



Enhancing Health and Safety in the Homeless Response System

July 23, 2020

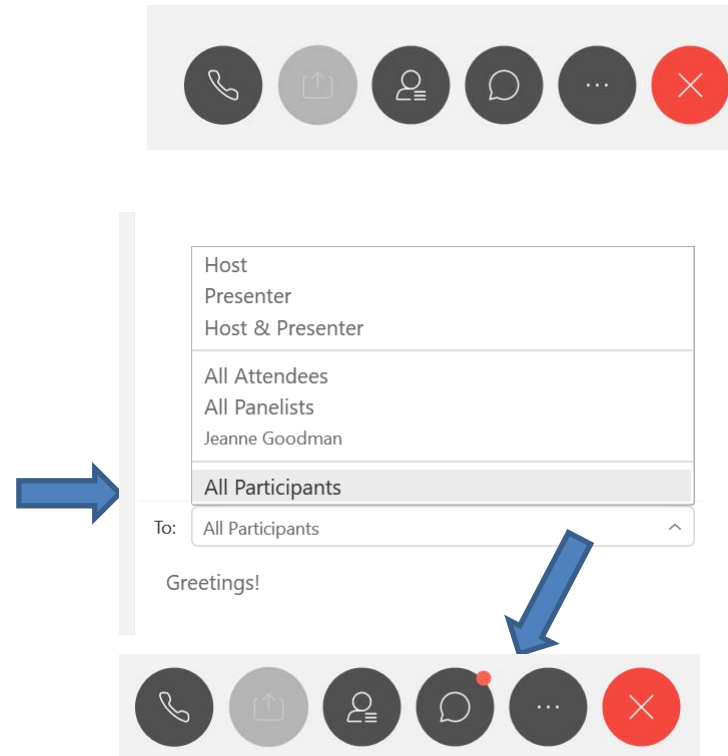


Housekeeping

- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content, will be posted to the HUD Exchange within 2–3 business days
- Event information for upcoming Office Hours and copies of all materials can be found here:
<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours>
- To join the webinar via phone, please call in using:
Number: 1-855-797-9485 Access code: 161 639 5634

Chat Feature

- Select the Chat icon to make a comment or ask a question.
- Be certain the “To:” field is set to “**All Participants**”
- An orange dot on the Chat icon indicates that you have unread messages.



Panelists/Resource Advisors

- **Norm Suchar**—Office of Special Needs Assistance Programs (SNAPS)
- **Rebecca Laws**—Centers for Disease Control (CDC), Homelessness Unit
- **Julie McFarland**—Cloudburst, HUD Technical Assistance (TA)
- **Shenandoah Gale**—N Street Village, Washington DC
- **Ann McCreedy**—BCT Partners, HUD TA
- **Joel Hunt**—JPS Health Network, Fort Worth, TX
- **Lauren King**—Tarrant County Homeless Coalition (TCHC), Fort Worth, TX
- **Karen Kowal**—All Chicago, Chicago, IL
- **Marlisa Grogan**—SNAPS
- **David Canavan**—Canavan Associates, HUD TA

Overview

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act resources are intended to prevent, prepare for, and respond to coronavirus. The safest place for people to be during the epidemic is in housing.
- We have gained important knowledge since the pandemic began on how to reduce virus transmission in the homeless response system.
- As cases rise in many states, this knowledge building is vital. During this webinar, we will share examples of how to implement safer program practices in our homeless response system.

Overview

For the foreseeable future, homeless systems should, at a minimum:

- Follow CDC guidance and implement best practices to reduce community spread;
- Coordinate with public health and local health care providers; and
- Relentlessly work to rehouse as many people experiencing homelessness as possible—particularly those at highest risk of harm.

Webinar Objectives

- 1) Advance the understanding of safer sheltering practices.
- 2) Equip Continuums of Care (CoCs) and homeless assistance providers with tools to respond to unsheltered homelessness during the pandemic.
- 3) Share emerging practices from communities that are increasing flow through non-congregate shelters by quickly housing people.

