

Surveying Local Homeless Service Providers (Part 2): Responses from July 2020

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Introduction

The impacts of COVID-19 on American life have been widespread. Not only is the virus a public health crisis but it is complicating efforts to recover from the current recession. In difficult times such as these, the most vulnerable people tend to endure the most significant hardships while being left behind on the road to recovery. Local homeless services providers play a crucial role in reducing the harm. Thus, the Alliance is tracking their progress in responding to the current moment.

Alliance staff and research partners conducted an online survey of Continuum of Care (CoC) leaders in April, publishing the results in [Community-level Responses of Homelessness Assistance Programs to COVID-19: Data from May 2020](#) and a [supplementary policy brief](#). Alliance staff and researchers further explored the issues raised within a series of interviews. [Responding to COVID-19: Conversations with Homeless System Leaders](#) summarizes our discussions with a subset of survey respondents. Altogether, the findings suggested systems were overwhelmed by new responsibilities, a lack of available supplies, staffing shortages, and severe financial limitations.

The current report reflects the findings of a second online survey of CoC leaders, and notes progress in areas such as access to personal protective equipment (PPE), screening, and testing. However, there continue to be challenges as systems simultaneously juggle the pressures to 1) respond to public health needs, 2) maintain system functioning, and 3) continue to make progress on the goal of reducing homelessness.

Methodology

The Alliance sent the COVID-19 CoC Response Survey to grantee contacts for every Continuum of Care (CoC) via email on July 16, 2020. The Alliance retrieved the list of CoCs on the morning of April 23, 2020 from the US Department of Housing and Urban Development on their [Grantee Contact Page](#). The list included multiple contacts for each CoC. While there are 397 CoCs, the survey went out to 861 unique email addresses. Forty-eight emails bounced back as undeliverable (9.8%).

Survey Monkey was the platform for data collection. The initial request provided a deadline of July 29, 2020 for completion of the survey. The Alliance sent reminder emails on July 22, 2020 and July 27, 2020 for communities to provide responses.

There were 77 unique responses, representing 20% of the CoCs in the United States. The completion rate for the survey was 59 percent. Forty-four CoCs responding to the first survey also completed the second survey (57% of responses). Responses came from all four geographic categories designated by the US Department of Housing and Urban Development: Major Cities, Largely Urban, Suburbs, and Rural areas.

Geography	Total Number of Responses	Percent of All CoCs in Category
Major Cities	12	25%
Largely Urban	12	20%
Suburban	29	17%
Rural	24	21%
Total	77	20%

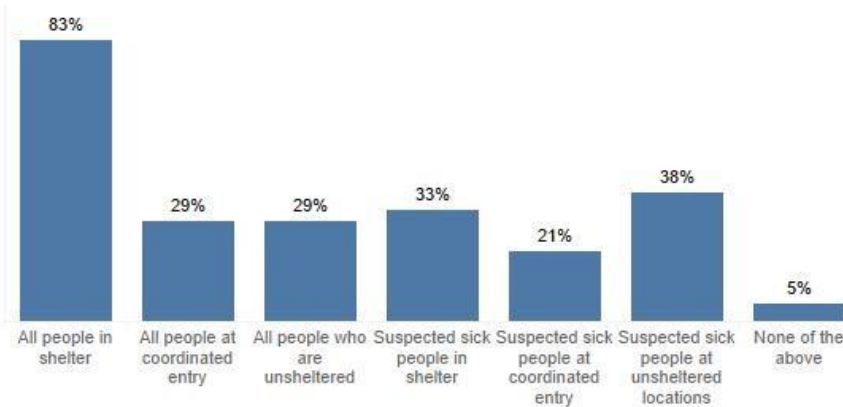
Uneven Public Health Response

The COVID-19 pandemic has created a significant public health challenge for CoCs. Nearly a third have service populations of 1000 people or more at a point-in-time. Many are mobile, frequently staying in different locations. Thus, providers have large numbers of people who could be tested—and those people may be difficult to track.

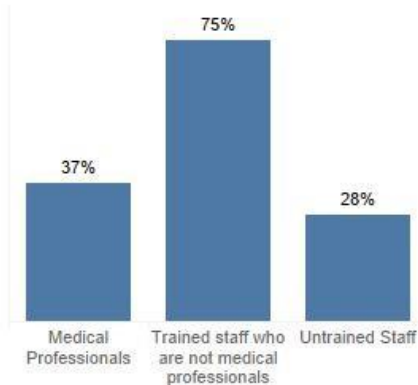
Further, shelters and encampments are common. These congregate settings, sometimes large and overcrowded, make social distancing and cleanliness difficult.

Screening and Testing

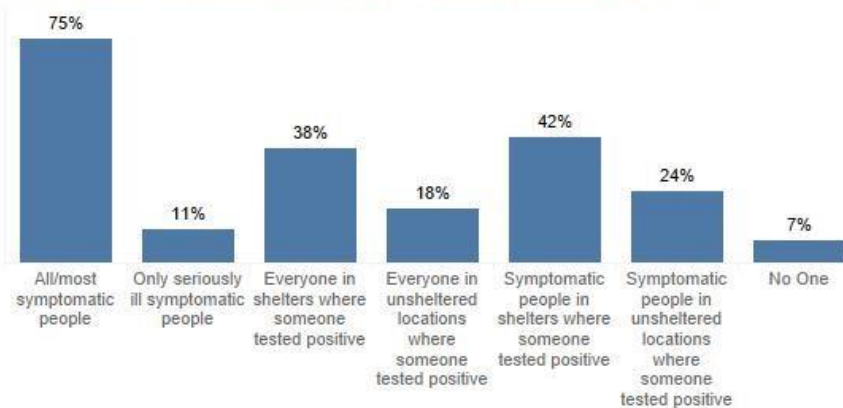
Who is your CoC periodically screening for COVID-19?: (check all that apply) *n*=58



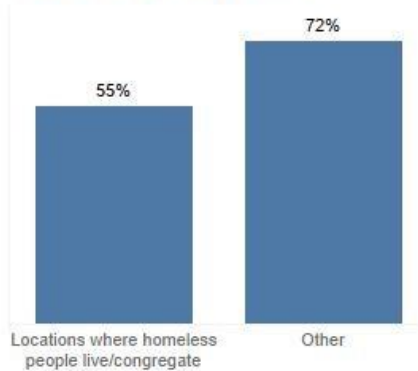
Who is conducting the screenings? Check all that apply *n*=60



Who is being tested for COVID-19?: (check all that apply) *n*=55



Where is COVID testing occurring? Check all that apply *n*=60



Do you have a system for contacting homeless people about health alerts, test results, housing placement offers, or other COVID-19 related issues?



Figure 1

These results suggest that as the crisis progressed, barriers to healthier environments decreased as more communities were able to screen, test, and have PPE. Hotels/motels have been a common solution. These settings allow people to shift from crowded congregate shelters to private rooms that allow them to isolate more effectively. However, unsheltered people are too often left behind, and most people are likely continuing in homelessness after leaving isolation.

Screening and Testing

With the insufficient resources available to them, most providers focus their energy on people who are sheltered and/or symptomatic.

Eighty-three percent of CoCs say they screen most sheltered people for COVID-19. By comparison, only 29 percent report widespread screenings of people living unsheltered. And 5 percent are not screening anyone. Testing is limited: forty percent of providers say they have insufficient access to this resource. Perhaps as a result, they tend to focus on symptomatic people—75 percent of CoCs report testing all or most of this group but few others. Thus, many unsheltered and asymptomatic people are not being reached by current screening and testing procedures. The asymptomatic group could encompass large numbers of people—a [Boston study](#) found that 88 percent of positive homeless shelter residents were asymptomatic. A lack of testing poses a real threat to public health.

