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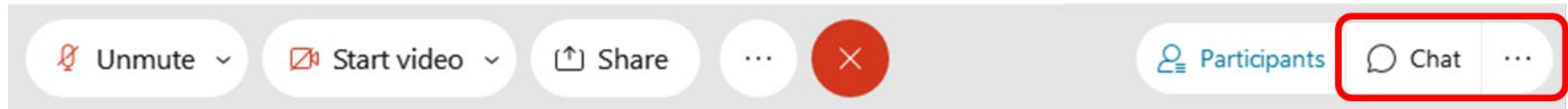
https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours

- To join the webinar via the phone, please call in using:
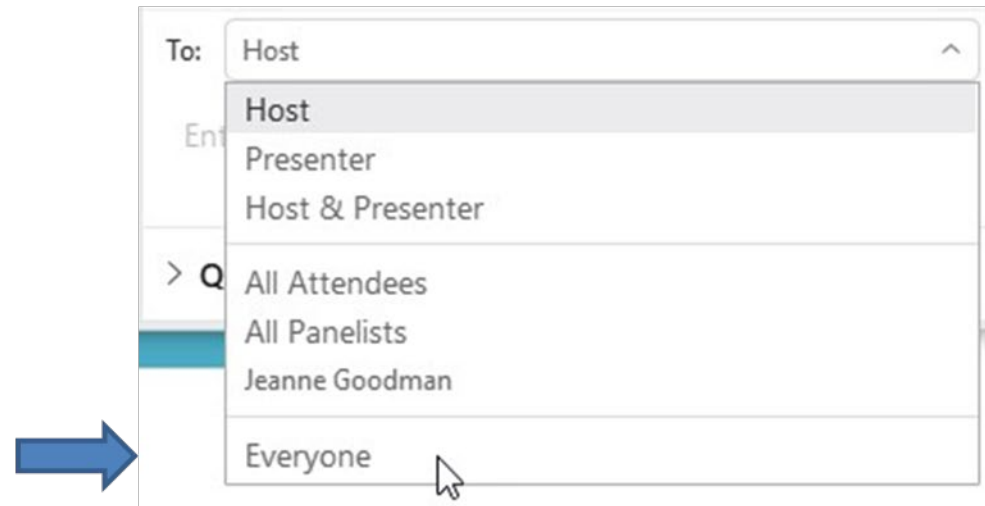
    +1-415-655-0002        Access code: 610 976 677

    (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
  - Brett Esders
  - Ebony Rankin
  - William Snow

- Ryan Burger, HUD TA, ICF International
- Mary Schwartz, HUD TA, Abt Associates
- Alissa Parrish, HUD TA, ICF International
- Brian Roccapriore, HUD TA, Cloudburst Consulting Group
- Michele Williams, HUD TA, Michele S. Williams
- David Canavan, HUD TA, Canavan Associates

# Speakers & Resource Advisors

## Minnesota Department of Health

- Blair Harrison, MPH, Senior Advisor on Health, Homelessness, and Housing

## Centers for Disease Control and Prevention

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

## National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy

## 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 Program Office
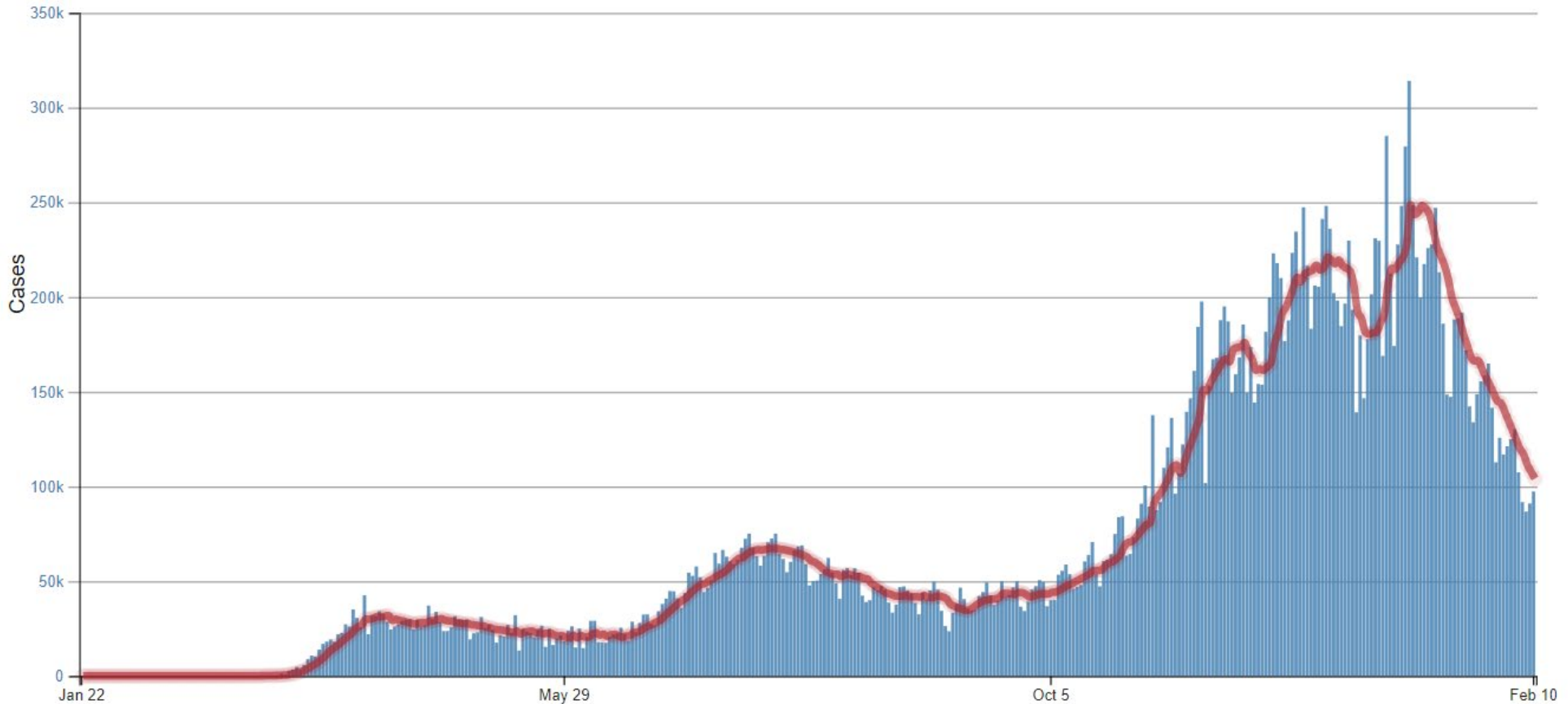
# COVID-19 and Homelessness