Agenda

- Recently released CDC guidance
- Safe Shelter Strategies

N Street Village—Washington, DC

- Street Outreach Strategies

JPS Health Network—Fort Worth, TX

Tarrant County Homeless Coalition—Fort Worth, TX

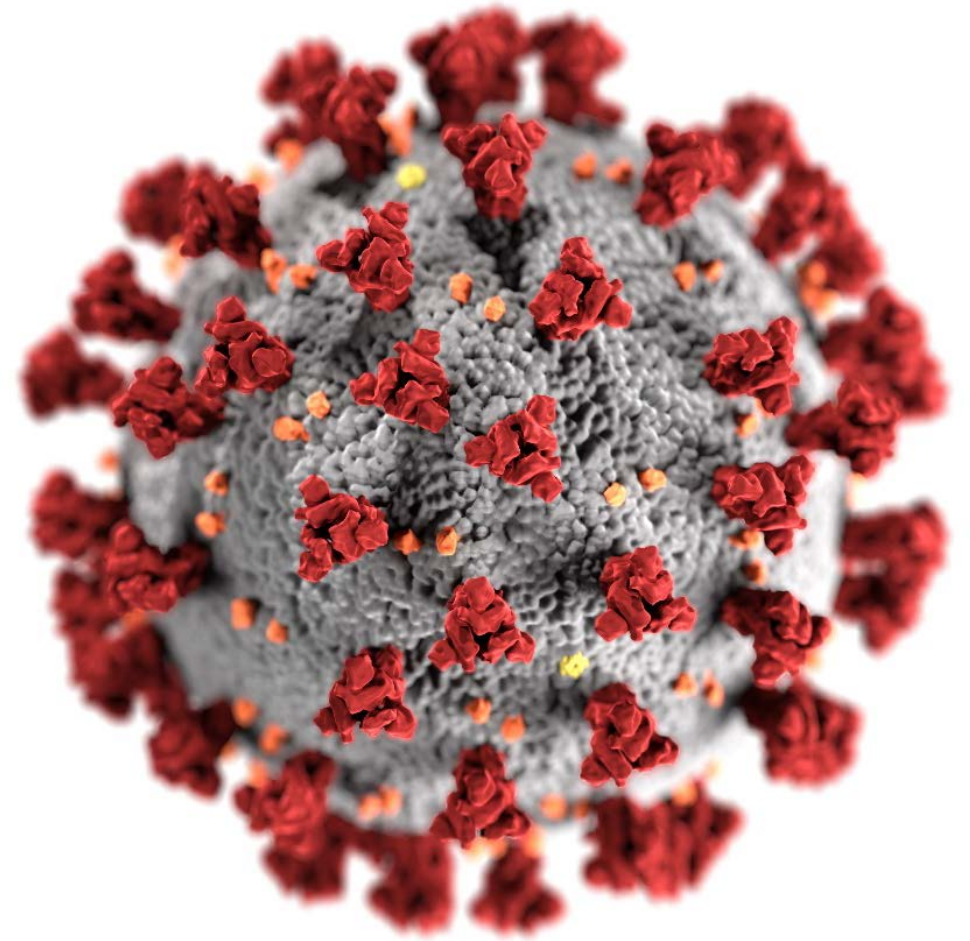
- Rehousing Strategies

All Chicago—Chicago, IL

- Q&A

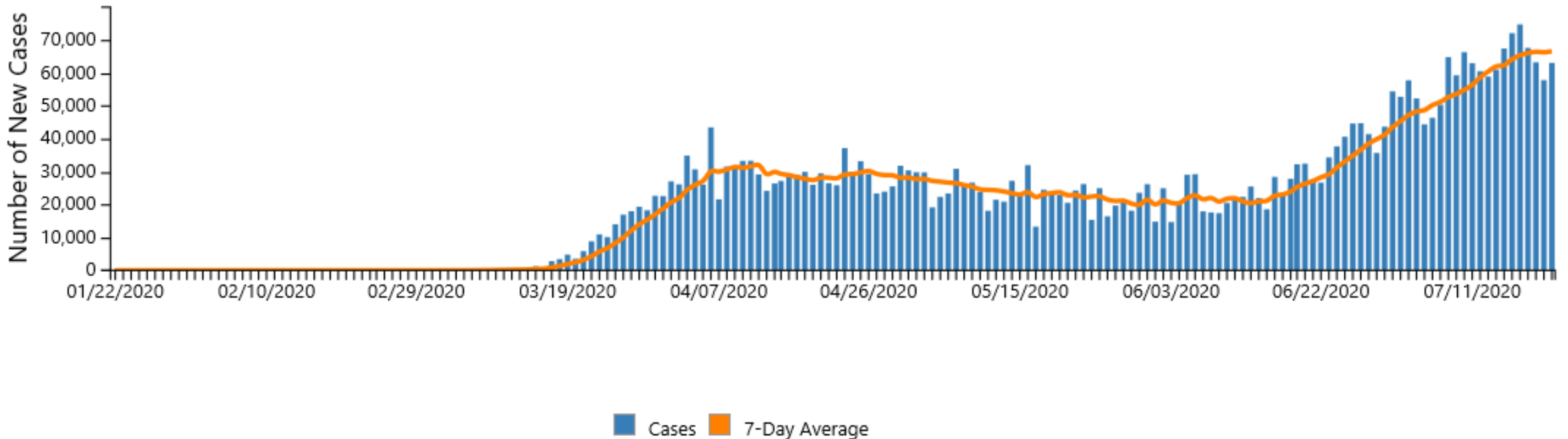
COVID-19 and Homelessness

Rebecca Laws, PhD, MPH
Homelessness Unit
Disproportionately Affected Populations Team
COVID-19 Response EOCevent366@cdc.gov



For more information: www.cdc.gov/COVID19

3.88 million COVID-19 cases reported in the United States*



*Laboratory-confirmed cases as of 7/21/20

Homeless services

- Continuing homeless services during community spread of COVID-19 is critical.
- People experiencing homelessness are at risk for infection during community spread of COVID-19.
- **Homeless shelters should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay** (e.g., identifying additional temporary housing and shelter sites).
- Coordinate with local health authorities when making decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in a shelter or be directed to alternative housing sites.



