




## Housing Advisory Committee (HAC)

Tuesday May 26, 2020  
12:00 – 2:00 PM  
Virtual Meeting

### Agenda\*\*

1. Call to Order / Introductions / Housekeeping / Minutes
2. City Update and Staff Report
3. Emergency Response to Covid 19
  - i. Strategy and Co-ordination\*\*\*
  - ii. Report and Recommendations to Council
4. Subcommittee Updates – respective chairs
  - i. Policy – ZTA amendments
  - ii. Other sub-committees
5. Other Business
6. Public comment \*\*\*\*

\*\* Note – While the agenda does follow the template for the regular full HAC meeting, items 2 and 3 will be the focus of the meeting, and some agenda items will certainly be deferred or continued.

\*\*\* See  [Housing, Public Health + Economic Recovery in Charlottesville.xlsx](#) for the live version of the spreadsheet included in packet

\*\*\*\* Note – at the discretion of the Chair, public comments related to particular agenda items may be solicited at that point in the meeting.

Individuals with disabilities who require assistance or special arrangements to participate in the public meeting may call the ADA Coordinator at (434) 970-3182 or submit a request via email to [ada@charlottesville.gov](mailto:ada@charlottesville.gov). The City of Charlottesville requests that you provide a 48-hour notice so that proper arrangements may be made.

### **Staff Contact:**

John Sales, Housing Program Coordinator ([salesj@charlottesville.org](mailto:salesj@charlottesville.org)), 434-970-3315

**Public Health + Economic Recovery Response:** Prevent Reentry in Homeless situations, help others remain housed, invest in ongoing and future initiatives

**ACTION PRIORITIES:** Support vulnerable/low-income people across the housing continuum; Shore up existing initiatives; and begin to invest in future activity.

**FUNDING PRIORITIES:** Invest Capital Fund dollars to: 1) Bolster emergency assistance where needed and not provided by Federal and State Governments, 2) Ensure city's investment in ongoing housing projects is protected, 3) Take advantage of market downturn by purchasing distressed properties and prevent housing speculation. Utilize Federal and State funding to extend short term housing assistance programs

People	Activities
<b>Unsheltered People</b>	<ul style="list-style-type: none"> <li>Sustain + expand efforts to support, screen, test + shelter unsheltered people</li> <li>Engage people with lived expertise to increase outreach, especially in rural areas</li> <li>Purchase non-congregate sheltering (hotels, etc.) for unsheltered people</li> <li>Purchase hotel or other existing facility to keep people housed and increase overall system capacity</li> <li>Extend short term homeless rental assistance program as needed</li> <li>Begin aggressive landlord engagement activities to increase supply of affordable rentals</li> </ul>
<b>Low-Income Renters</b>	<ul style="list-style-type: none"> <li>Invest in Housing Hubs/housing navigation supports to assist people who lose their housing</li> <li>Engage people with lived experience to increase outreach</li> <li>Maintain funding commitments for ongoing public housing redevelopment/affordable housing development projects</li> <li>Purchase land and/or properties for affordable rentals</li> <li>Extend short term Landlord Rental Assistance/Rent Relief Program as needed</li> <li>Increase financial coaching supports to help impacted renters avoid accumulation of debt/predatory lending, protect their credit, navigate rent relief resources, etc.</li> </ul>
<b>Low-Income Homeowners/ Homebuyers</b>	<ul style="list-style-type: none"> <li>Extend short term homeowner mortgage assistance program as needed</li> <li>Increase financial coaching supports to help impacted homeowners/homebuyers avoid accumulation of debt, protect their credit, navigate forbearance resources, etc.</li> <li>Increase subsidies to complete/expedite in progress affordable homeownership and rehab/emergency repair projects</li> <li>Purchase Land and/or properties for affordable homeownership; monitor/pre-empt foreclosure sales to investors</li> <li>Offer tax relief/forbearance for low-income homeowners at risk of losing their homes due to delinquent taxes</li> <li>Increase down payment assistance to low-income homebuyers</li> </ul>
<b>Other Key Activities</b>	<ul style="list-style-type: none"> <li>Implement transparent, equity-based decision-making protocols</li> <li>Partner with NGOs to update estimates about real time housing needs</li> <li>Use data to project need for varying interventions and inform equity-based decisions</li> <li>Engage people with lived expertise in planning</li> <li>Continue development of housing strategy and add COVID-19 addendum to scope of work</li> </ul>

**LONG-TERM ACTIONS - 1-7 YEARS**

**Economic Recovery + Public Health Preparedness:** Create a healthy and resilient housing ecosystem

**GOAL:** Strengthen systems to advance racial equity and prepare for future crises

**FUNDING PRIORITIES:** Align the IAT and CIP with the goals of the City/County Housing Strategy so that everyone in Charlottesville has access to safe, decent, affordable housing by 2035

People	Activities
<b>Unsheltered People</b>	<ul style="list-style-type: none"> <li>Finalize plan for permanently housing all unsheltered people</li> </ul>
<b>Low-Income Renters</b>	<ul style="list-style-type: none"> <li>Build and repair sufficient quality affordable rental housing to meet the demand</li> </ul>
<b>Low-Income Homeowners/Homebuyers</b>	<ul style="list-style-type: none"> <li>Build and sell affordable homes to low-income households to meet the need and provide systemic mobility</li> <li>Fund home repair/energy upgrade supports for low-income households</li> </ul>
<b>Other Key Activities</b>	<ul style="list-style-type: none"> <li>Establish Financial Opportunity Center, inclusive of Housing Hub, to provide integrated financial and housing services</li> <li>Engage people with lived expertise in planning</li> </ul>

**IMMEDIATE ACTIONS - 0-16.3 months**

**Public Health Response:** Emergency Protective Measures to Flatten the Curve

**ACTION PRIORITIES:** Route people to appropriate options based on need; focus on housing the homeless and keeping vulnerable people housed

**FUNDING:** PRIORITIES: Utilize State and Federal funds and Local Philanthropic Dollars primarily (CDBG-CV, federal/state/local emergency funds, CACF emergency relief funds, etc.). Preserve local and pass-through capital funds for longer term (CDBG, HOME, CAHF, etc.)

