

Detection & Mitigation of COVID-19 in Homeless Service Sites and Other Congregate Facilities

Office Hours Summaries

As of December 27, 2021

All questions and answers below, organized by topic, from office hours. To quickly view Q&As by topic area, click on a bookmark to the left, or one of the topics from the list below:

- Questions around funding and costs being in scope
- Questions around testing and mitigation logistics
- Questions around data collection and quality
- Miscellaneous questions
- Additional resources available

Questions around funding and costs being in scope:

Disclaimer: All costs should reflect and tie back directly into submitted workplans and budgets. Reference the [supplement guidance](#) to ensure proposed costs are limited to those that support required or optional activities. Please contact your ELC Project Officer with any questions regarding allowable expenses.

- What if I am already using other funding sources (e.g., *ELC Enhancing Detection Expansion*, Operation ET, etc.) to provide testing and mitigation support to homeless service sites?
 - There are three options for this scenario. First, recipients can redirect the entirety of prior award funds and instead use *Homeless Service Sites* funding. Another option: prior award funds can continue to cover the 'required' activities and *Homeless Service Sites* funds can cover any funding gaps. A final option: prior award funds can continue to cover the 'required' activities and *Homeless Service Sites* funds can cover 'optional' activities.
- Is it acceptable to use Operation Expanded testing to meet the funding requirement that the project is focused on testing?
 - Yes
- Can funds be used to incentivize persons to abide by isolation and quarantine?
 - Yes, so long as it is accompanied with a completed *ELC Incentive Plan* form and included in your revised budget submission.
 - Additionally, recipients must have a policy in place that speaks to the use of incentives, which includes from how and when to use them to the disposition of any excess. Recipients must be able to provide a copy of the policy upon request.
- Are wraparound services and support services allowable?
 - Yes. Please ensure it relates to activities in the workplan.
- Can the fulltime coordinator be an employee of a Homeless Coalition (as opposed to the health department)?
 - They are not required to stay at the public health department, but it would be wise to have someone familiar with public health.
- With ESG-CV, some shelters have inquired if the COVID Shelter support grant would cover COVID testing services. We have not allowed any cleaning or testing services. Would this be an encouraged eligible expense?
 - The ESG grants can be used in emergency shelter funds to pay for testing services (under the outpatient health services activity). These costs would need to be otherwise unavailable in the community.
 - This award can also be used towards testing, as it is one of the main, required activities.
- Can you use funds to incentivize hospitals to use ICD-10 codes more reliably?
 - Stipends or incentives are allowable for facilities/agencies to enroll and/or report data to the health department (institutional level). Recipients would need to incorporate this into their revised budget.
 - Additionally, recipients must have a policy in place that speaks to the use of incentives, which includes from how and when to use them to the disposition of any excess. Recipients must be able to provide a copy of the policy upon request.

Questions around testing and mitigation logistics:

