**Interim Guidance on COVID-19 Preparedness and Response**

**for Homeless Service Providers in the Ohio BoSCoC**

**Updated 4.6.20**

This document provides guidance specific for homeless service providers in the Ohio Balance of State Continuum of Care (BoSCoC) during the outbreak of coronavirus disease 2019 (COVID-19).

This document will be updated frequently and the date updated noted above.

**Background**

Coronavirus disease 2019 (COVID-19) is respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in several Ohio counties and we anticipate growing numbers of people who are symptomatic, under-investigation for COVID-19, and positive for COVID-19.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, chills, body aches, and diarrhea. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes. Current information about COVID-19 symptoms and spread may be found at the [CDC’s COVID-19 website](https://www.cdc.gov/coronavirus/2019-ncov/about/index.html).

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness among people experiencing homelessness, could contribute to an increase in emergency shelter usage, or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness may have underlying medical conditions that put them a higher risk for severe outcomes.

Protecting your staff, volunteers, and clients requires a coordinated effort between homeless service providers and local public health offices. This guide is intended to help providers in the Ohio BoSCoC prepare their COVID-19 responses.

**General Communication Guidance**

Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from local public health officials and the Ohio BoSCoC team.

The Ohio BoSCoC will share update via the Ohio BoSCoC email listserv and will post also post all updates to the Ohio BoSCoC and COHHIO website at <https://cohhio.org/boscoc/covid19/> and/or at <https://cohhio.org/home/covid-19/>

Email [hannahbasting@cohhio.org](mailto:hannahbasting@cohhio.org) or [ericamulryan@cohhio.org](mailto:ericamulryan@cohhio.org) to be added to the Ohio BoSCoC email listserv.

**General Hygiene Guidance**

The following are general guidelines for facilities serving people experiencing homelessness or who are otherwise vulnerable. These and other practices recommended by the CDC and local public health officials should be observed to reduce risk of transmission and ensure universal precautions.

* Encourage everyone in the facility to cover their cough or sneeze with a tissue and have trash cans available to dispose of tissues immediately.
* Encourage everyone in the facility to wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing their nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
* Post signs and informational posters for staff, volunteer, and client awareness about [COVID-19,](https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html) [cough etiquette](https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm), and appropriate [handwashing.](https://www.cdc.gov/handwashing/posters.html#posters-general-public)
* Overnight shelter and transitional housing facilities:
  + Limit visitors to the facility.
  + Beds/mats should ideally be spaced at least 3 feet apart (ideally 6 feet apart) in a head to toe arrangement. Increasing the space between clients can help reduce the spread of illness.
  + Ensure readiness to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. More detailed recommendations are forthcoming.
  + Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.
  + Ensure 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 (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
  + Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
  + Follow CDC [recommendations](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) for how to prevent further spread in your facility.
* Facility clients, staff and volunteers should immediately inform management if they have fever or respiratory symptoms consistent with COVID-19. More details on management follow below.
* UPDATED 3.19.20 – All employees should take their temperature before reporting to work and if temperature is elevated they should NOT report to work.

***SAMPLE PROTOCOL***

*Cleaning Procedures*

*The following surfaces need to be wiped with sanitizing wipes or bleach and water solution (1:10). Staff shall wear disposable gloves and wash hands thoroughly after removing gloves.*

* *All doorknobs and handles (on every floor)*
* *Counters and desks in the front offices*
* *Table(s) and counters in the kitchen and dining room*
* *All refrigerators, including handles*
* *Microwave handles and buttons*
* *Tops and sides of all trash cans*
* *Laundry machines*
* *Copy machines*
* *Keyboards and mice in the front offices*
* *Handrails outside in the front and back of the building*
* *All phones in the office and available to residents (headsets and keys)*
* *Bathroom sinks and faucets*
* *Toilet seats and handles*

*Staff are responsible for completing these tasks at the beginning of their shifts or at least once every 2 hours. A checklist for recording that the cleaning has been done on each shift will be posted in the front office at each location*

**Staff Considerations**

The following are general staffing considerations and guidelines that may be used to inform or supplement current agency and program practices.