Updates

Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response
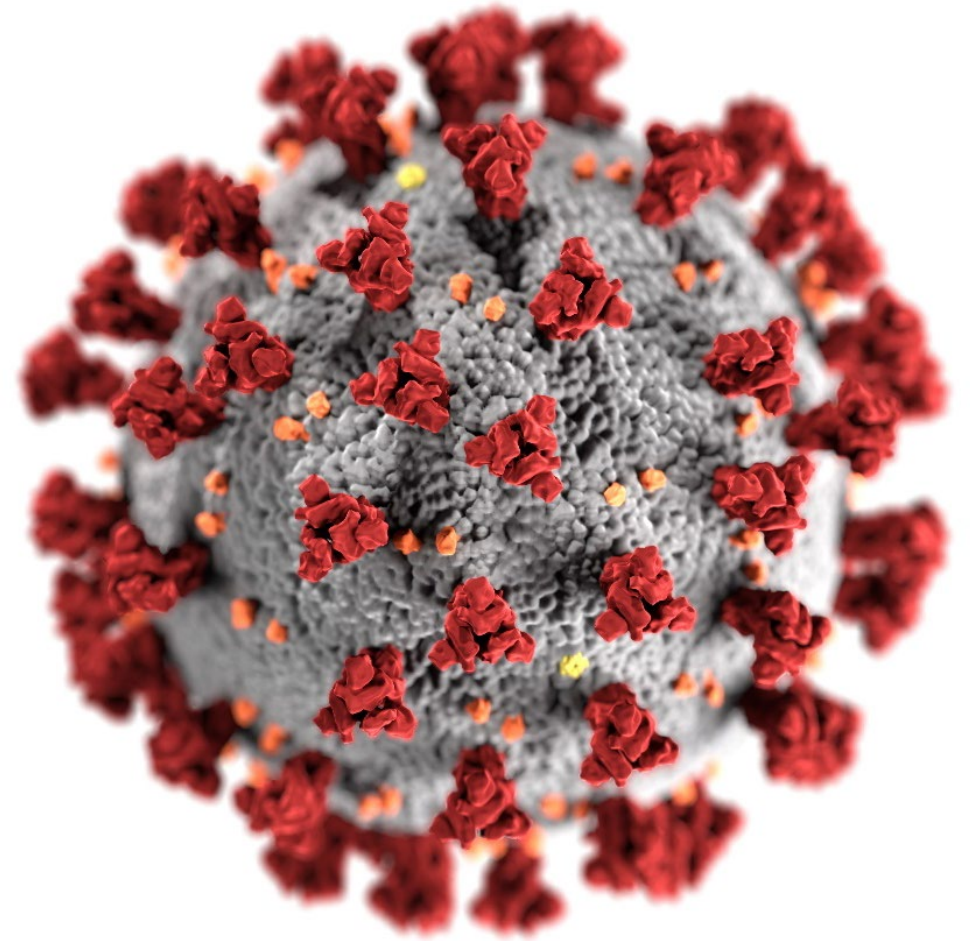
**cdc.gov/coronavirus**

# Under 100,000 cases per day in the past 5 days in the United States



Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC

# Almost 35 million people have received at least one dose of vaccine

Total Doses Administered Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000
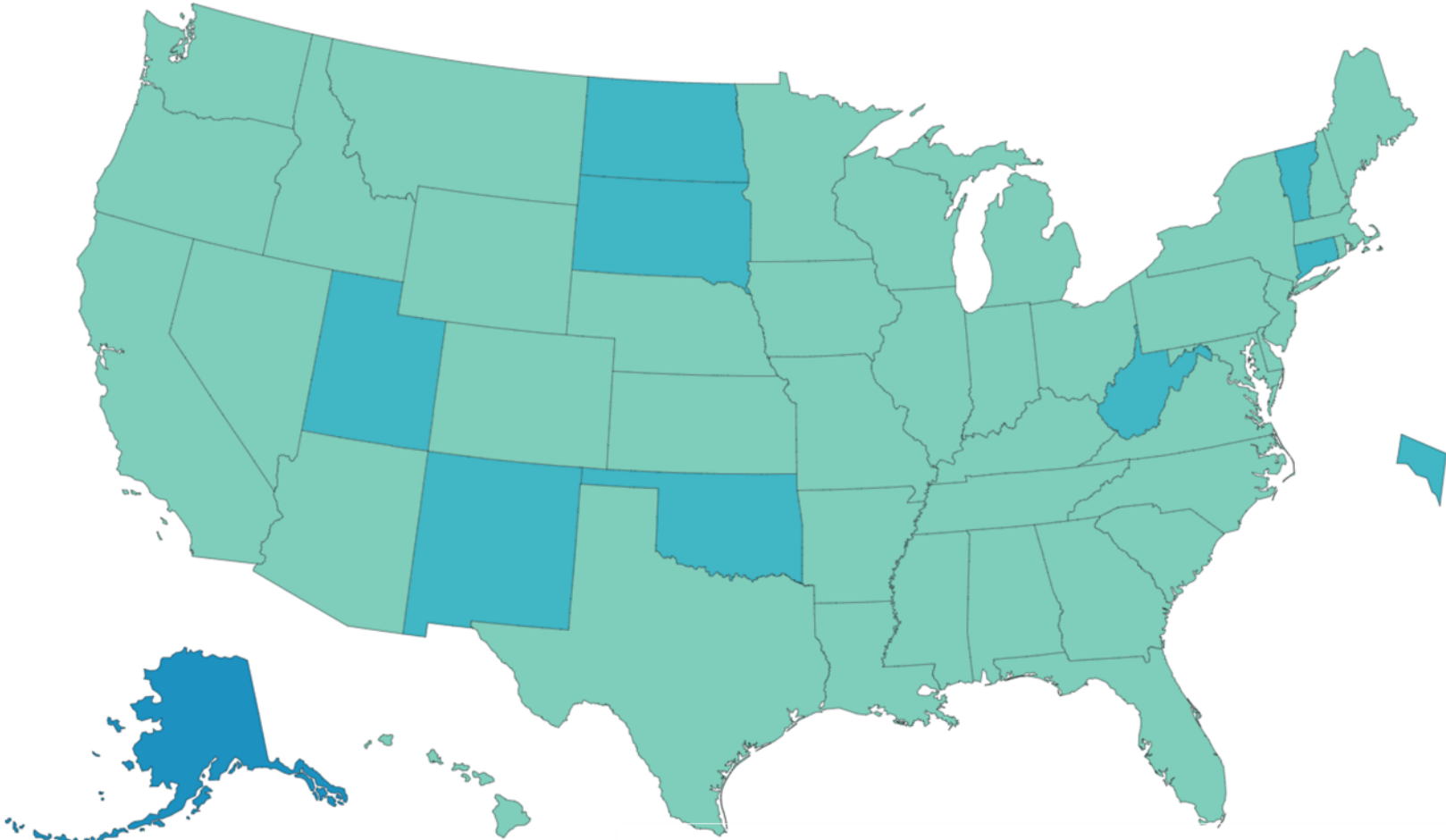