- How was Detroit able to pay for folks to be transported to isolation sites?
 - *“The transportation of exposed, symptomatic, and confirmed positive cases to the Isolation Shelter was performed by a nonprofit provider with a van initially. We then we contracted with a transportation company that we still use today.”* – Program Analyst, Detroit
- How did Detroit handle isolating individuals that were exposed versus nonexposed individuals?
 - *“They separate into two types, using homes: those who are not exposed, and those who are exposed. We put people who were symptomatic, but not confirmed into private rooms with private baths. The same was true for those who had been exposed. We called this “Type 1”. If/when those guests tested positive, they were moved to a slightly more communal space with other confirmed positives (Type II). We would then sanitize the Type 1 areas to prepare for new guests. This was at a time when testing was not as readily available, and results took much longer to obtain. Keeping those guests separated from each other helped to curb the potential spread of Covid among those guests.”* – Program Analyst, Detroit
 - They worked with private organizations to provide funding to establish temporary housing.
- For LA County’s presentation: Are most of these individuals being tested after hospitalization? Do your shelters have access to test residents? Our county does not have any walk-in testing currently
 - LA County enlisted an aggressive and comprehensive screening testing program using ELC funds that includes random sampling at shelters and encampments. These participants also offered diagnostic testing if symptomatic.
- The screening program would train-the-trainer for shelter staff at facilities who were willing to take this on and continue to provide tests for them. Staff then are the ones administering tests, so the cost is truly limited to the test itself for those facilities. This approach allowed extending the reach of the screening program.
- Our community currently has no space for isolation, no space for overflow shelter, and our shelters are choosing to turn people away. How can this be addressed/prevented?
 - Individuals *not* having access to shelter is a top concern and should be avoided at all costs. This represents the importance of Continuum of Care and public health, especially as we are in the winter months. Please email ELC@cdc.gov to connect with CDC and HUD for support in identifying resources and technical assistance, if facing this issue.
- Any additional direction for those congregate living sites that have both vaccinated and unvaccinated individuals?
 - We know that outbreaks can spread in homeless service sites, including among those already vaccinated. Testing, even for those that are vaccinated, is recommended, especially during an outbreak or after known exposure. However, according to CDC guidance, it is possible to forego routine screening testing if vaccinated residents are easily identifiable, though this is difficult to monitor and guarantee.
- Interested in how others are setting terms for discontinuing quarantine and isolation wrap-around support. Our contracts are set to expire at the end of this calendar year and we're having discussions on if and how long to extend those. Use is currently low but some of us are wary of additional spikes/surges.
 - If isolation and quarantine services can be easily launched and paused, then it could be possible to deactivate and reactivate isolation spaces as necessary. However, it’s more common that this is a lengthy process (deactivating and reactivating), so HUD recommends shelter providers keep isolation and quarantine measures in place throughout the emergency declaration.
 - *“In Los Angeles County, we have used 2 congregate sites under County operations for isolation that we can ramp up more quickly on/off”* – representative from LA county
 - *“In Alachua County, Florida we directly operated the Non-Congregate Shelter program from April 2020 through August 2021. At that point we provided the Emergency and Outreach Homeless Service providers with purchase orders to allow them to place individuals in need of isolation and quarantine and be reimbursed.”* – representative from Alachua county
- What about using pop-up tents outside with small cordless heaters for testing and/or awaiting transfer to a quarantine facility for positive individuals, if you don’t have space inside a facility?
 - Tents have been used in some circumstances. It’s important to consider adequate and necessary safety and sanitary resources for temporary emergency housing. One consideration for this idea is weather. Boston versus Georgia, for example, present vastly different environments and safety considerations for

outdoor tents; outdoor temperatures, exposure to the elements, even sanitary logistics for handwashing need to be considered.

- Did UCSF have any lags in time for transferring persons to the isolation and quarantine site and need to temporarily isolate the person onsite at a shelter (i.e., overnight)?
 - UCSF conducted testing during the day until around 8pm using a shelter's space. Results were available nearly in real-time.
- How did UCSF leverage partnerships effectively for isolation and quarantine units?
 - In San Francisco specifically, the community health arm took a firsthand approach at providing isolation services, as that is in their purview. For health departments that do not have those abilities, they partnered with local nonprofits who were able to provide these services.

Questions around data collection and quality:

- Is it possible to share the data reporting forms used in Detroit?
 - Reporting forms were based off of Homeless Management Information Systems, detailed here: <https://www.hudexchange.info/resource/6229/covid19-homeless-system-response-vaccine-planning-and-distribution/>
- Any progress on reporting number of vaccinated who are unhoused?
 - This practice is managed at the jurisdiction level. At the federal level, housing information is often not available as a data point. However, a recent MMWR gathered data from 6 jurisdictions to compare vaccination coverage among people experiencing homelessness to the general population. You can view that here: [Notes from the Field: COVID-19 Vaccination Coverage Among Persons Experiencing Homelessness — Six U.S. Jurisdictions, December 2020–August 2021 | MMWR \(cdc.gov\)](#)

Miscellaneous questions:

