COMMUNITY PLANNING & DEVELOPMENT

Office Hours:
COVID-19 Planning and Response

April 9, 2021

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, along with 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 the phone, please call in using:

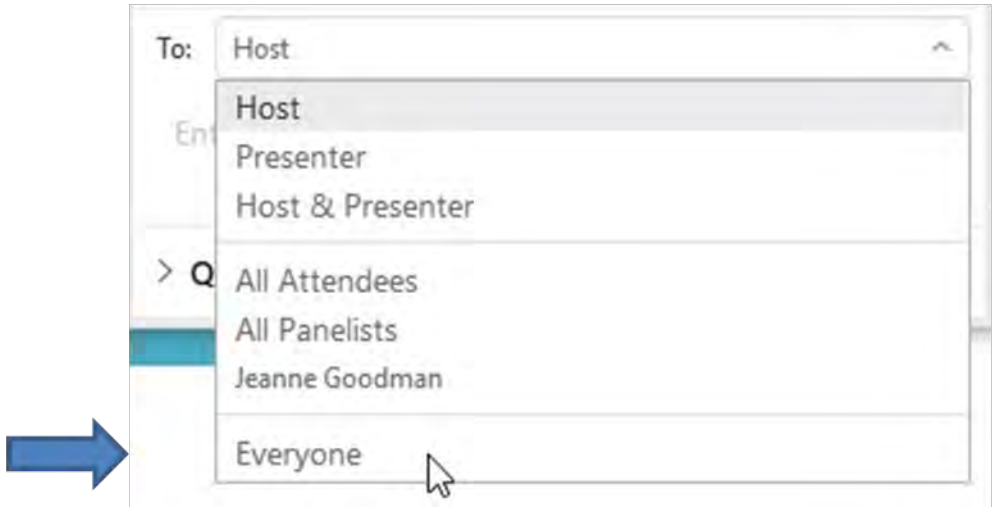
  +1-415-655-0002 Access code: 185 207 6880

  (If you need to call in toll-free, call 1-855-797-9485)

Chat Feature

Select the Chat icon to make a comment or ask a question.

Be certain the To field is set to **Everyone**



Speakers & Resource Advisors

Department of Housing and Urban Development

- Office of Special Needs Assistance Programs
  - Norm Suchar
  - Karen DeBlasio
  - Marlisa Grogan
  - Sharon Singer
  - Lisa Coffman
  - William Snow
  - Brett Esders
- Heidi Schilpp, HUD TA, The Cloudburst Group
- David Canavan, HUD TA, Canavan Associates

University of California San Francisco

- Elizabeth Imbert, MD MPH, Associate Professor, MD/Epi Lead, Shelter/Encampment Team, Outbreak Management Group, COVID-19 Command Center, San Francisco General Hospital

Speakers & Resource Advisors

National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy, National HCH Council

Centers for Disease Control and Prevention

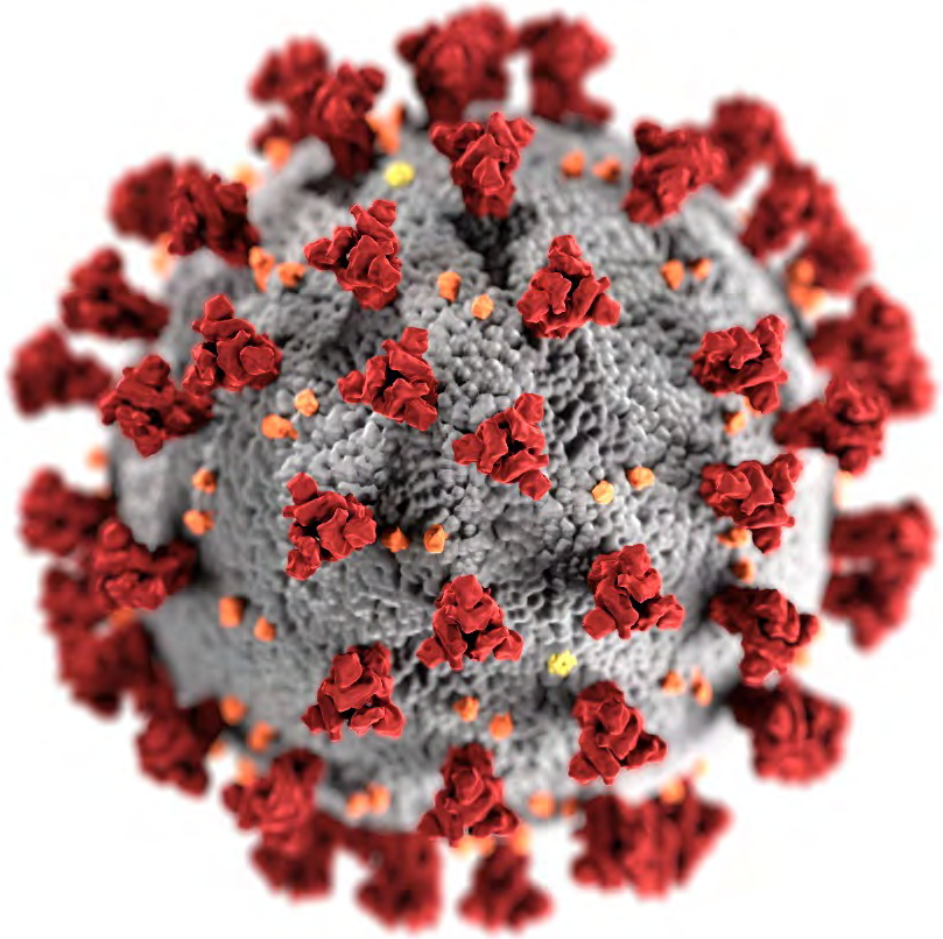
- Lindsey Barranco, PhD, Homelessness Unit, Disproportionately Affected Populations Team

