

As communities continue to cope with the impact of COVID-19, the upcoming winter season presents additional challenges to organizations providing care for people experiencing homelessness. The combination of flu season, winter weather, disasters, evictions, social upheaval, and rising COVID-19 infection rates requires jurisdictions to implement proactive measures to ensure that the unique needs of this population are met.

**This issue brief outlines these intersecting challenges and the essential actions that emergency response systems, state/local governments, and direct service organizations need to take in order to protect people experiencing homelessness.**



### 1. Ongoing COVID-19 Infections

Given the endurance of COVID-19 in the United States, the trajectory of vaccine development, and disparate public health responses among local governments, the pandemic is likely to continue affecting the Health Care for the Homeless (HCH) community throughout the winter and beyond. Continuing rigorous infectious disease control measures remains an important tool in battling this virus while balancing the need to care for consumers and protect staff.

#### ➤ **Considerations:**

- As the pandemic persists, [burnout and vicarious trauma](#) are significantly impacting HCH staff. Consider integrating [chief wellness officers](#) into "COVID-19 command centers" to support staff health and well-being.
- Telehealth has been an effective tool for continuing care, but challenges remain around continuing the flexibility for those services after the public health emergency ends. [Ensure state Medicaid plans adopt policies](#) that make permanent the key features of telehealth that have worked well for people experiencing homelessness, such as allowing audio-only encounters.
- Continue to conduct [COVID-19 surveillance testing activities](#) in homeless service settings (shelters and encampments), as well as [expand medical respite/alternate care site programs](#).

### Six Winter Crises

1. Ongoing COVID-19 Infections
2. Flu Season
3. Winter Weather
4. Disasters
5. Evictions
6. Social Upheaval & Collective Trauma



### 2. Annual Flu Season

Due to higher rates of chronic and acute illnesses, lack of access to hygiene facilities, and crowded service venues, people experiencing homelessness are particularly vulnerable to the flu. [Getting the flu vaccine is more important this year more than ever](#). Health systems are stretched beyond their capacity during the pandemic and will have great difficulty providing necessary emergent care if there are high volumes of flu infections.

➤ **Considerations:**

- [Partner with local public health systems](#) to ensure the flu vaccine is provided to people experiencing homelessness across the continuum (including those who are unsheltered and those staying in alternate care sites).
- Use well-developed flu vaccine campaign strategies to create [effective plans](#) for an eventual COVID-19 vaccine.



### 3. Winter Weather

HCH programs, HUD Continuum of Care (CoC) providers, local governments, and other community organizations must proactively collaborate to effectively respond to the multifaceted challenges of the coming months. Local cold-weather response policies (e.g., “[Code Blue](#)”) must reflect [infectious disease control guidance](#) while working to avoid a decrease in available shelter.

➤ **Considerations:**

- Maintain a robust cold-weather response system to avoid [cold-weather injuries and illnesses](#).
- Use non-congregate shelter options such as hotels/motel to balance the need for shelter while maintaining COVID-19 precautions. Seasonal winter programs must adopt rigorous health and safety standards to protect both clients and staff/volunteers.



### 4. Disasters

Natural disaster response protocols (e.g. [crowded shelters, mass evacuation and displacement](#)) often conflict with infectious disease control measures that are recommended during the COVID-19 pandemic. When protocols fail to address the unique needs of people experiencing homelessness, [inequities](#) are exacerbated and the health and well-being of people experiencing homelessness are in jeopardy.

➤ **Considerations:**

- Ensure people living in unsheltered locations are able to obtain evacuation information, transportation, and safe shelter options in order to avoid illness from poor air quality.
- Plan for extra staff/volunteers. Evacuation orders may affect staff availability, providing additional strain on staff who remain available.
- Incorporate a [trauma-informed approach](#) during disaster responses.



