



The Framework for an Equitable COVID-19 Homelessness Response

#HousingEquity

The development and updating of this Framework, and the creation of additional tools and materials to support its implementation, is being collaboratively guided by the following partners:

Center on Budget and Policy Priorities • National Alliance to End Homelessness
National Innovation Service • National Health Care for the Homeless Council
National Low Income Housing Coalition • Urban Institute
Barbara Poppe and associates • Matthew Doherty Consulting

HousingEquityFramework.org

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The Framework for an Equitable COVID-19 Response

A partnership of national organizations and experts has collaborated on the development and updating of this *Framework for an Equitable COVID-19 Homelessness Response* to support communities to address both the public health and economic crises created by the COVID-19 pandemic. These crises are proving to be long lasting and are disproportionately impacting people experiencing homelessness, Black, Latinx, and Indigenous communities, and people with disabilities and/or underlying health conditions. Homelessness assistance systems, which are strained in normal circumstances, are struggling to keep up with demand and to be incorporated sufficiently into community-level public health and economic recovery activities. This Framework provides guidance to communities on prioritizing actions and using a wide range of federal funding sources to meet public health goals, address economic impacts, increase housing stability, and prevent future increases in homelessness – all with a racial justice and equity lens.

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 implement emergency protective measures and recovery-oriented activities, although not at the scale needed. These activities and uses of funding must be coordinated across many partners and systems, and across 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. Additional funding beyond what has already been appropriated remains essential for this Framework to be fully implemented by states and communities and to address significant unmet and continuing needs.

This Framework has been updated several times since first issued in April 2020 in response to new information regarding COVID-19 public health risks, the health impacts of the coronavirus, the resulting economic ramifications of the pandemic, effective strategic responses, and new funding sources. The partners will continue to update the Framework on a regular basis moving forward. Please check housingequityframework.org to confirm this is the most recent version.

Centering Racial Justice and Equity

The public health and economic crises resulting from the COVID-19 pandemic are having inequitable impacts and are worsening racial disparities in our country. The Framework centers racial justice and equity in its recommended activities and uses of funding. The homelessness services field is in the early stages of addressing systemic racism, racial justice, and equity. It is well-documented that people of color – especially Black, Indigenous, and Latinx people – are overrepresented within the population experiencing homelessness. People who identify as lesbian, gay, or bisexual and trans* identified individuals also face significant and distinct discrimination across a variety of systems and service points. People with disabilities also face greatly increased risks of homelessness. Further, these same populations also experience disparities within homelessness assistance systems, programs, and services.

It is also clear that, due to systemic racism, people of color and people from historically marginalized communities are disproportionately impacted by the coronavirus itself and by related employment losses, especially Black, Indigenous, and Latinx people, and that young people within those communities are experiencing some of the greatest economic impacts. It will be impossible to eliminate such disparities if we do not address them head-on. 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 and aim to achieve outcomes that support racial justice and equity.

In order to understand the impacts of those gaps, and to identify appropriate and effective responses, communities should engage the people most impacted within their planning, design, decision-making and implementation activities. To support communities' efforts to center racial justice and equity in their response, Framework partners have released a guide to [Equity Based Decision Making](#) created by the National Innovation Service, and have also published [briefs with recommendations, policy priorities, and strategies](#) identified through dialogue with people from [historically marginalized](#) and highly vulnerable communities.

The Framework's Five Action Areas

The range of strategies and activities that communities need to implement, across systems and partners, in response to the health and economic impacts of the COVID-19 pandemic can be overwhelming. Informed by conversations with our partners, and through learning from the experiences of a diverse range of communities, the Framework is organized into five (5) Action Areas and guidance is provided for the strategic use of funding for each Action Area:

- **Action Area A: Unsheltered People** – Prioritizes activities focused on providing people experiencing unsheltered homelessness with access to essential safety and hygiene resources, but especially on connecting unsheltered people to non-congregate shelter opportunities for the purposes of social distancing, isolation, or quarantine, and on connecting unsheltered people to health care services and paths to permanent housing. Recognizing that people experiencing unsheltered homelessness are always vulnerable to health and safety risks, the Framework calls upon communities to strive to drastically reduce unsheltered homelessness through housing and public health focused strategies.
- **Action Area B: Shelters** – Prioritizes activities focused on the establishment of non-congregate emergency sheltering for purposes of social distancing, isolation, and quarantine and efforts to keep people safer within decompressed congregate shelter settings. Communities are called upon to sustain and expand sheltering opportunities during the pandemic and to strive to transform their sheltering system to focus on non-congregate environments and other safer models of sheltering people, in order to be better prepared for future public health crises and to create more welcoming and efficient systems.
- **Action Area C: Housing** – Prioritizes activities focused on expanding efforts and capacity to end people's homelessness – including both unsheltered people and people staying in existing or new shelter options – through access to diverse models of housing and services. This focus on housing people is essential both during the initial response to the COVID-19 pandemic and throughout the period of economic recovery. This Framework calls upon communities to expand housing resources and options, to strengthen landlord engagement efforts, and to ensure equitable access to resources and equitable outcomes.
- **Action Area D: Diversion and Prevention** – Prioritizes activities focused on reducing new entries into shelter or unsheltered homelessness through diversion practices and prevention strategies that target people with the greatest risks of homelessness, including people who have previously been homeless, people most impacted by the COVID-19 health and economic crises, people with the lowest incomes, and people whose support networks have fewer resources.
- **Action Area E: Strengthening Systems for the Future** – Prioritizes activities to strengthen homelessness response systems moving into the future, with greater focus on permanently embedding racial justice and equity principles and approaches, strengthening homelessness response and rehousing operations, stronger partnerships across systems and sectors, and better preparedness for future health crises and disasters.