Agency Assistance/Partnerships

My CoC has partnered with, or received assistance from, the following agencies to help manage health issues (check all that apply) *n*=44

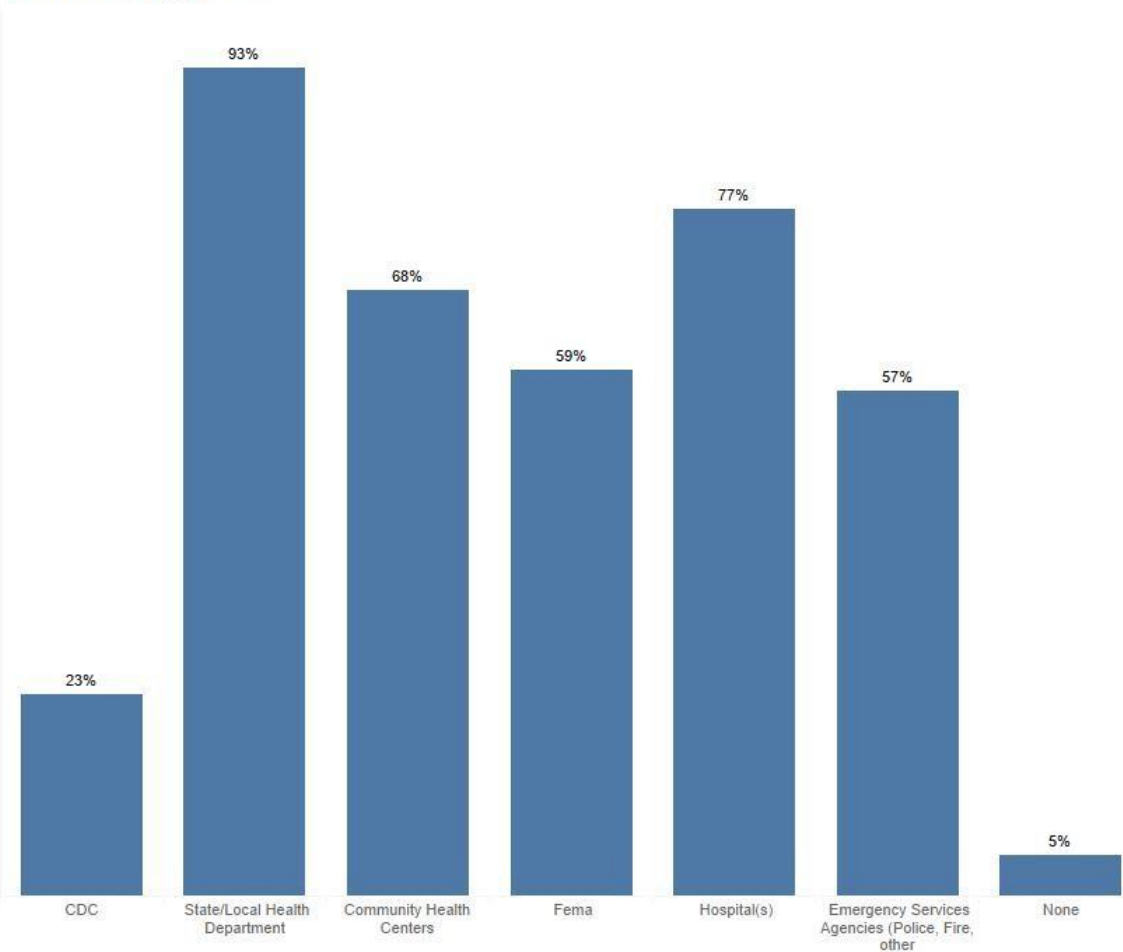


Figure 2

Despite these limitations, the surveys point towards progress. Between May and July, there was a 16-percentage-point increase in the number of CoCs indicating an ability to have most symptomatic people tested. And there was a 27-percentage-point increase in the number of communities testing in locations where homeless people live and congregate.

Partnerships are key, and have multiplied over the course of this project. And through these interviews, Alliance staff learned that testing was being offered through partnerships with healthcare providers (including Healthcare for the Homeless) and academic institutions.

Finally, the personnel tied to screenings require greater attention. Twenty-eight percent of CoCs report untrained individuals performing this task and 75 percent say trained (but non-medical) professionals are conducting screenings. More trainings, professional hires, and partnerships may be necessary.

Personal Protective Equipment (PPE)

Compared to the early weeks of the crisis, fewer communities report shortages of PPE. However, any numbers greater than zero warrant serious attention. Most significantly, CoCs report shortages of:

- Masks for consumers (32 percent)
- Hand sanitizer (26 percent)
- Cleaning supplies (23 percent)

The problems are primarily attributed to a lack of available supplies (48 percent of responding CoCs) and delays in receiving them (26 percent of responding CoCs).

PPE

Do you currently have an insufficient amount of any of the following? (Check all that apply) n=47

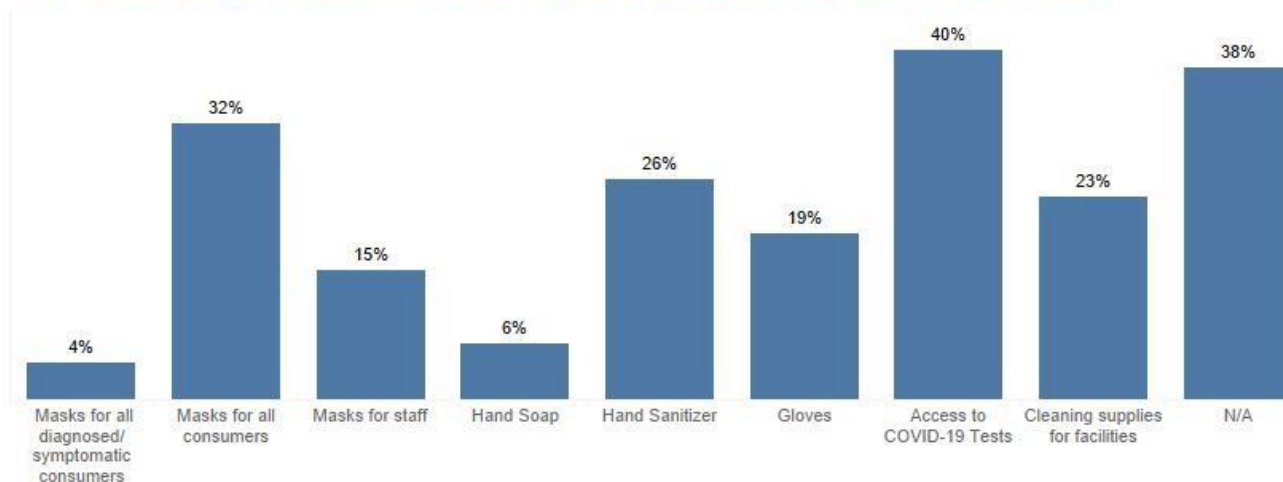


Figure 3a

If you have insufficient supplies, what are the reasons? (Check all that apply) n=42

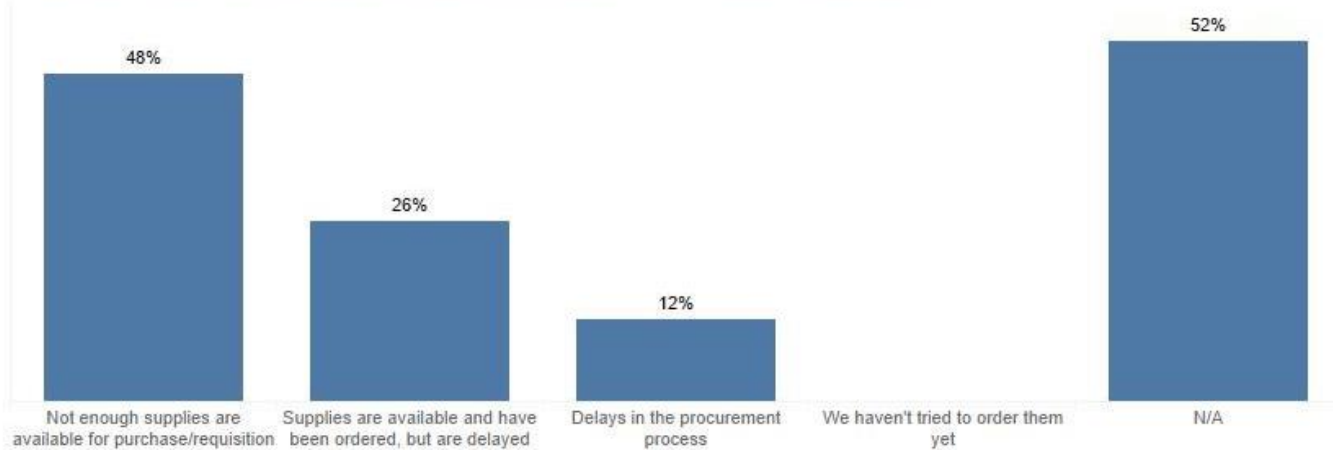


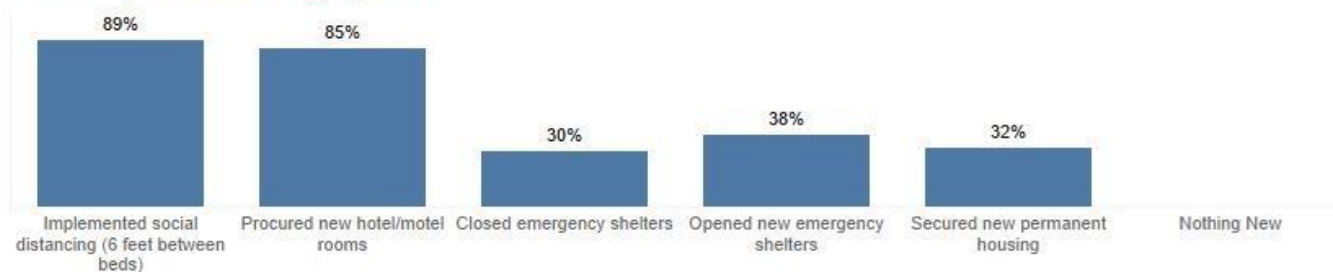
Figure 3b

Temporary Housing Placements

In line with guidance from the CDC, homeless service providers are largely prioritizing older adults and people with pre-existing medical conditions for temporary and permanent housing. These groups are particularly vulnerable to becoming seriously ill should they contract COVID-19.