Total Doses Administered per 100,000

◯ No Data  ◯ 0  ◯ 1 - 15,000  ◯ 15,001 - 20,000  ◯ 20,001 – 25,000  ◯ 25,001 – 35,000  ● 35,001+

https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm

# CDC Vaccine Resources

Vaccination for people experiencing homelessness guidance:

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

Overall COVID-19 Vaccine Information:

https://www.cdc.gov/vaccines/covid-19/index.html

COVID-19 Vaccine Frequently Asked Questions related to homelessness:

https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccine-faqs.html
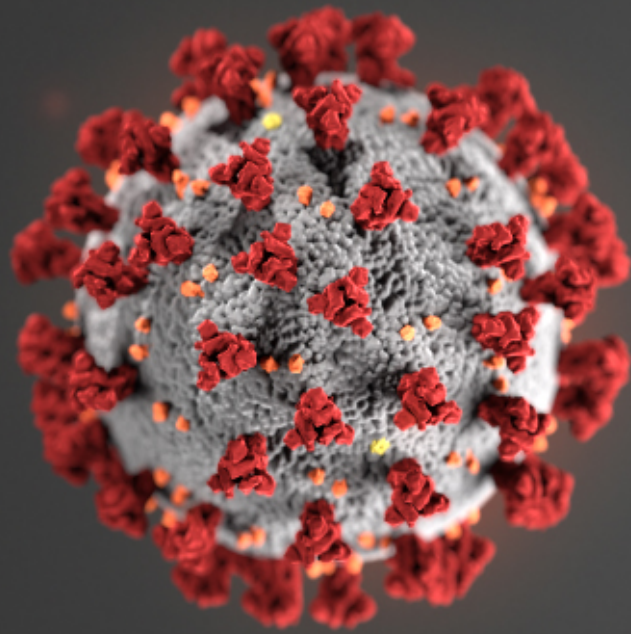
For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY:  1-888-232-6348    www.cdc.gov

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.

# HUD TA RESOURCE SPOTLIGHT

HMIS Lead Series

- HMIS Lead Improvement Evaluation Matrix
- HMIS Software Vendor Monitoring Tool
- HMIS Tools for Contract Management
- HMIS Data Quality Management Program

# About the HMIS Lead Series

- To support CoCs and their designated HMIS Lead Agencies increase capacity to collect and analyze high quality HMIS data, HUD published new tools and products under the HMIS Lead Series.
- Products are meant to fill gaps in knowledge and capacity that may exist locally
- Can be quickly and easily incorporated into local data leadership structures and processes
- Positions CoC data leadership to attain high-quality data and ensure accountability across HMIS stakeholders

# HMIS Lead Improvement Evaluation Matrix

- Provides evaluation framework on HMIS Lead agencies across nine domains
- Establishes cooperative monitoring processes between CoC and HMIS data leadership
- Provides specific guidance on how to monitor for compliance and performance AND strategies for improvement

