

COVID-19 Vaccine Distribution: HUD Message

Vaccine planning and distribution presents unique challenges and considerations for Continuums of Care (CoC) leads, Emergency Solutions Grants (ESG) Program recipients, and homeless service providers. As communities prepare to undertake these activities, HUD will provide information on critical issues. This document will be updated regularly as new information is released.

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1. Ensure priority vaccine access for essential staff and people residing in congregate shelters

Since supplies of COVID-19 vaccine are initially limited, states are required to establish a phased vaccination approach. [According to the CDC](#), increased rates of transmission have been observed in congregate living settings. HUD concurs with [CDC guidance](#) that:

1. Homeless service staff and outreach teams are considered essential workers and should be prioritized for Phase 1.

2. Homeless shelters meet the definition of congregate settings and should be prioritized for the vaccine, consistent with other congregate settings determined by CDC to be high risk. Consider vaccinating persons who reside in shelter at the same time as the frontline staff, because of their shared increased risk of disease.
3. Systemic racism and trauma experienced by racial and ethnic minority groups has led to diminished trust in healthcare systems. To improve vaccine confidence, communities must provide easily understandable and consistent vaccine information to staff and PEH.

2. Vaccination status should be excluded from housing prioritization decisions

Under HUD and CDC guidance, communities have made adjustments to Coordinated Entry (CE) processes to identify and prioritize housing for persons most at risk of severe illness from COVID-19. As the COVID vaccine begins to roll out, HUD expects those adjustments to remain in effect in accordance with CDC guidance. To support the public health emergency response, vaccination status should be excluded from housing prioritization policies and procedures. CoCs should continue to look out for and address any racial disparities in housing outcomes that result from CE systems.

3. Communities can use ESG and ESG-CV for vaccine distribution activities

Emergency Solutions Grants (ESG) annual or ESG-CV funds can be used for a wide range of activities that support vaccine planning and distribution. Recipients may advance ESG or ESG-CV funds to quickly inject much-needed resources into communities and help sub-recipients with vaccine rollout. Eligible vaccine-related costs under the street outreach and or emergency shelter components include but are not limited to:

| | Emergency Shelter | Street Outreach |
|--|----------------------------|----------------------------|
| Renting spaces for vaccine events | Outpatient Health Services | Emergency Health Services |
| Hiring vaccine ambassadors to engage/educate peers about the vaccine | Case Management | Engagement Case Management |
| Transporting people to/from vaccine events | Transportation | Transportation |
| Mobile outreach vans and staff to support vaccine distribution | Not Applicable | Emergency Health Services |
| Staff training on vaccine and rollout strategies | Training | Training |

If your shelter or outreach project needs additional supplies or staffing that will impact your approved budget, please check with your ESG recipient (i.e., state, city, or county) on how to initiate a budget modification.

4. Work with public health to plan for prioritization of vaccine within shelter facilities

The Biden Administration has recently released the [National Strategy for the COVID-19 Response and Pandemic Preparedness](#). The National Strategy identifies homeless shelters as an example of a congregate setting, which could facilitate the spread of infection, also emphasizing that, "Because many people who are homeless are older adults or have underlying medical conditions, they may also be at increased risk for severe illness."


The strategy affirms that the U.S. will "work to ensure that vaccine is distributed quickly, effectively and equitably, with a focus on making sure that high-risk and hard-to-reach communities are not left behind." Due to limited supply of the vaccine, states and local governments are adopting a phased roll-out plan. In CDC guidance, staff are considered essential workers and should be vaccinated in Phase 1. People experiencing homelessness can be vaccinated at the same time as staff. If there is enough vaccine to vaccinate all shelter participants, communities are encouraged to do so because of the increased risk of COVID-19 from residing in a congregate setting. However, given the scarcity of supplies, this may not be possible, and shelters should plan for a limited number of doses.

CoCs and shelter providers should prepare now with public health partners and healthcare providers for how the vaccine will be equitably allocated within their facilities, starting with developing a plan for how the doses will be prioritized.

Providers should:

1. Coordinate with public health to understand what priority phase(s) and populations they intend to inoculate for the vaccine event.
 - Ask public health partners how many doses will be available for your shelter. If there are not enough doses for all residents and staff, seek their guidance on how to prioritize people within the shelter.
 - CDC guidance suggests that if there are extra doses, go to the next priority phase of people experiencing homelessness (PEH).
2. Look at your congregate shelter data to determine how many people fall into the priority populations.
 - Develop a list of shelter staff and guests
 - Begin engaging these individuals prior to the vaccination event to ensure they are informed about vaccine efficacy and safety, and to determine who is willing to be inoculated.
3. Develop strategies to identify and respond to racial disparities in who is offered and receives the vaccine.