Housing

In response to COVID-19, providers in my CoC implemented the following prevention measures for people in shelter?: (check all that apply) n=47



In response to COVID-19, providers in my CoC implemented the following prevention measures for people living **unsheltered**?: (check all that apply) n=45

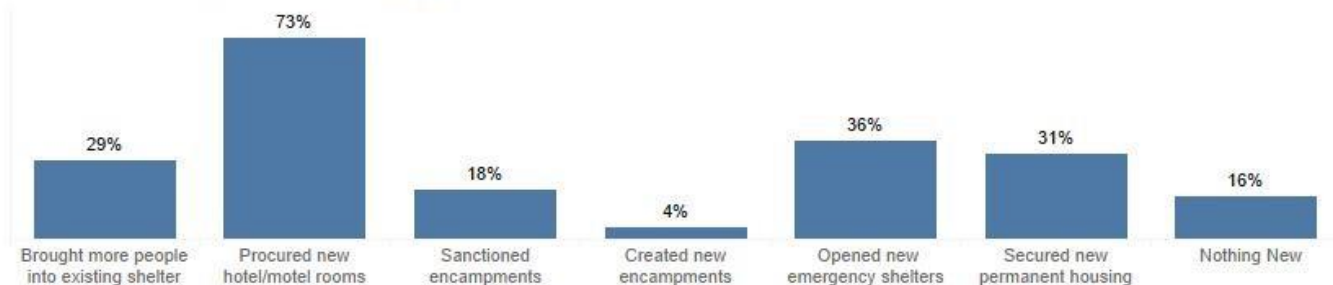


Figure 4a

In response to COVID-19, providers in my CoC are making the following arrangements for the **medically impacted?**: (check all that apply) n=47

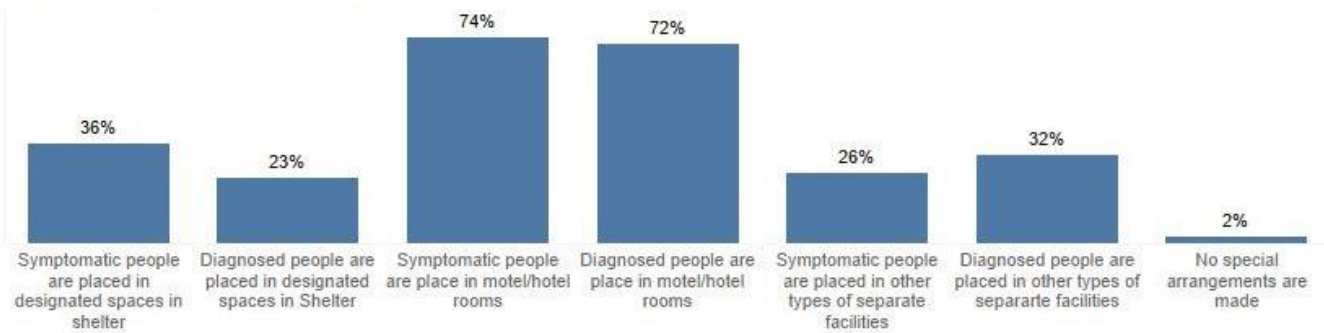
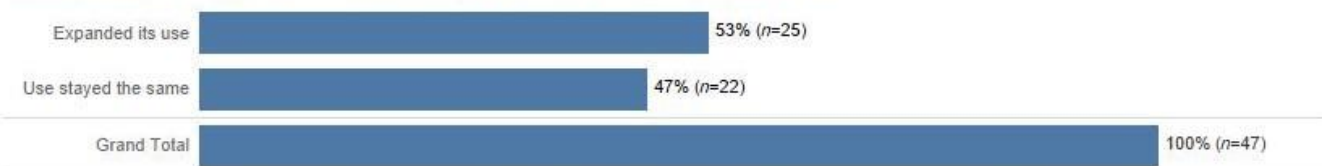


Figure 4b

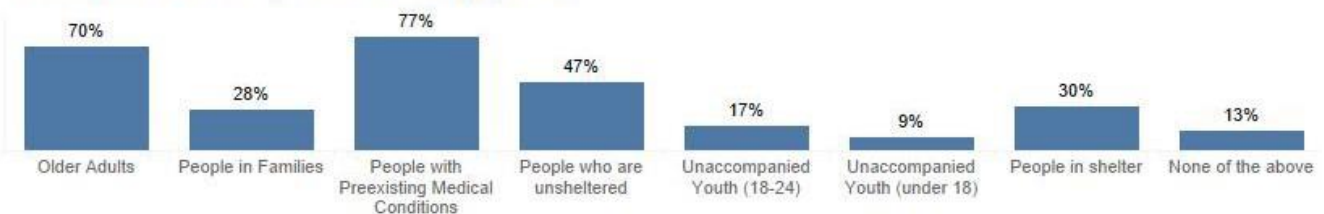
Hotels/motels are the most frequently cited form of new temporary housing. Of the CoCs responding to the second online survey, 85 percent have been implementing this option for sheltered people, 73 percent for unsheltered individuals, 74 percent for those who are symptomatic, and 72 percent for those who have been diagnosed. These responses are very much in line with the responses to the first online survey, interviews, and press reports.

Housing Continued

In response to COVID-19, how has your approach to Diversion changed?



In response to COVID-19, which subpopulations have been elevated in priority for temporary and/or permanent housing placements?: (check all that apply) n=47



In response to COVID-19, have you added beds to your system? If so, please indicate how many of each type below.



Figure 5a

When COVID-19 temporary placements (e.g. hotels/motels) end, where do people go? Please estimate the percentage who have exited to the below situations:

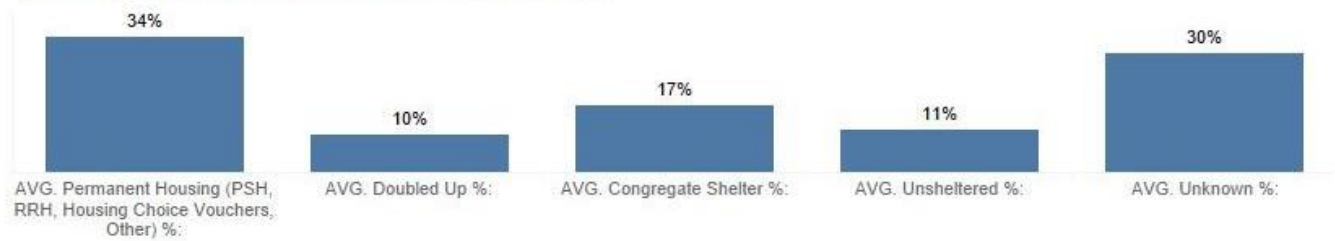


Figure 5b

The second most popular temporary housing solution is a strategy called diversion. More than half of our surveyed communities reported expanding its use, and thus helping people avoid becoming literally homeless through identifying other housing options at the point in which they first request homeless services.

Congregate shelter is a distant third on the list of housing responses to the crisis. Thirty-eight percent of leaders (an 8-point increase since May) say they opened new shelters that are housing previously sheltered people, and 36 percent said the same for the unsheltered people. Finally, 36 percent have symptomatic people in designated spaces within shelters. This new shelter approach was most prevalent in urban areas, which serve the largest number of people. For these CoCs, it is common to procure hotels/motels but to still maintain some reliance on shelters.

Shelters are opening, but they are also closing. Thirty percent of respondents (an 11-point increase since May) report closing shelters, which is more prevalent in rural and suburban areas. These interviews suggest that staffing shortages can cause reductions in services.

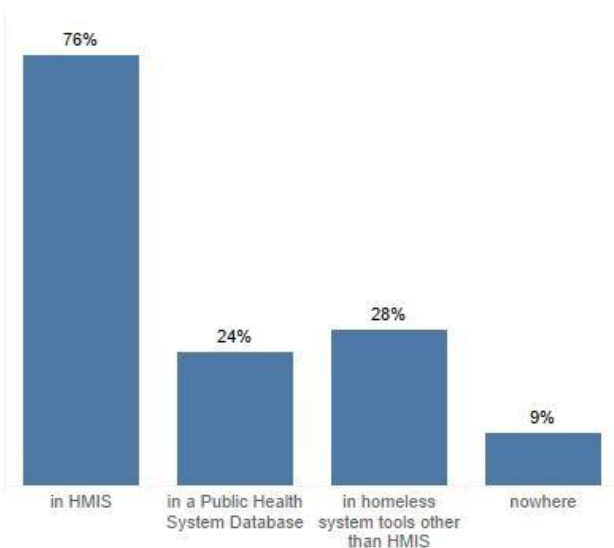
Certain opportunities for improvement are evident from the second online survey. Sixteen percent of CoCs report doing “nothing new” for unsheltered people. Many of them are serving previously sheltered people in hotels/motels and new shelters—but are less likely to say the same about unsheltered people. And, more should be learned about the well-being of groups that are less likely to be prioritized for pandemic-related services (youth and families, for example).