People	Activities
<b>Unsheltered People</b>	<ul style="list-style-type: none"> <li>Increase outreach and create additional hygiene resources in unsheltered locations</li> <li>Ensure social distancing in current congregate facilities</li> <li>Rent a hotel and provide services in temporary location</li> <li>Begin search for motel/hotel purchase to later convert to PSH</li> <li>Implement a short term homeless rental assistance program</li> </ul>
<b>Low-income Renters</b>	<ul style="list-style-type: none"> <li>Implement jurisdiction-wide moratoria on evictions</li> <li>Increase outreach to vulnerable renters through existing NGO channels</li> <li>Support people in PSH</li> <li>Begin search for properties for future affordable rentals</li> <li>Implement a short-term Landlord Rental Assistance Program</li> <li>Implement a short-term emergency rent relief/eviction prevention program - prioritize non-public housing/non-voucher holders</li> </ul>
<b>Low-income Homeowners/ Homebuyers</b>	<ul style="list-style-type: none"> <li>Increase outreach to vulnerable homeowners and soon to be homeowners through existing NGO channels</li> <li>Implement a short-term Homeowner Mortgage Assistance Program</li> <li>Provide emergency financial coaching to help people stabilize their finances</li> <li>Complete/replicate almost finished subsidized homeownership homes</li> <li>Complete ongoing and scheduled Emergency Repairs - prioritize vulnerable (elderly/disabled) households</li> </ul>
<b>Other Key Activities</b>	<ul style="list-style-type: none"> <li>Distribute masks to those who need them</li> <li>Utilize existing relationships through NGOs to help distribute relief (food, funding, school supplies, etc.)</li> <li>Collect data for planning</li> <li>Engage people with lived expertise in planning</li> <li>Document and assess impact of COVID-19 on disproportionately impacted communities, especially communities of color</li> </ul>

**MEDIUM-TERM ACTIONS - 6 months-24 months**

**Economic Recovery Response:** Assess post COVID housing conditions and pass housing strategy based on new data

**ACTION PRIORITIES:** Support Development of Housing Across the Housing Continuum

**FUNDING PRIORITIES:** Adopt an Intervention Analysis Tool to lay out short/medium/long-term funding levels for interventions to ensure City/County does not lose ground on affordable housing and equity goals

People	Activities
<b>Unsheltered People</b>	<ul style="list-style-type: none"> <li>Incrementally upgrade motel/hotel for PSH</li> <li>Expand CSRAP - homeless preference</li> </ul>
<b>Low-income Renters</b>	<ul style="list-style-type: none"> <li>Ensure ending moratoria do not result in evictions or unpayable debt</li> <li>Engage partner systems (TANF, Child Welfare, etc.) for eviction prevention activities</li> <li>Establish funded Eviction Prevention program</li> <li>Expand CSRAP</li> <li>Ensure priority redevelopment projects (CRHA and FC) remain fully funded</li> <li>Increase financial coaching supports to help</li> </ul>
<b>Low-income Homeowners/Homebuyers</b>	<ul style="list-style-type: none"> <li>Increase housing counseling and down payment assistance to ensure low-income homebuyers don't lose ground in the City/County</li> <li>Sustain funding for rehab/emergency repair/energy/efficiency upgrades to ensure vulnerable homeowners are able to stay in their homes safely and avoid housing speculators</li> <li>Adopt plan to sustain funding for affordable homeownership, taking advantage of market downturn and protecting the local housing market from speculative gentrification</li> </ul>
<b>Other Key Activities</b>	<ul style="list-style-type: none"> <li>Use data to refresh projections for interventions and assess equity impact</li> <li>Engage people with lived expertise in planning</li> <li>Gradually wind down temporary assistance programs in favor of longer term solutions</li> <li>Adopt a comprehensive housing strategy based on achieving equity that is aligned with CIP, Comprehensive Plan and Zoning Code</li> </ul>

Proposed Use of CAHF  
4/30/20

CAHF Funding Available: \$1,370,000  
 Proposed to be Allocated Immediately: \$ 891,000  
 Reserved: \$ 479,000

HOUSING PROGRAMS FOR COVID-19 RESPONSE			
PROGRAM	Short Term Homeless Rental Assistance Program (ST-HRA)	Short Term Landlord Rental Assistance Program (ST-LRAP)	Short Term Homeowner Mortgage Assistance Program (ST-HMAP)
<b>AUTHORITY</b>	City Charter, §50.7	City Charter §50.7	City Charter §50.7
<b>PROGRAM DESCRIPTION</b>	The ST-HRA program is a citywide grant program that provides limited housing assistance (up to 6 months) to households residing in the City that are experiencing homelessness. The program goal is to reduce the number of households at risk of contracting COVID-19 due to their inability to social distance and follow CDC guidelines on hygiene.	The ST-LRAP program is a citywide forgivable loan program that provides limited housing assistance (up to 3 months) to landlords who have rental tenants that reside in the City and are at risk of experiencing homelessness due to nonpayment of rent as a result of the COVID-19 pandemic. Landlords that are awarded funding will be required to forgive all late fees that have accrued since the Local Emergency Declaration and allow the household to stay in their unit. The program is designed to reduce household displacement due to the COVID-19 pandemic.	The ST-HMAP is a citywide loan program that provides limited housing assistance (3 months with the possibility to renew for 3 additional months) to homeowners that reside in the City who are at risk of losing their homes due to nonpayment of mortgage as a result of the COVID-19 pandemic. The program goal is to reduce displacement as a result of the COVID-19 pandemic.
<b>FUNDING ALLOCATION</b>	\$264,000 includes 10% funding for administration of the program. - \$240,000 to fund the program - \$24,000 administrative cost (*if not administered by the City)	\$264,000 includes 10% funding for administration of the program. This program will qualify for CDBG funding. - \$240,000 to fund the program - \$24,000 administrative cost (*if not administered by the City)	\$363,000 includes \$48,000 in funding for administration of the program. - \$315,000 to fund the program - \$48,000 administrative cost (*if not administered by the City)