Department of Veterans Affairs

- Dina Hooshyar, MD MPH, Director, National Center on Homelessness Among Veterans (The Center), VHA Homeless Program Office
- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Programs Office

COVID-19 and Homelessness

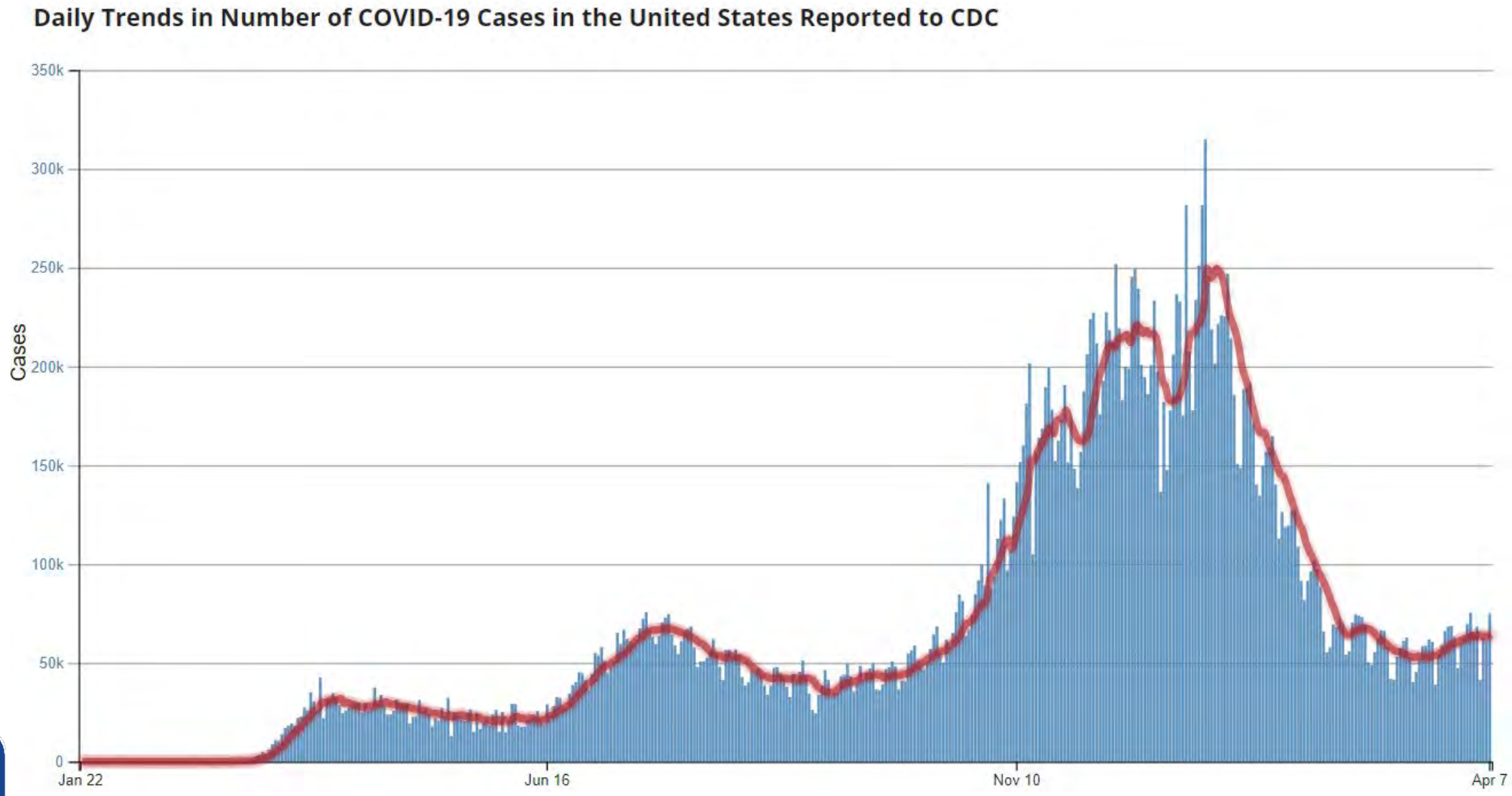
Updates



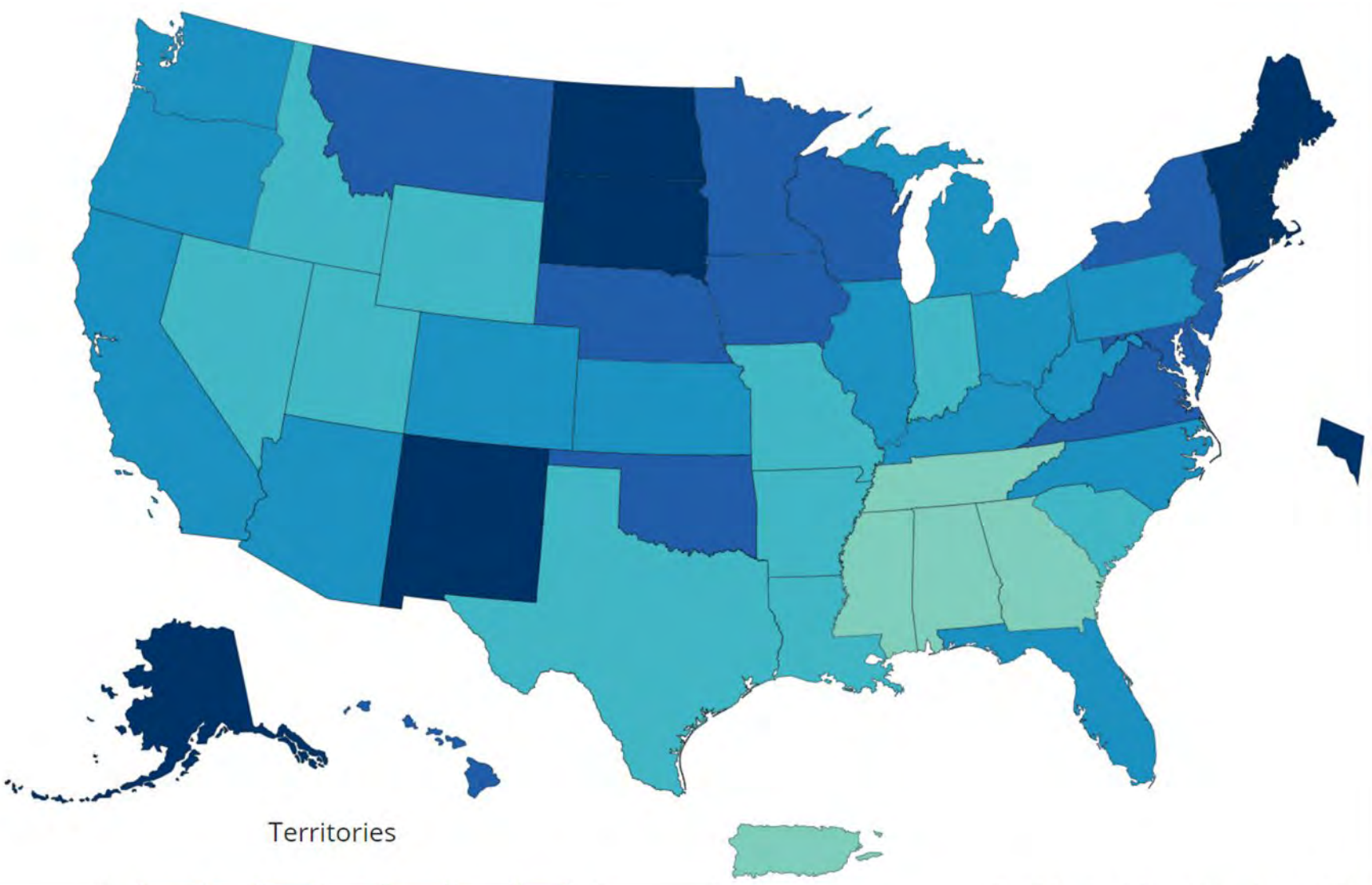
Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response

cdc.gov/coronavirus

National COVID-19 cases



33.7% of US population has received at least one dose of vaccine



CDC Resources

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

Homeless Populations

Resources to Support People Experiencing Homelessness

Updated Feb. 17, 2021 Languages Print

If you or someone you know is experiencing homelessness, take extra precautions against COVID-19.

Extra Precautions

COVID-19 Vaccines

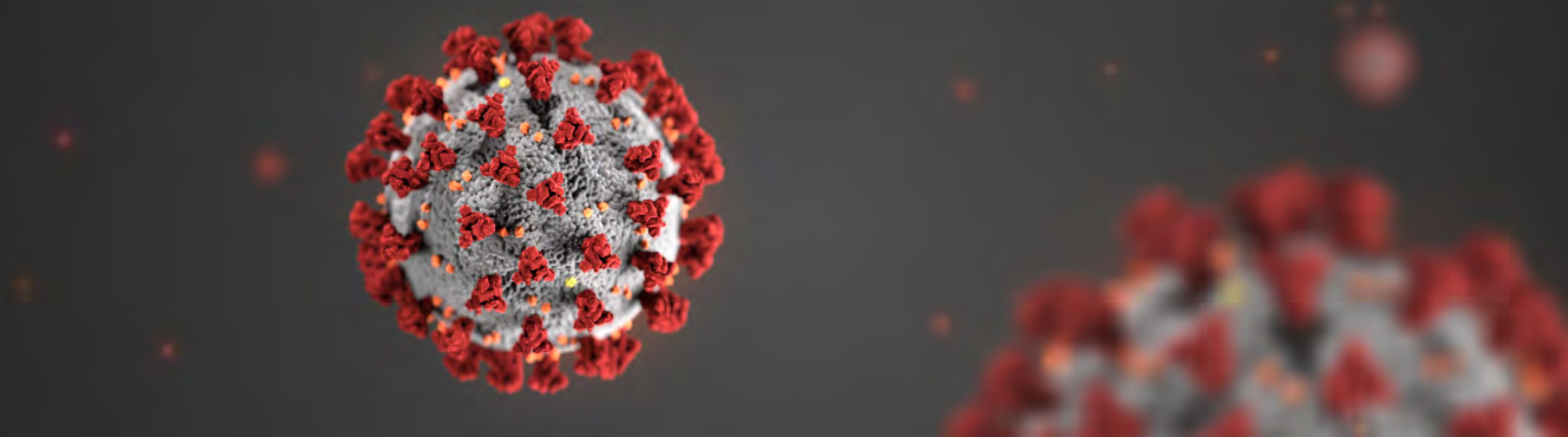
Vaccination for people experiencing homelessness is important. Find out how health departments can implement vaccination for people experiencing homelessness.

Guidance on COVID-19 Vaccination Implementation

FAQs

Review frequently asked questions on people experiencing homelessness and COVID-19.

FAQs on Homeless Populations



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.

Antigen Testing in Congregate Shelter Settings:

Program and Implementation Playbook

April 9, 2021

UCSF University of California San Francisco

UCSF Center for Vulnerable Populations
Zuckerberg San Francisco General Hospital

Benioff Homelessness and Housing Initiative

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

April 9, 2021

Meeting Agenda

Background
- Why this effort began
- The value of screening testing
- The playbook itself
- Key considerations for program standup

Staffing and Workflow
- Roles required and training needed
- Initial testing workflow
- Modified, slim-down workflow
- Establishing a Shelter Champion

Test Resulting and Action Process
- Using the BinaxNOW Assay
- Result Interpretation Process
- Result Action Process

Questions and Discussion

Background

People experiencing homelessness (PEH) are at risk for infection during community spread of COVID-19.