COVID-19 Data Collection

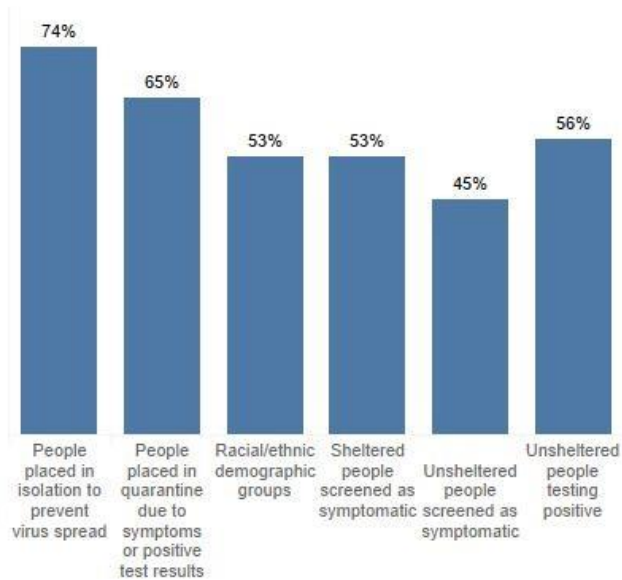
COVID-19-related data collection could help homeless services systems and their health partners make informed decisions about temporary housing placements and other aspects of service delivery. Seventy-six percent of CoCs are capturing such data within HMIS—a 17-point increase since May. However, 47 percent are not collecting data related to race and ethnicity, limiting their ability to implement crisis responses that help reduce well-known racial disparities within homelessness.

Data Tracking

Within my CoC, data related to homelessness and COVID 19 status is being collected...(Check all that apply) *n*=76



My CoC is collecting COVID-19-related data on the following (check all that apply) *n*=62



If your CoC is not currently collecting data, why? (Check all that apply) *n*=6

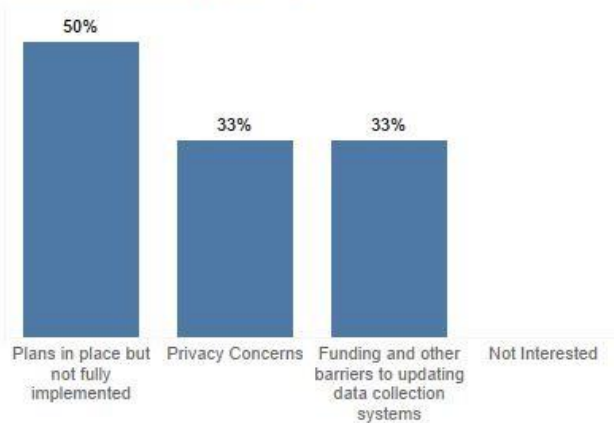


Figure 6

Public health departments are often involved in collecting COVID-19-related information for entire communities. However, some have a history of not asking questions about housing status. Under such circumstances, agencies are unable to come to any conclusions specifically about people experiencing homelessness. Finally, public health departments and healthcare providers may not be sharing information with homeless service providers.

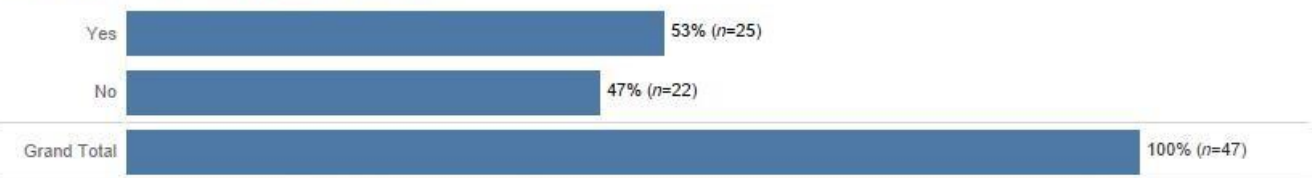
CoCs cite multiple reasons for not having their own data collection systems in place. For some, it is a project in process. Others cite resource constraints and privacy protections. In relation to the latter, [HUD has released guidance](#) allaying some of the concerns. An agency representative also discussed the guidance on a recent Alliance webinar, [COVID-19 and Data Collection Resources for Your Community](#).

Strains on Proper System Functioning

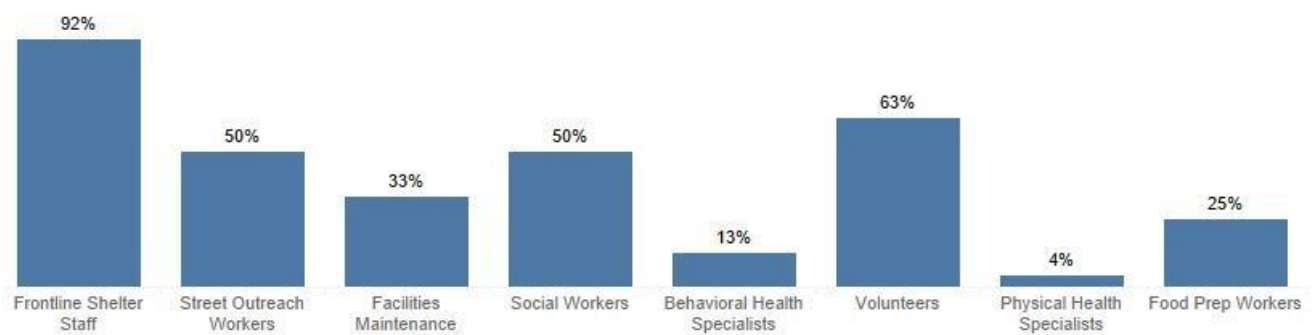
Prior to the current crisis, America’s homeless services providers were unable to house everyone. However, many functioned in ways designed to maximize their reach and impact. Current circumstances are straining this normal functioning and may be causing organizations to reach a breaking point.

Staffing

Are you experiencing staffing shortages?



If you are experiencing COVID-19 related staffing shortages, in what areas are they occurring? (Check all that apply) n=24



If you are experiencing staffing shortages, what caused them? (Check all that apply) n=24

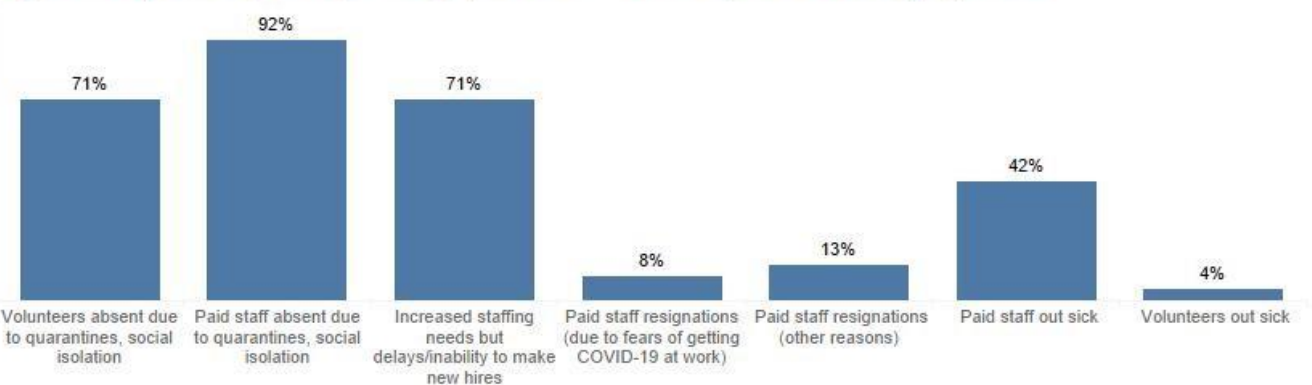


Figure 7

The survey suggests the need for a national-level focus on the staffing shortages and resource deficits of homeless service systems. At a minimum, such efforts should protect previously existing norms for 1) the percentage of eligible people served and 2) the quality of those services. Ideally, they should also try to improve upon the norm.

Staffing Shortages

In the second survey, 53 percent of system leaders reported staffing shortages. Although this represents a 7-percentage-point dip since May, the number still reflects a troubling majority of providers.

