



Office Hours: COVID-19 Planning and Response

April 24, 2020



Reminders

- 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, along with copies of all materials can be found here:

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours>

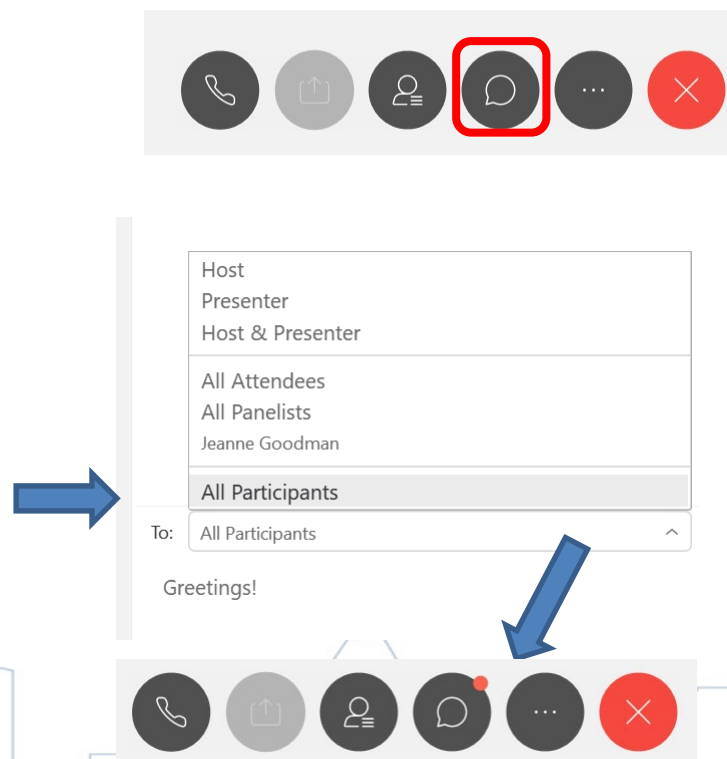


Chat Feature

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 and Resource Advisors

Department of Housing and Urban Development

- Norm Suchar, Director, Office of Special Needs Assistance Programs (SNAPS)
- Brett Esders, Senior Program Specialist, SNAPS
- Marlisa Grogan, Senior Program Specialist, SNAPS

Centers for Disease Control and Prevention

- Emily Mosites, PhD MPH- COVID-19 At-Risk Population Task Force, Senior Advisor on Health and Homelessness

