WINTER and SEVERE WEATHER SHELTER STRATEGY
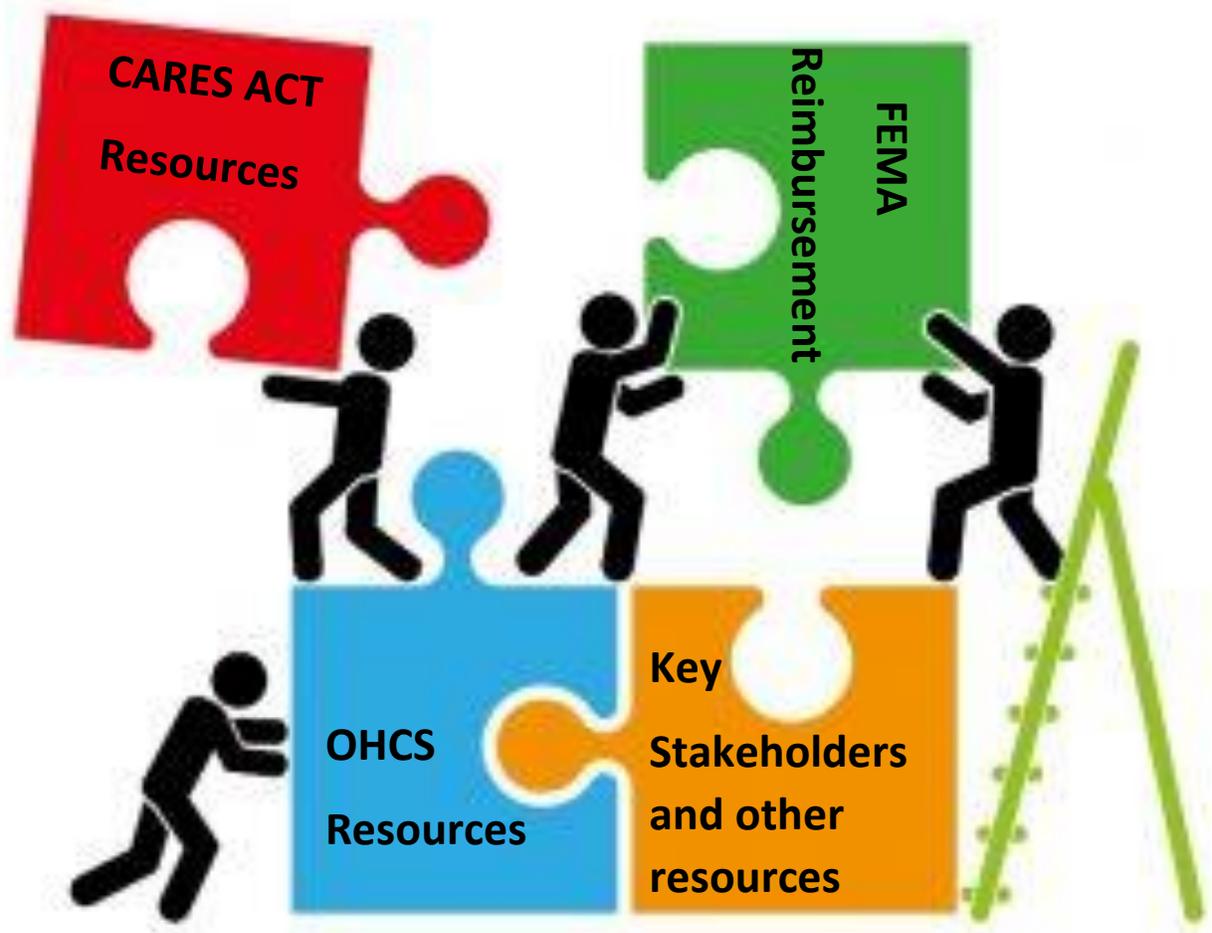
Providing safe spaces during the winter months for people experiencing homelessness—especially those who are unsheltered, symptomatic, or COVID positive—is critical to both individual and public health. The state of Oregon has diverse and disparate geographic, economic, and demographic regions. In order to meet the unique needs of each community, winter shelter solutions will vary by region. However, every successful winter shelter plan *must* optimize critical funding sources and engage key stakeholders. From State agencies to local non-profits, each community must come together to **assess** their local needs, **strategize** responses, and **enact** solutions to save lives during the COVID-19 affected winter season.