- High rates of chronic conditions and acute illness
- Stigma and discrimination
- Lack of prevention guidance and support
- Limited staff and institutional resources

In light of this increased vulnerability, comprehensive testing among PEH can support identification of infectious individuals and prevent further transmission within homeless populations, especially in high-risk congregate shelter settings, and throughout the broader community.

However, PEH and the staff who support them face substantial barriers to coordinated COVID-19 testing.

- Inconsistent test access
- Cost of testing
- **Lab capacity and turnaround times**

The Value of Screening Testing

Screening testing is the process of testing asymptomatic populations to effectively triage and isolate patients in real-time. This requires rapid test results.

Through frequent, rapid, ongoing testing, individuals can understand their infection status at the moment of the test, monitor their status frequently, and isolate accordingly in the case of a positive result given proper structural supports.

Screening Testing Benefits

Bringing testing *right* to where people are

Community Health Outreach Workers or other “trusted messengers”

Small Incentives (i.e.- $10 gift cards, clothing, food)

Community collaboration among shelters, public health departments and homeless health care providers

Reducing COVID-19 testing results turnaround time

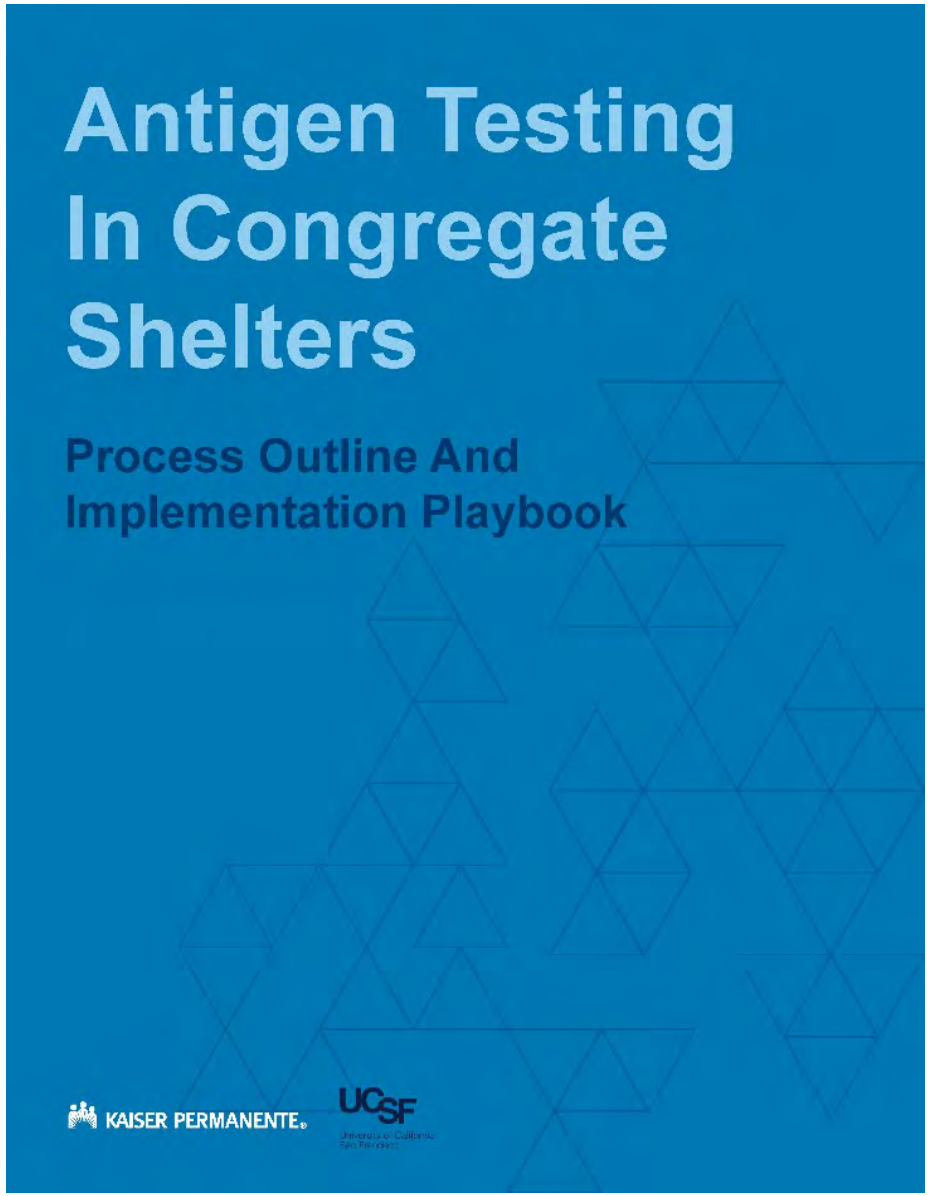
Playbook: Antigen Testing in Congregate Shelters

Despite the benefits of screening testing for PEH and existing program successes, there is a critical gap in the field: a lack of clear guidance in screening testing implementation.

Bridging the gap between concept and implementation will be critical for additional, coordinated efforts to build infrastructure across homeless systems of care for testing and vaccination.

Specifically, a Playbook on How to Integrate Antigen Testing into a Homeless Shelter can address key considerations:

- Barriers to frequent antigen testing including staff capacity, workflow efficiency, reporting requirements, and CLIA waivers
- How to use antigen testing for systematic screening testing
- The relationship between screening frequency, community prevalence, and test positivity rates
- Unique, PEH-specific circumstances for isolation and care management given the high prevalence of co-morbidities in PEH



Key Planning Considerations

- Coordination between supporting staff partner (LHJ or other provider), shelter staff, and supporting partners. Frequent meetings and careful planning.
- Isolation and quarantine spaces prior to program standup, accounting for transport from shelter, site capacity. Coordinated between shelter and LHJ.
- A CLIA waiver should be obtained and staff conducting testing should be properly trained to conduct the test. Coordinated by LHJ or State DPH.
- Ensure you have a supply of confirmatory PCR tests available in the case of a positive antigen test. These may be provided on-site or off-site by the LHJ.
- An information management system (registration, reporting interface, State DPH integration) should be in place.
- Test procurement will require assessing testing demand in your current setting (volume and frequency) and requesting a State rapid test allotment.