Healthcare for the Homeless

- Barbara DePietro PhD, Senior Director of Policy

Department of Veterans Affairs

- Jesse Vazzano, National Director, HUD-VASH

Agenda

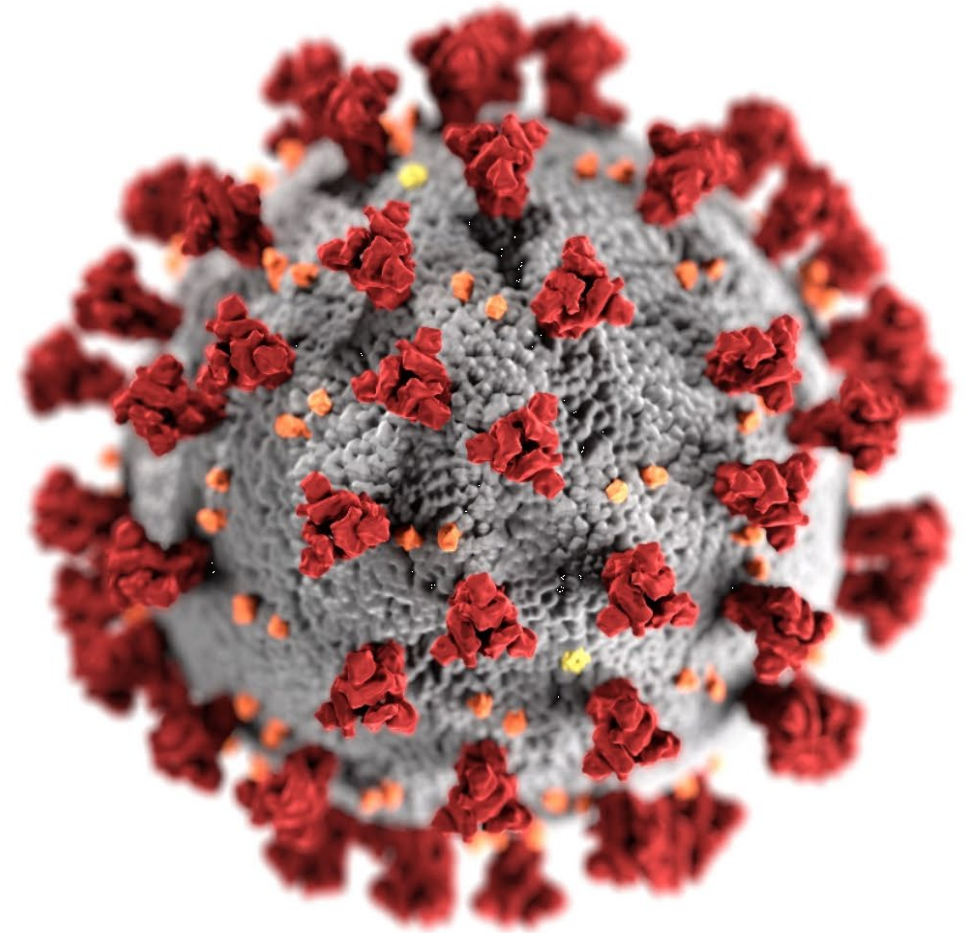
Updates

- Centers for Disease Control and Prevention
 - Updates to Homeless Guidance
- National Healthcare for the Homeless Council
 - Continuing Crisis Response Planning
- Dept of Housing and Urban Development
- Dept of Veterans Affairs

Q&A

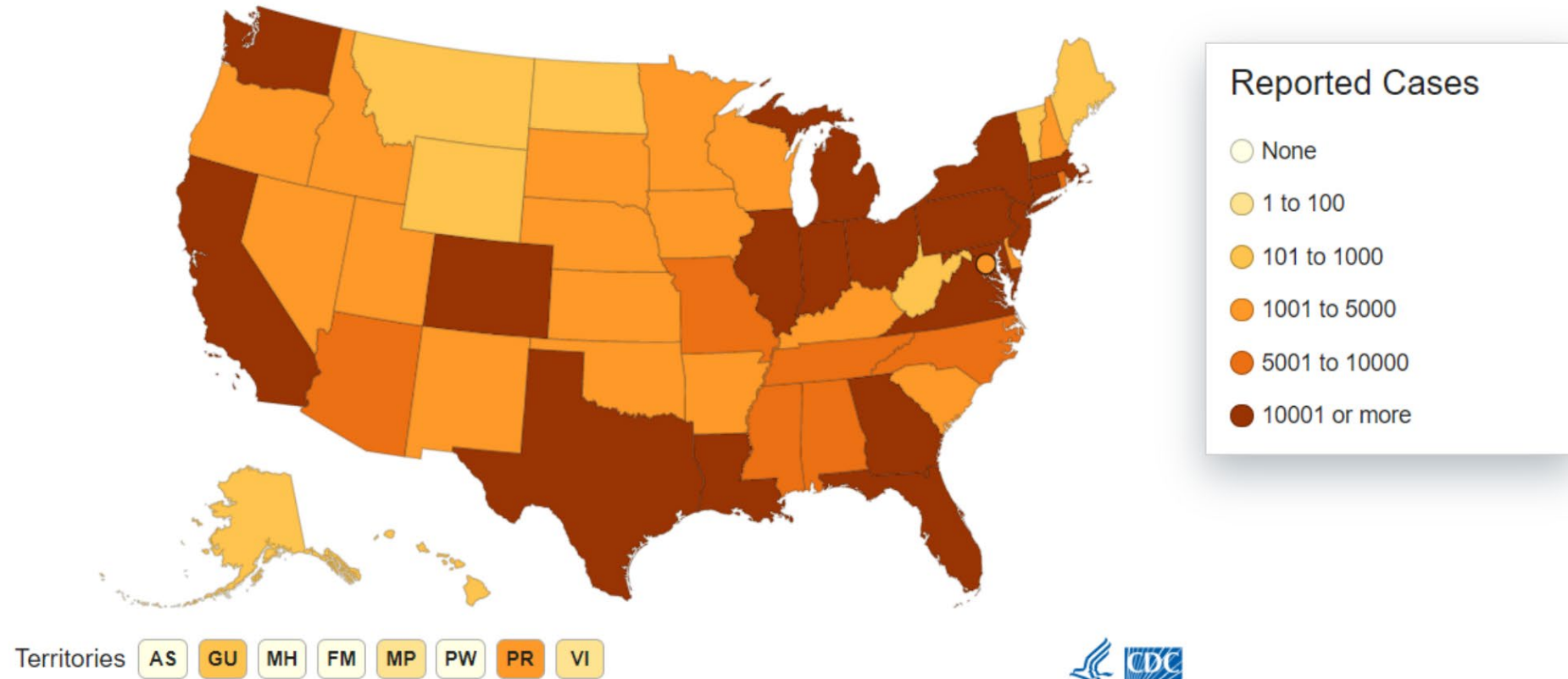
Emily Mosites, PhD MPH
COVID-19 Response
Centers for Disease Control and Prevention

