical professionals must be available onsite to ensure appropriateness for admission given level of care provided at the I/Q units and conduct daily temp/wellness checks and address medical issues that may arise
* Identify the I/Q Units
* If working with a local motel provider, strive to get a commitment
* Ensure units have exterior entry/exit (ie, doors on the units open to the outdoors)
* Identify Who May Use the I/Q Units
* Are units used only for isolation? Or also for quarantine? Or also for recovery post hospitalization?
* Partner with local public health and healthcare providers to determine protocol for identifying persons in need of I/Q
* Transportation
* Transportation to I/Q units should be provided by the local public health department or a healthcare provider
* Homeless services providers should not provide transportation
* Basic Needs
* Food and Meals
* How will food be provided to clients in I/Q units?
* Are the units equipped with some appliances, such as a microwave or refrigerator, so that the individual in I/Q can prepare some meals? Or will delivery of multiple meals a day be required?
* Who provides meals/food?
* “Knock and drop” is best approach to reduce contact
* Be sure to include disposable plates and utensils only
* Laundry
* How will clothing be laundered?
* Will the hotel provide clean bedding and towels on a regular basis?
* Room cleaning
* Will hotel provide cleaning supplies?
* How often will trash be removed?
* Support Services
* How will people in I/Q continue to access mental health services?
* How will people in I/Q continue to access substance abuse services?
* Other Considerations
* Will you attempt to accommodate pets in I/Q units? Or can you coordinated with local animal shelters who will then be able to reunite owners with pets after I/Q is no longer needed?

## Incentivizing Isolation, Quarantine, and Social Distancing

Added 4.14.20

In some cases, providers may need to identify ways to incentivize clients to remain in non-congregate I/Q units and to abide by the rules and requirements such as not to leave the units, not to have visitors, etc. These incentives can include providing something to entice compliance with the rules of I/Q as well as responding to client needs and providing comfort in I/Q units. Examples are below:

### Accommodate Client Needs

* Make cigarettes available to those who smoke, so clients won’t feel a need to leave I/Q unit to obtain them
* Identify an appropriate smoke break area, ensuring adherence to CDC guidance related to social distancing, etc.
* Make entertainment options available in-room
* Ensure access to wi-fi in rooms

### Provide Incentives

* Provide daily financial remuneration for compliance with I/Q rules and at end of I/Q period
* Some communities pay clients $10 for each day they complied with rules of I/Q, with a $50 bonus at the end of the I/Q period

## Paying for I/Q Units

The following funding sources and resources may be used to pay for I/Q units and possibly the support services provided

* Current ODSA HCRP shelter grant funding
* Private funding sources, such as local foundations, churches
* Federal funding – ESG and FEMA
* Details about what specific activities may be eligible and how to apply are forthcoming

## HMIS Data Collection and Entry

(Updated 4.23.20)

Providers need to collect and enter into HMIS all client-level data for those served by the I/Q units dedicated to homeless clients. Please see the guidance on provider set-up and workflows at http://hmis.cohhio.org/index.php?pg=kb.page&id=204. Providers may contact the CoC or HMIS team with questions.

# Scattered-site Project Considerations and Recommendations

Ohio BoSCoC agencies that operate scattered-site projects, such as Rapid Re-Housing (RRH) Transitional Housing (TH), and some Permanent Supportive Housing (PSH) projects should immediately make changes to how services are provided to current clients, including the following:

## Case Management Services

* Discontinue home-based case management services and in-person case management meetings, where possible
* Conduct case management meetings over the phone or via other similar means
* Discontinue direct transport of clients by staff. Use vouchers for transit where needed and available. If direct transport of clients absolutely must continue, follow [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) related to cleaning and disinfecting community spaces, which would include vehicles in this instance
* Make connections for telehealth with healthcare, mental health, substance use treatment providers

## Meeting Needs of Housed Clients

Updated 4.20.20

* Via phone, check on current and past clients to ensure they have access to needed supplies in order practice social distancing
* If needed and able, deliver any needed supplies to clients
* Partner with local food pantries, Red Cross, or other groups if your agency is not able to provide all supplies directly.
* In April, 2020, HUD announced via an FAQ that CoC Program projects may, under certain circumstances, use CoC Program funds to purchase cell phones and wireless service plans for program participants. The FAQ and response can be found [here](https://www.hudexchange.info/faqs/3709/may-recipients-and-subrecipients-of-coc-program-funds-purchase-cell-phones/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=f9bce79bc9-SNAPS-COVID-19-Digest-04-16-2020&utm_medium=email&utm_term=0_f32b935a5f-f9bce79bc9-19409793).