**Act:** How do we improve the performance of our HMIS based on our monitoring process?

**Plan:** What changes are needed and who is responsible?

**Study:** What do the results of our HMIS Lead monitoring process tell us?

**Do:** What is being done differently since our last monitoring process?
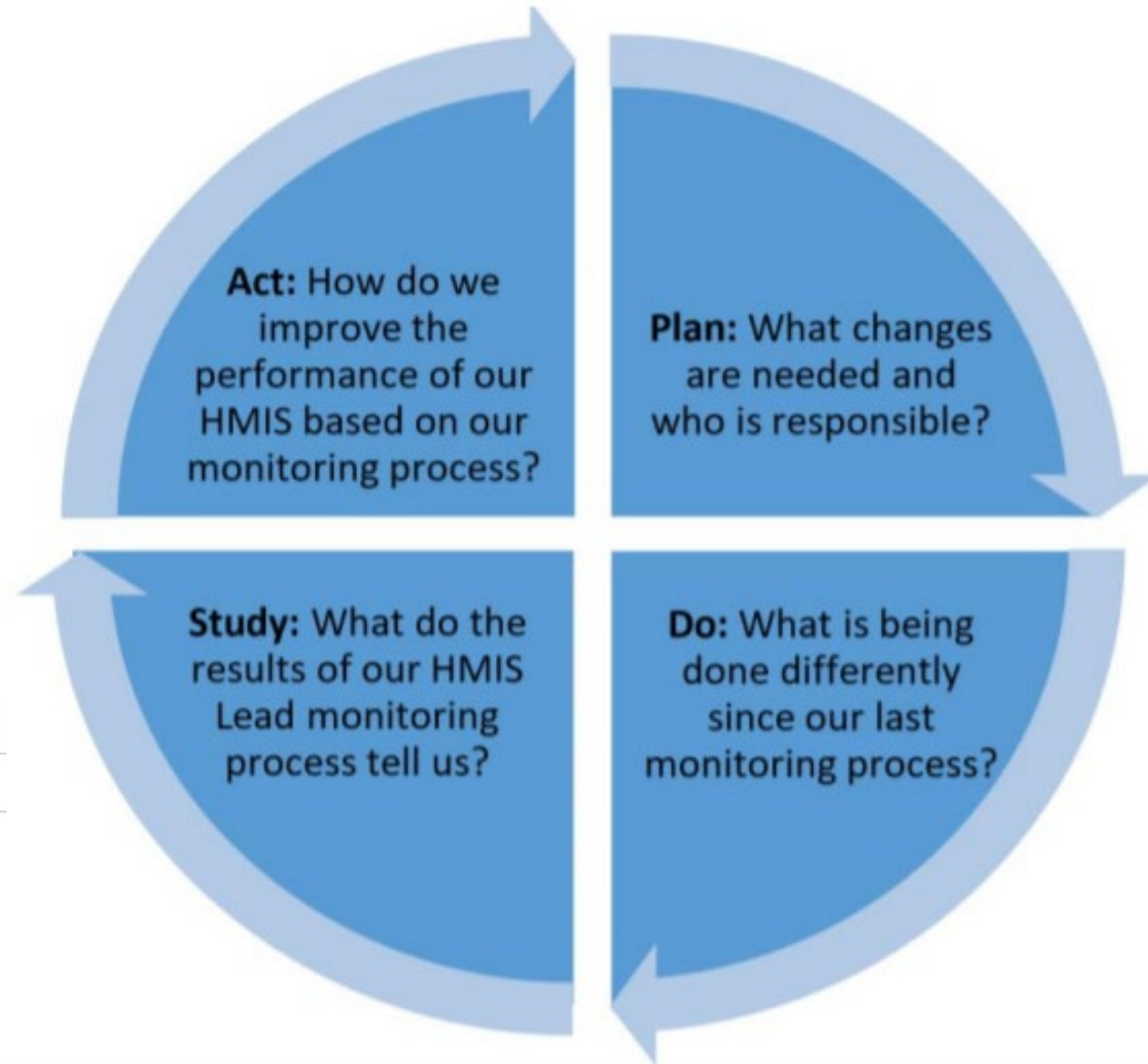
# HMIS Software Vendor Monitoring Tool

- Intended to empower CoC and HMIS data leadership to effectively and proactively monitor their HMIS software vendor
- Provides a sample monitoring guide
- Outlines suggested monitoring activities and methods
- Monitoring findings allow CoCs to:
  - 1) improve agreements and contracts,
  - 2) negotiate contract amendments regarding functionality or pricing, and
  - 3) improve cooperation and coordination with HMIS software vendor through clearly defined expectations

# Tools for Contract Management

- Contracting Life Cycle
- Strategies for running a successful procurement
- Practical applications for turning the RFP into the SOW
- Emphasis on contract monitoring protocols and expectations
- Tools/templates for all steps
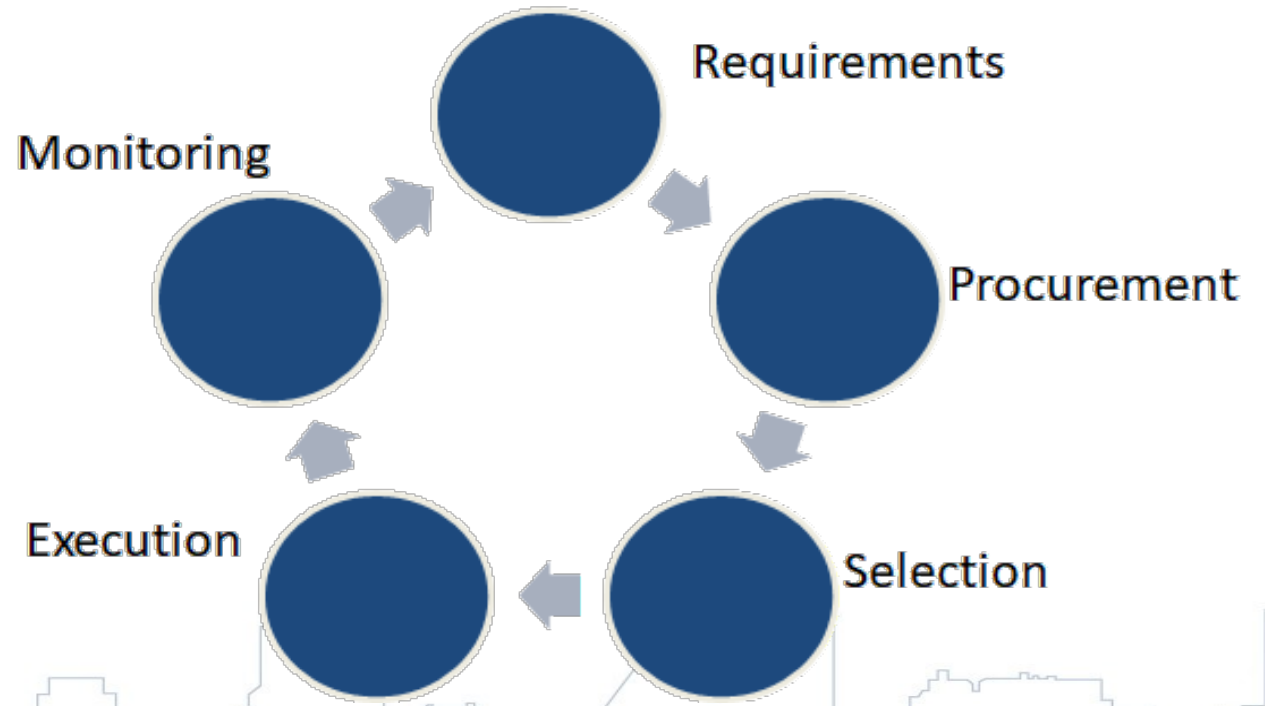
# HMIS Data Quality Management Program

- DQMP is a comprehensive program, not just "the plan"

- Appendices have made appearances (NHSDC, CoPs, ITAWs, etc.)

- Data quality still important and can really help inform pandemic response

- Other resources coming!