CDC guidance related to homelessness

On CDC COVID-19 site under “Community, Work & School”

- 1. Shelters and other homeless service providers**

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

- 2. Providers serving people experiencing unsheltered homelessness**

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

- 3. Reopening: checklist of considerations for homeless service providers**

<https://www.cdc.gov/coronavirus/2019-ncov/php/homeless-service-providers.html>

- 4. Considerations for state and local health departments**

<https://www.cdc.gov/coronavirus/2019-ncov/php/investigating-cases-homeless-shelters.html>

- 5. Testing strategies in homeless shelters and encampments**

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html>



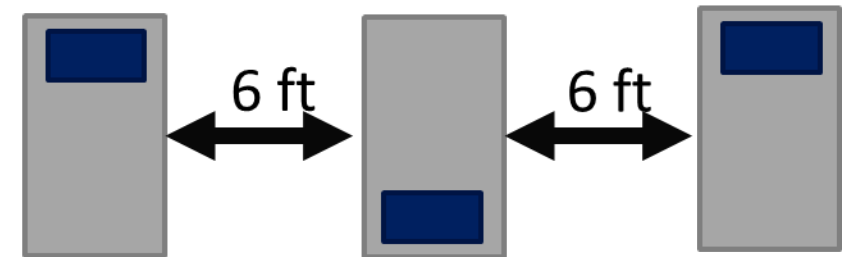
Guidance for Homeless Service Providers

Key Points



Facility layout – General

- Use physical barriers to protect staff who will interact with clients with unknown infection status (e.g., check-in staff).
- In meal service areas, create at least 6 feet of space between seats and/or allow food to either be delivered to clients or taken away by clients to eat at least 6 feet away from one another.
- In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure clients' faces are at least 6 feet apart and align mats/beds so clients sleep head-to-toe.



Guidance on Testing in Shelters and Encampments

Key Points



Testing strategies: Who to test

1. People **with signs or symptoms** consistent with COVID-19
2. Asymptomatic people with **recent known or suspected exposure** to SARS-CoV-2 to control transmission
3. Asymptomatic people without known or suspected exposure to SARS-CoV-2 for **early identification in special settings**

Testing strategies for homeless shelters and encampments

Community transmission*

Testing strategy

None-Minimal



Baseline: Standard healthcare-based testing and testing for anyone who has been exposed

Minimal-Moderate



Baseline + Consider increased testing for people who are symptomatic or asymptomatic to improve early detection

Moderate-Substantial



Baseline + Consider facility-wide testing at least once. Follow-up testing weekly until no new cases identified for at least 14 days.



*specific levels to be set by state and local health departments

Guidance on Discontinuation of Isolation for Persons with COVID-19

Key Points



When does medical isolation end?

Symptom-based strategy

- At least 10* days have passed since symptoms first appeared **AND**
- No fever for ≥ 24 hours without fever-reducing medications **AND**
- Other symptoms have improved

If the person had a positive test but never had symptoms

- At least 10 days have passed since the first positive COVID-19 viral test (RT-PCR) **AND**
- The person has had no subsequent illness

OR

*Might need to extend the duration up to 20 days for some people with severe COVID-19 illness. Consider consultation with infection control experts.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>



Can testing be used to end isolation?

- In consultation with infectious disease experts, a test-based strategy could be considered for people who are *severely immunocompromised*.
- For all others, a test-based strategy is no longer recommended except to end isolation ***earlier*** than the symptom-based strategy.

Test-based strategy

- No fever for ≥ 24 hours without fever reducing medications **AND**
- Other symptoms have improved **AND**
- Tested negative in ≥ 2 consecutive respiratory specimens collected ≥ 24 hours apart



Other Materials and Opportunities

Key Points



Other CDC Materials on Homelessness

Resources landing page: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

- Homeless shelter worker training
- Infection Control Inventory and Planning (ICIP) tool
- FAQs
- Communications materials for people experiencing homelessness
- Extra precautions for people experiencing homelessness
- Symptom screening tool
- Youth-focused information



Opportunities for participation

- **Shelter worker survey**

- Email eocevent366@cdc.gov for more information

- **Universal testing dashboard**

- Collaboration with NHCHC: <https://nhchc.org/cdc-covid-dashboard/>



Universal COVID-19 Testing

at Homeless Service Sites



Introduction

The National HCH Council and its standing Research Committee have partnered with the Centers for Disease Control and Prevention (CDC) to collect data from universal testing events at shelter or encampment-based service sites during the COVID-19 pandemic. This effort supplements clinical testing of COVID-19 data presented by HRSA extracted to highlight health centers serving patients experiencing homelessness and housing instability.

Descriptive data and results of testing events are presented below representing testing events, number tested, and positivity by state; shelter types where testing occurred,