- Look out for any bias in the way people are identified or offered the vaccine.
 - Leverage a network of diverse staff and people with lived experience of homelessness who can effectively engage and educate shelter guests about the vaccine.
4. Determine how to track information about vaccination among the prioritized population.
- Providers could be provided doses of the vaccine unexpectedly, and prior to having tracking systems set up. Determine how the shelter can record when someone has received the two-dose regimen, and who has declined.
 - [If there are extra doses of vaccine available that are unused, the CDC recommends moving to the next priority phase.](#)



5. Work with public health to plan for transitioning between priority phases if there are extra doses available for your shelter

CoCs and shelter providers should work with public health partners to plan for expeditious and efficient COVID-19 vaccine allocation within congregate shelter facilities. HUD concurs with [CDC guidance](#) that it is not necessary to vaccinate all individuals in one phase before initiating the next phase; phases may overlap. If there are extra doses of vaccine available to your shelter after offering vaccination to people in the priority phase, the CDC recommends moving to the next priority phase.



6. Vaccination status must be excluded from program entry requirements for people experiencing homelessness

CoCs and homeless services providers should ensure that no one is denied services or entry into shelter or housing programs based on their vaccination status. Emergency Solutions Grants (ESG) Program recipients and subrecipients cannot require program participants to perform any prerequisite activities -- which includes mandating that participants take the COVID-19 vaccine -- as a condition for staying in any shelter or receiving services (see Section III.F.10 of [Notice: CPD-20-08](#)). In addition, HUD strongly encourages CoCs and homeless services providers to prevent the spread of COVID-19 by using a Housing First approach, which rapidly places and stabilizes individuals in permanent housing without preconditions or barriers to entry.



7. Don't wait: work with public health partners to roll out the vaccine now

HUD encourages communities to continue working with public health to facilitate access to COVID-19 vaccines for people experiencing homelessness as expeditiously as possible. Currently, there are [two federally approved vaccinations](#) being distributed to states. HUD is aware of the logistical challenges that communities are faced with regarding the 2-dose vaccination regimen. Communities should not wait for an alternative vaccine to become available before rolling out the vaccine to eligible populations.



8. Work with public health to reduce barriers to accessing the vaccine

HUD urges CoC Leads and service providers to work with public health partners to streamline vaccine access for people experiencing homelessness by reducing data collection and documentation requirements. In some states, homeless service providers are being asked to schedule program participants for vaccination appointments through a registration process that asks for a lot of information used for tracking purposes in the immunization systems (i.e. mother's maiden name, primary care doctor, insurance information, etc.) People from different states have also reported being asked to bring insurance cards and photo identification to the vaccination appointment. [According to the CDC](#), vaccine providers must administer the vaccine regardless of the vaccine recipient's insurance coverage status or ability to pay administration fees.

It is critical that stringent data collection requirements do not result in people being denied access to vaccine appointments. Some people experiencing homelessness might have difficulty providing certain documentation and may have concerns about data privacy. In addition service providers may be registering on behalf of program participants without access to the requested data elements. **HUD and the CDC urge public health partners to work with CoC Leads and service providers to collect only the information that is necessary for tracking purposes and to be flexible to promote equitable vaccine access.**

If CoCs are faced with data collection and documentation barriers:

1. Contact your local public health partners and request a streamlined registration process, such as a unique registration link for shelter providers with limited data elements
2. When photo identification is required, seek approval for using alternative forms of identification such as a shelter ID or a letter from the service provider
3. Proceed with registering participants for the vaccine appointment even if certain information is unavailable and seek guidance from public health. For example use proxy information (i.e. use the agency email address or the person's last name as the Mother's maiden name, etc.), which may also need to be tracked in HMIS or another tracking system.
4. Consider a pre-registration process to obtain necessary information from participants or support participants to self-register prior to the vaccine appointment



9. HUD's Goals and Objectives for Equitable Vaccine Distribution to People Experiencing Homelessness

The COVID-19 pandemic has amplified the historic and current discrimination experienced by racial and ethnic minority groups and people experiencing homelessness. Underlying health and social inequities have resulted in Black, Indigenous, and People of Color being disproportionately impacted by the disease. Vaccination against COVID-19 can significantly reduce severe morbidity and mortality among people experiencing homelessness, which will require confronting racial inequities and building vaccine confidence.

HUD is working in partnership with the CDC to provide guidance and planning support to homeless response systems with the **goal of ensuring the equitable distribution of the vaccine to people experiencing homelessness and essential homeless services staff, based on community prioritization strategies.** To achieve this goal, HUD sets out clear objectives, which includes calling on communities to:

1. Ensure the demographics of people experiencing homelessness who have been vaccinated mirrors the demographics of the population of people experiencing homelessness.
2. Strive for an overall vaccination rate of people experiencing homelessness that is comparable to or better than the vaccination rate of the general population.
3. Lead with a race equity lens by focusing on: a) establishing vaccine confidence in historically marginalized communities; b) developing meaningful engagement strategies for these populations; and c) continuously examining our data to determine if we are making measurable improvements.
4. Create engagement strategies that focus on the intersection of race and other historically marginalized populations who are overrepresented in the population of people experiencing homelessness, such as people with disabilities and people who identify as LGBTQ.