Data Quality Plan

Enforceable Agreements

Monitoring & Reporting

Encouragements & Enforcements

# Health Inequity Statement

The Minnesota Department of Health acknowledges that structural inequities result in poor health outcomes across generations. These social, political, and environmental inequities have been exacerbated by the SARS-CoV-2 pandemic.

To ensure equitable vaccine access, we commit to continuing to name systemic racism in health care, the ways in which individuals and families experiencing homelessness have been made to be vulnerable to COVID by the systems we work in every day, and the valid distrust in public health by many who live and work in homeless service settings and encampments.

# COVID-19 Homeless Settings Data

WEEKLY COVID+ CASES FOR PEOPLE EXPERINCING HOMELESSNESS AND SHELTER STAFF

SHELTERED | UNSHELTERED | STAFF | CUMULATIVE CASES ALL
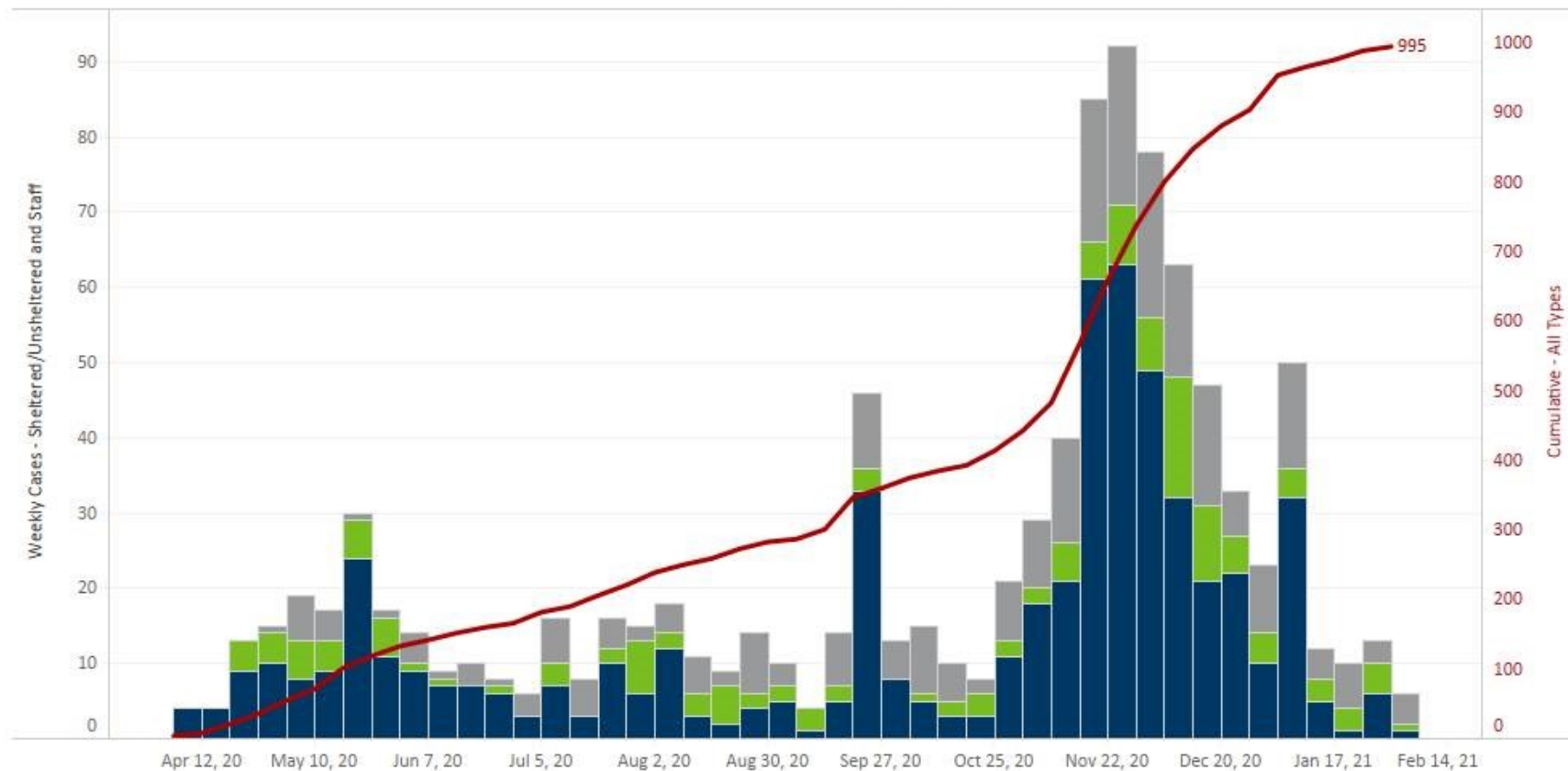
# Homeless Hospitalization Data

% EVER HOSPITALIZED
as of 2/4/2021

MN — 5%
Sheltered — 22%
Unsheltered — 47%
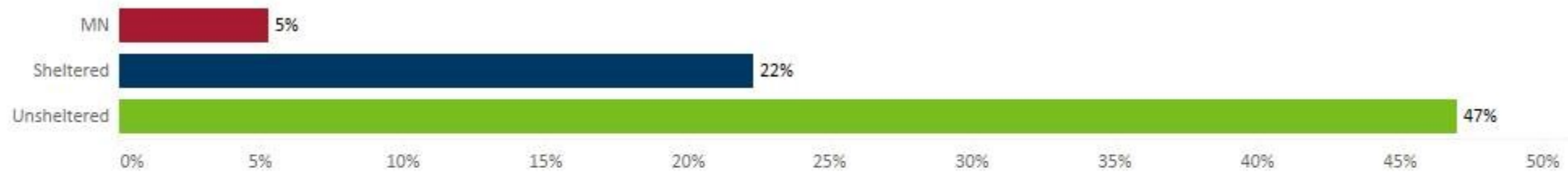
% EVER ICU
as of 2/4/2021

MN — 1%
Sheltered — 3%
Unsheltered — 7%

# Key Pieces of the Minnesota Response

- Governor's COVID-19 At-Risk Populations Work Group leading planning work

- Weekly engagement with Minnesota's homeless service providers and people impacted by homelessness

- Building on existing relationships through our testing work that are the foundation of our vaccine plan