Dashboard Summary

updated on 7/17/20



137

Total Testing Events Submitted



7102

Total Clients Tested



5.65%

Client COVID-19 Positivity Rate



1305

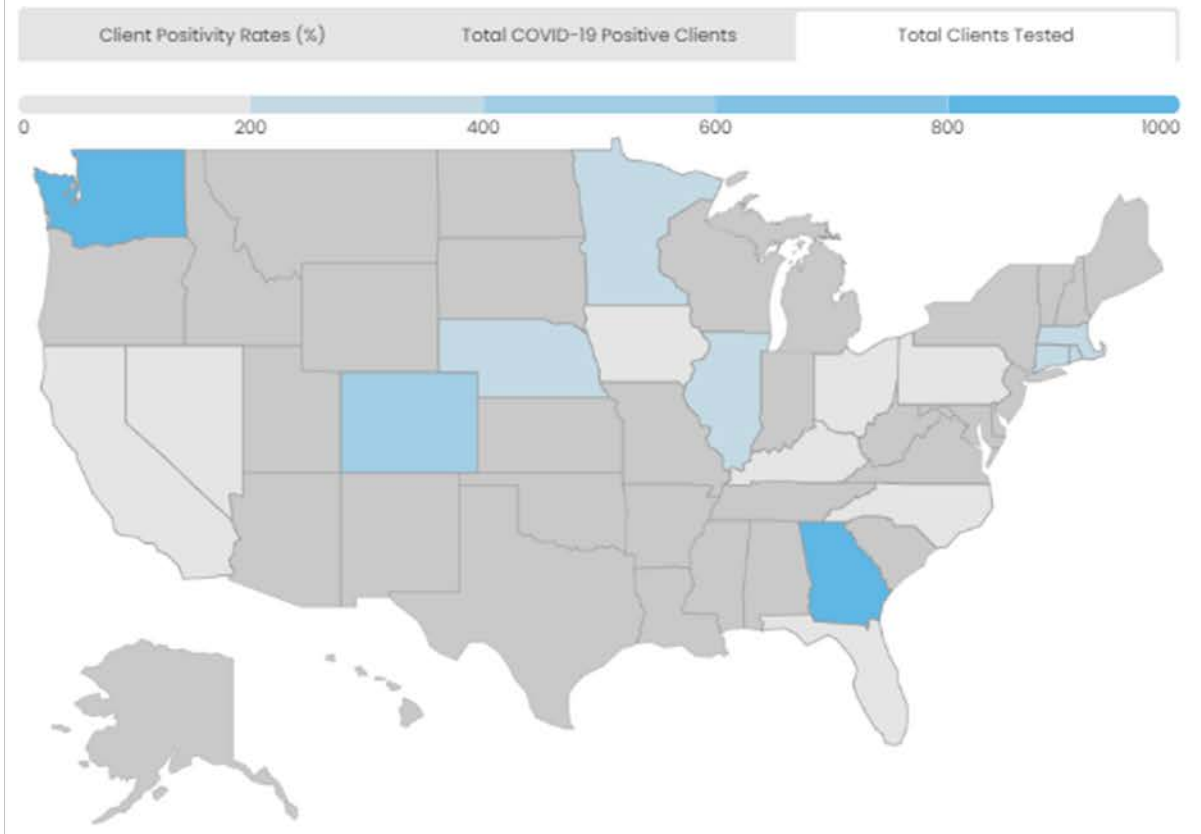
Total Staff Tested



2.53%

Staff COVID-19 Positivity Rate

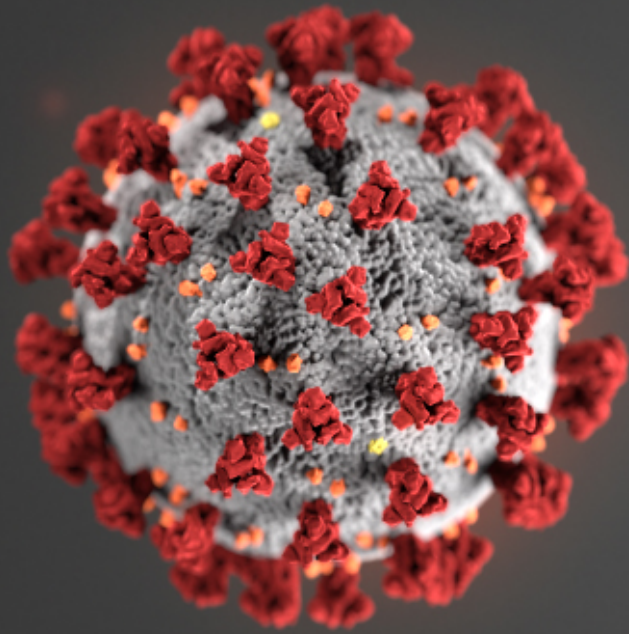
Cumulative State-Level Testing Data



<https://nhchc.org/cdc-covid-dashboard/>



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

CDC COVID-19 Homelessness Unit: EOCevent366@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Shelter Management During an Infectious Disease Outbreak

- **Symptom Screening**: Shelters should routinely screen shelter residents for COVID-19 symptoms (i.e., cough, fever, shortness of breath) and separate people with symptoms.
- **Testing**: Work with public health to implement a testing strategy and organize testing events.
- **Adjust Operations**: Implement extensive cleaning schedules, expand use of outdoor spaces, and convert to 24-hour access.



Shelter Management During an Infectious Disease Outbreak

- **Continue non-congregate sheltering** for quarantining high-risk individuals and isolating those who are sick but do not require hospitalization.
- **Low barrier:**
 - Negative test results are not a reasonable pre-condition of program enrollment.
 - Emergency shelters should not exclude people who are having symptoms or test positive for COVID-19 without a plan for where they can safely relocate.



Shelter Management During an Infectious Disease Outbreak

- Closing a shelter during a public health outbreak could have serious health implications for the people being served and cause increased disease spread in the community.
- CoCs and other community leaders should be actively reaching out to shelters (publicly and non-publicly funded) to document resource needs and to help problem-solve.
- If you are facing the tough decision to shut down your shelter, there are steps you can take...



Shelter Management During an Infectious Disease Outbreak

When facing the possibility of a shelter closure:

- 1) Reach out to your local public health partners and emergency management partners to determine if staffing and supply resources can be accessed locally. Ensure these partners understand the community ramifications for closing these sites.
- 2) Create or continue non-congregate sheltering options to decompress congregate shelters.
- 3) Please reach out to HUD (field office or AAQ)—HUD TA is available to support you!