Staffing and Workflow

Staffing and Testing Workflow

+ 3 staff (non medical)
+ 5-6 mins / resident
+ Demographic collection
+ Symptom screening
+ Test card labeling

Shelter Champion

+ Handles program communication to residents
+ Develops messaging
+ Assists with staff workflow
+ Assists with isolation and quarantine logistics

+ 2 staff (BinaxNOW-trained, medically trained RNs or HCWs))
+ Sample collection
+ Time logging

+ 1 test processor, 1 test reader (BinaxNOW trained non-medical staff)
+ Reagent application
+ Result readout
+ Result system entry

+ 1 Staff (HIPPA trained)
+ Disclose negative results
+ Provide documentation and messaging

Floating Nurse

+ Conducts PUI screening in case of symptoms
+ Handles positive test disclosures
+ Case interview and contact tracing
+ Referral to isolation and quarantine
+ Immediate care needs

Social Distancing Waiting Area

Test

Person being Tested

Medical Staff

Non Medical Staff

Slimmed Down Testing Workflow

+ 1 staff (non medical)
+ Determines registration need
+ 5-6 mins / resident registration
+ Demographic collection
+ Symptom screening

Shelter Champion

+ Handles program communication to residents
+ Develops messaging
+ Assists with staff workflow
+ Assists with isolation and quarantine logistics

Sample Collection

+ 1-2 staff (BinaxNOW-trained HCW or RN)
+ Check-in (symptom screening if registered)
+ Test card labeling
+ Sample collection or instruction

Test Readout

+ 1 test processor and reader (non-medical staff)
+ Reagent application
+ Result readout
+ Result system entry

Social Distancing Waiting Area

Floating Nurse

+ Conducts PUI screening in case of symptoms
+ Handles positive and negative test disclosures
+ Case interview and contact tracing
+ Referral to isolation and quarantine
+ Immediate care needs

Test

Person being Tested

Medical Staff

Non Medical Staff

Establishing a Shelter Champion

One full-time shelter staff member should be identified as the Shelter Champion (this is not a full-time role, but rather additional duties in the workday in which a stipend was provided). This individual should:

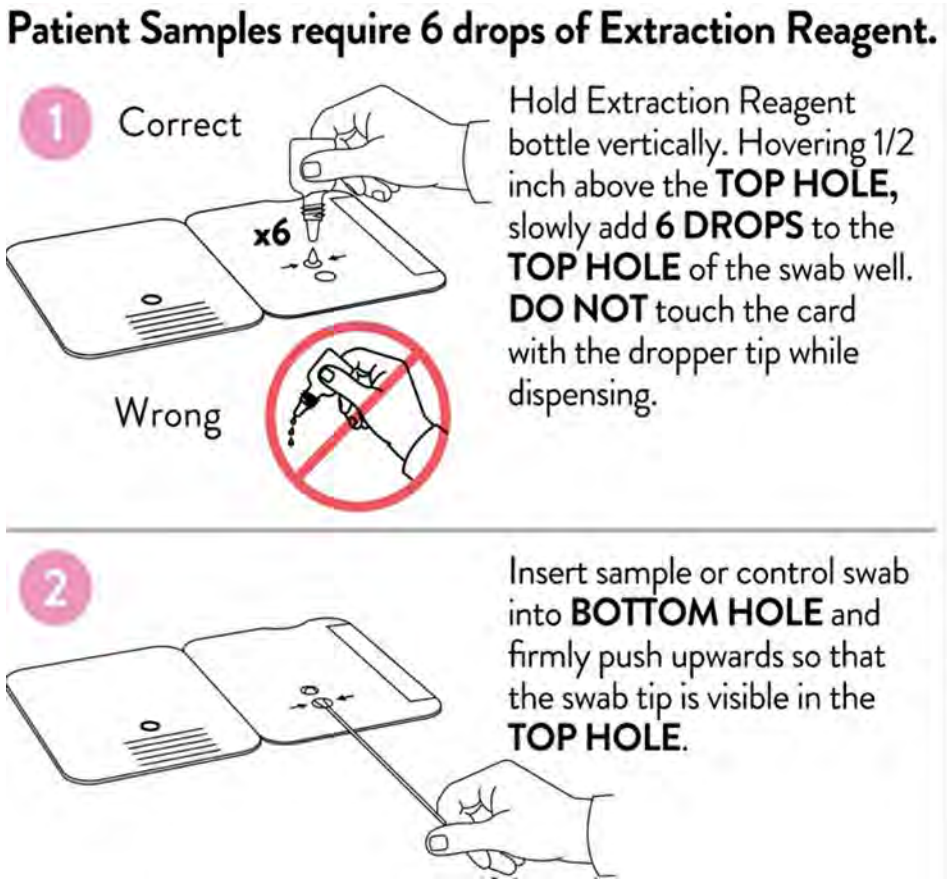
+ Have familiarity with the residents, staff, workflows, and general shelter operations
+ Serve as the primary staff member for interfacing with the local and county health department.
+ An additional stipend for this individual may be considered.