Applying the Framework to Different Subpopulations among People Experiencing Homelessness

It is the intention of the Framework partners that communities can apply the principles, strategies, and funding guidance to their work with all people experiencing homelessness. We recognize, however, that different subpopulations of people experiencing homelessness are impacted in different ways and particular attention must be paid to different risks and vulnerabilities during the COVID-19 pandemic – and those risks and vulnerabilities are greater for Black, Indigenous, and Latinx people.

In the weeks ahead, the Framework partners will be releasing tools to support communities to apply the Framework to different subpopulations, to ensure that their needs are not neglected in responses to the COVID-19 crisis or in the development of stronger systems for the future.

Additional Tools and Resources

In addition to tools developed by Framework partners to support its implementation, we have also gathered and organized, and are regularly updating, a comprehensive set of [Tools and Resources that can aid efforts to implement the Framework](#) available at housingequityframework.org. We encourage you to check there regularly for guidance regarding federal funding sources, for planning and operational guidance from federal and national organizations, and for state and local examples, tools, and resources.

Contact Information

If you have questions, suggestions, or would like to request a presentation for your community or group by one of the partners, please email framework@naeh.org.

**ACTION AREA A
UNSHELTERED PEOPLE**



**Implement Immediate
Emergency Protective Measures
to Address the Public Health
Crisis**

- **Implement low-barrier non-congregate shelter for all unsheltered individuals and families**, including people living in encampments and people staying in any other unsheltered setting.
- **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 all people who are unsheltered, including people in encampments and people who are on their own**, and use information gathered to identify and prioritize people of all ages who face the greatest risks.
- **Implement approaches to referring and safely transporting people** to appropriate and safe shelter and/or housing options and to access services.
- **Provide sanitation and hygiene resources (such as toilets, handwashing stations, showers, laundry, diapers and wipes, safe needle disposal/exchange, trash removal)** and adequate nutrition and safe drinking water 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.
- **Engage people with lived expertise of unsheltered homelessness, representative of all subpopulations and reflective of the demographics of people experiencing homelessness**, in the development of plans for this immediate response and on an on-going basis, including to help ensure that efforts are reaching unsheltered people who may be less visible within the community.



**Scale and Strengthen Response
to the Public Health Crisis and
Add Focus on Economic Crisis**

- **Ensure and monitor the full reach of efforts to screen unsheltered people and to provide quick and comprehensive access to testing for diagnostic purposes** and deepen efforts to ensure all unsheltered people are being reached.
- **Implement universal or scientifically randomized sample testing for COVID-19** of people who are unsheltered for public health surveillance purposes.
- **Expand efforts to connect unsheltered people to safe non-congregate shelter and housing options** and ensure outreach and referral processes are providing equitable access for people who are unsheltered. Examine data and consult with people with lived expertise to determine if there are other disparities to be addressed, such as by race, age, ethnicity, disability, gender identity, family composition, etc.
- **Strengthen efforts to support people who remain unsheltered** to implement safer social distancing, sanitation, hygiene, and harm reduction practices, ensuring that all assistance is trauma-informed.

ACTION AREA A
UNSHELTERED PEOPLE



- **Identify people experiencing domestic and interpersonal violence and/or child abuse and neglect and connect people to appropriate resources** that are culturally- and trauma-informed.
- **Ensure people who are currently unsheltered are actively connected to comprehensive adult and pediatric health care services** and are enrolled in health coverage, providing services via mobile programs or street medicine teams and on-site within encampments, as needed.
- **Provide safe transportation services to people who remain unsheltered** to ensure that they can continue to access essential services, school, early learning and childcare, employment opportunities, and other essential services, even if public transportation options have become more limited.
- **Engage people with lived expertise and grassroots 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.



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Sustain and Continuously Adapt Response Based Upon Changing Public Health and Economic Conditions

- **Continuously adapt outreach and engagement strategies, and provide access to essential technologies to link people to permanent housing options, medical and behavioral health care services, health coverage, employment and educational opportunities**, and other trauma-informed services as needed.
- **Ensure that nothing is done to criminalize, sanction, or penalize people for engaging in essential activities of life** while experiencing unsheltered homelessness.
- **Sustain and strengthen efforts to provide COVID-19 screening, diagnostic and surveillance testing strategies, and access to non-congregate settings** for any people who remain unsheltered.
- **Sustain safety and protective measures for any people who remain unsheltered**, including efforts to support safe social distancing, sanitation, and hygiene practices.
- **Ensure all unsheltered people and outreach staff have access to flu vaccines** and other routine immunizations.
- **Continue to provide any unsheltered people with assistance to meet basic needs**, including: healthy food, formula, and child-friendly food; health and behavioral health care services; clean and weather appropriate clothing and bedding; diapers and wipes; harm reduction supports, and other necessities.