Access to Services

In my CoC, people are experiencing COVID-19 related access issues with... (Check all that apply) n=44

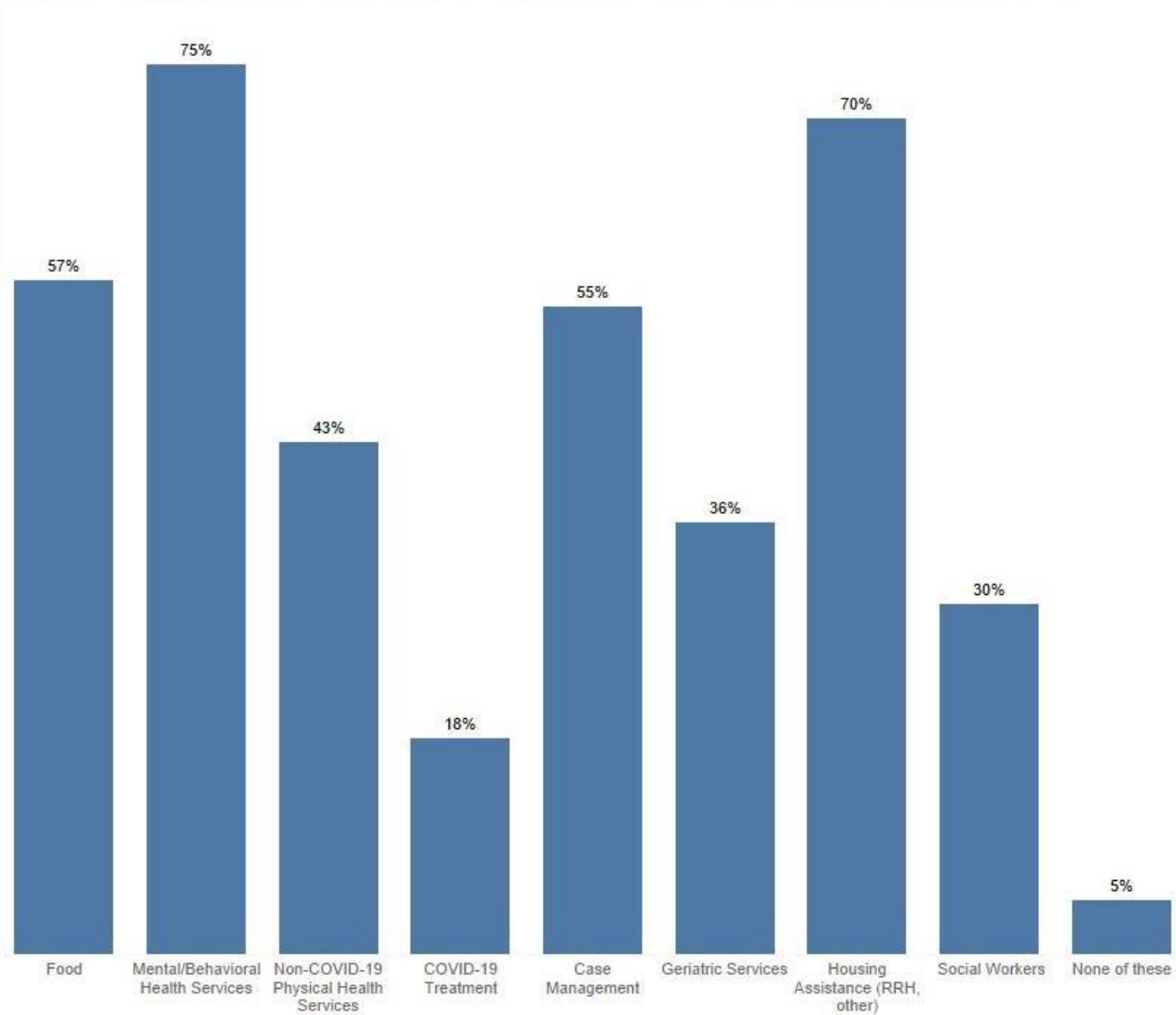


Figure 8

Most often missing are low-wage frontline workers—shelter and street outreach staff. They are in high demand because noticeable numbers of existing employees are quarantining/isolating, calling in sick, staying home to care for children, or resigning due to fear of contracting the virus. Contributing to the problem are increased staffing needs—providers are performing new crisis-related tasks, operating in new settings, and may be reaching more people (some of whom have great needs).

Through the several stages of this project, it is evident that many factors that could make frontline work undesirable. This includes low pay, a risk of contracting COVID-19 during time spent in congregate settings with large numbers of people, insufficient availability of PPE, and increased workplace demands and stress. As a result, multiple system leaders we interviewed were implementing compensation incentives, such as hazard pay and bonuses for good attendance. Such solutions require additional resources and serve as a band-aid for a sector that is increasingly reconsidering the congregate shelter model.

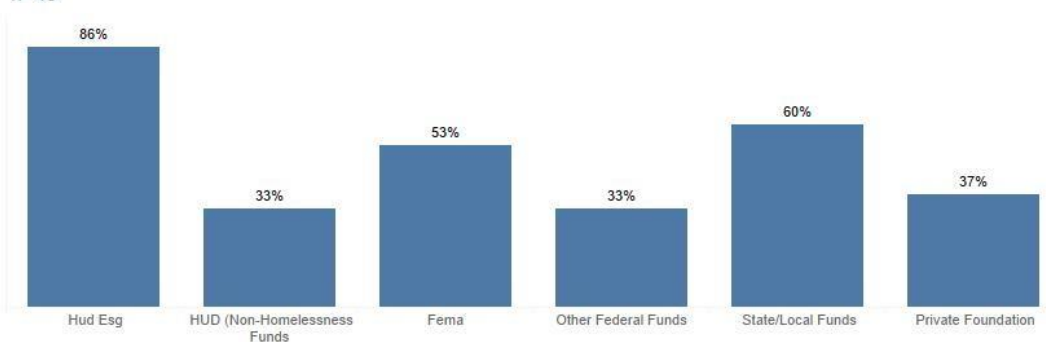
In addition to frontline workers, more supplementary services providers are needed. System leaders say their clients lack access to professionals from mental and behavioral services (75 percent), housing assistance (70 percent), and case management (55 percent). The absence of these workers could reduce the positive outcomes realized by consumers.

Resource Needs

Providers have received additional resources from Congress through the CARES Act, state and local governments, FEMA, and private foundations. They have been using them primarily for the temporary housing solutions described above.

New Resources

If you have received new resources to help manage COVID-19, what are the sources? (Check all that apply)
n=43



How are you using new resources? Estimate the percentage of dollars going to each of these areas:

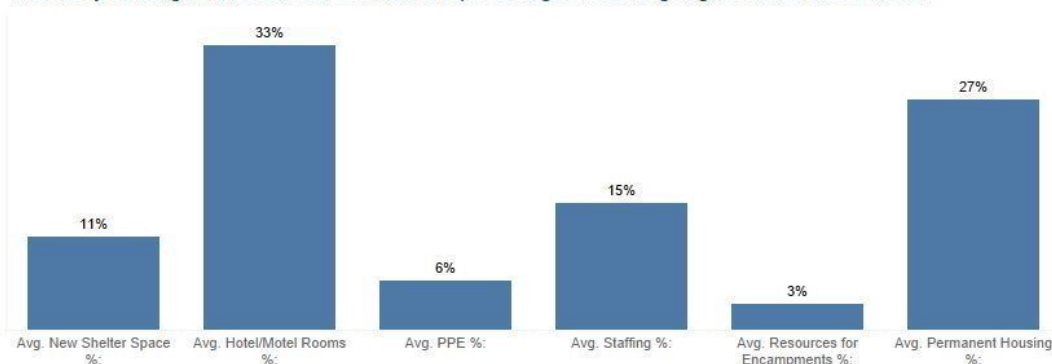


Figure 9

However, there is no end in sight to either the health or economic crises, which could produce a [40-45 percent](#) increase in homelessness in the coming months. Providers who provided responses to this question indicate they have target areas for any new resources: permanent housing, staffing, and hotels/motels rank highly on their lists.

If additional funds do become available, how will you use them? Rank the below according to your priorities, labeling your most significant priority as 1 and leaving non priority items blank.