N Street Village—Washington, DC

N Street Village—Patricia Handy Place for Women



Presenters

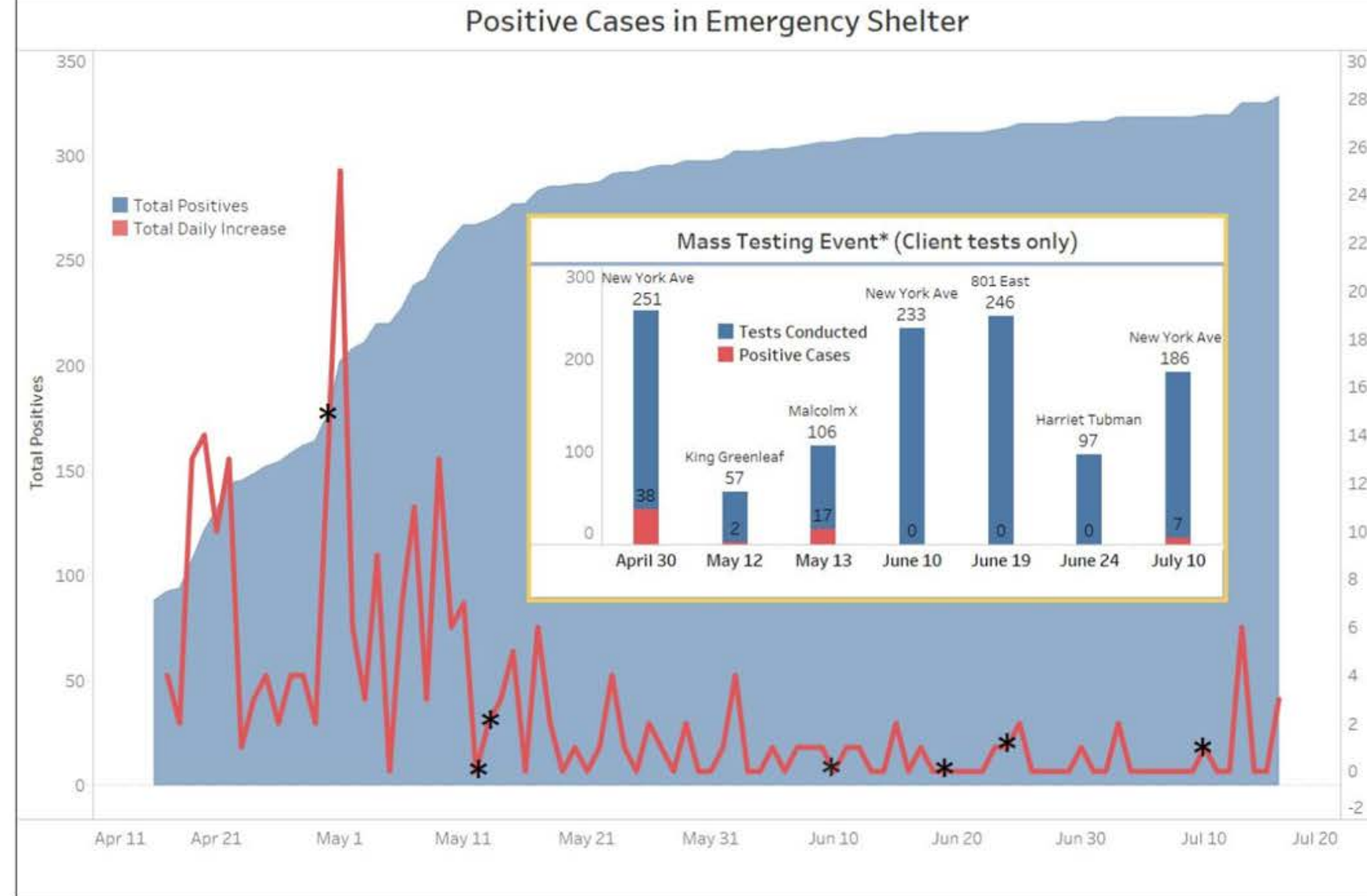
- Shenandoah Gale—*Director of Evaluation and Learning*
- Ann McCreedy—*TA Provider*

1 COLLABORATING WITH SHELTER PROVIDERS ON SAFETY AND OPERATIONS

Ensuring the safety of staff and providers is a top priority for DHS. Since the public health emergency was declared, we have partnered with providers to share guidance on operations and logistics, highlight national best practices and federal guidelines, and distribute personal protective equipment.

2 MODIFYING PROCEDURES TO PREVENT THE INTRODUCTION AND SPREAD OF COVID-19

We worked closely with shelter providers and



<https://storymaps.arcgis.com/stories/b8c0374078644c5298ad2b6b8dfbf751>

Responding to Daily Request for Data

- Daily Data by 1:00pm
- The tool tracked:
 - The location of the client (if in isolation or quarantine but still assigned to the bed in the shelter).
 - Date of last health screening.
 - Results of screening.
 - Presence of fever, cough, and/or shortness of breath.
 - Tested for COVID-19—Y/N
 - If COVID-19 tested, results.