ACTION AREA A
UNSHELTERED PEOPLE


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**Build a System to Immediately
End Any Experiences of
Unsheltered Homelessness**

- **Develop more comprehensive understanding of the housing and services needs of all those who remain unsheltered, differentiated by subpopulations and disaggregated by race and ethnicity, based upon direct consultation with people with lived expertise and based upon analysis of data**, including analyzing deficiencies and biases within existing data to inform equity-based decisions.
- **Through direct consultation with unsheltered people, assess reasons why people remain unsheltered**, such as whether it is because of lack of emergency beds available or because the assistance being offered has not adequately addressed their needs and preferences, and adapt strategies and options in response.
- **Take individualized, trauma-informed steps to assist any remaining unsheltered people, across all subpopulations, into shelter or housing** that addresses their needs and preferences and that is culturally responsive, and sustain efforts so that any experience of unsheltered homelessness can be immediately ended.


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**Use Funding Strategically
Throughout Response**

- **FEMA Public Assistance:**
 - Category B – Emergency Protective Measures for hygiene resources for unsheltered persons, expanded outreach, and non-congregate shelter, activities which should be included in the Public Health Order and FEMA application. Category B authorization is usually provided in 30-day increments and terminates at the end of the declared public health crisis.
 - Local jurisdictions or service providers should coordinate closely with local and state officials regarding extensions of authorizations and documentation of reimbursable costs, and should contact their local Office of Emergency Management to receive PPE through FEMA channels and other sources.
- **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 Funds** provided to State and local jurisdictions can be used flexibly to address many different needs through December 30, 2020.
- **Mainstream systems, including Medicaid and Community Health Centers**, for services.
- **Philanthropic funding** to engage people with lived expertise.

ACTION AREA B SHELTERS



Implement Immediate Emergency Protective Measures to Address the Public Health Crisis




- **Implement COVID-19 screening and testing protocols to assess needs** and to identify and prioritize people of all ages who face the greatest risks.
- **Stand up non-congregate settings to provide isolation/quarantine units, medical respite care beds, alternate care settings, and temporary shelter options for people, to-scale.** All options should be consistent with CDC guidance, focused on supporting exits to housing, and ensure people are provided with access to health assessments and connections to health care services and supports, onsite and via telemedicine.
- **Review existing shelter facilities, redesign and equip** consistent with CDC guidance, provide separate spaces for families to shelter together and for people to be in contact only with smaller groups of other people.
- **Deconcentrate existing shelters by relocating people to non-congregate settings.** If any shelters are unable to implement necessary safety procedures, safely relocate all people currently staying in such facilities.
- **Sustain capacity to provide sheltering options for all subpopulations and identify any shelters that are likely to close because they are seasonal or due to lack of staff, lack of funding, inability to implement proper procedures, or other reasons, and create alternate plans to extend operations** and/or to safely relocate all people currently staying in such facilities.
- **Ensure that all existing and new shelter options are available 24 hours per day and are low-barrier, culturally responsive, non-discriminatory, welcoming to LGBTQ people, accessible for people with disabilities, allow families to remain together as self-defined, and equitably accessed** by people from historically marginalized communities.
- **Equip staff and clients within all sheltering environments with protective supplies (masks, etc.) and train staff and clients** on social distancing, sanitation, and hygiene practices. Modify meal services with safety protocols in place, not using congregate or cafeteria-style settings.
- **Implement approaches to referring and safely transporting people** to appropriate and safe alternative shelter options and/or housing options and to access services.
- **Ensure people staying within existing and new shelter options are actively connected to comprehensive health care services,** trauma-informed services, and harm reduction services and supports.
- **Engage people with lived expertise of homelessness, representative of all subpopulations and reflective of the demographics of people experiencing homelessness,** for input and decision-making to strengthen efforts to provide safer sheltering options.

ACTION AREA B SHELTERS



Scale and Strengthen Response to the Public Health Crisis and Add Focus on the Economic Crisis

- **Assess whether equitable access to new and existing shelter facilities is being provided to people of color, especially Black, Latinx, and Indigenous populations most impacted by COVID-19 and the recession.** Also use data and consultation with people with lived expertise to determine if there are disparities related to age, ethnicity, disability, gender identity, sexual orientation, family composition, etc.
- **Use data gathered through screening and testing strategies to inform planning** and identify needs for additional non-congregate settings.
- **Scale up additional non-congregate 24/7 shelter options** for people who are high-risk, people who are symptomatic, people who need to be relocated to deconcentrate shelters, people with disabilities who live in congregate or institutional settings, and people in unsheltered locations, as needed.
- **Determine whether any seasonal sheltering options will not be able to operate during winter months and identify strategies for replacing any lost sheltering capacity** in order to be prepared for changing needs during winter months.
- **Assess and strengthen efforts to 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.
- **Implement protocols to ensure that no one is purposefully exited from any existing or new sheltering facilities into congregate shelters or unsheltered homelessness** and provide individual units for those who exit quarantine or isolation shelters and cannot return to their original locations.
- **Enhance services and provide access to essential technologies to increase efforts to link people to permanent housing options, employment and educational opportunities, benefits, income supports, and other trauma-informed services** as needed.
- **Ensure and monitor full reach of efforts to screen and to provide quick and comprehensive access to COVID-19 testing** for diagnostic purposes.
- **Implement universal or scientifically randomized sample COVID-19 testing** of people who are staying in shelters for public health surveillance purposes.
- **Fill any gaps in efforts to provide for health and safety of people staying in congregate and non-congregate shelter settings** through supporting safer social distancing, sanitation, hygiene, nutrition, and harm reduction practices, and monitor and adjust efforts as needed.