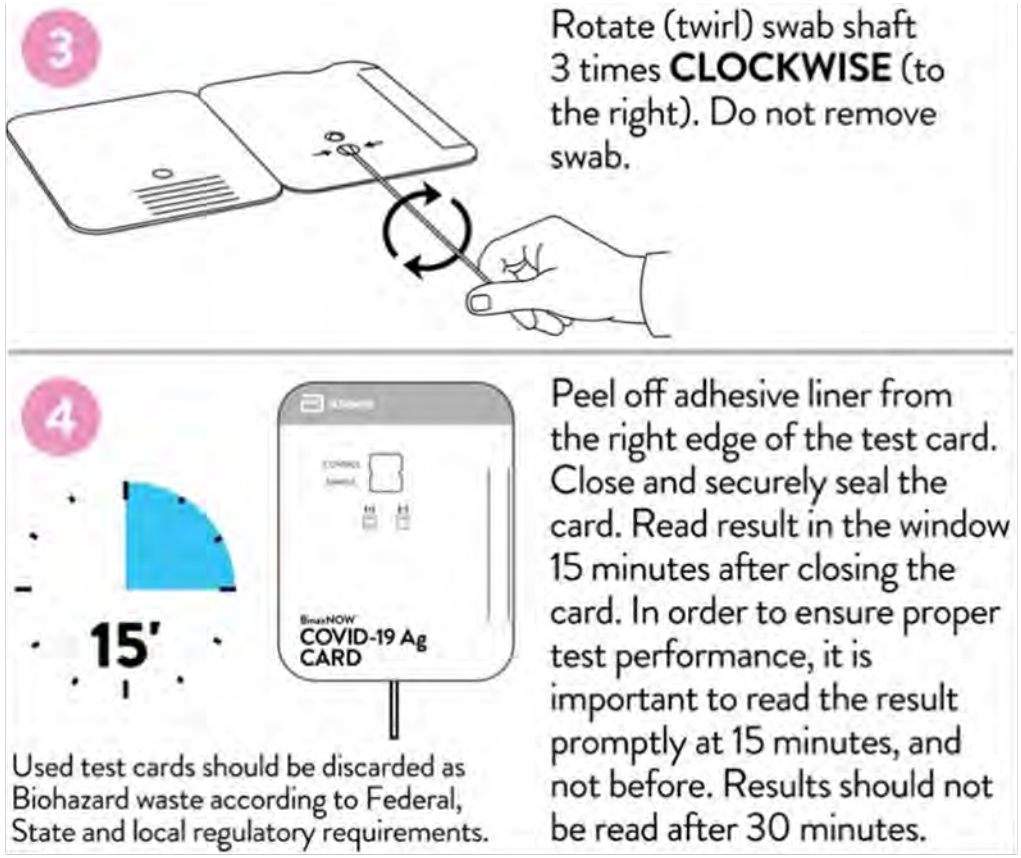
Shelter Champion Roles and Duties

+ Initial greeter and point of contact with the residents and staff as they arrive for testing and / or registration. Should be able to communicate the purpose of testing and each step of the process clearly.
+ Assist with developing messaging and communicating purpose / schedule.
+ Assist in supporting the overall program and workflow of testing operations.
+ Sort out and provide guidance on the logistics of quarantine and isolation in the case of a positive test result.

Test Resulting and Action Process

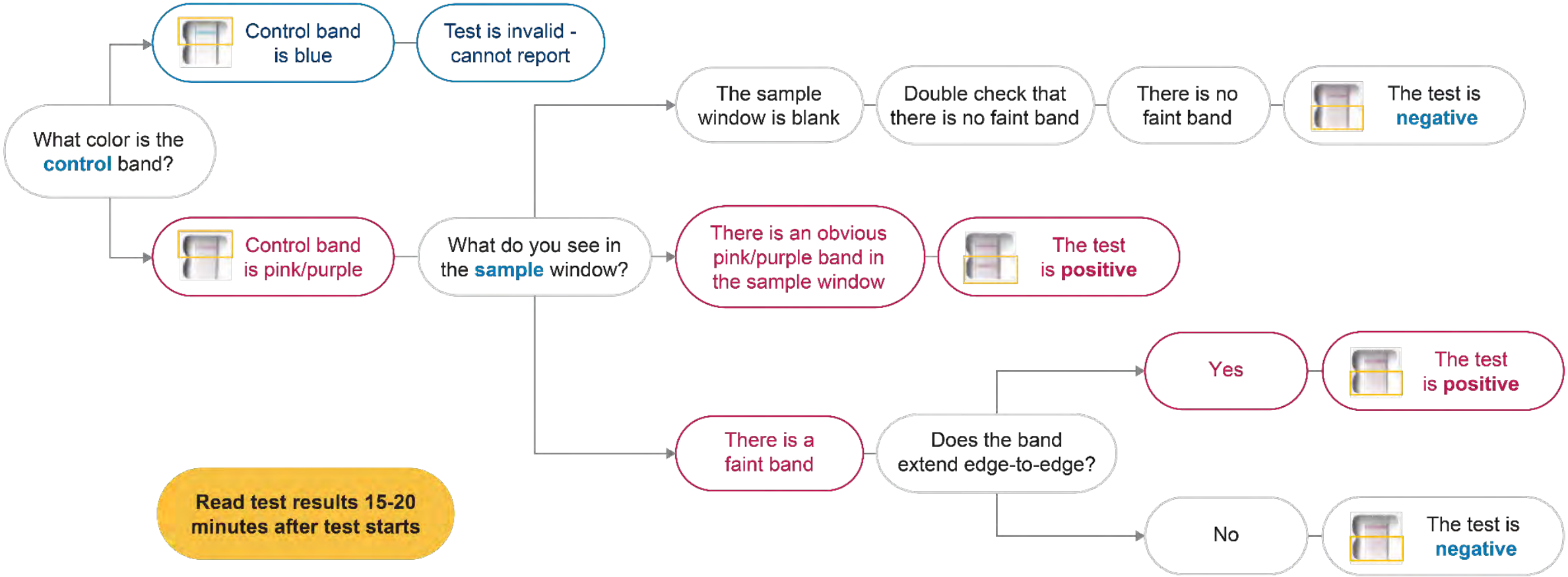
Test Readout with the BinaxNOW Assay





Excerpt of the BinaxNOW test procedure from the [FDA EUA Instructions for Use]

Result Interpretation Process



Example decision tree created by Unidos en Salud/United in Health and UCSF for test reader training.