PHPW - 1st Floor

Date Checked: 7/8/2020

Time: 9:21 AM

Date Prepared: 7/9/2020

Completed By: Asst Manager

Staff: Manager

Print

Total Turn Away: 0

Action Taken: S: Screened R: Refused Q: Quarantined WOR: Waiting on Results NQ: Not Quarantined

Dorm	Bed #	T/ B	Resident	HMS #	Medical Resp	Action Taken See above	Tested	Results	Check In Status	Last Screening Date	Fever Y/N	Cough Y/N	Shortness of Breath Y/N
Peace	101	T	Resident 1	XXXXXX		S	No		In	7/8/2020	No	No	No
	102	B	Resident 2	XXXXXX		S	No		In	7/8/2020	No	No	No
	103	T	Resident 3	XXXXXX		S	No		In	7/8/2020	No	No	No
	104	B	Resident 4	XXXXXX		S	No		In	7/8/2020	No	No	No
	105	T	Empty (offline)										
	106	B	Respite		Yes								
	107	T	Resident 5	XXXXXX		S	No		In	7/8/2020	No	No	No
	108	B	Resident 6	XXXXXX		S	No		In	7/8/2020	No	No	No
	109	T	Empty										
	110	B	Resident 7	XXXXXX		S	No		In	7/8/2020	No	No	No
111	T	Empty											
112	B	Resident 8	XXXXXX	Yes	S	No		In	7/8/2020	No	No	No	
Hope	113	T	Resident 9	XXXXXX		Q	No		ISO	7/2/2020	Yes	No	No
	114	B	Resident 10	XXXXXX		S	No		In	7/8/2020	No	No	No
	115	T	Resident 11	XXXXXX		S	No		In	7/8/2020	No	No	No
	116	B	Resident 12	XXXXXX		S	No		In	7/8/2020	No	No	No
	117	T	Resident 13	XXXXXX		S	No		In	7/8/2020	No	No	No
	118	B	Resident 14	XXXXXX		S	Yes	Negative	In	7/8/2020	No	No	No
	119	T	Empty								No	No	No
	120	B	Resident 15	XXXXXX		S	No		In	7/8/2020	No	No	No
	121	T	Resident 16	XXXXXX		S	Yes	Negative	In	7/8/2020	No	No	No
	122	B	Resident 17	XXXXXX		S	Yes		In	7/8/2020	No	No	No
	123	T	Empty								No	No	No
	124	B	Resident 18	XXXXXX		S	Yes	Negative	In	7/8/2020	No	No	No
125	T	Resident 19	XXXXXX		S	No		In	7/8/2020	No	No	No	
126	B	Resident 20	XXXXXX		S	No		In	7/8/2020	No	No	No	
127	T	Resident 21	XXXXXX		S	No		In	7/8/2020	No	No	No	
128	B	Empty											
Joy	129	T	Resident 22	XXXXXX		S	No		In	7/8/2020	No	No	No
	130	B	Empty										
	131	T	Empty										
	132	B	Resident 23	XXXXXX		S	No		In	7/8/2020	No	No	No
	133	T	Empty										
	134	B	Resident 24	XXXXXX		S	Yes	Negative	In	7/8/2020	No	No	No
	135	T	Resident 25	XXXXXX		S	Yes	Negative	In	7/8/2020	No	No	No
	136	B	Resident 26	XXXXXX	Yes	S	Yes	Negative	In	7/8/2020	No	No	No
137	T	Resident 27	XXXXXX		S	Yes	Negative	In	7/8/2020	No	No	No	
138	B	Resident 28	XXXXXX	Yes	S	No		In	7/8/2020	No	No	No	
Faith	139	T	Empty (offline)										
	140	B	Resident 29	XXXXXX	Yes	S	Yes		In	7/8/2020	No	No	No
	141	T	Resident 30	XXXXXX		S	Yes	Negative	In	7/8/2020	No	No	No
	142	B	Resident 31	XXXXXX	Yes	S			H	7/8/2020	No	No	No
	143	T	Resident 32	XXXXXX		S			In	7/8/2020	No	No	No
	144	B	Resident 33	XXXXXX	Yes	S	No		In	7/8/2020	No	No	No