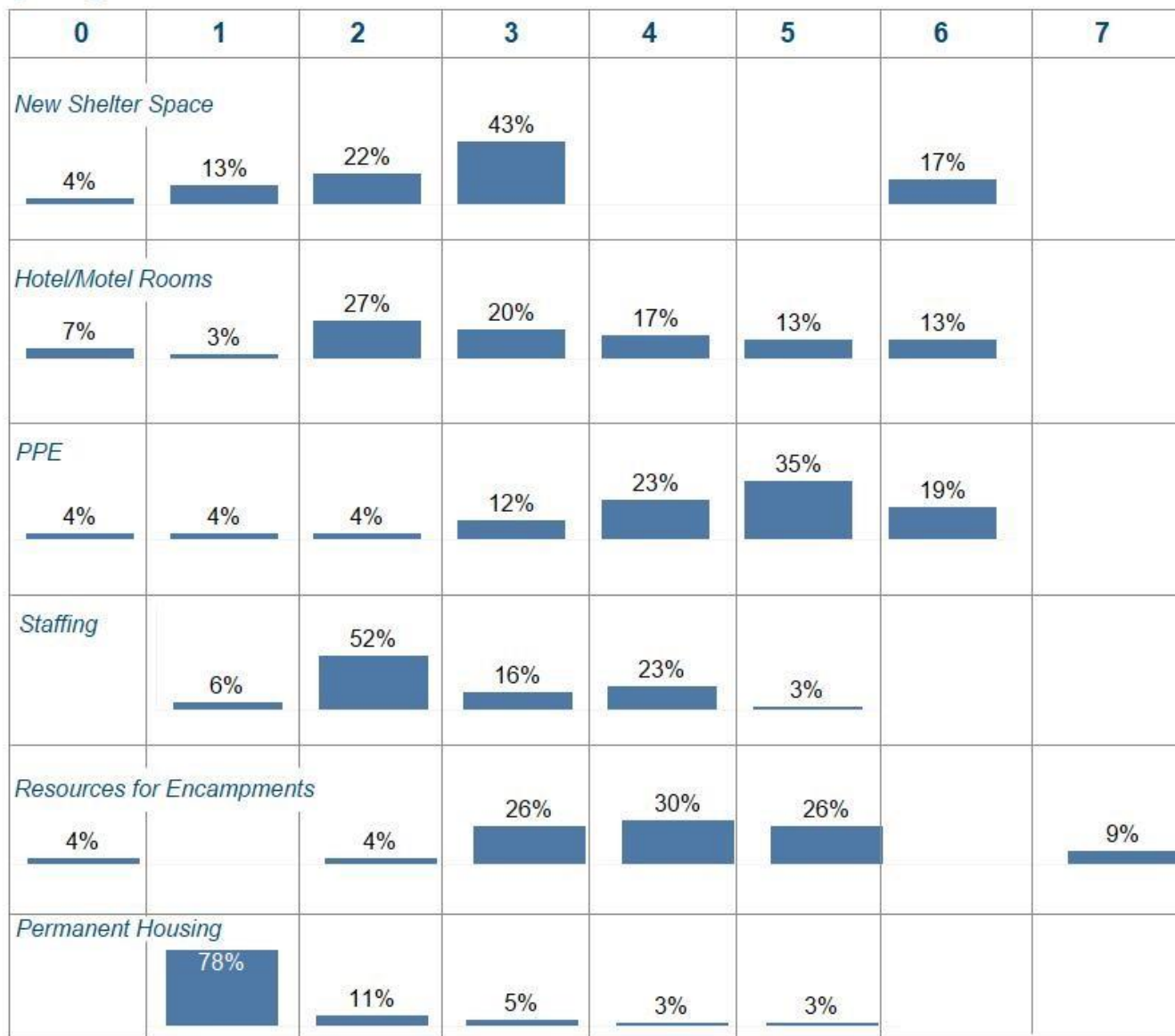


Figure 10

New Roadblocks to Ending Homelessness

Ideally, national efforts around homelessness would end the problem. Except for small upticks in recent years, the overall trend has been gradual but steady progress on reducing homelessness. Overall counts have decreased by 12 percent since 2007, but COVID-19 and the recession threaten this progress.

An overwhelming majority of homeless service providers (81 percent) say that they are already experiencing increased requests for assistance. A majority (64 percent) also indicate they have reason to believe their communities have realized increases in unsheltered homelessness since the beginning of the crisis.

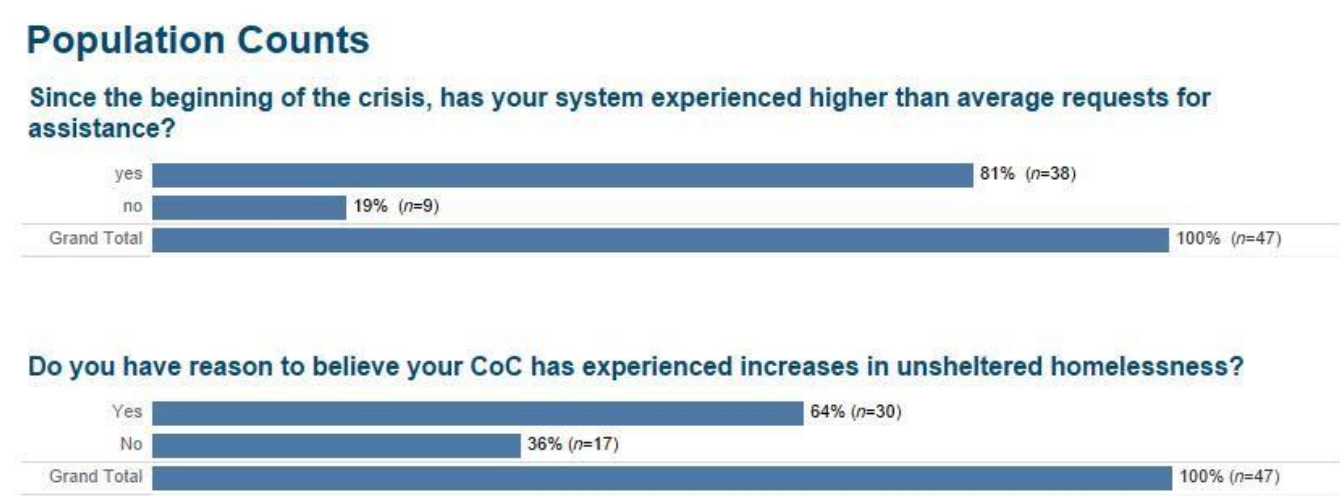


Figure 11

Importantly, various indicators point to COVID-19 and the recession having disproportionately negative impacts on people of color. Organizations such as the *The Center for Public Integrity* are [tracking these concerns](#). Disparities in unemployment, evictions and contracted illnesses could possibly increase disparities in homelessness. Most homeless assistance systems (61 percent) are developing racially equitable approaches to permanent housing. Some are acting in other areas such as staffing and street outreach. However, 1 in 3 systems have yet to implement any racially equitable approaches. More technical assistance for these providers may be warranted, and the issues of racial impact and racial equity must become a greater focus of homelessness researchers for the remainder of the crisis and beyond.

Race Equity

In response to COVID-19, my CoC is developing racially equitable approaches to: (check all that apply) $n=64$