* Plan for staff and volunteer absences. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals.
* Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
  + UPDATED 3.19.20 – All employees should take their temperature before reporting to work and if temperature is elevated they should NOT report to work.
* Plan your staffing to minimize the number of staff members who have face-to- face interactions with clients with respiratory symptoms.
* Use physical barriers to protect staff who will have interactions with clients with unknown infection status. For example, using a sneeze guard or placing a big table to increase distance between staff and clients.
* Ensure access to Personal Protective Equipment (PPE), such as mask, eye protection, gown, gloves and hand washing supplies.

**Client Considerations**

* If you have a client with ***severe* symptoms** of COVID-19 infection, call 911. **Severe symptoms include**:
  + Difficulty breathing or shortness of breath
  + Pain or pressure in the chest or abdomen
  + Sudden dizziness
  + Confusion
  + Severe or persistent vomiting
  + Flu-like symptoms improve but then return with fever and worse cough
* **Many people with COVID-19 will have mild illness and do not need to be hospitalized**. Consider the following for symptomatic clients who have not been confirmed positive for COVID-19 by laboratory testing.
  + Mild symptoms do not typically require medical attention. However, clients with these symptoms will need to be isolated from other clients and staff/volunteers.
  + If a symptomatic client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, weakened/suppressed immune symptoms or is pregnant, they may be more vulnerable to COVID-19 and its complications.
  + Clients with respiratory symptoms should wear surgical masks to protect those around them and be reminded and strongly encouraged to follow personal hygiene and sanitation measures.
  + If at all possible, isolate clients who are symptomatic, per guidance below.

**Access Points and Diversion Screening** (Added 3.17.20, in process)

Ohio BoSCoC Coordinated Access Points (APs) should immediately begin making changes to their daily operations, as follows:

**Emphasize AP Availability by Phone**

* Communicate to partner agencies in your community about APs being available by phone

**Diversion**

* As needed and appropriate, HCRP grantees and partner agencies are permitted to use a larger proportion of their HCRP allocation to support the provision of more Homelessness Prevention (HP) assistance.
  + See ODSA guidance about how to request grant amendments here
* Step up diversion: Explain to households in crisis that Ohio is attempting to minimize large crowds to prevent the potential spread of COVID-19. Shelters are to be used as an absolute last resort and if the person has anywhere else to stay, even temporarily, it is safer for the person to do that.

**Screening for COVID-19 Symptoms**

* APs should begin using the [Coronavirus Screening Tool](https://cohhio.org/boscoc/covid19/) with all households that contact a local AP.
* For households that report symptoms consistent with COVID-19, the APs should strive to connect those households with local isolation/quarantine options, where available.

**Congregate Facilities Considerations and Recommendations** (Updated 4.6.20)

Ohio BoSCoC agencies that operate congregate facilities, such as emergency shelters (ES) and Transitional Housing (TH) projects should address the following aspects of COVID-19 preparedness.

**Admissions Screening**

All congregate facilities, including ES and TH projects, should use the [Coronavirus Screening Tool](https://cohhio.org/boscoc/covid19/) with all prospective clients. For households that report symptoms consistent with COVID-19, providers should immediately quarantine the household in a private unit and contact local public health, or other entity, depending on the local protocol developed, to immediately transport the household to a local quarantine unit.

**Resident Monitoring**

Provider staff educate residents and monitor residents for compliance with on the following practices:

* **Wash your hands often** with soap and water for at least 20 seconds (tip: the alphabet song lasts about 20 seconds). If soap and water are not available, use alcohol-based hand sanitizer (products with 60% or more alcohol-based work best). For hand sanitizer to be effective, you need to cover your hands thoroughly with the sanitizer, and your hands must air dry. Do not wipe your hands on a tissue to dry your hands sooner.
* **Avoid touching** your eyes, nose, and mouth. The average person touches their face approximately 12 times/hour.
* **Avoid close contact** with people who are sick.
* **Practice social/physical distancing** – 6 feet distance at all times is appropriate to prevent coming into contact with airborne respiratory particles.
* **Cough or sneeze** into your bent elbow or a tissue, then throw the tissue in the trash.
* **Clean and disinfect frequently touched objects and** surfaces (clean hard surfaces every shift or every few hours and launder soft surfaces appropriately using hot water).