COVID-19 and Homelessness



For more information: www.cdc.gov/COVID19

Over 820,000 cases reported in the United States



CDC guidance related to homelessness

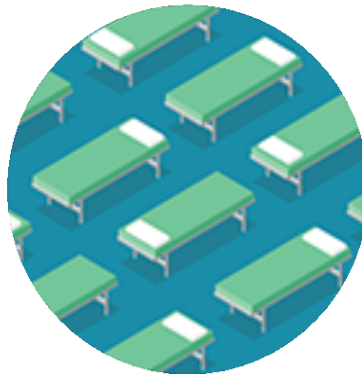
Under “Schools, workplaces, and community locations”

Shelters and other homeless service providers

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

Providers serving people experiencing unsheltered homelessness

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



Other CDC Materials on Homelessness

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

- FAQs
- Communications materials for people experiencing homelessness
- Symptom screening tool



CDC guidance related to homelessness

Under “Schools, workplaces, and community locations”

Homeless shelter interim guidance update

- Revisions to document organization for clarity
- Description of “whole community” approach and considerations for facility layout and processes
- Revisions with the understanding that many people might be asymptotically infected with COVID-19
- Clarification of cloth face covering use by clients and staff
- Clarification of personal protective equipment use by staff

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



Keep in mind that clients and staff might be infected without showing symptoms

Create a way to make physical distancing between clients and staff easier, such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.

All staff should wear a cloth face covering, consistent with guidance for general public.

All clients should wear a cloth face covering any time they are not in their room or on their bed/mat (in shared sleeping areas).



Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.



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

Regularly assess clients and staff for symptoms



Emergency signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Clients who have symptoms may or may not have COVID-19.

Make sure they have a place they can safely stay within the shelter or at an alternate site in coordination with local health authorities.

An on-site nurse or other clinical staff can help with clinical assessments.

Provide a cloth face covering to anyone who presents with symptoms.