### 5. Evictions

The economic devastation from the pandemic [threatens eviction for millions](#) of households. [The current CDC moratorium](#) is scheduled to expire on December 31, 2020, requires tenants to fill out a form, does not protect uniformly against all evictions, and [does nothing to alleviate the rent due upon expiration](#). While state and local governments may put in place their own eviction moratoriums to protect tenants, the expiration of the federal policy is likely to increase displacement and homelessness starting on January 1, 2021 (unless it is extended).

➤ **Considerations:**

- Expect an increase in the number of people experiencing homelessness at the same time that many service sites remain closed.
- To prevent eviction, renters must immediately provide a [signed declaration](#) to their landlords. Case managers and other staff should help clients understand this process and, if possible, complete forms on their behalf. There is no deadline for submission, but it must be filled out for clients to be protected from evictions and is only applicable until the federal moratorium expires on December 31, 2020.
- People who have been evicted from their homes often stay with friends or family until they find alternative housing (or, too often, find themselves in shelters or on the streets). Those who are “doubled up” in these circumstances often do not qualify for HUD-funded assistance, yet they are eligible for HCH/health center services. This gives the HCH Community (and all health centers) a unique role to serve recently evicted people.



## 6. Social Upheaval and Collective Trauma

The United States is in widespread social crisis. Uprisings in response to police violence and racial injustice (and the violent responses to these protests) combined with a polarizing national election and political environment contribute to collective trauma that affects the HCH community and its ability to manage other crises.

➤ **Considerations:**

- Prioritize self-care, especially in the current, escalated environment.
- Police violence and justice involvement [disproportionately affect people who are unsheltered](#). Protests and widespread discussion of these topics can elicit complex emotions and trauma responses. Providers should be aware of the health impacts these social movements can have on people without homes and provide needed supports.
- Solidarity and community are essential to human well-being. HCH programs can facilitate this connection through Consumer Advisory Boards (CABs). See our [resources for how to start a CAB](#).
- Incidents of racist violence especially traumatize staff who are Black, Indigenous, or People of Color (BIPOC). Invest in resources that provide BIPOC employees an opportunity to process and recover from racial trauma. Learn more about [institutionalizing racial justice](#).
- Solidarity and community are also essential for HCH staff. Working toward systemic change can be healing and provide a sense of community with others working for a better world. [Join our network of mobilizers](#).

## Recommended Actions

1. **Continue to ensure frontline staff have supplies and protective equipment.** Health care and other homeless services providers are a critical frontline workforce and must be prioritized to receive adequate levels of cleaning supplies and personal protective equipment (PPE) to mitigate the impact of co-occurring infectious diseases (COVID-19 and Influenza). **Ensure continuity of usual care for entire population.** While many services closed in the early months of the pandemic, HCH programs must innovate new ways to provide once-suspended services such as oral health and group therapy. Pivoting to an outreach model may prove essential for many programs.
2. **Assess internal capacity to manage a potential increase in new patients.** All six of these challenges are likely to contribute to an increase in homelessness and housing instability. Utilization rates of health care services may also increase in response to COVID-19 and Influenza. Plan for increased volume of patient/client visits.
3. **Maintain Alternate Care Sites (ACS) established in response to COVID-19.** Some communities established ACSs for people experiencing homelessness so they have a safe place to protect themselves from infection, await test results, and/or recover from the disease. These temporary care facilities can serve as triage and treatment sites for COVID-19, flu, and other infectious diseases during the winter months when service needs may increase.
4. **Co-locate COVID-19 testing and flu vaccinations.** Alter mass vaccination events to adhere to pandemic control measures and pair with continued universal testing for COVID-19 to proactively identify and mitigate infections.
5. **Implement voter registration and advocacy efforts among consumers and staff.** Democratic participation (beyond just Election Day) is essential to collective healing and meaningful systemic change. **Model and invest in radical self-care.** The coronavirus pandemic will persist for many months to come. While a crisis-response framework likely inhibits the ability to take paid leave, health centers must encourage staff to take time off to nurture their mental health.
6. **Strengthen community partnerships.** Continue partnering with the state/local health authority and shelter providers to conduct C-19 testing.
7. **Advocate for rental assistance.** Advocate at the federal, state and local level for rental assistance and extension of the current ban on evictions.
8. **Prioritize people who are experiencing homelessness in disaster plans.** Ensure disaster response plans include provisions for people who were already homeless at the time of the disaster.
9. **Prevent encampment disruptions.** Follow [CDC guidance](#) and do not clear encampments; instead, provide services to unsheltered locations and implement harm reduction approaches to tent spacing and other measures to reduce risk of COVID-19 infection.
10. **Advocate for anti-racism.** Develop just and equitable systems at the federal, state, and local level to address systemic racism and widespread inequities in access to basic human needs.