ACTION AREA B SHELTERS	
 3 Sustain and Continuously Adapt Response Based Upon Changing Public Health and Economic Conditions	<ul style="list-style-type: none"> • Implement protocols to ensure that no one is purposefully exited from any existing or new sheltering facilities into congregate shelters or unsheltered homelessness and provide individual units for those who exit quarantine or isolation shelters and cannot return to their original locations.
 3 Sustain and Continuously Adapt Response Based Upon Changing Public Health and Economic Conditions	<ul style="list-style-type: none"> • Sustain all safe sheltering options and 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 COVID-19 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, and ensure that clients and staff have access to flu vaccines and other routine immunizations. • Monitor effectiveness of protocols to ensure that no one is purposefully exited from any of new or existing sheltering facilities into unsheltered homelessness, and adjust as needed. • Continue to assess and enhance efforts to connect people staying in shelters to employment, benefits, and income supports to improve their financial situations. • Expand housing-focused case management services and housing subsidy resources for people staying within shelters and other settings, to support more people to exit to permanent housing and to create capacity to serve other people experiencing homelessness. • Initiate planning for new or sustained non-congregate shelter capacity and medical respite care capacity to replace congregate shelters.
 4 Reimagine and Transform Approaches to Sheltering People through Non-Congregate Options and Other Models	<ul style="list-style-type: none"> • Engage in comprehensive planning and gather guidance from people with lived expertise to reimagine and transform approaches to sheltering people, focused on eliminating congregate shelters in favor of non-congregate shelters and other safer, healthier, trauma-informed models. • Invest in new sheltering approaches at scale needed to efficiently shelter and rehouse all people experiencing homelessness, and ensure all existing and new sheltering activities are low-barrier, housing-focused, accessible to people with disabilities, culturally responsive, welcoming to LGBTQ populations, allow families to remain together as self-identified, and are able to connect people to health care and coverage. (Note: Investments in shelter must be balanced with investments into expanded permanent housing opportunities.) • Ensure there is adequate medical respite care capacity to meet the needs of people requiring safe hospital discharges who need ongoing recuperative care.

**ACTION AREA B
SHELTERS**





**Use Funding Strategically
Throughout Response**

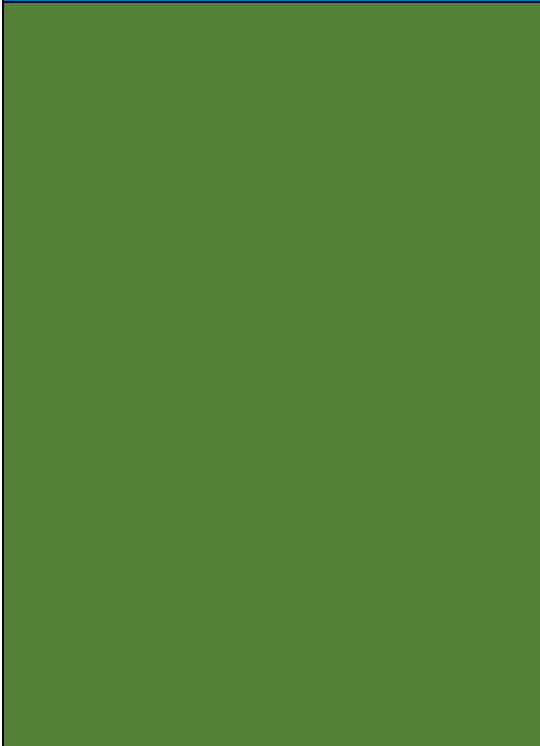
- **Begin to close non-congregate shelters if no longer needed within the public health response, if not necessary for the long-term supply of shelter** and if closing such settings will not result in people entering unsheltered homelessness.
- **FEMA Public Assistance:**
 - Category B – Emergency Protective Measures can pay for non-congregate shelter and creation of safer congregate shelter environments, activities which should be included in the Public Health Order and FEMA application. Category B authorization is usually provided in 30-day increments and terminates at the end of the declared public health crisis.
 - Local jurisdictions or service providers should coordinate closely with local and state officials regarding extensions of authorizations and documentation of reimbursable costs, and should contact their local Office of Emergency Management to receive PPE through FEMA channels and other sources.
- **ESG, ESG-CV, CDBG, CDBG-CV** for shelter operations, services, and activities to rehouse people out of such settings, for all populations.
- **CDBG, CDBG-CV** can be used for testing, purchase of equipment and supplies, social distancing activities.
- **Federal Coronavirus Relief Funds** provided to State and local jurisdictions can be used flexibly to address many different needs through and have been used in some jurisdictions to acquire sites for sheltering / interim housing programs.
- **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 protecting vulnerable or high-risk populations.
- **CSBG COVID/CARES funding** flows through Community Action Agencies for services to low income persons, including people experiencing homelessness.
- **VA Grant and Per Diem and Health Care for Homeless Veterans** for shelter operations for Veterans.
- **VA Grant and Per Diem CARES Act** lifted the maximum per diem cap to help cover costs of social distancing, safety, transportation, and other protective measures and can support alternate placement to decompress settings.
- **SSVF CARES funding** can be used to support the decompression of shelters.
- **VA HCHV and Homeless Patient Aligned Care Teams (H-PACTs)** for screening activities.

