

## Westchester County Continuum of Care: 2020 Priorities for Emergency Solutions Grant

Adopted by the Board of the Westchester County Continuum of Care on September 16, 2020

### Background:

Westchester grantees have received over \$11 million in FY2020 CARES Act ESG-CV funding.

<i>Grantee</i>	<i>04/02/2020 ESG-CV1</i>	<i>06/09/2020 ESG-CV2</i>	<i>Total ESG-CV</i>
Mount Vernon	\$503,041	\$1,304,856	\$1,807,897
Yonkers	\$1,038,286	\$2,952,400	\$3,990,686
Westchester County	\$1,073,114	\$4,169,699	\$5,242,813
<b>TOTAL</b>	<b>\$2,614,441</b>	<b>\$8,426,955</b>	<b>\$11,041,396</b>

24 CFR 578.7 details the responsibilities of each Continuum of Care mandated by the Department of Housing and Urban Development. Under 578.7 (c)(5) Continuum of Care planning, HUD requires each CoC to “[Consult] with State and local government Emergency Solutions Grants program recipients within the Continuum’s geographic area on the plan for allocating Emergency Solutions Grants program funds”.

### Recommended Funding Allocation Priorities:

<i>Eligible Activity</i>	<i>Recommended Local Priority</i>
Homelessness Prevention	Focus on serving formerly homeless households, particularly those in housing owned or managed by homeless housing providers
Essential Services	Focus on 1) baseline COVID testing and 2) rehousing highest risk people
Rapid Rehousing	Focus on rehousing highest risk people
Street Outreach	Address increased unsheltered numbers in Yonkers & Mount Vernon
Shelter Operations	Focus on COVID-related costs including PPE and cleaning

### Discussion:

**Homelessness Prevention:** HUD wants communities to focus homelessness prevention efforts on people who are most likely to become “literally homeless” if assistance is not provided, due to lack of other social and financial supports. One group particularly likely to become homeless again due to lack of those supports is those who recently demonstrated their lack by entering the shelter system. ESG-CV grantees should prioritize this group for prevention assistance.

Specialized non-profit homeless housing providers are particularly vulnerable to the financial disruption caused by the pandemic because they have specialized in rehousing people with poor credit and histories of prior evictions. Prioritizing formerly homeless people who live in these facilities will not only help the formerly homeless recipients, it will also help stabilize these scarce housing resources that could otherwise be lost due to financial collapse.

**Essential Services:** The Westchester CoC recommends that ESG-CV grantees focus Essential Services on two critical areas: 1) baseline COVID testing and 2) rehousing highest risk people.

**Need For Baseline COVID Testing:** Recent epidemiological data on widespread asymptomatic COVID-19 prevalence in homeless shelters and resulting recommendations from the CDC and the National Health Care for the Homeless Council document the need to conduct one-time universal COVID-19 diagnostic testing of Westchester’s drop-in shelter residents to determine if drop-in shelters here are experiencing the kind of substantial asymptomatic COVID-19 prevalence found among the homeless in Boston and other cities. This new data on prevalence in

shelters across the nation makes it imperative for us to accurately determine the true prevalence in our congregate shelters. This initial testing would give Westchester a factual basis to determine whether it needs to significantly expand testing, isolation and quarantine for the homeless and unstably housed. Preventing rapid asymptomatic spread of the virus in congregate shelters is essential to Westchester's efforts to reduce community spread.

In early April, Boston tested the residents of a large homeless shelter, The Pine Street Inn. Of the 397 people tested for COVID-19, **146** tested positive (**37%**). Not a single one reported any symptoms. The president of Boston's Health Care for the Homeless Program said that the findings have changed the future of COVID-19 screenings at Boston's homeless shelters. "All the screening we were doing before this was based on whether you had a fever above 100.4 and whether you had symptoms. How much of the COVID virus is being passed by people who don't even know they had it?"<sup>1</sup> Note: this symptom-based screening is the kind of screening that Westchester is currently using in all of our single and family homeless shelters.

In response to these unexpected findings, Boston began testing in other shelters. By April 13 it had tested nearly 1,000 homeless residents and about **25%** tested positive.<sup>2</sup> This shows that the asymptomatic transmission was not just confined to a single Boston shelter.