Provider staff monitor residents for the following symptoms:

* Fever (100.4 and above) – via client self-report
* Cough
* Shortness of Breath

Get medical attention immediately if a patient develops emergency warning signs for COVID-19:

* Difficulty breathing or shortness of breath
* Persistent pain or pressure in the chest
* New confusion or inability to arouse
* Bluish lips or face

**Increase Social Distancing**

In addition to reconfiguring sleeping quarters and beds, if needed, congregate facilities make the following accommodations to help increase physical space between residents:

* All Areas
  + Place an additional table between the desk and clients to increase the distance
  + Use disposable gloves when handling client belongings
  + Limit visitors to the facility
  + At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask and direct them to the quarantine area
* Meals
  + Allow residents to manage their meal times according to their own schedules, and limit numbers of residents that can be in the eating space at the same time
  + If meals can only be provided at one time, have residents take their meal at staggered times and limit the numbers of residents in the eating space
* Community Spaces
  + Limit the number of residents that can be in community spaces at the same time, if needed
  + Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing
  + Provide access to fluids, tissues, and plastic bags for the proper disposal of used tissues

**Emergency Shelter Space Configuration**

Sleeping Quarters

* UPDATED 4.6.20 Sleeping quarters are re-arranged as necessary to ensure beds are at least 3 ft apart for non-symptomatic persons.
  + Where needed, beds are removed to reduce capacity in sleeping areas in an effort to provide sufficient space. Consider using administrative and other spaces to accommodate any reductions of in sleeping areas.
  + If clients are symptomatic or positive for COVID-19, but not experiencing severe symptoms that warrant going to the hospital, t**hey should placed in off-site isolation/quarantine (I/Q) units** (see Isolation and Quarantine Units section below for details). One household per I/Q unit.
    - If offsite I/Q units are unavailable symptomatic clients should be sent to the hospital
* Any decrease in shelter capacity must be reported to the CoC Team at [ohioboscoc@cohhio.org](mailto:ohioboscoc@cohhio.org) or [ericamulryan@cohhio.org](mailto:ericamulryan@cohhio.org)

24-hour Availability and Operations

* Shelters that are not currently open to residents all day/evening should immediately strive to identify staffing approaches to provide 24-hour accessibility. This is important to address needs of residents who may be isolated/quarantined in place (see details below) and needs of resident families whose children are no longer able to attend school.

**Emergency Shelter Overflow and De-Concentration** *(Updated 4.6.20)*

During the COVID-19 crisis, shelter providers may need to utilize non-congregate spaces, such as hotel/motel units or empty apartments, to provide shelter overflow space or to facilitate de-concentration in existing shelters. Providers are encouraged to identify and use non-congregate spaces as needed. In addition to a guidance and considerations listed below, providers can find more detailed guidance for managing non-congregate shelter overflow units (both those used for overflow and de-concentration) [here](https://cohhio.org/wp-content/uploads/2020/04/Guidelines-for-establishing-H.M-I.Q-REV-4-6-201-1.pdf).

**Data Collection and Entry**

Providers should continue to collect and enter into HMIS all client-level data for those served by the shelter overflow/de-concentration units. Providers can either work with the CoC’s HMIS team to create a new shelter overflow provider in HMIS for this purpose (which may help with documentation of COVID-related costs in the future), or they can enter client-level data into the existing shelter provider if they are using a very small number of overflow units. Providers may contact the CoC or HMIS team for guidance on the best approach to provider set up.

