

ESG-CV Written Standards

Appendix 3

A. Waivers and Limitations Under ESG-CV Regulations

As part of the ESG-CV Notice released on September 1, 2020, HUD and the FL DCF is allowing CoCs to incorporate waivers into the operation of eligible activities funded by ESG-CV resources, as well as standard FY 2020 ESG funds dedicated to COVID-19. As part of the development of the ESG-CV Written Standards, this addendum cites and incorporates each waiver and alternative requirements that the Lee County Human and Veterans Service CoC (FL-603) intends to execute.

1. *Emergency Shelters* – This addendum specifically refers to funds used for the costs of providing emergency shelter during the period the subrecipient began preventing, preparing for, and responding to coronavirus and has been extended to end on January 31, 2022. This alternative requirement will ensure that ESG-CV funds are used efficiently to provide more individuals and families with assistance needed to prevent, prepare for, and respond to coronavirus.
 - a. Start Date –N/A – No applicable activities planned with ESG-CV as of 12/18/2020
 - b. End Date – January 31, 2022
2. *Short-Term and Medium Term Rental Assistance* – Medium-rent previously defined as “for more than 3 months but not more than 24 months of rent” is waived and an alternative requirement established defining medium-term as more than 3 months but not more than 12 months. This alternative requirement allows more households to receive rapid rehousing and homelessness prevention assistance, which is necessary to prevent, prepare for, and respond to coronavirus. The requirement prohibiting rental assistance where the rent for the unit exceeds the Fair Market Rent established by HUD, is waived; so long as the rent complies with HUD’s standards of rent reasonableness. Waiving this requirement allows recipients to help program participants move quickly into housing or retain their existing housing, which is especially critical at reducing the spread of coronavirus and responding to coronavirus.
 - a. Start Date - 10/1/2020
 - b. End Date – Allowing recipients to use this waiver as needed throughout the period they are providing rental assistance to prevent, prepare for, and respond to coronavirus.
3. *Administrative Costs* - As permitted by the CARES Act, the CoC will use up to 10 percent of its total ESG-CV grant for administrative costs.
 - a. Start Date – 10/1/2020
 - b. End Date – 09/30/2022
4. *No Cap for Emergency Shelter and Street Outreach* - Funds will be used for emergency shelter and street outreach activities without regard to the spending cap established by section 415(b) of the McKinney-Vento Act and 24 CFR Part 576.100(b). The same flexibility applies to using ESG-CV funds to establish and operate temporary emergency shelters.
 - a. Start Date – 10/01/2020
 - b. End Date – 09/30/2022

5. *Hotel/Motel Costs* – Funds will continue to be utilized to provide hotel or motel vouchers for homeless individuals and families where no appropriate emergency shelter is available. However, the limitations on eligible activities provided in section 415(a) of the McKinney-Vento Act and 24 CFR part 576, subpart B are waived and ESG-CV funds may be used for the following hotel or motel costs for individuals and families experiencing homelessness who are -

- Receiving rapid re-housing assistance under the Continuum of Care (CoC) or ESG programs
- Receiving homelessness 15 prevention under the ESG program
- Residing in permanent supportive housing

The Lee County CoC will also use ESG-CV funds to pay for a hotel or motel room directly or through a hotel or motel voucher and may include paying for –

- i. Cleaning of hotel and motel rooms used by participants
- ii. Repair damages caused by program participants above normal wear and tear.

- a. Start Date – N/A – No applicable activities planned with ESG-CV as of 12/18/2020
 - b. End Date - N/A – No applicable activities planned with ESG-CV as of 12/18/2020
6. *Helping current ESG program participants maintain housing* - The requirement at 24 CFR 576.105(c) limiting the total period of time for which any program participant may receive the services under paragraph (b) to 24 months during any 3-year period is waived. Likewise, the requirement at 24 CFR 576.106(a) limiting the total number of months a program participant can receive rental assistance to 24 months in a 3-year period is waived. Both exceptions will be made solely for those program participants who reach their 24-month maximum assistance.
- a. Start Date - January 21, 2020
 - b. End Date – March 1, 2021
7. *HMIS Lead Activities* - The limitations on eligible activities provided in section 415(a) of the McKinney-Vento Act and 24 CFR Part 576, subpart B are waived and ESG-CV funds will be used to pay for HMIS costs beyond where they are related to collecting data to the extent they are necessary to help the geographic area prevent, prepare for, and respond to coronavirus. Additionally, the 6- month limit on the waiver is lifted, to allow flexibility throughout the period the recipient or subrecipient uses ESG-CV funds. These funds may be used on ESG activities to collect and report data about the impact of coronavirus across the community to help us to coordinate and report on activities to prevent, prepare for, and respond to coronavirus among individuals and families experiencing homelessness, at risk of homelessness, and receiving homeless assistance.
- a. Start Date – N/A – No applicable activities planned with ESG-CV as of 12/18/2020
 - b. End Date - N/A – No applicable activities planned with ESG-CV as of 12/18/2020
8. ***Legal Services*** – ESG-CV funds may be used to provide legal services, but are limited to those services necessary to help program participants obtain housing or keep a program participant from losing housing where they currently reside.
- a. Start Date – N/A – No applicable activities planned with ESG-CV as of 12/18/2020