ACTION AREA B SHELTERS


- **Runaway and Homeless Youth** supplemental funds with CARES Act for activities targeting youth.
- **Family Violence Prevention and Services CARES Act** funding can support domestic violence programs.
- **Temporary Assistance for Needy Families (TANF)** funding can be used to support temporary shelter placements.
- **State and local discretionary funds** to help fill gaps, including for subpopulations who may not be being served through other funding sources.
- **Mainstream systems, including Medicaid and Community Health Centers**, for services.
- **Philanthropic dollars** to create cash flow or fill gaps or to support efforts to reimagine approach to sheltering.

ACTION AREA C HOUSING	
 <p style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">Implement Immediate Emergency Protective Measures to Address the Public Health Crisis</p>	<ul style="list-style-type: none"> • Continue to house as many people as possible, across all subpopulations, through existing resources and through a full range of culturally responsive options aligned with people’s needs and preferences, including rapid rehousing, permanent supportive housing, family reconnection, shared housing, and other permanent housing options. • Implement necessary safety and protective protocols for all staff and clients working together within coordinated entry processes and to access permanent housing opportunities. Streamline and reduce process steps and barriers to expedite move-in by optimizing use of federal waivers and eliminating non-essential requirements. Move to remote and mobile processes. • Train staff and educate clients exiting to permanent housing options on safety and hygiene protocols, safety planning for survivors of domestic or interpersonal violence, and harm reduction practices, to keep people safe within their new homes. • Ensure people exiting homelessness to housing are linked to needed services and sources of support that are culturally responsive and tailored for different age groups, including health care services, employment services and opportunities, education activities, peer connections, and other client-driven services and opportunities.
 <p style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">Scale and Strengthen Response to the Public Health Crisis and Add Focus on the Economic Crisis</p>	<ul style="list-style-type: none"> • Project need for different housing interventions (permanent supportive housing, rapid rehousing, affordable rental housing subsidies, etc.), across all subpopulations, based upon direct consultation with people with lived expertise and based upon analysis of data, including analyzing deficiencies and biases within existing data to inform equity-based decisions. • Create plans to ensure that people are rehoused quickly out of temporary non-congregate settings and that no one in non-congregate settings or decompressed congregate shelters exits to the street or congregate shelter, but rather exits to permanent housing, within efforts to provide equitable access to housing options for everyone. • Begin to identify necessary resources and to scale new investments into permanent housing options, strengthen capacity and practices to ensure people in unsheltered locations are effectively connected to full range of housing options, and modify coordinated entry policies and protocols as necessary. • Implement strategies to deploy housing resources through organizations deeply connected to marginalized communities and with leadership and staff that are reflective of people experiencing homelessness and of people experiencing greatest health and economic impacts of COVID-19, including Black, Latinx, and Indigenous communities.

**ACTION AREA C
HOUSING**



- **Stand up new housing tracking and lease-up protocols**, if needed, to closely track unit availability and minimize time to lease up.
- **Scale landlord engagement activities and strengthen partnerships with public housing agencies to ensure that people are housed quickly**, and that tenant-based rental assistance is being mobilized efficiently.
- **Monitor data to ensure that exits to housing are equitable** and that returns to homelessness are not racially or otherwise disproportionate.
- **Assess and strengthen efforts to ensure people in housing are linked to health care and employment services**, and other appropriate services and sources of support, through stronger partnerships between housing providers and other systems and organizations.
- **Implement strategies within housing programs to deploy technology and internet access** to support online learning for children, job search for adults, and telehealth and benefits enrollment for all ages.
- **Strengthen coordination between housing programs and schools and school systems to ensure children’s education is not disrupted**, and determine how to meet the online learning needs, changing school schedules, etc.
- **Ensure people newly entering housing are aware of tenant rights and responsibilities**, including VAWA housing protections.



Sustain and Continuously Adapt Response Based Upon Changing Public Health and Economic Conditions

- **Continue to scale investments into all housing interventions in order to increase exits from non-congregate settings, congregate shelters, and unsheltered locations to permanent housing**, utilizing a full range of permanent housing types with essential services, including housing and services models specifically tailored to address the needs of different subpopulations.
- **Mobilize scaled-up investments into permanent housing options to exit people from sheltered and unsheltered homelessness**, and from other congregate and institutional settings, 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 and scale short- and long-term rental subsidies** for affordable housing and permanent supportive housing, including resources that may be targeted to specific subpopulations.
- **Regularly refresh projections of needs for different housing interventions across all subpopulations and examine equity impacts**, based upon direct consultation with people with lived expertise and analysis of data.

**ACTION AREA C
HOUSING**

- **Implement critical time intervention models of services to link unsheltered and high need individuals who are moving into housing with appropriate services in the community**, including tenancy-sustaining services 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 their home is accessible with any needed design features, that all members of the family have a primary care provider, that they have access to flu vaccines and other routine immunizations, and that they can readily access health care services.
- **Sustain robust landlord engagement strategies and public housing agency partnerships to ensure that people are housed quickly** and that tenant-based rental subsidies can be utilized quickly and efficiently.
- **Continue to expand and strengthen partnerships between housing providers and other systems and organizations** to ensure people in housing are linked to health care and employment services and other appropriate services.