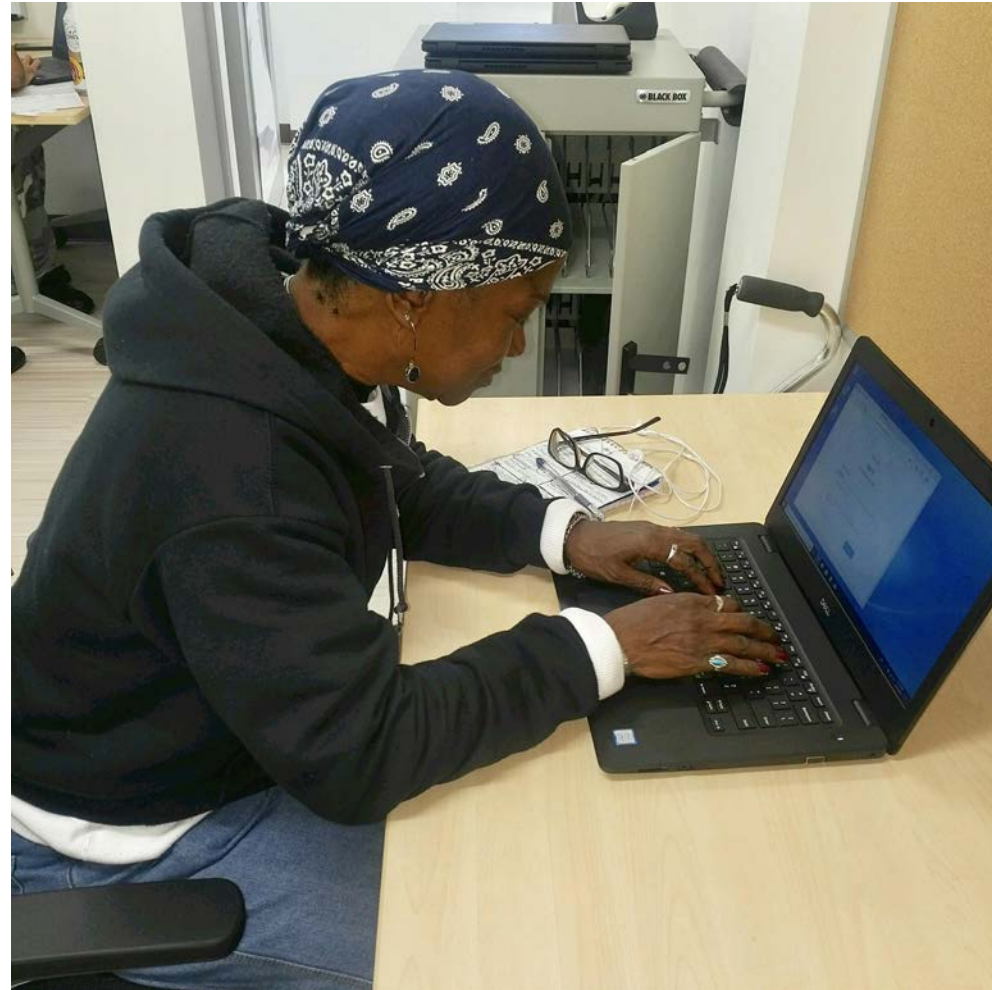
Lessons Learned Using Data Daily

- Be clear on the purpose of the tool
- Keep it simple
- Create an information loop



Communications Strategies

- Use what works
- Reach out gracefully



Additional COVID-19 Strategies

- Personal Protective Equipment (PPE)
- Moving to 24-hour schedule
- Ask for resident feedback
- Shift to virtual
- Trust staff to make good decisions



Unsheltered Homelessness

Relevant guidance for adjusting shelter operations to incorporate infection control measures:

CDC: [Guidance Related to Unsheltered Homelessness](#)

HUD: [Essential Services for Encampments During an Infectious Disease Outbreak](#)

- Strong communication with people living outside—continue outreach and engagement
- Ongoing symptom screening, testing, and education within encampments
- Sanitation and social isolation measures can be followed even when sleeping outdoors: tents should be set up 12 feet apart, offer hygiene products
- Connection to isolation and quarantine options for people who are COVID positive or most at risk
- Do not clear encampments unless housing solutions have been identified
- Quick permanent housing connections
- Service coordination with healthcare partners is important

Fort Worth, TX Presenters

- Lauren King, Interim Executive Director, TCHC (CoC Lead Entity)
- Joel Hunt, PA-C, Director of Acclaim St Medicine, JPS Health Network

Fort Worth, TX

Unsheltered response since March:

- Went into COVID response with a 43% increase in unsheltered homelessness since previous year.
- Started with 11 outreach workers across CoC.
- Got early education to outreach workers to ensure CDC guidance and resource info got to unsheltered population. CoC served as “HUB” for tracking needs around supplies and equipment.
- Encampments not being moved or swept.
- Partnership with street medicine provider.

Fort Worth, TX

Are you COVID fatigued? We're COVID fatigued.



Fort Worth, TX

- 140% increase in unduplicated contacts with unsheltered folx during COVID response (90-day period).
- Safety precautions—social distancing, mask-to-mask, face shields/goggles, and gloves +/-
- Screening—new symptoms and taking temperatures.
- Connection to medical services/units as needed.
- Frequent involvement in homeless system discussions/planning.
- People still get other illnesses as well.

Fort Worth, TX

- Street medicine partnership with navigators who are housing-focused is the critical combination.
- Prioritization policy to identify those most at risk of COVID-19's most severe outcomes informed by street medicine team.
- Cross-referencing outreach active list with homeless registry using electronic health records.
 - Identify far more people with most severe risk using health records as opposed to self-reported assessment data.

Fort Worth, TX

Housing-focused practices:

- Updated Coordinated Entry (CE) Prioritization Policy—those most at risk of COVID's severe impact.
- RRH Standards—expanding local standards for maximum flexibility (up to 24 months).
- Utilizing Emergency Solutions Grants (ESG) Round 2 to add 14 mobile housing navigators with focus on moving people from streets to housing.

Rehousing out of NCS

- To prevent the further spread of COVID-19 among people experiencing homelessness, prioritize housing people from unsheltered locations and congregate shelters.
- For communities that have non-congregate shelter, start housing people as they exit so they do not return to unsheltered or congregate settings.
- Establishing a rehousing plan is an essential component of an NCS strategy.



Rehousing out of NCS

- *As of 7/22/20, there were roughly 4 million cases of coronavirus in the US—a 30% increase in new cases over the previous 14 days.*
- Historic level of investment in ESG programs creates opportunity to change the course of homelessness in America.
- Systematizing rehousing processes.
- Leverage your system strengths and test now.
- Coordinate with public health and other partners to facilitate safe and successful rehousing transitions.
- Coordinate other CARES Act resources.
- Engage property owners and landlords.