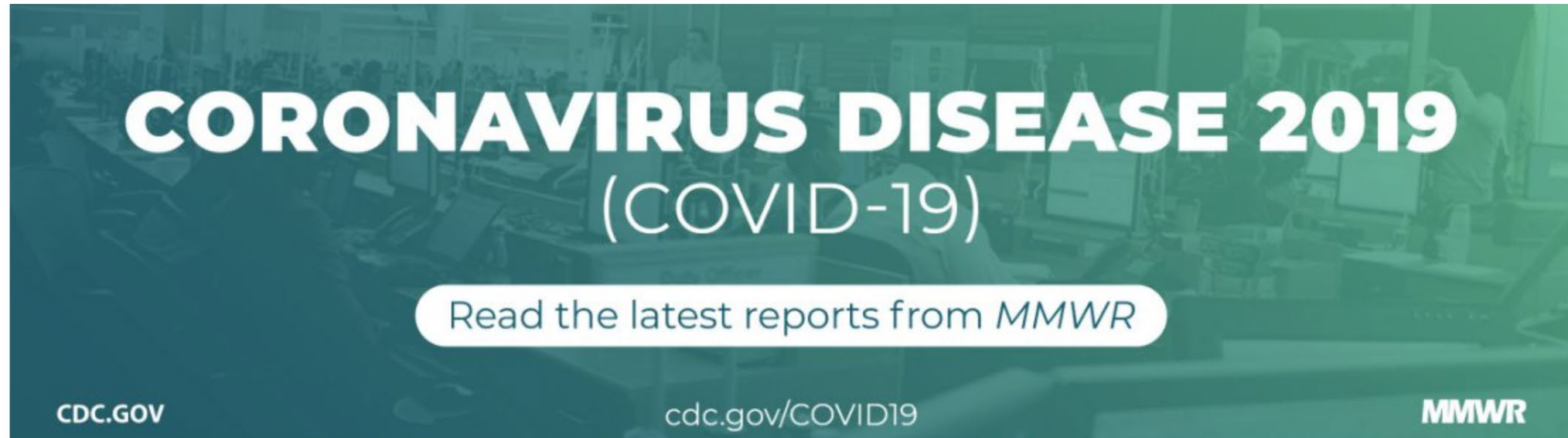
Facilitate access to non-urgent medical care as needed.

Use standard facility procedures to determine whether a client needs immediate medical attention.

Notify the designated medical facility and personnel to transfer clients that might have COVID-19.

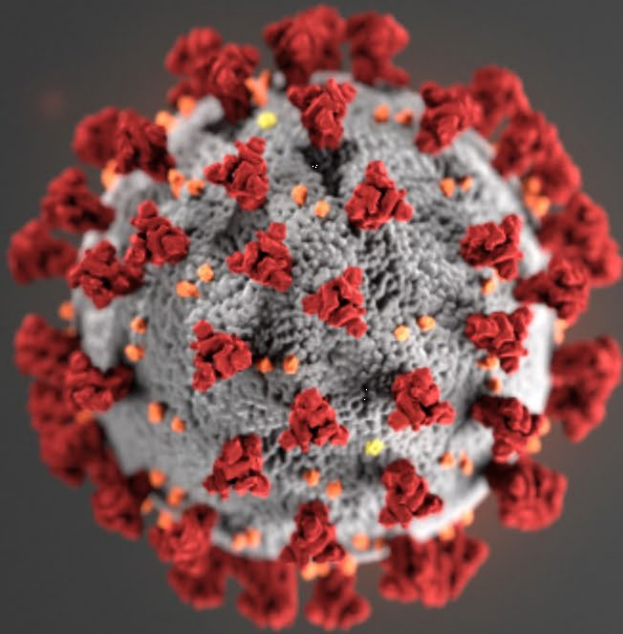


Morbidity Mortality Weekly Report



https://www.cdc.gov/mmwr/Novel_Coronavirus_Reports.html





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



COVID-19 AND THE HCH COMMUNITY: RESPONSES TO CDC GUIDANCE

Barbara DiPietro, Ph.D.
Senior Director of Policy
April 24, 2020

RESPONSE: COMMUNITY COALITION

- Bringing the right partners together to maximize expertise, legal authority, resources, and coordinated decision-making
- Ensuring access to shelter
- Identifying appropriate spaces, services, and staffing at all locations
- *Going further: Making the case for more testing & building long-term systems and solutions*

RESPONSE: COMMUNICATION

- Finding ways to talk with staff and clients
- Increasing cooperation, efficiency
- Increasing likelihood of effective implementation (e.g., decreasing confusion, escalation, etc.)
- *Going further: Including clients in decision-making, seeking feedback for program adjustments*

RESPONSE: STAFF CONSIDERATIONS

- Encouraging staff protections
- Expanding flexibility on screening
- *Going further: Prioritizing shelters for supplies/PPE*

RESPONSE:

FACILITY LAYOUT & PROCEDURES

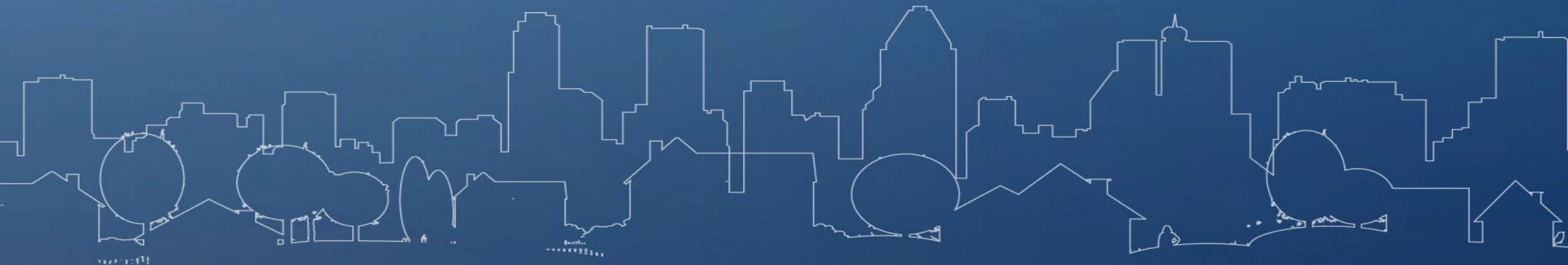
- Increasing flexibility on screening procedures based on individual provider needs
- Providing principles and guidelines to consider for making the facility safer
- Assessing for symptoms and connecting clients to care (mental health, substance use treatment, medical care)
- Linking to medical respite care for those leaving hospital stays
- *Going further: Building long-term systems and solutions*

NHCHC RESOURCES

- Further discussion about testing in homeless shelters:
 - Friday, May 1 @ 1:00-2:00 EST, [register here](#)
- Dedicated COVID-19 webpage:
 - www.nhchc.org/coronavirus
 - Issue briefs and analysis
 - HUD, CDC, & HRSA materials, local policies & guidance, consumer-specific materials, podcasts, etc.

Office of Special Needs Assistance Programs

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT



Crisis Response Planning: Emergency Shelters

- Continuing homeless shelter operation during COVID-19 is critical
- Recent understanding about the prevalence of asymptomatic COVID-19 and the limitations of testing indicate that "medical clearances" are not a reasonable pre-condition of program enrollment
- Homeless shelters should not exclude people who are having symptoms or test positive for COVID-19 without a plan for where they can safely relocate
- If there is a suspected or confirmed outbreak of COVID-19 at a shelter, contact the local health department immediately

Crisis Response Planning: Emergency Shelters

- The local or state health department should work with homeless shelters to identify the best way to protect clients and staff. These approaches include:
 - Relocating those who test positive to generally available isolation sites
 - Relocating those who have been exposed to generally available quarantine sites
 - Relocating those who are high risk for severe disease to Non-congregate shelter sites
- HMIS is a useful tool for determining where a person with confirmed COVID-19 has stayed in the past two weeks and to locate people who may have been exposed

CARES Act: Re-Housing Strategies

- To prevent the further spread of COVID-19 among people experiencing homelessness, start housing people in unsheltered locations and congregate shelters
- For communities that have non-congregate shelter, start housing people as they exit so they don't return to unsheltered or congregate settings
- Start planning prevention activities and focus on coordinating with the many other CARES Act resources
- Engage property owners and landlords

CARES Act: Re-Housing Strategies

- Focus resources on addressing inequities in COVID-19 response
- Make sure you have providers who are experts in underserved populations
- Track housing placement rates

Prioritize Your COVID-19 Response

- SNAPS understands your #1 priority right now is responding to COVID-19
- Don't stress about performance metrics, subrecipient monitoring, governance;
- HUD will take this extraordinary time into strong consideration for future monitoring, and the competition.
- CoCs are encouraged to be as flexible as possible when thinking through their local competition metrics.

Key Websites

HUD: <https://www.hudexchange.info/homelessness-assistance/diseases/infectious-disease-prevention-response/>

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

NHCHC: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

USICH: <https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/>

VA: <https://www.publichealth.va.gov/n-coronavirus/index.asp>

HRSA: <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

Contacts

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:
www.cdc.gov/COVID19; 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:
[HUD Exchange Ask-A-Question \(AAQ\) Portal](#)
- Department of Veterans Affairs High Consequence Infection (HCI)
Preparedness Program:
vhahcigeneral@va.gov

Q & A