**Resources**

<p><b>COVID-19</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">Our COVID-19 resource page</a></li> <li>• <a href="#">Guide: Comprehensive COVID-19 Testing and Services for People Experiencing Homelessness</a></li> <li>• <a href="#">Building the Plane While Flying It: Case Studies on COVID-19, Telehealth, and Health Care for the Homeless Centers</a></li> <li>• <a href="#">COVID-19 &amp; the HCH Community: Ensuring Access to Care Through State Medicaid Telehealth Policies</a></li> <li>• <a href="#">Resource Guide on Telehealth Coverage in Medicaid</a> (NACHC)</li> <li>• <a href="#">CDC's Infection Control Inventory and Planning (ICIP) Tool for Homeless Service Providers</a></li> <li>• <a href="#">CDC's interim guidance to plan and respond to COVID-19</a></li> <li>• <a href="#">Guide: How to Use PPE for Frontline Providers</a></li> <li>• <a href="#">Issue Brief: Medical Respite Care and Alternate Care Sites</a></li> <li>• <a href="#">Guide: Harm Reduction at Alternate Care Sites</a></li> <li>• <a href="#">COVID-19 &amp; the HCH Community: Strategies for Proactive Universal Testing</a></li> </ul>
<p><b>Flu Season</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">Flu &amp; COVID-19 Webinar</a></li> <li>• <a href="#">Flu Vaccine Guidance during COVID-19 for providers serving people without homes</a></li> <li>• <a href="#">CDC Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic</a></li> <li>• <a href="#">CDC Flu Communication Resource Center</a></li> </ul>
<p><b>Winter Weather</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">Homeless System Response: Alternative Approaches to Winter Sheltering During COVID-19</a></li> <li>• <a href="#">Winter Planning Guide Overview: Homeless System Response: Meeting Winter Shelter Needs &amp; Mitigating Health Risks</a></li> </ul>
<p><b>Disasters</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">NLIHC's Basic Disaster Recovery Quick Links</a></li> <li>• <a href="#">Wildfire Smoke During COVID-19: Information for Homeless Service Providers and Meal Programs</a>: Seattle-King County</li> <li>• <a href="#">Planning Guide for Local Jurisdictions: Addressing People Experiencing Homelessness in the Disaster Planning Effort</a></li> </ul>
<p><b>Evictions</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">NLIHC State and Local Rental Assistance</a></li> <li>• NLIHC's <i>Fixing America's Broken Housing Disaster Recovery System</i> <a href="#">Part 1</a> and <a href="#">Part 2</a></li> <li>• <a href="#">CDC Eviction Moratorium Fact Sheet</a></li> </ul>
<p><b>Social Upheaval and Collective Trauma</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">TIME'S UP Guide to Equity and Inclusion During Crisis</a></li> <li>• <a href="#">The Framework for an Equitable COVID-19 Homelessness Response</a></li> <li>• <a href="#">NAEH Racial Equity Network Toolkit</a></li> <li>• <a href="#">An Equitable Framework for Housing Policy Solutions for COVID-19 and Beyond</a></li> </ul>