On April 22, the CDC did an early release of a study detailing the results of COVID-19 testing of 1,192 residents and 313 staff members in 19 homeless shelters in Boston, San Francisco, Seattle and Atlanta. The study found that not surprisingly prevalence rates were highest in shelters where previous clusters (2 or more cases in a two-week period) had been found. In these shelters prevalence among residents ranged from **17%** in Seattle to **36%** in Boston to **66%** in San Francisco. Prevalence among staff in these shelters ranged from **16%** in San Francisco and **17%** in Seattle to **30%** in Boston. The study found that in Atlanta, even shelters with no reported cases had significant prevalence rates (**4%** of residents and **2%** of staff.)<sup>3</sup>

The CDC report concludes that "testing of all resident and staff members regardless of symptoms at shelters where clusters have been detected should be considered. If testing is easily accessible, regular testing in shelters before identifying clusters should also be considered. Testing all persons can facilitate isolation of those who are infected to minimize ongoing transmission..."<sup>4</sup>

The National Health Care for the Homeless Council summarized the new findings as follows:

"The collective understanding of the COVID-19 pandemic is changing rapidly. Recent research suggests that using only symptom screening to isolate people who are potentially infected could overlook large numbers of asymptomatic COVID-19-infected individuals. This issue brief calls on public health authorities and emergency response systems in every community to conduct more comprehensive testing among people experiencing homelessness, and ensure appropriate follow-up accommodations and support services."<sup>5</sup>

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<sup>1</sup> See attached "CDC Reviewing Stunning Universal Testing Results in Boston Homeless Shelter," Boston 25 News, 4/21/2020.

<sup>2</sup> See attached "The 'surprising' number of asymptomatic COVID-19 cases in Boston's homeless shelters has advocates scrambling," Boston.com, 4/16/2020.

<sup>3</sup> See attached "Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters – Four U.S. Cities, March 27-April 15, 2020", CDC Morbidity and Mortality Weekly Report, 4/22/2020.

<sup>4</sup> *Ibid.*

<sup>5</sup> See attached "COVID-19 and the HCH Community: Comprehensive Testing & Services for People Experiencing Homelessness: Issue Brief", National Health Care for the Homeless Council, April 2020.

The huge variation in prevalence rates mean that we cannot accurately and efficiently plan for the proper level of response until we determine the actual scale of need in our local shelters. A first step in factually determining the scope of need would be to determine the current actual prevalence in our largest and highest-risk congregate shelters. ESG-CV funds can fund this initial one-time testing. Once the need is documented, other COVID funding can sustain ongoing testing, isolation and quarantine efforts.

**Rapid Rehousing:** Our CoC recommends that grantees also focus their ESG-CV funding on efforts to move those most at risk for COVID-19 out of congregate shelters and into permanent housing. Grantees can do this by funding enhanced home-finding services under Essential Services and by providing time-limited Rapid Rehousing rent subsidies and support services. We recommend that these efforts be focused on people who are most at risk from COVID-19, i.e. those over age 65 and/or those with underlying risk factors as defined by the CDC.

**Street Outreach:** Semiannual Homeless Outcome data submitted by WCDSS to NYS OTDA has documented a significant surge of unsheltered homelessness in Westchester. The report for the 6-month period ending 3/31/20, based on HMIS data, showed that Westchester's street outreach workers contacted **231** unique unsheltered individuals. This is **54% more** than the **150** documented during the prior 6-month period. Our PIT and anecdotal data show that much but not all of this increase is happening in Yonkers and Mount Vernon. Due to the pandemic-related need for social distancing, we recommend that street outreach efforts prioritize getting unsheltered people into permanent housing or residential treatment, rather than merely into congregate shelter settings.

**Shelter Operations:** Grantees should focus shelter operating costs on COVID-related costs such as PPE, cleaning or staff salary subsidies needed to maintain full staffing. ESG funds should be used for these costs only if other COVID-specific funding is not available for these costs.

### **General Requirements:**

All ESG recipients within the Westchester County CoC geographic area are expected to work collaboratively to coordinate funding that addresses the needs of the entire continuum.

The Westchester CoC implemented a Coordinated Entry system beginning December 2017. Homeless persons in Coordinated Entry are assessed for severity of need, length of time homeless, and specific disabilities & barriers. The Coordinated Entry Administrator then identifies the type of housing assistance appropriate to each household and refers homeless to available beds in priority order so that those with highest needs and length of time homeless are housed first.

HUD and the Westchester Continuum of Care require that all ESG projects providing Homelessness Prevention and Rapid Re-housing participate in Coordinated Entry, using the guidelines, assessment tools, and procedures established by the Board of the CoC.

The CoC expects that each ESG recipient and subrecipient provider agency within the Westchester County Continuum of Care geographic area will designate a staff member as a point of contact for Coordinated Entry staff.

ESG subrecipient agencies are required to have staff involved in the assessment, intake, referral, and transfer of clients; and attend Coordinated Entry training sessions offered by the Westchester CoC.