<p><b>WHO ADMINISTERS</b></p>	<p>The City would look into administering the program "in-house". If a non-profit administers the program, quotes would need to be solicited through a small-purchase procurement procedure, so the non-profit(s) would be selected through a competitive process.</p> <p>A contract for administration would be procured through a simple quote procedure; we would be looking for a nonprofit that already has experience administering a similar program.</p>	<p>The City would look into administering the program "in-house". If a non-profit administers the program, quotes would need to be solicited through a small-purchase procurement procedure, so the non-profit(s) would be selected through a competitive process.</p> <p>A contract for administration would be procured through a simple quote procedure; we would be looking for a nonprofit that already has experience administering a similar program.</p>	<p>The City would look into administering the program "in-house". If a non-profit administers the program, quotes would need to be solicited through a small-purchase procurement procedure, so the non-profit(s) would be selected through a competitive process.</p> <p>A contract for administration would be procured through a simple quote procedure; we would be looking for a nonprofit that already has experience administering a similar program.</p>
<p><b>WHO IT BENEFITS</b></p>	<p>Homeless households who are 0-50% AMI.</p>	<p>Ultimately the program will benefit households at 0-80% AMI who are at risk of becoming homeless.</p>	<p>Households at 0-80% AMI who can demonstrate a financial hardship.</p>
<p><b>TERM OF PROGRAM</b></p>	<p>6 Months with the possibility to renew if funding is available.</p>	<p>Each household that receive assistance is eligible to receive assistance for up to 3 months. A landlord may re-apply after the initial 3-month period ends depending on circumstances and availability of funding.</p>	<p>3 Months with the possibility to renew if funding is available.</p>
<p><b>GRANT OR LOAN</b></p>	<p>The funding is provided as a grant with no repayment required. The household must be income qualified.</p>	<p>The funding is provided as a loan that is forgiven if the landlord does not evict the family during the program plus a one-month grace period after the program ends. If the landlord evicts the household before the grace period ends all funding the landlord has received becomes due in full with 3% interest.</p>	<p>The funds are provided as a deferred loan with a 60-month loan term with no set minimum payment, if the property transfers during the 60-month loan term the funds becomes due immediately. If the property is transferred through a non-sale and the individual cannot afford to pay the loan off, then it will continue to be deferred. The loan can be renewed for an additional 60 month if the family can prove financial hardship. A flat 10% service fee is calculated up front when the funds are provided will be added to all funds provided upon repayment.</p>

<p><b>NOTES</b></p>	<p>After 6 months the assistance may continue if funding is still available. Assistance will be provided to approximately 25 households with an average not to exceed \$1,500 per household per month. Assistance is only provided for rental payments. ST-TBRA can only be used on hotels, apartments, condominiums, townhouses, duplexes, group homes, accessory dwelling units, and single-family detached homes. The administrator of the program must submit a monthly report identifying the funding spent, family size served and AMI level. The administrator will create an application and market the program.</p>	<p>The landlord may apply to receive assistance for units that have unpaid rent and no payment plan in place. Assistance will be provided to approximately 50 households with a cap of \$1,500 per household per month. Assistance is only provided for rental payments. ST-LARP can only be used on apartments, condominiums, townhouses, duplexes, accessory dwelling units and single-family detached homes. The administrator of the program must submit a monthly report identifying the funding spent, family size served and AMI level. The administrator will create an application and market the program. Households that are receiving other forms of housing assistance are eligible for ST-LRAP.</p>	<p>After 3 months the assistance may continue if funding is still available. A Deed of Trust (DOT) is recorded, and a Promissory Note is executed to secure the loan. Assistance will be provided to approximately 25 families with a cap of up to \$2,100 per household per month. The City will hold the DOT and Promissory Note. Assistance is only provided for mortgage payments and homeowners insurance. The administrator will be responsible with completing loan closing and collecting loan payments, while the City Attorney's office will draft the DOT and Promissory Note. The administrator of the program must submit a monthly report identifying the funding spent, family size served and AMI level. The administrator will create an application and market the program. Upon repayment of the loan it is the homeowner's responsibility to get the certificate of satisfaction recorded.</p>
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**A FRAMEWORK FOR COVID-19 HOMELESSNESS RESPONSE**  
**RESPONDING TO THE INTERSECTING CRISES OF HOMELESSNESS AND COVID-19**  
 VERSION 1: MAY 1, 2020

The public health and economic crises created by the global COVID-19 pandemic are disproportionately impacting people experiencing homelessness, communities of color and people with disabilities and/or underlying health conditions. Homelessness assistance systems, most of which are strained in normal circumstances, are struggling to keep up with demand and be incorporated sufficiently into community-level public health and economic recovery activities. This crisis could be long-lasting – and we know that the longer the crisis lasts, the harder it will become for people experiencing homelessness and those with low or extremely low incomes to meet their basic needs, with Black and Hispanic people hit the hardest. Significant new funding to support the responses needed for this unprecedented situation is in the process of being allocated at the federal, state, and local levels.

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 conduct emergency protective measures and to plan for recovery-oriented uses of these funds simultaneously. The purpose of this framework is to provide guidance to communities on how to use these funds strategically across a range of key public health and economic recovery priorities, to meet public health goals, to increase housing stability, and to prevent future increases in homelessness that result from an economic downturn – all with a racial justice and equity lens. These actions will need to be coordinated across many partners and systems, and across all 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.

This Framework will be constantly updated as new information on strategies, funding sources and implementation tools emerge. For example, much of the guidance on COVID-19 response for people experiencing homelessness thus far has not been specific to individual subpopulations (such as families with children, survivors of domestic violence, youth and young adults, and veterans). We recognize, however, that subpopulations are impacted in different ways and may need targeted strategies or be eligible for certain types of funding. The Framework will be an expanding document, and new action areas, strategies and resources (including protocols and plans) will be added. Many of these will address the need of specific populations.

**Framework for COVID-19 Homelessness Response**

The range of strategies and activities that communities need to implement, across systems and partners, can be overwhelming. Through conversations with our partners, and by learning from the experiences of a diverse range of communities, we recommend using the following Framework for COVID-19 Response. Because of the changing nature of the crisis, we fully expect elements of this Framework to change or evolve as we learn more and as we begin to focus more on longer-term strategies and economic recovery. This Framework will support communities' efforts to address needs during this public health crisis, to respond to future needs, and to leave our communities better prepared for future emergencies and crises. Strategies and activities will need to be undertaken in these five (5) areas:

- 1) Unsheltered Homelessness
- 2) Shelter
- 3) Housing
- 4) Prevention and Diversion
- 5) Strengthening Systems for the Future

This document identifies essential actions in four (4) implementation phases and provides guidance regarding funding that can support those actions, with a focus on existing and new federal funding.

**Phase 1: Immediate Actions** (which should already be underway)

**Phase 2: Short-Term Actions** (which should be underway or should be begun now)

**Phase 3: Medium-Term Actions** (which should be underway or begun no later than in the next 30 days)

**Phase 4: Longer-Term Actions** (which should be begun no later than in the next 30 to 60 days)

It is important to note that the work across these phases is not purely consecutive or confined to specific phases; rather, a great deal of the work begun in each phase will continue through the duration of the public health response and into the economic recovery response, and beyond.