## Intaking New Clients

Updated 4.2.20

**Scattered-site projects should continue to try to intake and serve new clients**, particularly those they are able to move into new rental units and out of congregate facilities like shelters.

CoC Program funded projects should be able to complete most parts of their intake process via phone, noting the inability to collect client signature currently. Providers should try to collect client signatures whenever they have the ability to such as via fax or mail. Additionally, providers must still be able to document and verify eligibility, regardless of meeting in-person with prospective clients.

## Waivers to HUD Program Requirements

Added 4.2.20

On April 2, 2020 HUD issued a [memorandum](https://hudexchange.us5.list-manage.com/track/click?u=87d7c8afc03ba69ee70d865b9&id=c7eebd3c89&e=7126f67efc) providing regulatory waivers of certain Continuum of Care (CoC) Program, Emergency Solutions Grant (ESG), Housing for Persons With AIDS (HOPWA), and Consolidated Plan requirements to help prevent the spread of COVID-19 and to provide additional supports to individuals and families eligible for CoC, ESG, and HOPWA assistance who are economically impacted by COVID-19.

Following are some of the waivers HUD is making available on a time-limited basis:

### CoC Program

* Waiving of physical HQS inspections
* Waiving on monthly case management requirements for RRH
* Waiving of disability documentation for PSH
* Waiving of initial one-year lease terms for PSH and RRH

### ESG Program

* Waiving on monthly case management requirements for RRH and HP
* Waiving of requirement to pay no more than Fair Market Rent

Recipients interested in using one of the permitted waivers must provide notification in writing, email or mail, to the CPD Director of the Columbus HUD Field Office no less than 2 days before the recipient anticipates using the waiver flexibility. The email for the Columbus Field Office is CPD\_COVID-19WaiverCOL@HUD.gov, and emails should copy your HUD field office representative.

CoC Program grantees submit their waivers directly to HUD. ODSA will submit waiver requests to HUD on behalf of HCRP grantees. ODSA will communicate directly to HCRP grantees once waiver requests have been submitted.

You can read the detailed memorandum [here](https://www.hudexchange.info/resource/6007/availability-of-waivers-of-community-cpd-grant-program-and-consolidated-plan-requirements-to-prevent-the-spread-of-covid19-and-mitigate-economic-impacts-caused-by-covid19/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=912c2a3df8-COVID-19-SNAPS-Waivers-4.1.20&utm_medium=email&utm_term=0_f32b935a5f-912c2a3df8-19409793).

## Expedited CoC Program Grant Amendments

Added 4.20.20

On April 20, 2020 HUD announced the availability of an expedited process for CoC Program recipients needing to make grant amendments during the COVID-19 pandemic. Details about the eligible grant amendments and the process to an expedited grant amendment can be found [here](https://www.hudexchange.info/programs/coc/covid-19-grant-agreement-amendments/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=d4ad96018d-CoC-Program-Expedited-Amendments-4.15.20&utm_medium=email&utm_term=0_f32b935a5f-d4ad96018d-19409793).

## HCRP and Unit Inspections

Effective April 7, 2020, ODSA has communicated that HCRP grantees are able to conduct visual habitability Standards inspections. This waiver of the requirement that the grantee physically inspect each unit to assure that the unit meets habitability standards before providing assistance on behalf of a program participant is in effect for six months beginning April 7, 2020 for grantees that are able to meet the following criteria:

1. The grantee is able to visually inspect the unit using technology, such as video streaming, to ensure the unit meets minimum habitability standards before any assistance is provided; and
2. The grantee has written policies to physically re-inspect the unit within 3 months after the health officials determine special measures to prevent the spread of COVID-19 are no longer necessary.

# Project Performance Goals and Utilization Rates

Added 3.17.20

In general, the Ohio BoSCoC is suspending evaluation of project performance on the performance measures and goals identified in the [Ohio BoSCoC Performance Management Plan](https://cohhio.org/boscoc/performance-and-monitoring/). This includes suspending evaluation of utilization rates, particularly of congregate facilities that may need to reduce bed capacity in order to facilitate social distancing and/or create spaces for isolation and quarantine. The CoC will continue to monitor project and system performance, but, at this time, will take no action against projects that appear to be struggling with performance.

# Connecting Clients with Stimulus Payments

Added 4.24.2020

A new IRS tool, *Non-Filers: Enter Payment Info Here*, may help get upcoming Economic Impact Payments to people experiencing homelessness. For information about connecting clients with stimulus payments, visit the [IRS Economic Impact Payment Information Center](https://www.irs.gov/coronavirus/economic-impact-payment-information-center) or see the *Connecting Clients with Stimulus Payments* document at <https://cohhio.org/boscoc/covid19/>.