- Senior Advisor on Health, Homelessness and Housing Position

# Planning Meetings

- Tribal Response Team

- Outreach Teams

- Homeless Service Providers

- People Impacted by Homelessness

- Local Public Health

- Healthcare Systems

# Settings within the Scope of this Plan

## In Scope

- Isolation Hotels

- Unsheltered Homeless, Outreach Teams, Drop-in Centers

- Shelters (includes DV and youth)

- COVID hotel programs/sites

- Site-based permanent supportive housing, transitional housing, board & lodge settings, and DOC-licensed halfway houses

## Out of Scope

- Doubled up

- Scattered-site PSH

- Unlicensed sober homes

- Residential treatment facilities

# Settings on the Homeless Service Continuum

**Phase 1**

Isolation hotels
Unsheltered
Individuals

Outreach & Drop-in
Staff

**Phase 2**

High risk hotels

Emergency shelters

DV shelters

Youth shelters

**Phase 3**

Permanent
Supportive Housing

Transitional Housing

Board & Lodges

Halfway Houses
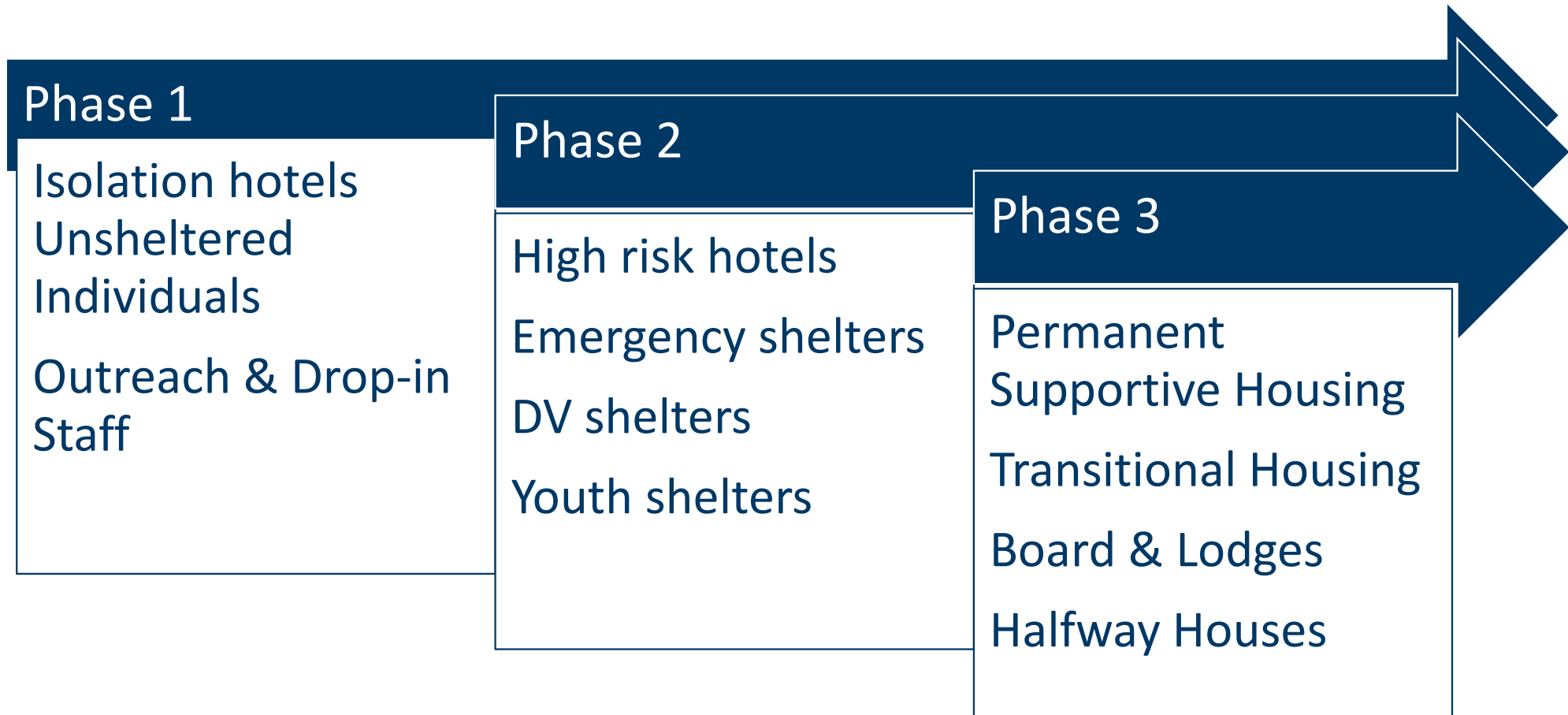
# Goal, Roles & Project Management

### State Team
**Primary Role: Determine overall strategy and education**
**"What needs to happen, when, and where"**

- Determine qualifying agencies, populations (list of places and locations)
- Determine population priorities, sub-priorities for distribution (with flexiblity; maximize doses and be practical)
- Determine out-of-scope populations: doubled up and scattered-site housing programs
- Schedule initial planning meetings with local public health departments
- Receive and distribute vaccine to local public health
- Send list of settings needing PODs to point person in HC public health
- Develop easy-to-digest educational handouts/campaign