- b. End Date – N/A – No applicable activities planned with ESG-CV as of 12/18/2020

B. Standards for Targeting and Providing Essential Services Related to Street Outreach

People experiencing unsheltered homelessness may be at risk for infection when there is community spread of COVID-19. CDC interim guidance will be used to support response to COVID-19 by Lee County Human and Veterans Services CoC (FL-603) homeless outreach services. Street outreach will include outreach teams actively communicating with Coordinated Entry, shelters, and other appropriate housing and service programs within the CoC to connect individuals experiencing homelessness with needed resources. CoC Outreach staff is trained on the following mitigation techniques-

- How to prevent disease spread (handwashing, cough etiquette, not sharing needles, etc.).
- How to access treatment and available resources (vaccine clinics, where to go for more information).
- How to communicate incidents of outbreak.
- Understand their role within larger response system
- How to break the cycle of transmission and thus prevent further cases

The Lee County CoC is recognized as an essential partner and remains involved in developing response to limit the spread of the disease to the broader community. CoC expects the its Outreach Staff to participate in the following education and abide by the following standards -

1. *Staff training and policies*
 - a. Provide training and educational materials related to COVID-19 for staff.
 - b. Minimize the number of staff members who have face-to-face interactions with clients.
 - c. Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
 - d. Assign outreach staff who are at increased risk for severe illness from COVID-19 to duties that do not require them to interact with clients in person.
 - e. Outreach staff will review stress and coping for themselves and their clients during this time.
2. *Staff prevention measures*
 - a. Outreach staff will maintain good hand hygiene by washing hands with soap and water for at least 20 seconds or using hand sanitizer (with at least 60% alcohol) on a regular basis, including before and after each client interaction
 - b. Staff will, whenever possible, maintain 6 feet of distance while interacting with clients and other staff.
 - c. Outreach staff will wear masks when working in public settings or interacting with clients.

- d. Outreach staff will avoid handling client belongings. If staff are handling client belongings, they will use disposable gloves, if available. If gloves are unavailable, staff will perform hand hygiene immediately after handling client belongings.
 - e. Outreach staff who do not interact closely (e.g., within 6 feet) with sick clients and do not clean client environments do not need to wear personal protective equipment (PPE).
3. *Staff process for outreach*
- a. Outreach staff will greet clients from a distance of 6 feet and explain that they are taking additional precautions to protect themselves and the client from COVID-19.
 - b. If the client is not wearing a mask, when possible staff will provide them with one.
 - c. Staff may screen clients for symptoms by asking them if they feel as if they have a fever, cough, or other symptoms consistent with COVID-19.
 - d. If medical attention is necessary, staff will use standard outreach protocols to facilitate access to healthcare.
 - e. If at any point staff does not feel able to protect themselves or the client from the spread of COVID-19, (i.e., client refusing to wear a mask and/or maintain at least 6 feet of distance) staff will discontinue the interaction and notify their supervisor.
4. *Help clients prevent becoming sick with COVID-19*
- a. Continued linkage to homeless services, housing, and mental health services by using cell phone or telemedicine when possible.
 - b. Staff will reach out to people who are experiencing homelessness, paying particular attention to older age or with underlying medical conditions, such as chronic lung disease or serious heart conditions, as they are at greater risk with COVID-19.
 - c. Staff will prioritize and providing individual rooms for positive COVID-19 clients, where available.
 - d. Outreach staff will recommend that all clients wear masks any time they are around other people.
 - e. Outreach staff will provide clients with hygiene materials, where available.
 - f. Staff will discourage clients from spending time in crowded places or gathering in large groups.
 - g. If it is not possible for clients and staff to avoid crowded places, staff will encourage spreading out (at least 6 feet between people) to the extent possible and wearing masks.
5. *Help link sick clients to medical care*
- a. The CoC will use ESG-CV resources to make sure clients who test positive for COVID-19 by the Lee County Health Department will have a place they can safely stay in coordination with local health authorities.
 - b. Outreach staff will provide anyone who presents with symptoms with a mask.
 - c. Staff will facilitate access to non-urgent medical care as needed.
 - d. If a client has tested positive for COVID-19
 - i. If immediate medical attention is not required, outreach will facilitate transportation to an isolation site.
 - e. Notify designated medical facility and personnel that the client has tested positive for COVID-19.
 - f. Staff will advise clients on how to isolate themselves while efforts are underway to provide additional support.