**Considerations for Shelter De-Concentration Units** *(Added 4.6.20)*

Providers must ensure clients residing in non-congregate units, such as hotels, used for shelter overflow or de-concentration are supported in those units and have ongoing access to services. However, the overall level of care provided does not need to rise to the level of care that needs to be provided to clients residing in non-congregate I/Q units. Following are considerations that providers need to address as part of their operational plan for managing shelter overflow/de-concentration units:

* Identify Who May Use the I/Q Units
  + Are you targeting units to clients who may be more vulnerable to complications if they acquire COVID-19? Or are you using the units for general de-concentration purposes.
* Basic Needs
  + Food and Meals
    - How will food be provided to clients in shelter overlfow units?
      * Are the units equipped with some appliances, such as a microwave or refrigerator, so that clients can prepare some meals themselves? Or will delivery of multiple meals a day be required?
  + Laundry
    - How will clothing be laundered?
    - Will the hotel provide clean bedding and towels on a regular basis?
* Support Services
  + How will clients continue to access mental health services?
  + How will clients continue to access substance abuse services?
  + How will shelter staff continue to provide case management services?

**ODSA Guidance on Paying for Hotels/Motels**

ODSA has communicated that agencies receiving emergency shelter grants through HCRP may use their ***current*** grant funds to provide temporary housing in motels when there is not space available in their shelter. Normally, assistance should continue just until there is room available at the shelter. Under current circumstances, however, clients should be able to stay in the motel indefinitely if they need to be isolated or quarantined, are a member of a medically vulnerable/older population, or if the use of the motel is meant to assist in deconcentrating the shelter space to provide sufficient social distancing.

Please note, HCRP-HP and RRH resources cannot be used for hotel/motel stays as outlined above, although they can be used for hotels if a rental unit has been identified for move-in within 30 days.

**Isolation and Quarantine Units** *(Updated 4.6.20)*

Ohio BoSCoC homeless services providers, particular those that operate congregate facilities, should immediately strive to work together with other providers and their local [public health offices](https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts/find-local-health-districts) and [Emergency Management Agencies](https://webeoctraining.dps.ohio.gov/ohiocountyEMADirectorList/countyemalist_web.aspx) (EMA) to develop plans and protocols to provide isolation/quarantine options *off-site* of congregate facilities if possible.

It is critical that providers, in collaboration with their local public health authorities, identify isolation/quarantine options for prospective COVID-19 cases in the homeless community NOW.

**Quarantine** is used for people or groups who don’t have symptoms but were exposed to the sickness. Quarantine helps keep these individuals away from others so they don’t unknowingly infect anyone.

**Isolation** is used for those who are already sick. It keeps infected people away from healthy people to prevent the sickness from spreading.

**Unit Options**

Communities may have several options they can use to create isolation/quarantine (I/Q) spaces outside of existing congregate facilities. This could include apartments, buildings, community spaces, offices, or local hotels and motels. In many Ohio BoSCoC communities, providers are using hotels/motels for these purposes.

Homeless services providers should strongly encourage other systems of care to identify I/Q spaces for the people they are responsible for as well, so that non-homeless individuals are not directed to the homeless system’s I/Q units.

Remember, for those with mild symptoms of COVID-19 (either who tested positive or have not been tested), we want to help prevent them from using hospital resources that need to be preserved for those with severe symptoms or complications. However, if separate I/Q space is not available the hospitals will need to provide this space.

**Considerations for I/Q Units** (Updated 4.6.20)

Recent CDC guidance provides more detailed information about how I/Q units should be supported and staffed, including the medical services provided to persons/households in I/Q units. See CDC guidance [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html).

All planning for I/Q must be undertaken with local health departments and local healthcare systems as part of the overall local effort to develop I/Q units (ie, I/Q units not only for the homeless community). I/Q units and the households in those units need to be sufficiently supported in order to ensure safety for residents and staff. To that end, the following considerations need to be addressed as part of the I/Q operational plans and protocols. Please note, this list is not exhaustive. A comprehensive list of guidelines for I/Q management can be found [here](https://cohhio.org/wp-content/uploads/2020/04/Guidelines-for-establishing-H.M-I.Q-REV-4-6-201.pdf).