**Racial Justice and Equity Orientation**

The homelessness services field is in the early stages of addressing racial justice and equity. People of color – especially Black and American Indian/Alaska Native communities – are overrepresented within the homeless population, in part because of historical and systemic racism in other systems that feed into homelessness including the justice, health care, child welfare, behavioral health and education systems. People who identify as LGBTQ are also over-represented and face discrimination in the same systems. Data is emerging that these groups also experience disparities in the homelessness system, itself.

Further, it is already clear that people of color and people from marginalized communities are disproportionately impacted by the coronavirus. This is a result of their lack of access to health care; lower quality health care; and generally increased public exposure to the virus through use of public transportation, and their reliance on employment in hourly wage, tip-supported, or other work that can only be done in public and not from home. Further, they are more likely to be poor, and therefore less able to withstand the consequences of the job loss and eviction that are resulting from the pandemic.

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 disproportionately impacted and disparities. In order to understand the impacts of those gaps and identify appropriate and effective responses, communities should consult the people most impacted in their planning, design, and implementation. This Framework will help communities focus on these issues. It is important to hold them at the forefront during both the emergency response phase and the longer-term recovery/rehousing phase of the response. It will be much more difficult to eliminate disparities if we do not address them head on.



**Public Health and Economic Recovery**

Overview: Homeless System Planning for the Most Effective Use of COVID-19 Funding

<p><b>IMMEDIATE ACTIONS</b> Public Health Response: Emergency Protective Measures Reduce New Entries into Homelessness</p> <p>Develop system-wide testing and/or screening protocol and route people to appropriate care and accommodations, including high-risk COVID-19 testing</p> <ul style="list-style-type: none"> <li><b>Unsheltered People:</b> Increase outreach and provide additional hygiene resources (handwashing stations, showers, laundry) for people in unsheltered locations</li> <li><b>Shelters:</b> <ul style="list-style-type: none"> <li>Ensure social distancing in current congregate facilities</li> <li>Stand up new non-congregate shelter for high-risk, symptomatic, overdue and people in unsheltered locations</li> </ul> </li> </ul>	<p><b>SHORT-TERM ACTIONS</b> Public Health and Economic Recovery Response: Effective and Equitable Pre-Housing</p> <p>Develop policies and practices that support people in ways to congregate or overflow shelters in ways that are safe and equitable</p> <ul style="list-style-type: none"> <li><b>Unsheltered People:</b> <ul style="list-style-type: none"> <li>Identify and expand efforts to support, orient, test, and safely shelter people who are unsheltered</li> <li>Engage people with lived expertise and other partners to increase outreach, especially in rural areas</li> <li><b>Shelters:</b> <ul style="list-style-type: none"> <li>Engage in housing people placed into non-congregate or overflow shelter</li> <li>Rehouse people in congregate or unsheltered locations</li> </ul> </li> </ul> </li> </ul>
<p><b>MEDIUM-TERM ACTIONS</b> Economic Recovery Response: Reduce New Entries into Homelessness</p> <p>Continue to implement CDC/HHS guidance on housing programs and systems</p> <ul style="list-style-type: none"> <li><b>Unsheltered People:</b> Re-house people living in unsheltered locations and increase support for unsheltered persons</li> <li><b>Shelters:</b> <ul style="list-style-type: none"> <li>Stand up non-congregate shelter as needed</li> <li>Implement or enhance housing/case management if shelter</li> </ul> </li> <li><b>Health:</b> <ul style="list-style-type: none"> <li>Minimize people from CARES-funded sites into PMA facilities</li> <li>Work with PHSA and other housing agencies to align operations for assistance in addition to federal RMA who need long-term assistance</li> </ul> </li> </ul>	<p><b>LONGER-TERM ACTIONS</b> Economic Recovery and Public Health Preparedness: Strengthen Systems to Advance Racial Equity and Prepare for Future Crises</p> <p>Strengthen connection between agencies and public health emergency management systems to improve for future crises</p> <ul style="list-style-type: none"> <li><b>Unsheltered People:</b> Identify ways to help efforts to bring people living in unsheltered locations</li> <li><b>Shelters:</b> <ul style="list-style-type: none"> <li>Coordinate non-congregate and overflow shelter by using existing and new shelter</li> <li>Assess the feasibility of congregate shelter as a summer measure in light of pandemic</li> <li>Connect COVID-related homeless assistance to employment systems</li> </ul> </li> </ul>

PHASE 1: IMMEDIATE ACTIONS (WHICH SHOULD ALREADY BE UNDERWAY)	
Public Health Response: Emergency Protective Measures	
Initial Focus Is on: Equitably protecting ALL people experiencing homelessness from COVID-19 infection and illness, helping flatten curve of community infections and reducing demand on health care resources, integrated within public health and emergency response.	
Action Priorities	Strategic Use of Funding
<p><b>UNSHeltered PERSONS:</b></p> <ul style="list-style-type: none"> <li>Implement non-congregate shelter for people living in encampments and follow CDC guidance not to clear encampments unless alternatives that meet CDC guidance are available.</li> <li>Implement robust outreach, screening, and testing protocols to assess needs of people who are unsheltered, including people in encampments AND on their own, and use information gathered to identify and prioritize people with greatest risk.</li> <li>Implement approaches to referring and safely transporting people to appropriate and safe shelter and/or housing.</li> <li>Provide hygiene resources (handwashing stations, outreach, showers, laundry) for people in unsheltered locations.</li> <li>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.</li> <li>Ensure people who are currently unsheltered have access to appropriate health care options.</li> <li>Engage people with lived expertise of homelessness to ensure plans for this population are adequate and implementable.</li> </ul>	<ul style="list-style-type: none"> <li>FEMA Public Assistance: Category B: Emergency Protective Measures for hygiene resources for unsheltered persons and expand outreach. These activities should be included in the Public Health Order and FEMA application.</li> <li>ESG or ESG-CV for outreach and other services for people in unsheltered locations.</li> <li>CDBG or CDBG-CV for essential services for people in unsheltered locations.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> <li>Local jurisdictions or service providers should contact their local Office of Emergency Management to receive PPE through FEMA channels and other sources.</li> </ul>
<p><b>SHELTERS:</b></p> <ul style="list-style-type: none"> <li>Implement screening and testing protocols to assess needs and to identify and prioritize people with greatest risks.</li> <li>Implement approaches to referring and safely transporting people to appropriate and safe alternative shelter options and/or housing.</li> </ul>	<ul style="list-style-type: none"> <li>FEMA Public Assistance: Category B to pay for Emergency Protective Measures, including non-congregate shelter and congregate shelter.</li> <li>ESG, ESG-CV, CDBG, CDBG-CV for shelter operations and services.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> </ul>

1. Communities should use funding as strategically as possible. National estimates for need on homeless response to COVID exceeded the amount allocated for ESG-CV, therefore it is important to ensure that planning includes ways to maximize ESG while using other non-dedicated resources for eligible activities.