- g. During isolation, CoC outreach staff will ensure continuation of behavioral health support for people with substance use or mental health disorders.
 - h. An individual may not be able to comply with isolation recommendations (i.e., mental illness, etc.) staff will contact local health authorities to determine alternative options.
 - i. ESG-CV resources will ensure the client has a safe location to satisfy isolation requirements are met.
6. Considerations for encampments
- a. If individual housing options are not available, we will allow people who are living unsheltered or in encampments to remain where they are.
 - b. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
 - c. Staff will encourage those staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
 - d. If an encampment is not able to provide sufficient space for each person, staff will allow people to remain where they are but help decompress the encampment by linking those at increased risk for severe illness to individual rooms or safe shelter.
 - e. ESG-CV funds may be utilized to improve sanitary conditions at certain locations (i.e., portable toilets, hand washing stations, hand sanitizer).

C. Temporary Emergency Shelter Standards During COVID-19

All Lee County CoC service providers are required to implement safety precautions to limit the exposure and infection of the COVID-19 virus. This is especially true for people with a high degree of vulnerability. The following recommendations were shared with shelter providers who are responsible for implementing the recommendations to the best of their ability.

1. Facility layout considerations
 - a. Use physical barriers to protect staff who interact with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet.
 - b. In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.
 - c. In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client's faces are at least 6 feet apart.
 - i. Align mats/beds so clients sleep head-to-toe.
2. For clients with mild respiratory symptoms consistent with COVID-19:
 - a. Prioritize these clients for individual rooms.
 - b. If individual rooms are not available, consider using a large, well-ventilated room.
 - c. Keep mats/beds at least 6 feet apart.
 - d. Use temporary barriers between mats/beds, such as curtains.
 - e. Align mats/beds so clients sleep head-to-toe.
 - f. If possible, designate a separate bathroom for these clients.
 - g. If areas where these clients can stay are not available in the facility, facilitate transfer to a quarantine site.
3. For clients with confirmed COVID-19, regardless of symptoms:

- a. Prioritize these clients for individual rooms.
 - b. If more than one person has tested positive, these clients can stay in the same area.
 - c. Designate a separate bathroom for these clients.
 - d. Follow CDC recommendations for how to prevent further spread in your facility.
 - e. If areas where these clients can stay are not available in the facility, assist with transfer to an isolation site.
4. Facility ventilation considerations
- a. Ensure ventilation systems operate properly and per established local/national codes. Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
 - b. Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional, based on local environmental conditions (temperature/humidity) and ongoing community transmission in the area. Identifying the best steps for your specific facility will depend on a number of factors including but not limited to layout, number of occupants, environmental factors, and available resources. Potential steps include:
 - i. Increase the percentage of outdoor air (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
 - ii. Increase total airflow supply to occupied spaces, if possible.
 - iii. Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
 - iv. Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
 - c. Improve central air filtration:
 - i. Increase air filtration to as high as possible without significantly diminishing design airflow.
 - ii. Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
 - iii. Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times.
 1. Generate clean to less clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish observable pressure differentials. Have staff work in “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open). Careful placement of window exhaust fans can also assist in establishing directional airflow.

- iv. Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher-risk areas). HEPA systems not only capture and remove potentially infectious particles in the air but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.
 - d. Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
 - e. Consider using ultraviolet germicidal irradiation as a supplemental technique to inactivate potential airborne virus in the upper-room air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.
 - f. Collaborate with the health department and other community partners to identify resources for improving ventilation and air quality.
5. Facility procedure considerations
- a. Plan to maintain regular operations to the extent possible.
 - b. Limit visitors who are not clients, staff, or volunteers.
 - c. Do not require a negative COVID-19 viral test for entry to a homeless services site unless otherwise directed by local or state health authorities.
 - d. Identify clients who could be at increased risk for complications from COVID-19, or from other chronic or acute illnesses, and encourage them to take extra precautions.
 - e. Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.
 - f. Identify a designated medical facility to refer clients who might have COVID-19.
 - g. Keep in mind that clients and staff might be infected without showing symptoms.
 - i. Create a way to make physical distancing between clients and staff easier, such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.
 - ii. All clients should wear masks any time they are not in their room or on their bed/mat (in shared sleeping areas). Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - iii. Regularly assess clients and staff for symptoms.
 - iv. Clients who have symptoms may or may not have COVID-19. Make sure they have a place they can safely stay within the shelter or at an alternate site in coordination with local health authorities.
 - v. An on-site nurse or other clinical staff can help with clinical assessments.
 - vi. Provide anyone who presents with symptoms with a mask.
 - vii. Facilitate access to non-urgent medical care as needed.
 - viii. Use standard facility procedures to determine whether a client needs immediate medical attention.
 - ix. Notify the designated medical facility and personnel to transfer clients that the client might have COVID-19.
 - h. Prepare healthcare clinic staff to care for patients with COVID-19, if your facility provides healthcare services, and make sure your facility has supply of personal protective equipment.