Provide the Scale and Range of Housing Options Necessary to Meet All Housing Needs

- **Continue to mobilize scaled-up funding commitments, investments, and agreements to create permanent housing options for all populations and household types**, at full scale and with full range of models needed to exit people from unsheltered homelessness, from existing and new sheltering programs, and from other congregate and institutional settings.
- **Ensure that housing investments to house people experiencing homelessness are targeted and accessible to low-income households, people from highly-impacted neighborhoods and communities, and historically marginalized populations** to the greatest extent possible.
- **Partner on the implementation of 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 and to ensure an adequate focus on the housing needs of people exiting homelessness or at greatest risk for homelessness.
- **Partner on efforts to assess scale of substandard inventory of housing units, including in rural communities, and on renovation and development strategies** that improve availability of high quality and deeply affordable housing options, including options affordable and accessible to people exiting homelessness.
- **Continue to scale and strengthen partnerships and service delivery networks to ensure that all people exiting homelessness are connected with employment, health care, other services, and sources of social support.**

ACTION AREA C HOUSING



Use Funding Strategically Throughout Response

- **Continuum of Care Program funding**, including the Youth Homelessness Demonstration Program, for Permanent Supportive Housing and Rapid Re-Housing and other permanent housing exits.
- **CoC Coordinated Entry funds** to conduct housing placement.
- **CoC Planning and HMIS** funds for developing equity-based decision structures and for developing exit strategies for temporary non-congregate and congregate facilities.
- **HUD/SNAPS Technical Assistance** to stand up emergency housing sites, for tracking and lease-up protocols, and for rehousing strategies.
- **ESG and ESG-CV** for Rapid Re-Housing.
- **HOME** for Tenant-Based Rental Assistance.
- **CDBG, CDBG-CV** for affordable and supportive housing activities, employment activities, short-term rental assistance, and other essential services.
- **HOPWA** for People Living with HIV/AIDS.
- **Public Housing Authorities** for Public Housing and Housing Choice Vouchers.
- **HUD-VASH/Tribal HUD-VASH** for Permanent Supportive Housing for Veterans.
- **USDA Section 515, Section 514/516, and Section 521 programs** support housing opportunities in rural areas.
- **SSVF** for Rapid Re-Housing for Veterans.
- **TANF** for Rapid Re-Housing 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.
- **HUD's Office of Native American Programs for Tribal Areas.**
- **HUD's Office of Public and Indian Housing and Office of Housing** for VAWA housing protections.
- **Mainstream systems, including Medicaid and Community Health Centers,** for services.
- **CSBG COVID/CARES funding** administered through Community Action Agencies.
- **National Housing Trust Fund** for construction of affordable and supportive housing with a focus on extremely low-income (ELI) households.
- **Federal Coronavirus Relief Funds** provided to State and local jurisdictions can be used flexibly to address many different needs through December 30, 2020 and has been used by some jurisdictions to acquire sites to serve as permanent housing.

**ACTION AREA D
DIVERSION AND PREVENTION**



**Implement Immediate
Emergency Protective Measures
to Address the Public Health
Crisis**

- **Implement jurisdiction-wide moratoria on evictions** to cover all renters for nonpayment of rent and no cause evictions at all stages of the eviction process, and set clear penalties for any landlord who violates the moratorium.
- **Identify neighborhoods with high historic rates of homelessness or populations impacted by COVID-19 and support capacity of organizations located within or serving these neighborhoods** to use problem-solving services to resolve or delay immediate housing crises, and provide targeted rental assistance to address rent arrears and prevent evictions using non-homelessness targeted resources, such as CDBG or CDBG-CV.
- **Coordinate with community partners to promote and educate organizations and tenants about protections through federal eviction moratoria** related to COVID-19.
- **Identify and provide support to 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.



**Scale and Strengthen Response
to the Public Health Crisis and
Add Focus on the Economic
Crisis**

- **Scale up efforts to prevent loss of housing among people with prior experiences of homelessness**, including: **people who are living in permanent supportive housing**, focusing on any additional needs for services to support stability; **people who are being served by rapid rehousing programs**, determining if they need more assistance or assistance beyond original term of services; and **people who recently exited such programs**, checking in to determine if they are stable or at risk of returning to homelessness.
- **Implement expanded homelessness prevention services, through flexible models of financial assistance and other services, with focus on those with prior experiences of homelessness** and then on those with lowest incomes (0-30% of AMI) residing in communities most impacted by COVID-19.
- **implement direct consultation with people with lived expertise and analyze data differentiated by subpopulations and disaggregated by race and ethnicity to assess efficacy and equity of homelessness services system's current diversion practices**, including financial assistance and problem-solving services intended to assist people to resolve their immediate housing crisis by accessing alternatives to entering emergency shelter or experiencing unsheltered living. Implement activities to strengthen practices and increase capacity based upon assessment and input.
- **Develop more comprehensive understanding of the housing and services needs of all those who remain unsheltered, differentiated by subpopulations and disaggregated by race and ethnicity**, including analyzing deficiencies and biases within existing data to inform equity-based decisions.
- **Adapt current approaches to diversion and homelessness prevention in order to tailor supports for households whose support networks have fewer resources.**

**ACTION AREA D
DIVERSION AND PREVENTION**



- **Ensure diversion and homelessness prevention services are being implemented by an array of community-based organizations, including non-traditional partners** best able to effectively reach into historically marginalized communities and into neighborhoods highly impacted by COVID-19 and economic downturn with higher rates of entries into homelessness.
- **Ensure that opportunities for assistance are equitably available to people and communities with limited access to technology** so that assistance can effectively reach those facing the greatest risks.
- **Identify non-homelessness specific resources to support any eviction prevention efforts to be implemented, to ensure that homelessness resources can focus on rehousing people** currently experiencing homelessness and or stabilizing those who have recently exited homelessness.