PHASE 1: IMMEDIATE ACTIONS (WHICH SHOULD ALREADY BE UNDERWAY)	
Public Health Response: Emergency Protective Measures	
Initial Focus Is on: Equitably protecting ALL people experiencing homelessness from COVID-19 infection and illness, helping flatten curve of community infections and reducing demand on health care resources, integrated within public health and emergency response.	
Action Priorities	Strategic Use of Funding
<ul style="list-style-type: none"> <li>Stand up new non-congregate settings to provide isolation/quarantine units, respite beds, alternate care settings, and temporary shelter options for people, consistent with CDC guidance.</li> <li>Use data gathered through screening and testing strategies to inform planning and identify needs for additional non-congregate settings.</li> <li>Ensure people staying within existing and new shelter options have access to appropriate health care options and trauma-informed services.</li> <li>Ensure that all existing and new shelter options are low-barrier, culturally appropriate, non-discriminatory, and readily accessible to people in marginalized communities.</li> <li>Decentralize existing shelters by relocating people to non-congregate settings, equip staff and clients with protective supplies (masks, etc.), and train staff and clients on social distancing, sanitation, and hygiene practices, including adjusting meal services.</li> <li>Identify shelters that are likely to close because they are seasonal (winter-only) or due to lack of staff, lack of funding, inability to implement proper procedures, etc., and create alternate plans to extend operations and/or to safely relocate all people currently staying in such facilities.</li> <li>Engage people with lived expertise for input and decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>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 protect vulnerable or high-risk populations."</li> <li>CSBG COVID/CARES funding flows through Community Action Agencies for services to low income persons, including people experiencing homelessness.</li> <li>Runaway and Homeless Youth programs are eligible for CARES Act/RIH supplemental funds (\$25 million).</li> <li>Domestic Violence Programs can access Family Violence Prevention and Services CARES Act funding (\$45 million).</li> <li>Temporary Assistance for Needy Families (TANF) funding can be used to support temporary shelter placements.</li> <li>State and local discretionary funds.</li> <li>Create cash flow or fill gaps with philanthropic dollars.</li> </ul>
<p><b>HOUSING:</b></p> <ul style="list-style-type: none"> <li>Continue to house as many people as possible through existing resources and through a range of options – rapid rehousing, permanent supportive housing, family reconnection, shared housing, etc.</li> <li>Link those exiting to housing with needed services, including employment services and opportunities as appropriate.</li> </ul>	<p>Funding is largely through existing mechanisms, including:</p> <ul style="list-style-type: none"> <li>CoC Program, including the Youth Homelessness Demonstration Program.</li> <li>ESG and ESG-CV (RMA)</li> <li>HOME TBSA</li> <li>HOPIWA (for People Living with HIV/AIDS)</li> <li>Public Housing Authorities (Public Housing and Housing Choice Vouchers)</li> </ul>

PHASE 1: IMMEDIATE ACTIONS (WHICH SHOULD ALREADY BE UNDERWAY)	
Public Health Response: Emergency Protective Measures	
Initial Focus Is on: Equitably protecting ALL people experiencing homelessness from COVID-19 infection and illness, helping flatten curve of community infections and reducing demand on health care resources, integrated within public health and emergency response.	
Action Priorities	Strategic Use of Funding
<ul style="list-style-type: none"> <li>Identify and support 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.</li> <li>Implement jurisdiction-wide moratoria on evictions.</li> </ul>	<ul style="list-style-type: none"> <li>HUD-VASH/Tribal HUD-VASH (Veterans)</li> <li>SSVF (Veterans)</li> <li>TANF can support rapid rehousing interventions and links to employment.</li> <li>Workforce Development Boards can support employment.</li> <li>State and local discretionary funding.</li> <li>Funds administered through HUD's Office of Native American Programs for Tribal Areas.</li> </ul>
<p><b>PREVENTION AND DIVERSION:</b></p> <ul style="list-style-type: none"> <li>Identify and support 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.</li> <li>Implement jurisdiction-wide moratoria on evictions.</li> </ul>	<ul style="list-style-type: none"> <li>ESG and ESG-CV</li> <li>SSVF (Veterans)</li> <li>TANF can provide financial assistance to prevent loss of housing.</li> <li>Philanthropic funding</li> </ul>
<p><b>STRENGTHENING SYSTEMS FOR THE FUTURE:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Integrate all relevant data into HMIS, including data on the use of overflow congregate and non-congregate shelter for future planning purposes.</li> <li>Engage people with lived expertise of homelessness and peers into all elements of planning and implementation.</li> <li>Document and assess the impact of COVID-19 on disproportionately impacted communities, especially communities of color, and create planning structures and partnerships to develop strategies to eliminate such disparities.</li> </ul>	<ul style="list-style-type: none"> <li>Administrative funds from block grants.</li> <li>CoC Planning funds can be used to plan for integration of homelessness and public health.</li> <li>CoC HMIS, ESG and ESG-CV for data collection and analysis.</li> <li>Philanthropic dollars for racial justice and equity analysis.</li> </ul>



PHASE 1: IMMEDIATE ACTIONS (WHICH SHOULD ALREADY BE UNDERWAY)	
Public Health Response: Emergency Protective Measures	
Initial focus is on: Equitably protecting ALL people experiencing homelessness from COVID-19 infection and illness, helping flatten curve of community infections and reducing demand on health care resources, integrated within public health and emergency response.	
Action Priorities	Strategic Use of Funding
<ul style="list-style-type: none"> <li>Ensure strategies and communications efforts have broad geographic reach, including into rural areas of community and in support of Native American communities.</li> </ul>	