- i. Provide links to respite (temporary) care for clients who were hospitalized with COVID-19 but have been discharged.
 - i. Some of these clients will still require isolation to prevent transmission.
 - ii. Some of these clients will no longer require isolation and can use normal facility resources.
- j. Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
- k. Washable masks used by clients and staff should be laundered regularly. Disposable masks should not be laundered. Staff involved in laundering masks should do the following:
 - i. Masks should be collected in a sealable container (like a trash bag).
 - ii. Staff should wear disposable gloves and a facemask. Use of a disposable gown is also recommended, if available.
 - iii. Gloves should be properly removed and disposed of after laundering washable masks; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.
- l. Clean and disinfect frequently touched surfaces at least daily and shared objects between use using an EPA-registered disinfectant.

D. Additional Standards for Rental Assistance

The full extent of COVID-19's economic impact on Lee County's economy has yet to be determined. However, initial indicators suggest a significant economic hardship on Lee County residents in the form of lost employment with subsequent declines in both income and health benefits. ESG-CV funds will continue to provide assistance to individuals experiencing the economic impact from COVID by providing rental and/or utility assistance for a maximum of 12-month period.

A "Housing Exit Plan" is developed between the client and caseworker where the client's progress and income is regularly reviewed. If need, and the client has been compliant with the plan, assistance will be extended an additional 3 months (the maximum amount of assistants and individual is eligible to receive is 12 months of rental assistance, plus any move-in and utility expenses.

Utility Allowance - §92.252(d) requires grantees to determine an individual **utility allowance** for each assisted household. The **utility allowance** for our jurisdiction is determine through PHA standards and in compliance with 92.252(d).

Initial rent schedule and utility allowances.

(1) The maximum monthly allowances for utilities and services (excluding telephone) must be established and updated the annually. Lee County uses the HUD Utility Schedule Model to determine the utility allowance for the unit based on the type of utilities used at the assisted unit.

(2) Rents proposed by the owner for units are reviewed and approved, subject to the maximum rent limitations in paragraphs (a) or (b) of this section. For all units subject

to the maximum rent limitations in paragraphs (a) or (b) of this section for which the tenant is paying utilities and services, the participating jurisdiction must ensure that the rents do not exceed the maximum rent minus the monthly allowances for utilities and service

Landlord Incentives – One of the most significant barriers to individuals experiencing homelessness is affordable housing availability. In an effort to increase the Housing Authority of the City of Fort Myers, Section 8 housing capacity, they include a \$500 signing bonus for up to five additional units added to the Section 8 program. Landlord subsidies will be awarded in 3-month increments and end after 12 months.

Disease Risk and Homelessness –

Lee County CoC will ensure that mitigation practices are effectively implemented by collaborating with public health officials in disseminating information and resources to those experiencing homelessness. The Lee County CoC will, whenever possible, move affected clients to locations where they are not at risk of spreading the infection further. The response to Covid-19 consists of partnership and close communication with Lee County emergency services providers (e.g., Health Dept. at Lee County, Lee County EMS, Lee Health System Emergency Department, Lee County Emergency Management, etc.). In addition, CoC outreach assists homeless service providers to assess gaps in their ability to respond and help ensure they receive the resources and supplies needed to combat the crisis. The Lee County CoC leadership will provide support to public health officials by facilitating communication of providers' needs to public health officials.

A critical component to infectious disease prevention is ensuring that shelters and housing programs have the necessary supplies in stock to maintain a disease-free environment. The CoC will help providers who may need assistance in identifying funding sources for obtaining supplies. The CoC will also provide training to providers as needed on the roles and responsibilities to prevent and respond to infectious disease outbreak. For example, all Lee County CoC staff have successfully completed IS 100 and IS 700 incident command training to facilitate Lee County emergency activation.

The Lee County CoC provides coordinate care for individuals who are sick and experiencing homelessness. This includes activities such as arranging transportation for individuals who are sick and/or securing an appropriate, safe location where people can stay during the illness. During quarantine clients are provided basic essentials; food, clothing, laundry services and prescriptions (as needed), as well as case management to determine and direct clients to needed services. Established relationships and referral processes with local agencies helps us provide quick access to needed care for those experiencing homelessness.

Lee County CoC Board Chair Approval:

Signature

Printed Name

Date