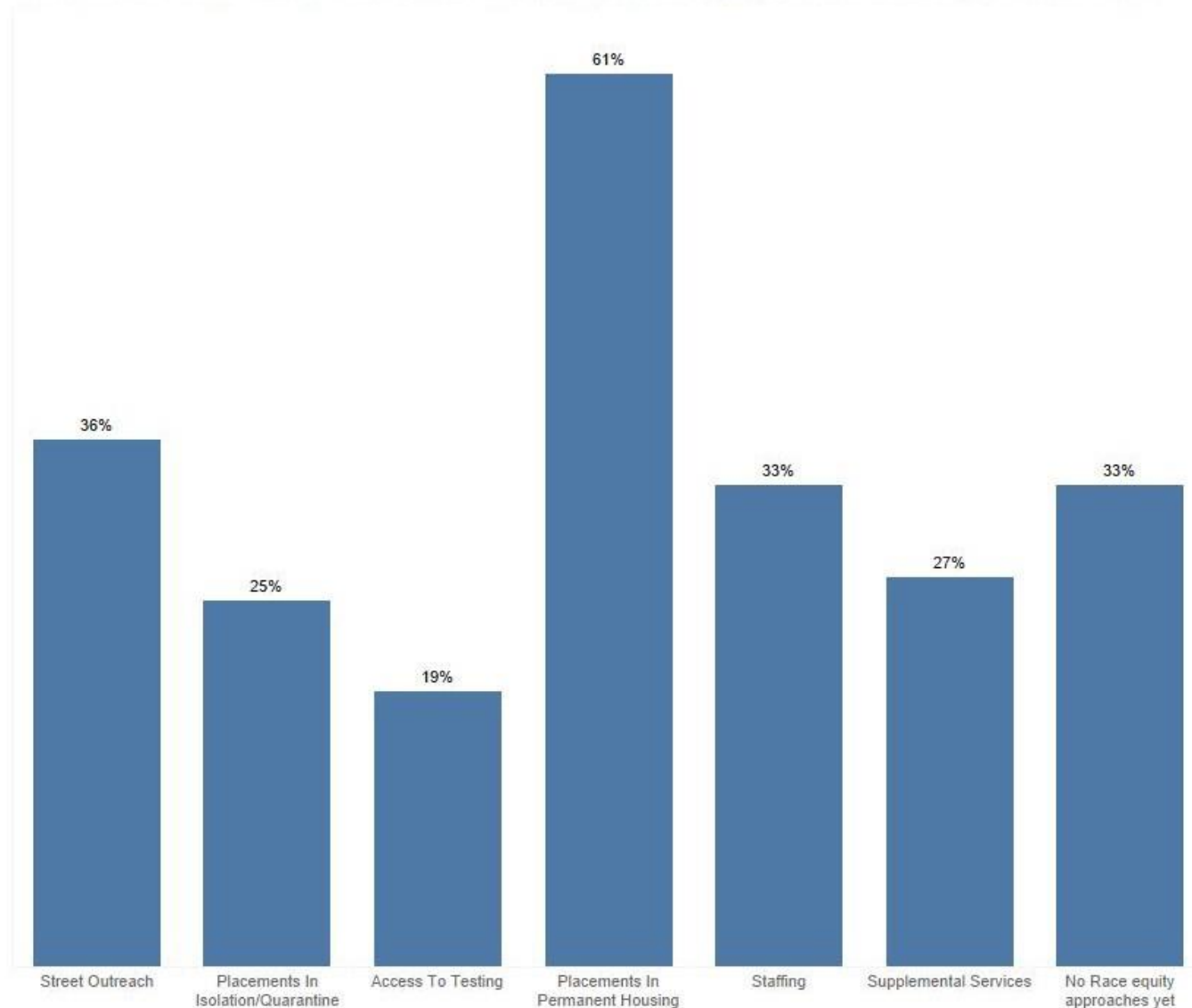


Figure 12

In addition to more (and potentially racially disparate) people entering homelessness systems, leaders point to difficulties in exiting people into permanent housing. Specifically, they estimate that only 1 in 3 homeless people in hotels/motels and other isolation/quarantine sites are permanently housed when they leave. Most return to shelters, go unsheltered, or have unknown whereabouts.

New Resources Continued

If additional funds do not become available and the current crisis extends for at least another year, our system will likely experience...(check all that apply) $n=46$

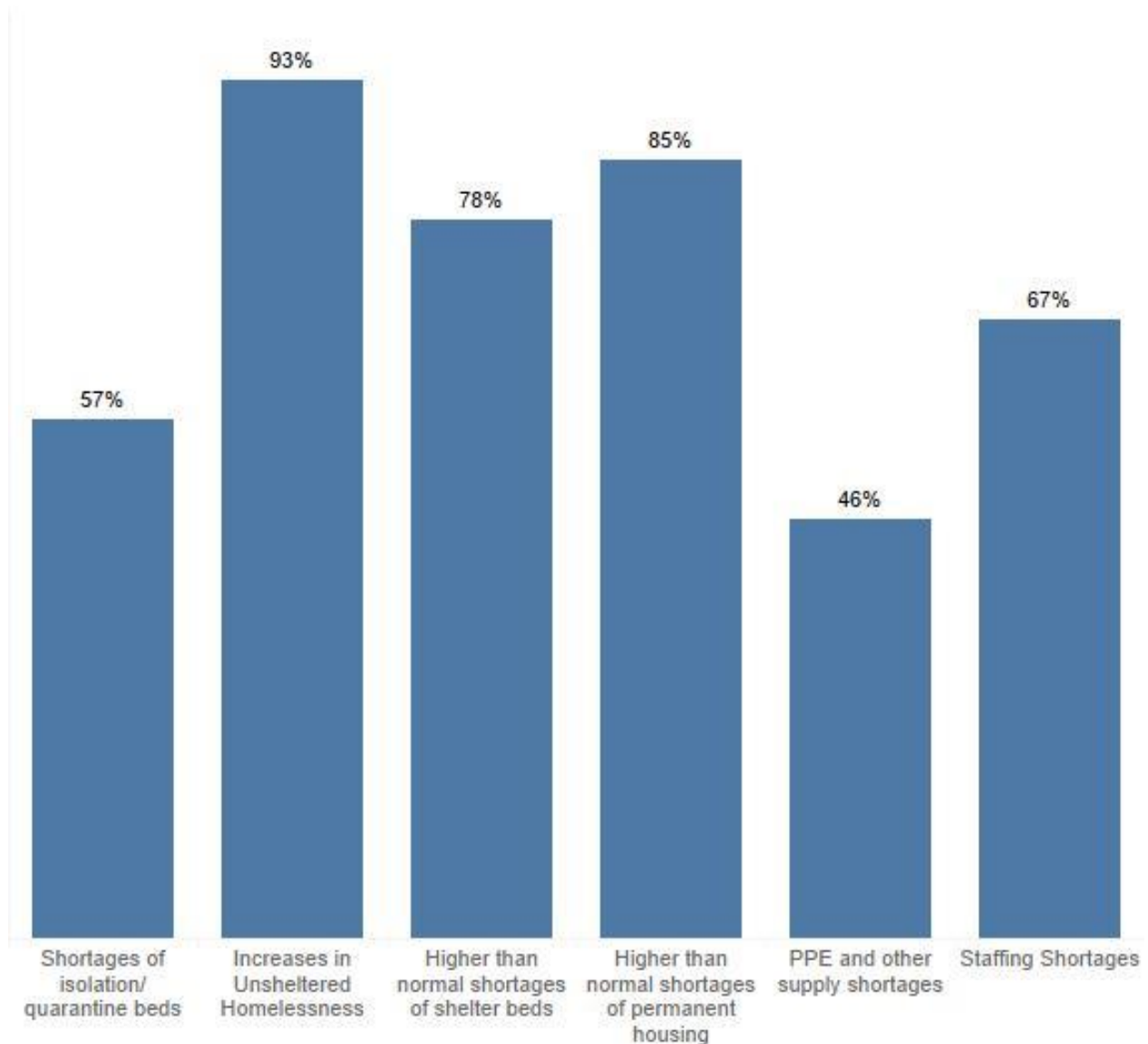


Figure 13

Finally, survey responses to resource/budgetary questions also suggest growing impediments to ending homelessness. As noted, the respondents are prioritizing permanent housing as a target for future funding. They also predict a parade of devastating outcomes if they don't receive additional resources and the crisis extends for at least another year. This list includes increases in unsheltered homelessness (93 percent of CoCs) and higher than normal shortages of permanent housing (85 percent). If they become a reality, such factors would make it more difficult to end homelessness.

Conclusion

The findings of a second Alliance survey (conducted at the end of July) reflect the efforts of homeless services providers who are juggling multiple responsibilities during the age of COVID-19 and economic recession: 1) protecting vulnerable people from a public health threat, 2) maintaining adequate system functioning, and 3) making progress towards ending homelessness.

Many are doing well in certain areas like obtaining sufficient PPE and moving people into isolation/quarantine housing. There are even indicators of some improvements since the first online survey in May. However, some CoCs and populations (e.g., unsheltered) are too often being left behind. Through these surveys and interviews, system leaders have expressed a need for resources and technical assistance to manage these issues.

Limitations

There are some notable limitations to the analysis and generalizability of this survey. Twenty percent of CoCs responded to the survey, and only half of those completed the survey. Survey and item nonresponse is unlikely to be random, with factors such as staff time, ability to gather requested data items, and political considerations likely influencing completion rates. Therefore, we cannot generalize findings from this survey to other communities.

In addition, all data are self-reported. Beyond removing obvious data entry errors, the Alliance was unable to validate the responses. Thus, in a few instances, the answers to different questions may appear inconsistent. Despite these limitations, these data provide a unique picture of homeless services systems several months into the COVID-19/recession response in communities across the United States. In general, the findings here show a clear commitment by communities to the health and safety of persons experiencing homelessness, as well as nearly universal challenges in finding adequate resources to meet all the needs posed by both the pandemic and the recession.

Appendix

Survey Instrument

CoCs and COVID-19: 2nd Online Survey

CoC Number: _____

CoC Name: _____

Survey Completion Date: _____

Name of Person Completing Survey: _____

Email Address: _____

Intro

The National Alliance to End Homelessness is conducting 2nd round of surveys of homeless service providers across the country to understand the impacts of COVID-19 and your responses to it. If you completed the previous survey, you will recognize some of the questions—we are interested in how your responses change over time. If you are new to the survey, welcome. We thank all of you for your time. Your responses will ensure our ability to inform policymakers (and others who can help) of your needs and those of people experiencing homelessness.