### HC Public Health ICS
**Primary Role: Planning and Logistics**

- Receive eligible list for PODs in sheltered, unsheltered, B&L, PSH
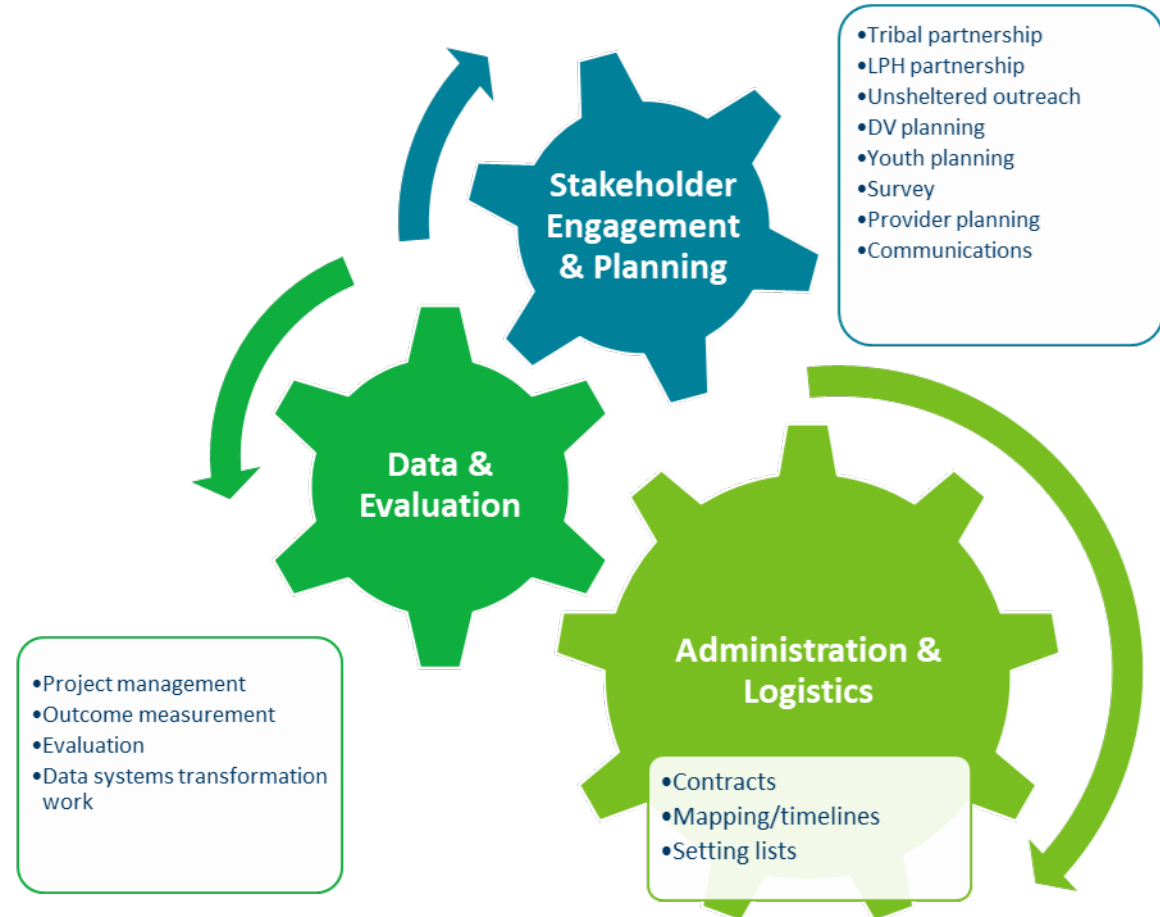- Schedule and lead POD planning meeting with Hennepin Healthcare, Agency, and HCH if applicable
- Determine schedule for distribution in sub-categories (with goal of maximizing doses, reducing waste)
- Plan logistics for POD (template for logistical planning?)
- Date, time, safety, materials, location, etc.
- Assist with additional staffing needs (CHWs, safety officer, etc.)

**Stakeholder Engagement & Planning**
- Tribal partnership
- LPH partnership
- Unsheltered outreach
- DV planning
- Youth planning
- Survey
- Provider planning
- Communications

**Data & Evaluation**
- Project management
- Outcome measurement
- Evaluation
- Data systems transformation work

**Administration & Logistics**
- Contracts
- Mapping/timelines
- Setting lists

# Identifying Vaccine Providers

Local Public Health

Local Healthcare Systems

Contracted Providers

# Understanding Local Capacity
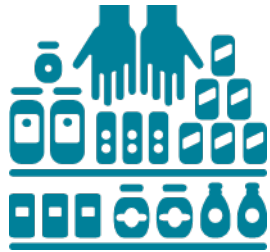
**Initial Planning Meetings**
- Local public health departments with 20+ settings in their jurisdiction
- Outreach teams in areas with large unsheltered populations

**Webinar Survey**
- Preference for covering settings

**Ongoing Engagement with Providers**
- Statewide calls, 1-on-1 meetings

# Statewide Vaccinator Coverage

**Vaccine Provider**

- LPH-Other
- Hennepin Healthcare
- No Provider Determined

Pie chart values: 55, 359, 445
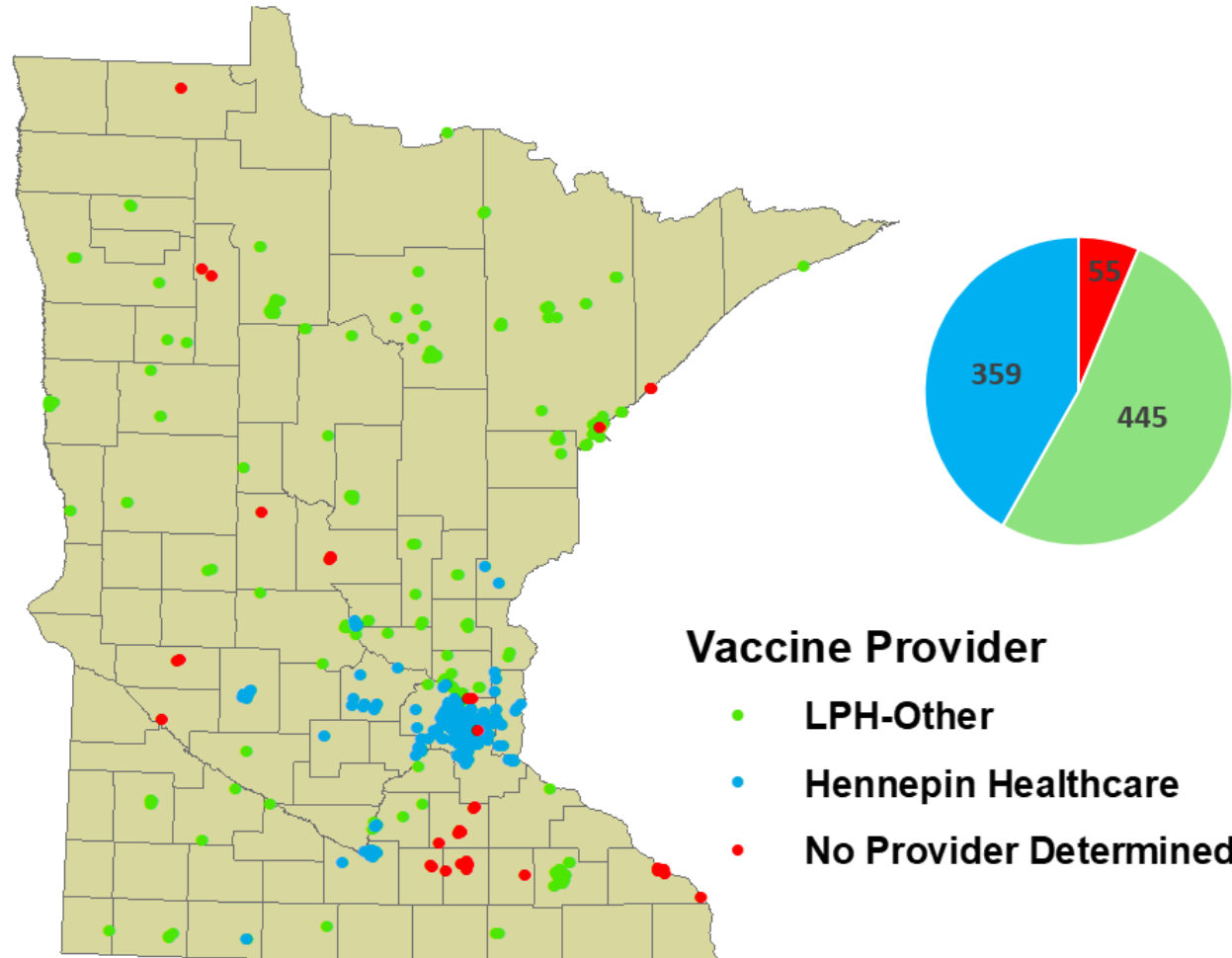
# Tracking Access & Coverage