**Sustain and Continuously Adapt
Response Based Upon Changing
Public Health and Economic
Conditions**

- **Implement diversion strategies and practices, including financial assistance and problem-solving services, system-wide, and continue to consult with people with lived expertise** to ensure effective reach into marginalized communities and neighborhoods with higher rates of entries into homelessness.
- **Identify and engage partner systems, such as TANF agencies, workforce development system, unemployment system, schools and school systems, childcare programs, child welfare, legal system, domestic violence / intimate partner violence survivor programs, and other systems,** to identify people at high risk of homelessness and to strengthen diversion and prevention activities.
- **Ensure people are able to access all public benefits for which they are eligible** in order to support their stability, including addressing any technological barriers to access people may be experiencing.
- **Use non-homelessness targeted resources, such as CDBG and CDBG-CV, to scale efforts to prevent evictions due to economic crisis for higher-income populations** (between 30-80% AMI.)

ACTION AREA D
DIVERSION AND PREVENTION



Implement Diversion and Targeted Homelessness Prevention Assistance to Prevent as Many Entries into Homelessness as Possible

- **Continue to strengthen implementation of system-wide and community-based diversion practices through consultation with people with lived expertise and based upon data analysis, and deliver such services at scale necessary** to assist as many people as possible to resolve their immediate housing crisis by accessing alternatives to entering emergency shelter or experiencing unsheltered living.
- **Use scale and success of diversion efforts as key determinant for planning for scale of non-congregate shelter and other safe and effective sheltering models** necessary to meet future needs.
- **Sustain primary focus of homelessness prevention efforts on supporting previously sheltered and unsheltered people who have moved to permanent housing to be able to maintain health and housing stability**, and on people with Extremely Low Incomes experiencing a housing crisis, including periodic check-ins and provision of necessary financial assistance, home modification services, other services, and supports.
- **Continue to deploy non-homelessness targeted financial resources and legal services to strengthen eviction prevention strategies, prioritizing households at greatest likelihood of eviction** and implement evaluations to measure and document the impact of these efforts on the number of people becoming homeless.
- **Continue to engage and create partnerships with and across mainstream systems, such as TANF agencies, workforce development system, unemployment system, schools and school systems, child welfare, legal system, and others**, to focus on fostering housing stability among households being served, to prevent discharges into homelessness, and to strengthen homelessness prevention and diversion efforts.



Use Funding Strategically Throughout Response

- **ESG, and ESG-CV** for diversion and/or highly-targeted homelessness prevention.
- **CDBG, CDBG-CV** for diversion, homelessness prevention, and eviction prevention.
- **SSVF** for diversion and prevention assistance for Veterans.
- **TANF** for financial assistance to prevent loss of housing.
- **Array of mainstream federal programs**, including programs through HUD, HHS, VA, USDA, and DOJ, in support of prevention efforts.
- **Medicaid and Community Health Centers** for services.
- **Philanthropic funding** to enhance capacity and strengthen practices, to test innovative diversion and homelessness or eviction prevention strategies, and to evaluate impact on reducing racial and other disparities.

ACTION AREA E

STRENGTHENING SYSTEMS FOR THE FUTURE

Note: Through the implementation of this Framework’s strategies and the activities identified in Action Areas A through D, communities will achieve outcomes that address the immediate and longer-term health and economic impacts of the COVID-19 for people experiencing homelessness and for people facing the greatest risks of homelessness. Communities will have also focused on addressing the inequities of those impacts on historically marginalized communities and people of color, especially Black, Latinx, and Indigenous people, but eliminating such inequities will take years of dedicated efforts. Action Area E describes actions to both complement and build upon Action Areas A-D, to institutionalize changes and outcomes, and to build stronger and more equitable homelessness response systems for the future.

1

Center Racial Equity and Pursue Housing Justice

- **Engage people with lived expertise of homelessness, representative of all subpopulations and reflective of the demographics of people experiencing homelessness**, into all elements of planning, decision-making, staffing and implementation of systems-strengthening activities.
- **Implement equity-based decision making throughout all elements of response in order to promote equitable outcomes for highly impacted communities**, and regularly assess impact of equity-based decision-making and make corrections to program design to ensure equitable outcomes.
- **Monitor and assess data to ensure that COVID-19 tests are being administered equitably**, and to ensure that screening and referral processes for non-congregate settings are yielding appropriate outcomes across race, ethnicity, gender status, sexual orientation, family configuration, and disability status.
- **Document and assess the shorter- and longer-impacts of COVID-19 and the economic downturn on disproportionately impacted communities, especially communities of color**, and create planning structures and partnerships with organizations best-positioned to develop strategies to eliminate such disparities.
- **Ensure strategies, communications efforts, and funding decisions create opportunities within diverse range of highly impacted geographic areas**, including ensuring strategic partnerships with impacted communities and with organizations within rural areas and Indigenous communities.
- **Adopt policies at the local level to make federal, state, and local investments more effective**, including source of income discrimination bans, changes to zoning and land use restrictions, adoption of inclusionary zoning, and greater targeting of resources to households with the greatest needs.