It is highly unlikely that homeless systems and providers can provide all the needed supports to I/Q units to ensure they operate safely, particularly in terms of the needed medical services and supports. If your local public health department and local healthcare system are unable or unwilling to lead I/Q planning and management or to coordinate with the local homeless system, and the homeless system itself cannot comply with all guidelines for management of I/Q units, then homeless providers will need to refer symptomatic or COVID+ clients to the local hospital for care. ***Homeless providers and systems should not create or manage I/Q units unless they can ensure compliance with ALL*** [***guidelines***](https://cohhio.org/wp-content/uploads/2020/04/Guidelines-for-establishing-H.M-I.Q-REV-4-6-201-1.pdf).

As part of a comprehensive I/Q operational plan, communities need to address the following areas in I/Q protocols (this list below is not comprehensive):

* Medical Services
  + Qualified medical professionals should establish level of care that can be provided in I/Q units, etc.
  + Qualified medical professional should approve the site and operations plan to ensure appropriate infection prevention and control considerations
  + A clinician must be accessible 24/7
    - To address emergency medical needs
  + Qualified medical professionals must be available onsite for the following:
    - To ensure appropriateness for admission given level of care provided at the I/Q units
    - Conduct daily temp/wellness checks and address medical issues that may arise
* Identify the I/Q Units
  + If working with a local motel provider, strive to get a commitment
  + Ensure units have exterior entry/exit (ie, doors on the units open to the outdoors)
* Identify Who May Use the I/Q Units
  + Are units used only for isolation? Or also for quarantine? Or also for recovery post hospitalization?
  + Partner with local public health and healthcare providers to determine protocol for identifying persons in need of I/Q
* Transportation
  + Transportation to I/Q units should be provided by the local public health department or a healthcare provider
  + Homeless services providers should not provide transportation
* Basic Needs
  + Food and Meals
    - How will food be provided to clients in I/Q units?
      * Are the units equipped with some appliances, such as a microwave or refrigerator, so that the individual in I/Q can prepare some meals? Or will delivery of multiple meals a day be required?
      * Who provides meals/food?
    - “Knock and drop” is best approach to reduce contact
    - Be sure to include disposable plates and utensils only
  + Laundry
    - How will clothing be laundered?
    - Will the hotel provide clean bedding and towels on a regular basis?
  + Room cleaning
    - Will hotel provide cleaning supplies?
    - How often will trash be removed?
* Support Services
  + How will people in I/Q continue to access mental health services?
  + How will people in I/Q continue to access substance abuse services?
* Other Considerations
  + Will you attempt to accommodate pets in I/Q units? Or can you coordinated with local animal shelters who will then be able to reunite owners with pets after I/Q is no longer needed?

**Paying for I/Q Units**

The following funding sources and resources may be used to pay for I/Q units and possibly the support services provided

* Current ODSA HCRP shelter grant funding
* Private funding sources, such as local foundations, churches
* Federal funding – ESG and FEMA
  + Details about what specific activities may be eligible and how to apply are forthcoming

**Scattered-site Project Considerations and Recommendations** *(Updated 4.2.20)*

Ohio BoSCoC agencies that operate scattered-site projects, such as Rapid Re-Housing (RRH) Transitional Housing (TH), and some Permanent Supportive Housing (PSH) projects should immediately make changes to how services are provided to current clients, including the following:

* Case Management Services
  + Discontinue home-based case management services and in-person case management meetings, where possible
  + Conduct case management meetings over the phone or via other similar means
  + Discontinue direct transport of clients by staff. Use vouchers for transit where needed and available. If direct transport of clients absolutely must continue, follow [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) related to cleaning and disinfecting community spaces, which would include vehicles in this instance
  + Make connections for telehealth with healthcare, mental health, substance use treatment providers
* Meeting Needs of Housed Clients
  + Via phone, check on current and past clients to ensure they have access to needed supplies in order practice social distancing
  + If needed and able, deliver any needed supplies to clients
    - Partner with local food pantries, Red Cross, or other groups if your agency is not able to provide all supplies directly.