PHASE 2: SHORT-TERM ACTIONS (WHICH SHOULD BE UNDERWAY OR SHOULD BE BEGUN NOW)	
Public Health and Economic Recovery Response: Re-Housing	
Add Greater Focus on: Effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.	
Action Priorities	Strategic Use of Funding
<p><b>UNSHeltered PERSONS:</b></p> <ul style="list-style-type: none"> <li>Ensure full reach of, and monitor initiatives to, screen, test, and safely shelter or house people who are unsheltered, and support people who remain unsheltered to implement safer social distancing, sanitation, hygiene, and harm reduction practices. Ensure all assistance is trauma-informed.</li> <li>Engage people with lived expertise and grass roots 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.</li> </ul> <p><b>SHELTERS:</b></p> <ul style="list-style-type: none"> <li>Scale up additional non-congregate shelter options for people who are high-risk, people who are symptomatic, people who need to be relocated to deconcentrate shelters, and people in unsheltered locations, as needed.</li> <li>Ensure that adequate screening and testing are in place in homeless shelters and ensure safety of people staying in congregate and non-congregate shelter settings; monitor and adjust as needed.</li> <li>Implement protocols to ensure that no one is purposefully exited from any of new sheltering facilities into unsafe congregate shelters or unsheltered homelessness and provide individual units for those who exit quarantine or isolation shelters and cannot return to their original location.</li> <li>Assess whether equitable access to new and existing shelter facilities is being provided to people of color and examine data to determine if there are other disparities to be addressed, such as by race, ethnicity, disability, gender status, family composition, etc.</li> </ul>	<ul style="list-style-type: none"> <li>FEMA Public Assistance: Category B Emergency Protective Measures for hygiene resources for unsheltered persons and expand outreach. This terminates at the end of the declared public health crisis.</li> <li>ESG or ESG-CV for outreach and other services for people in unsheltered locations.</li> <li>CSBG or CSBG-CV can be used for essential services for people in unsheltered locations.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> <li>Philanthropic funding to engage people with lived expertise.</li> <li>FEMA Public Assistance: Category B to pay for Emergency Protective Measures, including non-congregate shelter and congregate shelter. Authorization is usually provided in 30-day increments.</li> <li>ESG, ESG-CV, CSBG, CSBG-CV for shelter operations and services.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> <li>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 protect vulnerable or high-risk populations."</li> <li>CSBG COVID/CARES funding flows through Community Action Agencies for services to low income persons, including people experiencing homelessness.</li> </ul>

<sup>1</sup> Communities should look to combine current and new funding streams to address emerging needs. Communities should also seek non-traditional partners that reach into underserved and marginalized communities.

PHASE 2: SHORT-TERM ACTIONS (WHICH SHOULD BE UNDERWAY OR SHOULD BE BEGUN NOW)	
Public Health and Economic Recovery Response: Re-Housing	
Add Greater Focus on: Effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.	
Action Priorities	Strategic Use of Funding
<p><b>HOUSING:</b></p> <ul style="list-style-type: none"> <li>Use data to project need for different housing interventions (permanent supportive housing, rapid rehousing, affordable rental housing subsidies, etc.) and to inform equity-based decisions and begin to identify resources that can support interventions at scale needed.</li> <li>Stand up new housing tracking and lease-up protocols, if needed, to closely track unit availability and minimize time to lease up.</li> <li>Begin to scale new investments into permanent housing options, including re-housing people from congregate or unsheltered locations, modifying coordinated entry policies and protocols as necessary.</li> <li>Scale landlord engagement activities to ensure that people are housed quickly, and that tenant-based rental assistance can be mobilized efficiently.</li> <li>Monitor data to ensure that exits to housing are equitable and that returns to homelessness are not racially or otherwise disproportionate.</li> <li>Ensure people in housing are linked to appropriate services, including health care and employment services.</li> </ul>	<ul style="list-style-type: none"> <li>Runaway and Homeless Youth programs are eligible for CARES Act/RRV supplemental funds (\$25 million).</li> <li>Domestic Violence Programs can access Family Violence Prevention and Services CARES Act funding (\$45 million).</li> <li>State and local discretionary funds.</li> <li>CoC Planning and HMIS for developing equity-based decision structures.</li> <li>CoC Program (PSH and RRH) including the Youth Homelessness Demonstration Program.</li> <li>HUD/SNAPS Technical Assistance to stand up emergency housing tracking and lease-up protocols.</li> <li>ESG and ESG-CV (RRH)</li> <li>CSBG-CV for essential services.</li> <li>Mainstream systems (including Community Health Centers) for services.</li> <li>HOME TBR</li> <li>HOPWA (for People Living with HIV/AIDS)</li> <li>Public Housing Authorities (Public Housing and Housing Choice Vouchers)</li> <li>HUD-VASH/Tribal HUD-VASH (Veterans)</li> <li>SSVF (Veterans)</li> <li>CSBG COVID/CARES funding (through Community Action Agencies)</li> <li>TANF</li> <li>Workforce Development Boards</li> <li>Funds administered through HUD's Office of Native American Programs for Tribal Areas.</li> </ul>

PHASE 2: SHORT-TERM ACTIONS (WHICH SHOULD BE UNDERWAY OR SHOULD BE BEGUN NOW)	
Public Health and Economic Recovery Response: Re-Housing	
Add Greater Focus on: Effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.	
Action Priorities	Strategic Use of Funding
<p><b>PREVENTION AND DIVERSION:</b></p> <ul style="list-style-type: none"> <li>Scale up efforts to prevent loss of housing among people who are living in permanent supportive housing or being served by rapid rehousing programs.</li> <li>Assess homelessness services system's current diversion practices and establish strengthened practices and increased capacity, including tailoring support for households whose support networks have fewer resources.</li> </ul> <p><b>STRENGTHENING SYSTEMS FOR THE FUTURE:</b></p> <ul style="list-style-type: none"> <li>Implement equity-based decision making in order to promote equitable outcomes for highly impacted communities.</li> <li>Monitor and assess data to ensure that tests are being administered equitably, and to ensure that screening and referral processes are yielding appropriate outcomes across race, ethnicity, gender status, sexual orientation, and disability status.</li> <li>Create planning structures and partnerships that can assess racially-based health disparities and develop remediation strategies.</li> <li>Establish links to employment services and jobs, and use data to ensure that employment, income, and access to benefits outcomes are equitable.</li> </ul>	<ul style="list-style-type: none"> <li>State and local discretionary funding.</li> <li>ESG and ESG-CV</li> <li>SSVF (Veterans)</li> <li>TANF</li> <li>Philanthropic funding</li> <li>Philanthropic funds for development of equity-based decision making and planning tools and coordination with mainstream systems.</li> <li>CoC and ESG/ESG-CV to monitor and assess data collected through HMIS.</li> <li>CoC Planning for developing partnerships to plan regarding disparities.</li> </ul>