ACTION AREA E
STRENGTHENING SYSTEMS FOR THE FUTURE

2

Continuously Improve Homelessness Response and Rehousing Operations

- **Continue to closely monitor data on households receiving assistance, households exiting homelessness, and households returning to homelessness** to assess efficacy of efforts and to ensure that there are not inequities in access and outcomes.
- **Assess and project the likely impacts of cessation of key emergency measures, including eviction moratoria, rent forbearance, unemployment compensation, implementation of non-congregate settings, and other policies on homelessness.**
- **Integrate all relevant data into HMIS** for future planning purposes, including data from overflow congregate and non-congregate shelter programs.
- **Identify and document promising practices and support the capacity of organizations to implement such practices, including equity-focused practices,** and make mid-course corrections to program design to ensure equitable outcomes.
- **Identify opportunities and resources, including philanthropic resources, to test cash transfer models of assistance** to support people from different subpopulations to exit homelessness and/or sustain their housing and expand and scale any promising models of such assistance.

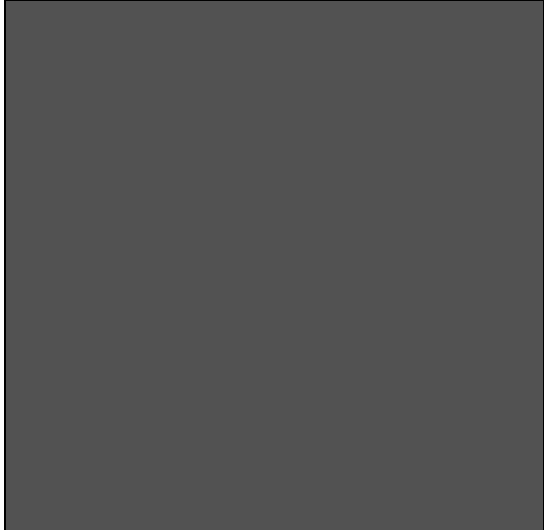
3

Strengthen and Scale Partnership Across Systems and Sectors

- **Identify and address any gaps in engagement of agencies and providers into Continuum of Care planning and decision-making structures,** such as ensuring adequate representation of organizations led by people of color, organizations serving youth and/or other subpopulations, and/or organizations with deep connections into historically marginalized communities.
- **Create planning structures and partnerships that can assess racially-based health disparities** and develop remediation strategies.
- **Establish stronger links between homelessness assistance system and housing delivery system to ensure access to affordable housing,** tailor approaches for different subpopulations, and use data to ensure that employment, income, and access to benefits outcomes are equitable.
- **Establish stronger links between homelessness assistance system and workforce development system to ensure access to employment services and jobs,** identify options for improving access to employment services and jobs and other outcomes, tailor approaches for different subpopulations, and use data to ensure that employment, income, and access to benefits outcomes are equitable.
- **Strengthen coordination and partnerships between state and local public health systems and homelessness services and housing systems** to both reduce homelessness through efforts tailored for all

ACTION AREA E STRENGTHENING SYSTEMS FOR THE FUTURE	
	<p>subpopulations and to strengthen future public health responses, including ensuring that people experiencing homelessness have access to flu vaccines and other routine immunizations.</p> <ul style="list-style-type: none"> • Strengthen coordination and partnerships between schools and school systems, childcare programs, child welfare agencies, TANF agencies, DV/IPV survivor programs, and other systems to support homeless and at-risk families and youth.
<div style="font-size: 48px; margin-bottom: 10px;">4</div> <p>Develop Resilient Systems Better Prepared for Future Public Health Crises and Disasters</p>	<ul style="list-style-type: none"> • Document strengths and weaknesses of response for people experiencing homelessness within COVID-19 emergency response and develop actionable plans and emergency response structures that include the homelessness response system that can be implemented quickly in future public health crises, natural disasters, and other emergencies. • 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. • 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. • 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.
<div style="font-size: 48px; margin-bottom: 10px;">\$\$</div> <p>Use Funding Strategically to Strengthen Systems</p>	<ul style="list-style-type: none"> • Administrative funds from block grants to support the efficient deployment and targeting of funding. • CoC Planning funds to plan for integration of homelessness and public health strategies and for developing partnerships to address racial inequities. • CoC HMIS, ESG and ESG-CV, including administrative funding, for data collection, monitoring, assessment, and analysis of data collected through HMIS. • Philanthropic dollars for racial justice and equity analysis, for development of equity-based decision making and planning tools., for coordination with mainstream systems, for strategic planning, and/or for testing innovative forms of assistance, like cash transfer models.

ACTION AREA E
STRENGTHENING SYSTEMS FOR THE FUTURE



- **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.
- **Partnership with colleges and universities** to collect and report promising practices and conduct analyses.
- **Mainstream systems, including Medicaid and Community Health Centers,** for strengthening partnerships with health care systems and programs.
- **USDA’s Community Facilities Program** to develop or improve essential public services and facilities in rural areas.
- **USDA’s Rural Community Development Initiative program and HUD’s Rural Capacity Building program** to support capacity for affordable housing, community development, and economic development activities in rural areas.