**Intaking New Clients** *(Updated 4.2.20)*

**Scattered-site projects should continue to try to intake and serve new clients**, particularly those they are able to move into new rental units and out of congregate facilities like shelters.

CoC Program funded projects should be able to complete most parts of their intake process via phone, noting the inability to collect client signature currently. Providers should try to collect client signatures whenever they have the ability to such as via fax or mail. Additionally, providers must still be able to document and verify eligibility, regardless of meeting in-person with prospective clients.

**Waivers to HUD Program Requirements** *(added 4.2.20)*

On April 2, 2020 HUD issued a [memorandum](https://hudexchange.us5.list-manage.com/track/click?u=87d7c8afc03ba69ee70d865b9&id=c7eebd3c89&e=7126f67efc) providing regulatory waivers of certain Continuum of Care (CoC) Program, Emergency Solutions Grant (ESG), Housing for Persons With AIDS (HOPWA), and Consolidated Plan requirements to help prevent the spread of COVID-19 and to provide additional supports to individuals and families eligible for CoC, ESG, and HOPWA assistance who are economically impacted by COVID-19.

Following are some of the waivers HUD is making available on a time-limited basis:

* CoC Program
  + Waiving of physical HQS inspections
  + Waiving on monthly case management requirements for RRH
  + Waiving of disability documentation for PSH
  + Waiving of initial one-year lease terms for PSH and RRH
* ESG Program
  + Waiving on monthly case management requirements for RRH and HP
  + Waiving of requirement to pay no more than Fair Market Rent

Recipients interested in using one of the permitted waivers must provide notification in writing, email or mail, to the CPD Director of the Columbus HUD Field Office no less than 2 days before the recipient anticipates using the waiver flexibility. The email for the Columbus Field Office is [CPD\_COVID-19WaiverCOL@HUD.gov](mailto:CPD_COVID-19WaiverCOL@HUD.gov), and emails should copy your HUD field office representative.

CoC Program grantees submit their waivers directly to HUD. ODSA will submit waiver requests to HUD on behalf of HCRP grantees. ODSA will communicate directly to HCRP grantees once waiver requests have been submitted.

You can read the detailed memorandum [here](https://www.hudexchange.info/resource/6007/availability-of-waivers-of-community-cpd-grant-program-and-consolidated-plan-requirements-to-prevent-the-spread-of-covid19-and-mitigate-economic-impacts-caused-by-covid19/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=912c2a3df8-COVID-19-SNAPS-Waivers-4.1.20&utm_medium=email&utm_term=0_f32b935a5f-912c2a3df8-19409793).

**HCRP and Unit Inspections**

Effective April 7, 2020, ODSA has communicated that HCRP grantees are able to conduct visual habitability Standards inspections. This waiver of the requirement that the grantee physically inspect each unit to assure that the unit meets habitability standards before providing assistance on behalf of a program participant is in effect for six months beginning April 7, 2020 for grantees that are able to meet the following criteria:

1. The grantee is able to visually inspect the unit using technology, such as video streaming, to ensure the unit meets minimum habitability standards before any assistance is provided; and
2. The grantee has written policies to physically reinspect the unit within 3 months after the health officials determine special measures to prevent the spread of

COVID-19 are no longer necessary.

**Project Performance Goals and Utilization Rates** (*added 3/17/20)*

In general, the Ohio BoSCoC is suspending evaluation of project performance on the performance measures and goals identified in the [Ohio BoSCoC Performance Management Plan](https://cohhio.org/boscoc/performance-and-monitoring/). This includes suspending evaluation of utilization rates, particularly of congregate facilities that may need to reduce bed capacity in order to facilitate social distancing and/or create spaces for isolation and quarantine.

The Ohio BoSCoC has not yet determined what changes may be made to the FY2020 CoC Competition Plan and Timeline.