In practice, this means ***creatively constructing the pieces of the winter shelter puzzle*** that are available in your area. For example, can your local CDBG recipient purchase a shelter that can be staffed and run with ESG funds? Or can your city apply for FEMA reimbursement to receive up to 75% match for non-congregate shelter? There is no one-size-fits-all model, but OHCS is here to support your community building their optimal local response. See below for ***new resources OHCS is dedicating to winter shelter***, existing resources, key stakeholders, best practices, and examples of creative local solutions.

OHCS Winter Shelter Resources		
Funding Source	**Recipient**	**Allowable Program Activities**
Emergency Housing Assistance (EHA)	Community Action Agencies (CAAs)	Street outreach; emergency and transitional shelter; supportive services; shelter rehabilitation and conversion
State Homeless Assistance Program (SHAP)	CAAs	Street outreach, emergency and transitional shelter, resident support services, and shelter rehabilitation and conversion.
COVID Safe Shelter Funds (Coronavirus Relief Funds from the joint emergency board)	Oregon Human Development Corporation	Safe sheltering support for Oregon Farmworker population
Community Solutions Block Grant (CSBG)	CAAs	Support for activities to support emergency and winter shelter plans.
Emergency Solutions Grant (ESG)	CAAs	ESG can be used for emergency shelter, street outreach, rapid re-housing, and homeless prevention. ESG CV funds have additional flexibilities.
Emergency Solutions Grant (ESG) COVID (CV) 1	CAAs	
Emergency Solutions Grant (ESG) COVID (CV) 2	CAAs	
ESG CV 2 Competitive	Competitive Process through regional allocations	
Winter Shelter Grants	CAAs	Street outreach; emergency and transitional shelter; supportive services; shelter rehabilitation and conversion

These funds can be used to meet primary needs and fill gaps in the winter shelter system. CAA recipients are expected to collaborate with their Continuum of Care (CoC), Coordinated Care Organization (CCO), Local Public health, local government, and community based organizations to outline a local winter shelter plan that adheres to best practices. See below for additional resources, key stakeholders, and best practices.

CARES ACT Resources

Through the CARES Act additional federal resources were delivered to Oregon which can be utilized to meet the unique challenges of winter shelter during the COVID 19 pandemic.

- Cities, counties, and Business Oregon received Community Development Block Grant (CDBG) funds that can be used to purchase and renovate shelter space.
- Additionally local governments have received Coronavirus Relief Funds (CRF). In its guidance to CRF grantees, the Department of the Treasury expressly stated that CRF funds can be used to cover "expenses for the care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions."

These CARES ACT resources will be critical to successful winter shelter plans and can be fully leveraged by braiding with more flexible state funds.

FEMA Reimbursement

FEMA Public Assistance/Stafford Act program can be utilized for Non-Congregate Shelter (NCS). Pre-Approval can be used to receive up to 75% reimbursement on NCS expenses with a local match of 25%. This presents a unique opportunity to provide NCS at a reduced final costs to cities and counties and provide critical support for people experiencing homeless during the winter months and COVID pandemic. The local match portion can utilize state dollars such as EHA, SHAP, as well as U.S. Treasury has provided guidance that federal COVID Relief Funds (CRF) may be used as local match. To start or continue this process, we recommendation that you engage with your Local Emergency Manager and ideally Local Public Health Entity to discuss this opportunity.

OHCS is available to support local applications for FEMA and please see below for resources on how to begin this process.

- FEMA_FREQUENTLY_ASKED_QUESTIONS Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering

- COVID-19 FEMA Public Assistance

- Guidance for Non-Congregate Sheltering in Hotels or Motels

Key Stakeholders

Collaboration—early and often—with a wide range of stakeholders will help optimize your local winter shelter strategy and lead to coordinated investments. See below for critical community partners. This list may vary community by community.