DATA TRACKING

1. Within my CoC, data related to homelessness and COVID-19 status is being collected . . . (Check all that apply)

☐ in HMIS

☐ in homeless system tools other than HMIS

☐ in a public health system database

☐ Nowhere

2. My CoC is collecting COVID-19-related data on the following (check all that apply):

☐ Sheltered people screened as symptomatic

☐ Unsheltered people screened as symptomatic

☐ People placed in isolation to prevent virus spread

☐ People placed in quarantine due to symptoms or positive test results

☐ Racial/ethnic demographic groups

☐ Sheltered people testing positive

☐ Unsheltered people testing positive

3. If your CoC is not currently collecting data, why? (check all that apply):

☐ Plans in place but not fully implemented

☐ Privacy concerns

☐ Funding and other barriers to updating data collection systems

☐ Not Interested

☐ Other _____

4. Would you be willing to share your system's data with our research team?

☐ Yes ☐ No

RACE EQUITY

5. In response to COVID-19, my CoC is developing racially equitable approaches to: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> street outreach | <input type="checkbox"/> placements in permanent housing |
| <input type="checkbox"/> placements in isolation/quarantine | <input type="checkbox"/> staffing |
| <input type="checkbox"/> Access to testing | <input type="checkbox"/> Access to supplemental services |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> No race equity approaches yet |

SCREENING and TESTING

6. Screenings for COVID-19 include activities such as taking temperatures or asking people whether they have experienced symptoms. Who is your CoC periodically screening for COVID-19? (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> All people in shelter | <input type="checkbox"/> Suspected sick people in shelter |
| <input type="checkbox"/> All people at coordinated entry | <input type="checkbox"/> Suspected sick people at coordinated entry |
| <input type="checkbox"/> All people who are unsheltered | <input type="checkbox"/> Suspected sick people at unsheltered locations |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> No one |

7. Who is conducting the screenings?

☐ Medical Professionals ☐ Trained staff who are not medical professionals ☐ Untrained Staff

8. Who is being tested for COVID-19? (Check all that apply).

- | |
|--|
| <input type="checkbox"/> All/most symptomatic people |
| <input type="checkbox"/> Only seriously ill symptomatic people |
| <input type="checkbox"/> Everyone in shelters where someone tested positive |
| <input type="checkbox"/> Everyone in unsheltered locations where someone tested positive |
| <input type="checkbox"/> Symptomatic people in shelters where someone tested positive |
| <input type="checkbox"/> Symptomatic people in unsheltered locations where someone tested positive |
| <input type="checkbox"/> Other _____ <input type="checkbox"/> No One |

9. Where is COVID-19 testing occurring? (Check all that apply).

☐ Locations where homeless people live or congregate ☐ Other

10. Do you have a system (e.g., cell phone alerts) for contacting homeless people about health alerts, test results, housing placements offers, or other COVID-19 related issues?

☐ Yes ☐ No

HOUSING

11. In response to COVID-19, providers in my CoC implemented the following prevention measures for people in shelter (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Implemented social distancing (6 feet btwn beds in all directions) | <input type="checkbox"/> Opened new emergency shelters |
| <input type="checkbox"/> Procured new hotel/motel rooms | <input type="checkbox"/> Secured new permanent housing |
| <input type="checkbox"/> Closed emergency shelters | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nothing new | |

12. In response to COVID-19, providers in my CoC implemented the following prevention measures for people living unsheltered (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Brought more people into existing shelter | <input type="checkbox"/> Opened new emergency shelters |
| <input type="checkbox"/> Procured new hotel/motel rooms | <input type="checkbox"/> Secured new permanent housing |
| <input type="checkbox"/> Sanctioned and/or provided new resources to existing encampments | |
| <input type="checkbox"/> Created new encampments | |
| <input type="checkbox"/> Nothing new | <input type="checkbox"/> Other _____ |

13. In response to COVID-19, providers in my CoC are making the following arrangements for the medically impacted (check all that apply):

- ☐ Symptomatic people are placed in designated spaces within existing shelters
- ☐ Diagnosed people are placed in designated spaces within existing shelters
- ☐ Symptomatic people are placed in motel/hotel rooms
- ☐ Diagnosed people are placed in motel/hotel rooms
- ☐ Symptomatic people are placed in other types of separate facilities
- ☐ Diagnosed people are placed in other types of separate facilities
- ☐ No special arrangements are made

14. In response to COVID-19, how has your approach to diversion changed?

- ☐ Expanded its use ☐ Decreased its use ☐ Use stayed the same ☐ Have never used it

15. In response to COVID-19, which subpopulations have been elevated in priority for temporary and/or permanent housing placements? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Unaccompanied Youth (18-24) |
| <input type="checkbox"/> People in Families | <input type="checkbox"/> Unaccompanied Youth (under 18) |
| <input type="checkbox"/> People w/ Preexisting Medical Conditions | <input type="checkbox"/> People in shelter |
| <input type="checkbox"/> People who are unsheltered | |

16. In response to COVID-19, have you added beds to your system? If so, please indicate how many of each type below.

	# of Beds Added
Congregate Shelter	
Hotel/Motel Rooms	

Permanent Housing (PSH, RRH, Other)	
-------------------------------------	--

17. When COVID-19 temporary placements (e.g., hotels/motels) end, where do people go? Please estimate the percentage who have exited to the below situations:

Permanent Housing (PSH, RRH, Housing Choice Vouchers, Other) ____%
 Doubled-Up ____%
 Congregate Shelter ____%
 Unsheltered ____%
 Unknown ____%

POPULATION COUNTS

18. Since the beginning of the crisis, has your system experienced higher than average requests for assistance?

☐ Yes ☐ No

19. Do you have reason to believe your CoC has experienced increases in unsheltered homelessness?

☐ Yes ☐ No

PPE

20. Do you currently have an insufficient amount of any of the following? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Masks for all diagnosed/symptomatic consumers | <input type="checkbox"/> Hand Sanitizer |
| <input type="checkbox"/> Masks for all consumers | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Masks for staff | <input type="checkbox"/> Access to COVID-19 tests |
| <input type="checkbox"/> Hand soap | <input type="checkbox"/> Cleaning supplies for facilities |

21. If you have insufficient supplies, what are the reasons? (Check all that apply)

- ☐ Not enough supplies are available for purchase/requisition
☐ Supplies are available and have been ordered, but are delayed
☐ Delays in the procurement process
☐ We haven't tried to order them yet

STAFFING

22. Are you experiencing COVID-19-related staffing shortages?

☐ Yes ☐ No

23. If you are experiencing COVID-19-related staffing shortages, in what areas are they occurring? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Frontline Shelter Staff | <input type="checkbox"/> Social Workers | <input type="checkbox"/> Physical Health Specialists |
| <input type="checkbox"/> Street Outreach Workers | <input type="checkbox"/> Behavioral Health Specialists | <input type="checkbox"/> Food prep workers |
| <input type="checkbox"/> Facilities Maintenance | <input type="checkbox"/> Volunteers | <input type="checkbox"/> Other _____ |

24. If you are experiencing staffing shortages, what caused them? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Volunteers absent due to quarantines, social isolation | <input type="checkbox"/> Volunteers out sick |
| <input type="checkbox"/> Paid staff absent due to quarantines, social isolation | <input type="checkbox"/> Paid staff out sick |
| <input type="checkbox"/> Increased staffing needs but delays/inability to make new hires | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Paid staff resignations (due to fears of getting COVID-19 at work) | |
| <input type="checkbox"/> Paid staff resignations (other reasons) | |

RESOURCES

25. If you have received new resources to help manage COVID-19, what are the sources? (Check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> HUD ESG | <input type="checkbox"/> Other Federal Funds | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HUD (Non-Homelessness Funds) | <input type="checkbox"/> State/local Funds | |
| <input type="checkbox"/> FEMA | <input type="checkbox"/> Private foundation | |

26. How are using new resources? Estimate the percentage of dollars going to each of these areas.

New shelter space ____%	Eviction Prevention ____%	Staffing ____%
Hotel/motel rooms ____%	Resources for Encampments ____%	Other ____%
PPE ____%	Permanent Housing ____%	

27. If additional funds do become available, how will you use them? Rank the below according to your priorities, labeling your most significant priority as a "1" and leaving non-priority items blank.

___ New shelter space	___ Staffing	___ Other _____
___ Hotel/motel rooms	___ Resources for Encampment	
___ PPE	___ Permanent housing	

28. If additional funds do not become available and the current crisis extends for at least another year, our system will likely experience . . . (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Shortages of isolation/quarantine beds | <input type="checkbox"/> PPE and other supply shortages |
| <input type="checkbox"/> Increases in unsheltered homelessness | <input type="checkbox"/> Staffing shortages |
| <input type="checkbox"/> Higher than normal shortages of shelter beds | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Higher than normal shortages of permanent housing | |

AGENCY ASSISTANCE/PARTNERSHIPS

29. My CoC has partnered with, or received assistance from, the following agencies to help manage health issues (check all that apply):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> CDC | <input type="checkbox"/> FEMA | <input type="checkbox"/> None |
| <input type="checkbox"/> State/local health department | <input type="checkbox"/> Hospital(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Health Centers | <input type="checkbox"/> Emergency Services Agencies (Police, Fire, other) | |

ACCESS TO SERVICES

30. In my CoC, people are experiencing COVID-19-related access issues with . . . (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Case management | <input type="checkbox"/> Social workers |
| <input type="checkbox"/> Mental/behavioral health services | <input type="checkbox"/> Geriatric services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Non-Covid-19 physical health services | <input type="checkbox"/> Housing assistance (RRH, other) | |
| <input type="checkbox"/> COVID-19 treatment | | |