- Are ICD-10 codes providing value to COVID-19 response?
 - They are helpful – but potentially not used sufficiently/reliably. We also only get ICD codes for discharge diagnosis, so some info could be there that we don't get.
- Are there performance measures associated with this supplement?
 - At this time, performance measures are not expected for this supplement. Any updates will be communicated from the ELC and ELC Evaluation mailboxes.
- Can any of this money be used for sheltering at motels due to outbreaks at shelters and not having any room to quarantine people?
 - Yes
- With clients who refuse to get tested on a regular basis, what have other agencies done to address that?
 - A negative test *for* entry/use of homeless service sites is not recommended. If you still have clients who refuse testing, HUD recommends offering referrals for other shelters or locations.
 - Testing fatigue may influence this reluctance; incentives are allowable through this funding.
 - Additionally, recipients must have a policy in place that speaks to the use of incentives, which includes from how and when to use them to the disposition of any excess. Recipients must be able to provide a copy of the policy upon request.
 - From Los Angeles: *"We've found that to increase testing acceptance (and also vaccine acceptance, as an aside), approaching individuals with whole person care approach is more effective."*
 - Other sites have attempted to troubleshoot and educate them on health and COVID safety. If a resident still refuses, options include connecting them with another facility/partner with more flexible testing rules, connecting them with teams in the field who can provide resources, and more.
 - Some shelters may have strict mandatory testing rules/testing contingency issues. However, ESG-funded shelters are prohibited from enacting testing contingency rules.
- Can the funding be used to support CLIA waivers for providers?
 - Yes
- We've been informed that this funding does not allow for health screenings while doing testing. Is there any possibility to reconsider?
 - Health screening is not within scope of these funds. Clinical care is also not allowable under this award.

- Is the requirement for the coordinator position just for one personnel? If there are multiple CoCs, would they each be required to have a coordinator, or would one suffice?
 - It can be one or multiple individuals. The goal is completing required activities – however your jurisdiction chooses to accomplish that.
- Is a short-term rental of an Airbnb for isolating and quarantining allowable?
 - Airbnb terms and conditions may have specific guidelines concerning COVID.
 - If this option is proposed in the workplan and budget, a detailed description of the steps taken to ensure transmission of COVID-19 needs to be provided. Due to the variety and personal ownership of Airbnb sites, a uniform cleaning/sanitation process is lacking. Additionally, in some instances, the ‘room’ is in a shared or attached living space which would not meet isolation and quarantine guidelines.
- Do you quarantine individuals that are fully vaccinated individuals per CDC guidelines?
 - The quarantine guidance for people who are experiencing homelessness and fully vaccinated does not differ from the general population; quarantine is not included in recommendations for people who are fully vaccinated. Unlike the fully vaccinated guidance for the general population, however, it is recommended that people who are experiencing homelessness be tested after exposure even if they are fully vaccinated.
- Would rapid onsite testing be beneficial for a small shelter?
 - Yes, rapid onsite testing is useful for both large and small shelters because it can help detect outbreaks early.
- Can the presenter go into detail about the process of tracking positive results by the data manager?
 - New Mexico: *“We used Caspio for tracking in a HIPAA-compliant manner. The individual could access their information, including test results, isolation guidance, and resource sharing.”*

Additional resources available:

- Contact your ELC Project Officer for questions regarding workplan and budget submission, or other programmatic matters.
- HUD’s [infectious disease control tool kit](#), written pre-COVID, but may be helpful to level-set where knowledge is among homeless serving programs.
- UCSF’s [Antigen Testing in Congregate Shelters playbook](#)
- CDC guidance on [mitigation strategies for shelters](#) and [infection control and inventory planning tool](#)
- Information about HUD’s [ESG-CV](#)
- More on the HUD [definition of homelessness](#). An individual experiencing homeless is any individual whose information is contained within a Homeless Management Information System (HMIS). HMIS is a technology system required for HUD funded entities used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
- For connecting with locals/establishing partnerships, please feel free to [contact HUD](#). They are there for resource building, connecting you with relevant parties, and more.
- HUD has compiled [Questions to Assist CoCs and Public Health Authorities to Limit the Spread of Infectious Disease in Homeless Programs](#)
- Link to HHS/ASPE site on trauma informed care: <https://aspe.hhs.gov/reports/trauma-informed-approaches-building-resilience-children-families>
- CDC Directory: <https://www.cdc.gov/publichealthgateway/healthdirectories/index.html>
- HCH Directory: <https://nhchc.org/directory/>
- CoC Lookup: <https://www.hudexchange.info/grantees/contacts/>
- HUD’s [data sharing resources](#) for homeless service providers during an emergency