Chicago Presenter

Karen Kowal—Director of CoC Programs, All Chicago

Community Example—Chicago

- **Balancing planning with urgency**
- **Rehousing Surge Test: 75 households from The Shielding Hotel (NCS)**
 - When scaled up by early September: house 60 people per week
 - Housing event
 - Unit identification
 - Results to date (45 days in):
 - 91% chose and applied for a unit*
 - 46% of households who chose a unit have signed leases; 27% have moved in*

Community Example—Chicago

**How do you safely
host a housing event?**



Community Example—Chicago

Lessons learned:

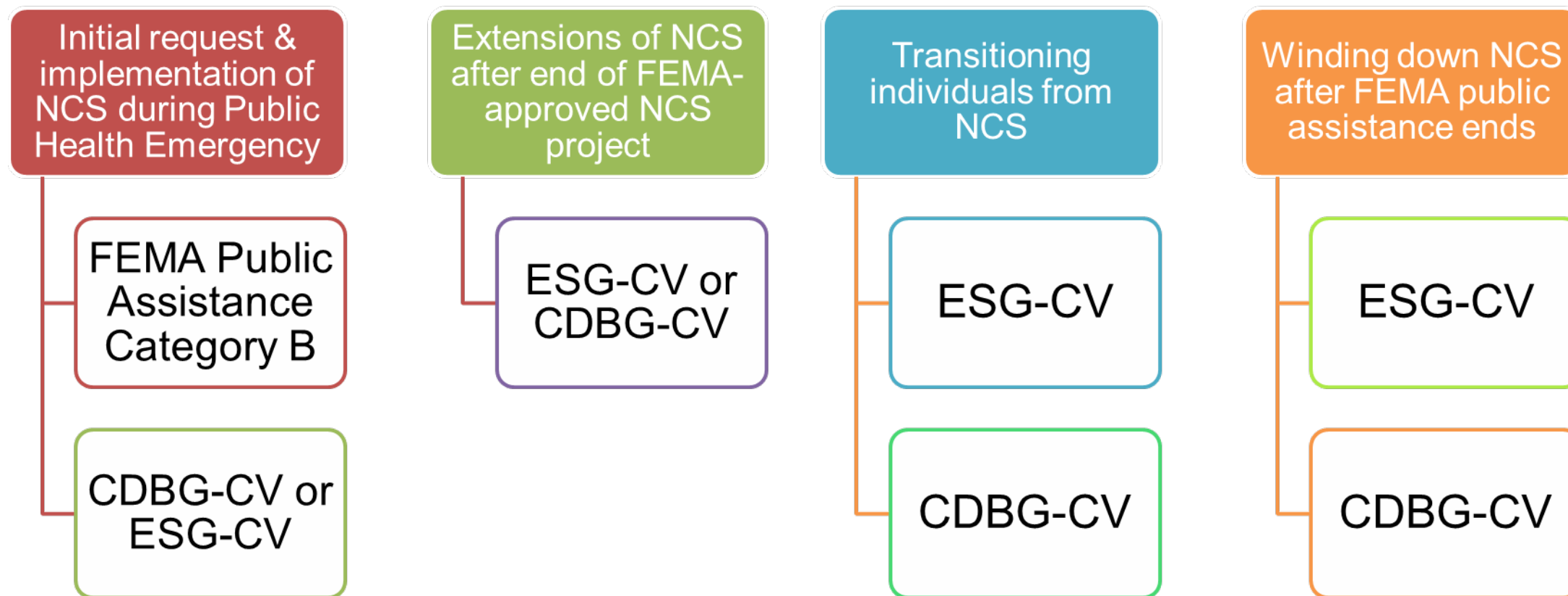
- Automate where you can so you have capacity to address exceptions.
- Ensure role clarity from the beginning for navigation, housing search, and supportive service roles.
- Reduce barriers up front.
- Limit the number of landlords.
- Get ahead of holding fees.
- What were barriers before may not be barriers right now.

What Can Communities Do Now?

- Add tracking tools to CE and NCS programs to address medical vulnerability and measure disparities by race/ethnicity.
- Test/pilot a housing push (like Chicago did).
- Set goals for [housing surges](#) out of NCS/encampments and to reduce density in shelters.
- Prioritize people at high risk of COVID-19 complications for permanent housing.

Federal Funding Priority Sources for NCS

Federal Funding Priority Order for Non-Congregate Shelter During COVID-19



Review

- Communities and programs are continuing to implement infection control measures following CDC guidelines.
- Important work remains to increase “outflow” from temporary housing and unsheltered settings.
- HUD will continue to facilitate peer exchanges and support communities as we learn more.

**Please remember to submit your
question to ALL PARTICIPANTS**

Q & A

Federal Websites and Resources

- **HUD:** <https://disaster-response-rehousing.info/https://www.hudexchange.info/news/covid-19-prevention-and-response-for-homeless-providers-daily-resource-digest/>
- **CDC:** <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>
- **National Healthcare for the Homeless:** <https://nhchc.org/covid-dashboard/>

Community Websites and Resources

- N Street Village: <https://www.nstreetvillage.org/>
<https://storymaps.arcgis.com/stories/b8c0374078644c5298ad2b6b8dfbf751>
- Tarrant County Homeless Coalition: <https://ahomewithhope.org>
Chicago CoC: <https://allchicago.org/>