Overall Result Action Process

Reported Symptoms	*Nurse Determination	Antigen Test Result	Confirmatory Action	I and Q Actions
Asymptomatic	N / A	Negative	None	None
Asymptomatic	N / A	Positive	Presumed Positive, Potential Confirmatory PCR depending on prevalence**	Initiate I and Q protocol – adjust depending on DPH guidance and confirmatory results
Symptomatic	PUI	Negative	Confirmatory PCR	Move to I and Q space pending confirmatory results
Symptomatic	Non-PUI	Negative	None	None
Symptomatic	PUI	Positive	Presumed Positive	Initiate I and Q protocol

On-Site Contact Tracing and Case Investigation

+ In the case of positive test results, on-site case investigation and contact tracing will likely be conducted by the on-site nurse. This process will be conducted in accordance with state and county health department protocols.

+ Outbreak prevention and response teams can be repurposed to conduct screening testing at shelter sites. Rapid testing forgoes many of the resource-intensive contact tracing processes.

+ With the capability of a single registered nurse on site for PUI determination, confirmatory testing determinations, positive confirmations, and potential exposure investigations; the need for additional contract tracing efforts may significantly decrease.

Floating Nurse

+ Conducts PUI screening in case of symptoms
+ Handles positive test disclosures
+ On-site contact tracing
+ Immediate care needs

Positive Result Action Process

For the individual:

+ The float RN onsite will immediately contact individuals with positive tests. If someone presents to the results table and they are positive, the staff should immediately contact the nurse.
+ In the case of a positive result, a designated individual (likely the Shelter Champion) is responsible for facilitating the hand-off between the nurse and off-site quarantine and isolation resources.
+ Confirmatory testing processes as needed (either provided by site or through LHJ services)

For the shelter:

+ All shelter residents and staff should be alerted that there was a positive case was found on-site that day. Doing so can increase testing uptake and improve the safety of the site.
+ Context-specific action options:
  - Reconfigure the shelter space so that positive residents are kept in a space isolated from the remainder of residents.
  - Require repeat, frequent testing for all residents and staff who were not confirmed positive on the day in which the case(s) was / were found.
  - Temporarily suspend new intakes until safe re-entry is validated.

Want more information?

Access the Playbook:

https://nhchc.org/antigen-testing-playbook/

Contact:

Tiffany.X.Hoang@kp.org

Office hour dates and times:

+ 5/5/21
  - 10-11 AM PT
  - 1-2 PM PT
+ 5/12/21
  - 10-11 AM PT
  - 1-2 PM PT

Meeting links TBD. We will follow up with more information on how to join.

UCSF University of California San Francisco | UCSF Center for Vulnerable Populations Zuckerberg San Francisco General Hospital | Benioff Homelessness and Housing Initiative

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Questions and Discussion

UCSF
University of California
San Francisco
UCSF Center for Vulnerable Populations
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NATIONAL
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for the
HOMELESS
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TA RESOURCE SPOTLIGHT

- IDIS Check-In

IDIS – Reminders

- Online grants management system for CDBG, ESG, HOME, HOPWA, and HTF
- Each HUD program has its own setup and reporting requirements
- HUD uses IDIS to monitor program performance
- IDIS does not contain Sage or HMIS reporting
- **Log in often!** Users who do not log in will be deactivated from the system after 90 days.

IDIS – Activity Setup Reminders

- IDIS set up limitations: **ONE** activity per component for 2020
- IDIS Activity Categories: Administration, Data Collection (HMIS), Homeless Prevention, Rapid Re-Housing, Shelter, and Street Outreach
- Document prevent, prepare for, and respond to coronavirus in activity description
- This one activity could be funded with **BOTH** the FY2020 Annual ESG grant + ESG-CV Grant

IDIS – Activity Funding Reminders

- Confirm the correct grant is selected when funding activities
- TIP: Any source type with a “W” = ESG CARES GRANT