- Connect with your local Community Action Agencies (CAAs) fully leverage their resources and expertise.
- Reach out to your CCO to ask them to use their Health Related Service funds to support shelter or housing-related activities.
- Connect with your local city and county government officials to coordinate on a local strategy, gain buy-in, and fully utilize all resources.
- Involve local Oregon Emergency Management contacts for their coordinated efforts to address COVID 19.
- **Engage with community based and culturally specific organizations** to understand the needs and risks if your community. Trust and support your community partners to be inclusive in your outreach and inclusion efforts and lead with equity.
- Through OHA's Contact Tracing and Safety Net Services you can find more information on what type of wrap-around services are being provided by these community-based organizations as it relates to COVID-19 and search by county and population on this list of grantees.
- Expanded Shelter Siting information can be found in Oregon House Bill (HB) 4212 and be sure to click on the enrolled bill and look at Section 11.
- The Oregon Restaurant and Lodging Association (ORLA)'s Nicole Peterson is available to provide assistance in creating partnership for non-congregate shelter with hotels-and-motels.

The CDC should always be your first stop for best practices around COVID and homelessness. The guidelines below summarize some of the best practices compiled by the CDC and HUD TA Providers, which were recently published in the State of California's Recommended Strategic Approaches for COVID-19 response for Individuals Experiencing Homelessness and posted on the HUD Exchange.

1. Focus prevention efforts on those most likely to develop severe complications from COVID-19, including people who are currently in shelters and people who are currently unsheltered. The primary strategy for intensive infection prevention efforts is providing single-occupancy housing.
2. Reduce risk by decreasing density of existing congregate homeless shelters, which may require creating additional or overflow spaces to sustain bed numbers, increasing cleaning, and screening guests for symptoms.
3. Create isolation units (i.e. hotels, motels, trailers) for people who exhibit symptoms; separate people with symptoms quickly and ensure they wear facemasks.
4. Cohort individuals who test positive for COVID-19 together in group settings with appropriate healthcare personnel in place OR place them in individual isolation/quarantine units (i.e. hotel, motel, trailer) for the duration of quarantine. 5
5. Prioritize individual housing units (e.g. hotels, motels, and trailers) for unsheltered and sheltered individuals experiencing homelessness who are either (1) symptomatic or (2) at high risk of medical complications.
6. Consistent with CDC recommendations, unless individual housing units are available (i.e. hotel rooms) communities should not be clearing encampments and dispersing people throughout the community. If a community is unable to provide a hotel room or other single occupancy housing and client is asymptomatic, provide outreach services (screening, food, hygiene) and ensure that recommended social distancing is maintained where the individual is located, or determine if there is another appropriate shelter opportunity.
7. Create clear lines of communication so that homeless service providers and health systems have easy access to appropriate quarantine and isolation sites/resources. Ensure that health care providers are screening and triaging clients.
8. For every step of this process, para transit should be made available wherever transport is needed (See transportation section below). Durable Medical Equipment should be made available where needed at each site, and ADA compliant hotel rooms must be kept for those who require these accommodations.

This summary is provided to you as an example. **Every community is different. Every community has different physical, social and financial resources.** Your community will want to adapt your winter shelter plan in collaboration with all key stakeholders. Working together, accessing as many of the existing and new resources as possible, your plan can meet as many best practices as possible.

HUD and its technical assistance partners have developed best practice materials regarding non-congregate sheltering best practices during COVID. Many are available on this web page; while a bit overwhelming, the web page will help you move quickly by providing sample job descriptions, templates and other examples of operational materials.

EMERGENCY SHELTER IS NOT A LONG TERM SOLUTION; LOOKING AHEAD

As you develop your winter shelter plan, think about adding components to your plan that might help to end or make brief homelessness in your areas. Consider adding:

- Use funds for a Rapid Rehousing program to place people into permanent housing.
- Implement a Shelter Diversion Program