PHASE 3: MEDIUM-TERM ACTIONS (WHICH SHOULD BE UNDERWAY OR BEGUN NO LATER THAN IN THE NEXT 30 DAYS)	
Economic Response: Homelessness and Eviction Prevention	
Add Greater Focus on: Reducing new entries into homelessness through prevention and diversion strategies.	
Action Priorities	Strategic Use of Funding
<p><b>UNSHeltered PERSONS:</b></p> <ul style="list-style-type: none"> <li>Examine situation of those who remain unsheltered; assess whether they remain unsheltered because of lack of beds available or because assistance being offered is unacceptable to them; and take individualized, trauma-informed steps to assist remaining unsheltered people into shelter or housing that is acceptable to them.</li> <li>Establish regular support for any who prefer to remain unsheltered including help to achieve safe social distancing, sanitation, hygiene, and harm reduction practices, and provide access to healthy food, health and behavioral health services, clean and weather-appropriate clothing and bedding, etc.</li> </ul> <p><b>SHELTERS:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Continue to monitor the screening and testing of people staying in congregate and non-congregate shelter settings to ensure their safety, and adjust as needed.</li> <li>Monitor effectiveness of protocols to ensure that no one is purposefully exited from any of new sheltering facilities into unsheltered homelessness, and adjust as needed.</li> <li>Expand housing-focused case management services and housing subsidy resources within shelters to support people to exit to housing.</li> <li>Inflate planning for new or sustained non-congregate shelter capacity to replace congregate shelters.</li> </ul>	<ul style="list-style-type: none"> <li>ESG or ESG-CV for outreach and other services for people in unsheltered locations.</li> <li>CSBG or CSBG-CV can be used for essential services for people in unsheltered locations.</li> <li>FEMA Public Assistance: Category B authorization is usually provided in 30-day increments.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> <li>FEMA Public Assistance: Category B to pay for Emergency Protective Measures, including non-congregate shelter and congregate shelter. Authorization is usually provided in 30-day increments.</li> <li>ESG, ESG-CV, CSBG, CSBG-CV for shelter operations and services.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> <li>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 protect vulnerable or high-risk populations."</li> <li>CSBG COVID/CARES funding flows through Community Action Agencies for services to low income persons, including people experiencing homelessness.</li> <li>Runaway and Homeless Youth programs are eligible for CARES Act/RRV supplemental funds (\$25 million).</li> <li>Domestic Violence Programs can access Family Violence Prevention and Services CARES Act funding (\$45 million).</li> <li>TANF</li> </ul>

PHASE 3: MEDIUM-TERM ACTIONS (WHICH SHOULD BE UNDERWAY OR BEGUN NO LATER THAN IN THE NEXT 30 DAYS)	
Economic Response: Homelessness and Eviction Prevention	
Add Greater Focus on: Reducing new entries into homelessness through prevention and diversion strategies.	
Action Priorities	Strategic Use of Funding
<p><b>HOUSING:</b></p> <ul style="list-style-type: none"> <li>Create a plan to ensure that no one who is in a hotel and motel room or other non-congregate setting exits to the street or shelter, but rather exits to permanent housing.</li> <li>Develop agreements and protocols for housing high need and unsheltered populations at full scale needed, including identifying and securing funding commitments.</li> <li>Mobilize scaled-up investments into permanent housing options to exit people from sheltered and unsheltered homelessness, with focus on the most greatly impacted populations.</li> <li>Work with partners including public housing authorities, health systems, state housing finance agencies and others to access short- and long-term rental subsidies for housing, including permanent supportive housing as appropriate.</li> <li>Use data to refresh projections of need for different housing interventions and to examine equity impact.</li> <li>Create critical time intervention structure to link unsheltered and other high need individuals who are moving into housing with appropriate services in the community, including employment and employment services.</li> <li>Ensure that everyone who is housed has a solid link to health care, that their home does not present health risks (mold, lack of insulation, etc.), that children have a pediatrician, and that they can access health care facilities.</li> <li>Sustain robust landlord engagement strategies to ensure that people are housed quickly and that tenant-based rental subsidies can be utilized quickly and efficiently.</li> </ul> <p><b>PREVENTION AND DIVERSION:</b></p> <ul style="list-style-type: none"> <li>Implement system-wide diversion strategies, including financial assistance and problem-solving services, across homelessness assistance system.</li> </ul>	<ul style="list-style-type: none"> <li>State and local discretionary funds</li> <li>CoC Planning and HMIS for developing exit strategies for temporary non-congregate and congregate facilities.</li> <li>CoC Coordinated Entry funds to conduct housing placement.</li> <li>CoC Program (PSH and RRH) including the Youth Homelessness Demonstration Program.</li> <li>HUD/SNAPS Technical Assistance to stand up emergency housing tracking and lease-up protocols.</li> <li>ESG and ESG-CV (RRH)</li> <li>CSBG-CV for employment activities and other essential services.</li> <li>HOME TBR</li> <li>HOPWA (for People Living with HIV/AIDS)</li> <li>Public Housing Authorities (Public Housing and Housing Choice Vouchers)</li> <li>HUD-VASH/Tribal HUD-VASH (Veterans)</li> <li>SSVF (Veterans)</li> <li>CSBG COVID/CARES funding (through Community Action Agencies)</li> <li>Funds administered through HUD's Office of Native American Programs for Tribal Areas.</li> <li>State and local discretionary funding</li> <li>ESG and ESG-CV</li> <li>SSVF (Veterans)</li> <li>TANF</li> </ul>

PHASE 3: MEDIUM-TERM ACTIONS (WHICH SHOULD BE UNDERWAY OR BEGUN NO LATER THAN IN THE NEXT 30 DAYS)	
Economic Recovery and Public Health Preparedness: Long Term Change	
Add Greater Focus on: Reducing new entries into homelessness through prevention and diversion strategies	
Action Priorities	
<ul style="list-style-type: none"> <li>Implement expanded homelessness and eviction prevention services, through flexible models of financial assistance and other services, with focus on those with lowest incomes (0-30% of AMI) and greatest risks of loss of housing.</li> <li>Ensure prevention funding is being provided to community-based organizations and/or non-traditional partners best able to reach into highly-impacted communities.</li> <li>Identify and engage partner systems (TANF, Unemployment, Child Welfare, Justice) to strengthen their prevention activities.</li> </ul>	<ul style="list-style-type: none"> <li>Philanthropic funding</li> </ul>
<p><b>STRENGTHENING SYSTEMS FOR THE FUTURE:</b></p> <ul style="list-style-type: none"> <li>Assess likely impacts of cessation of eviction moratoria, rent forbearance, unemployment compensation, individual payments, and other policies on homelessness.</li> <li>Continue to closely monitor data on households receiving assistance, households exiting homelessness, and households returning to homelessness to ensure that there are not inequities in access and outcomes.</li> <li>Assess impact of equity-based decision-making and make mid-course corrections to program design to ensure equitable outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Philanthropic funds for strategic planning.</li> <li>CoC and ESG/ESG-CV to monitor and assess data collected through HMIS.</li> <li>CoC Planning for developing partnerships to plan regarding disparities.</li> <li>TANF</li> </ul>