Activity Funding

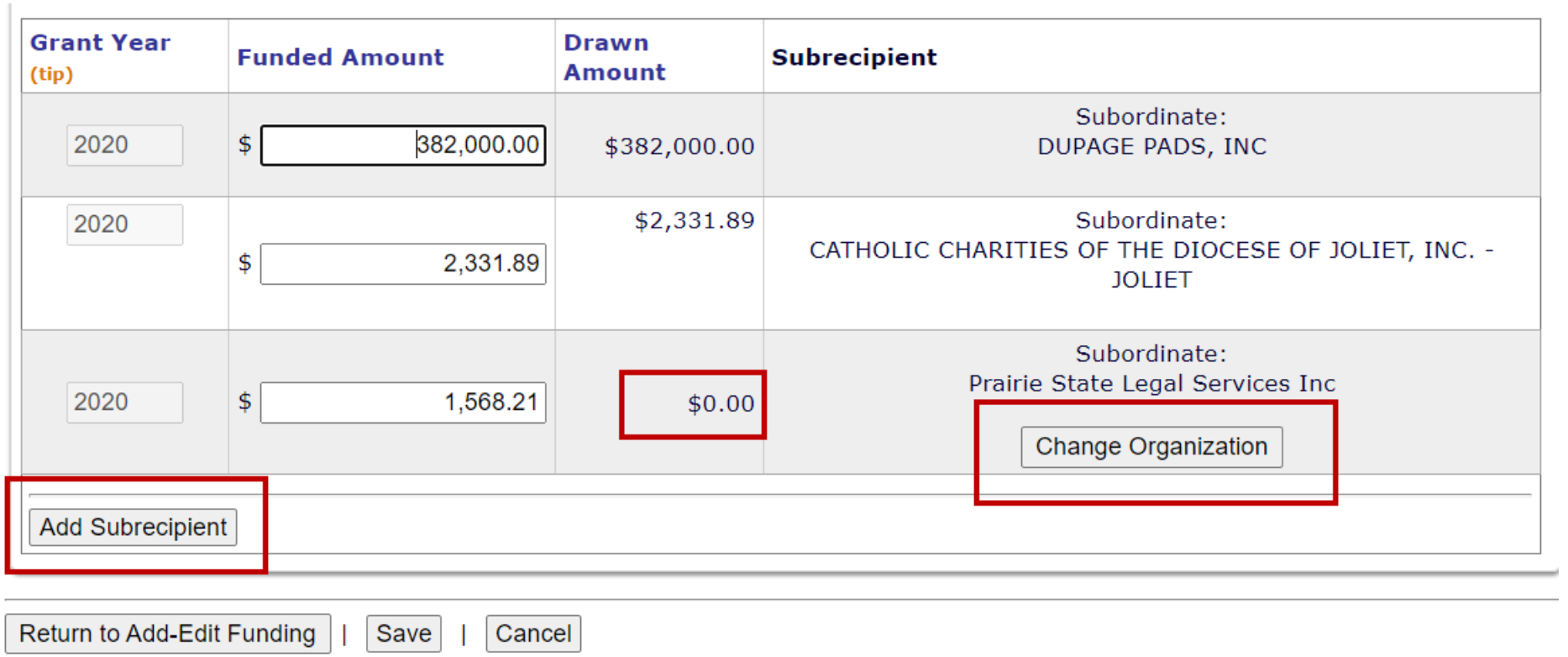
Edit Activity Funding

Available Funds

Recipient Name	Program	Fund Type	Source Name	Source Type	Available for Funding	Funded Amount	Drawn Amount	Action
[redacted]	HESG 2020	EN	HUD	UW	$3,026,097.10	$385,900.10	$384,331.89	Add-Edit | View
[redacted]	HESG 2020	EN	HUD	UC	$17,500.00	$86,250.00	$14,467.53	Add-Edit | View

IDIS – Activity Funding Reminders

- Identify subrecipient funding on the activity funding screen
- Default option will be the ESG Recipient's Name



Grant Year (tip)	Funded Amount	Drawn Amount	Subrecipient
2020	$ 382,000.00	$382,000.00	Subordinate: DUPAGE PADS, INC
2020	$ 2,331.89	$2,331.89	Subordinate: CATHOLIC CHARITIES OF THE DIOCESE OF JOLIET, INC. - JOLIET
2020	$ 1,568.21	$0.00	Subordinate: Prairie State Legal Services Inc Change Organization

Add Subrecipient

Return to Add-Edit Funding | Save | Cancel

IDIS – Voucher Creation Reminders

- Vouchers are created by each grant, by each activity, by each subrecipient

Drawdown

Create Voucher - Page 2 of 4 (Drawdown Amounts)

Available Drawdown Amounts for This Activity

Recipient Name	Program	Grant Year	Fund Type	Source Name	Source Type	Prior Program Year	Funded Amount	Available to Draw	Drawdown Amount
[redacted]	HESG	2020	EN	HUD	UW	N/A	$385,900.10	$1,568.21	$ 0
→ Subrecipient: DUPAGE PADS, INC, IL							$382,000.00	$0.00	$
→ Subrecipient: CATHOLIC CHARITIES OF THE DIOCESE OF JOLIET, INC. - JOLIET, IL							$2,331.89	$0.00	$
→ Subrecipient: Prairie State Legal Services Inc, IL							$1,568.21	$1,568.21	$
[redacted]	HESG	2020	EN	HUD	UC	N/A	$86,250.00	$71,782.47	$ 0
→ Subrecipient: Catholic Charities Joliet (Hope House) 3907, IL							$40,000.00	$29,955.29	$
→ Subrecipient: Prairie State Legal Services Inc, IL							$26,250.00	$26,250.00	$
→ Subrecipient: DuPage PADS, IL							$20,000.00	$15,577.18	$

Confirm Voucher | Previous Activity | Next Activity

IDIS – Voucher Reminders

- Coordinate with your organization's fiscal staff (if applicable)
  - Many communities are waiting to reimburse from IDIS
  - Reimburse subrecipients within 30 days
  - Draw from IDIS at least quarterly
- Vouchers **CANNOT** be revised between one grant and another
  - Vouchers can be revised between the same grant from one activity to another and/or from one subrecipient to another.
  - Admin vouchers can only be revised within the Admin Activity.

IDIS – Resources

- HUD Exchange Ask A Question
  - https://www.hudexchange.info/get-assistance/my-question/
- ESG IDIS Resources
  - https://www.hudexchange.info/programs/idis/guides/esg/#resources
- IDIS Set-Up and Draw Instructions for ESG CARES Act Grants Webinar
  - https://www.hudexchange.info/trainings/courses/idis-setup-and-draws-for-esg-cv-webinar/

ESG-CV Grants Status Report

Updated April 5, 2021

Percentage of total funds drawn: 5.5%
38 recipients are over 20% drawn

82 recipients are 100% Committed/funded in IDIS!
Please start drawing funds NOW!

20% of your grant allocation must be expended by September 30, 2021

ESG-CV Grants Status Report

As of April 5, 2021, of 362 Grantees:

ESG-CV1

- 98.34% of Grant Agreements executed
- Only 6 to go!
- 9 allocations remaining to load into IDIS

ESG-CV2

- 84.25% of Grant Agreements executed
- 57 to go…
- 84 allocations remaining to load into IDIS

Almost there!

New Resources Posted

COMING SOON!

Visit hudexchange.info

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

Federal Partner 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

Q & A