PHASE 4: LONGER-TERM ACTIONS (WHICH SHOULD BE BEGUN NO LATER THAN IN THE NEXT 30 TO 60 DAYS)	
Economic Recovery and Public Health Preparedness: Long Term Change	
Add Greater Focus on: Strengthening systems to be better prepared for future crises and advance racial equity	
Action Priorities	
<p><b>UNSHeltered PERSONS:</b></p> <ul style="list-style-type: none"> <li>Continue to provide any unsheltered people who have not agreed to come in to temporary or permanent housing with food, hygiene equipment, sanitation services, harm reduction supports, and other assistance to meet basic needs.</li> <li>Ensure that any people who remain unsheltered are being regularly contacted and engaged, screened, and tested as needed, and are receiving re-housing, health, behavioral health, and other trauma-informed services as needed.</li> </ul>	<ul style="list-style-type: none"> <li>ESG or ESG-CV for outreach and other services for people in unsheltered locations.</li> <li>CDBG or CDBG-CV can be used for essential services for people in unsheltered locations.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> </ul>
<p><b>SHeltered:</b></p> <ul style="list-style-type: none"> <li>Initiate planning to eliminate congregate shelters in favor of shelters with private rooms and bathrooms to address general and long-term public health issues, trauma, etc. Such shelters should be low-barrier and housing-focused.</li> <li>Begin to implement activities for closing non-congregate shelters if no longer needed in public health response or for long-term supply of shelter.</li> </ul>	<ul style="list-style-type: none"> <li>Philanthropic funding for long-term strategic planning on emergency shelter configuration.</li> <li>ESG or ESG-CV for winding down auxiliary shelter operations.</li> <li>Federal Coronavirus Relief Fund funding provided to State and local jurisdictions.</li> </ul>
<p><b>HOUSING:</b></p> <ul style="list-style-type: none"> <li>Continue to mobilize scaled-up investments into permanent housing options, including permanent supportive housing as needed, to exit people from unsheltered homelessness and from shelters, including from new sheltering options created.</li> <li>Implement multi-sector efforts to project and meet current and future needs for housing at all affordability levels.</li> <li>Connect people exiting homelessness with employment, health care, and other services.</li> </ul>	<ul style="list-style-type: none"> <li>CoC Coordinated Entry funds to conduct housing placement</li> <li>CoC Program (PSH and RRH) including the Youth Homelessness Demonstration Program.</li> <li>Mainstream systems for services</li> <li>CDBG-CV for employment activities and other essential services.</li> <li>ESG and ESG-CV (RRH)</li> <li>HOME TERA</li> <li>National Housing Trust Fund</li> <li>HOPWA (for People Living with HIV/AIDS)</li> <li>Public Housing Authorities (Public Housing and Housing Choice Vouchers)</li> <li>HUD-VASH/Tribal HUD-VASH (Veterans)</li> </ul>

\* 1 Plan for spending of CARES Act funds over program period (2-3 years), including projections for program wind-down

PHASE 4: LONGER-TERM ACTIONS (WHICH SHOULD BE BEGUN NO LATER THAN IN THE NEXT 30 TO 60 DAYS)	
Economic Recovery and Public Health Preparedness: Long Term Change	
Add Greater Focus on: Strengthening systems to be better prepared for future crises and advance racial equity	
Action Priorities	
	<ul style="list-style-type: none"> <li>SSVF (Veterans)</li> <li>CSBG COVID/CARES funding (through Community Action Agencies)</li> <li>TANF</li> <li>Funds administered through HUD's Office of Native American Programs for Tribal Areas</li> <li>State and local discretionary funding</li> </ul>
<p><b>PREVENTION AND DIVERSION:</b></p> <ul style="list-style-type: none"> <li>Continue to assess and strengthen the implementation of diversion strategies, and use success of diversion efforts to shape planning for scale of non-congregate shelter needed.</li> <li>Support previously sheltered and unsheltered people who have moved to permanent housing to maintain health and housing stability, including regular check-ins and provision of necessary services and supports.</li> <li>After meeting all the prevention needs of people with the lowest incomes (0-30% AMI), consider scaling efforts to prevent evictions due to economic crisis for higher-income populations (30-80% AMI).</li> </ul>	<ul style="list-style-type: none"> <li>ESG and ESG-CV</li> <li>SSVF (Veterans)</li> <li>TANF</li> <li>Philanthropic funding</li> </ul>
<p><b>STRENGTHENING SYSTEMS FOR THE FUTURE:</b></p> <ul style="list-style-type: none"> <li>Strengthen coordination and partnerships between state and local public health systems and homelessness services and housing systems to both reduce homelessness and to strengthen future public health responses.</li> <li>Document strengths and weaknesses of response for people experiencing homelessness within COVID-19 emergency response and develop actionable plans that can be implemented quickly in future crises.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Partnership with colleges and universities to collect and report promising practices/conduct analyses.</li> <li>Philanthropic funds for strategic planning.</li> <li>CoC and ESG/ESG-CV (including admin) to monitor and assess data collected through HMIS.</li> <li>CoC Planning for developing partnerships with public health and other mainstream systems.</li> </ul>

PHASE 4: LONGER-TERM ACTIONS (WHICH SHOULD BE BEGUN NO LATER THAN IN THE NEXT 30 TO 60 DAYS)	
Economic Recovery and Public Health Preparedness: Long Term Change	
Add Greater Focus on: Strengthening systems to be better prepared for future crises and advance racial equity	
Action Priorities	
<ul style="list-style-type: none"> <li>Identify and document promising practices and support all organizations to implement such practices, including equity-focused practices, and make mid-course corrections to program design to ensure equitable outcomes.</li> </ul>	