Person-Level

Tracking Uptake

Population-Level

# Findings from First Efforts

- Unsheltered

- Greater Minnesota

- Approach

# Thank you!

## Contact us at:

Blair.harrison@state.mn.us

**Acknowledgments**

MDH Homeless Response Team & Congregate Settings Branch

Minnesota Homeless State Action Team

At-Risk Populations Work Group

Local Public Health Partners Statewide

Hennepin Healthcare, Health Care for the Homeless, and the Health, Homelessness, and Criminal Justice Research Lab

Minnesota Community Care and Native American Community Clinic

Minnesota's Homeless Service Providers & People Impacted by Homelessness

# ESG-CV Grants Status Report

**As of February 5<sup>th</sup>, of the 362 ESG-CV Recipients and $3.96 Billion allocated:**

- 52.03% of funds are NOT Committed (-7%)

- 97.10% of funds have NOT been Drawn (-0.13%)

- 16 recipients do not have ESG-CV1 allocation in IDIS (-10)

- 120 recipients do not have ESG-CV2 allocation in IDIS (-27)

- **Of those who have funds in IDIS:**

  - 65 recipients have passed Obligation Date + 240 days (+22)

  - 88 Grantees have $0 funds Committed/Obligated (-5)

  - 141 Grantees have $0 funds Drawn/Expended (-4)

# HUD TA RESOURCE SPOTLIGHT

- Meaningful Engagement with Public Health Partners
- Communications Tools and Resources
- Logistics Tools: Spotlight on HMIS

# Critical First Steps Communities Should Take

**1** Review Your State's Vaccination Plan

**2** Engage Public Health Partners to Plan for Vaccine Rollout

**3** Ensure Priority Vaccine Access for Essential Staff and PEH

**4** Engage PEH and Identify Vaccine Ambassadors

**5** Build Vaccine Confidence

# Many Health Partners Can Support Vaccine Access

Department of Public Health

FQHC

Healthcare for the Homeless

Public Hospitals

Recuperative Care Partners

Pharmacies

# Strategies for Engaging Health Partners

- Try reaching out to ALL potential health partners until you get traction
- Leverage support from Board members, volunteers, donors, community influencers to make connections
- Find out who the champions are in neighboring CoC, call on them for support in your CoC
- Begin planning w/ health partners that WILL engage (maybe that's pharmacists or FQHCs)
- Have a specific asks (data on staff and people who are homeless in priority populations)
- Promote shared goals!

# Reminder About Community Context

- **Supply is extremely scarce in many communities regardless of prioritization plans or DPH partnerships**
- Where people experiencing homelessness are not prioritized
  - It may be very hard to get the attention of local DPHs
  - There's A LOT OF WORK to be done NOW to get eligible populations vaccinated (i.e. 65+)
  - Look to the range of health partners to create access

# We Want To Hear From You!

- Community examples

- Vaccine events happening in your community

- Service provider support needs

- Feedback from communities

  - Major issues, challenges

  - Tools, products needed

- **Communications Tools and Resources**

# Addressing Your Concerns About the COVID-19 Vaccine

**Is the vaccine safe?**

Yes. Its safety is a top priority and it is being held to the same safety standards as all other vaccines. It has been tested with diverse groups of people.

**What is the COVID-19 vaccine?**

It helps our bodies develop immunity to the virus that causes COVID-19 without having to get the illness. It can protect you from getting sick, but also help protect other people around you who may have underlying health conditions that put them at risk for severe illness from COVID-19.

**What are the possible side effects?**

The most common side effect is pain at the injection site and mild symptoms like fever and chills, but they go away within 24-72 hours.

**When will the vaccine be available to me?**

The goal is to vaccinate everyone as soon as possible. Talk with your doctor, case manager, and other staff to find out when the vaccine may be available to you.

**Will I have to pay for the vaccine?**

No. There is no cost for people who receive it.

**I have more questions, who should I ask?**

Feeling unsure about getting vaccinated is normal and an important step in making a thoughtful decision. For more information, talk with a healthcare professional or someone in your community you trust who has had the vaccine.

Remember after you are vaccinated, you will need to continue to wash your hands regularly, wear a mask, and socially distance.

# HUD Recommendations for CoCs Preparing for Vaccine Rollout

HUD recommends that CoCs implement the steps below to prepare for vaccine rollout for people experiencing homelessness:

## Review Your State's Vaccination Plan

Review your state's vaccination plan and document any concerns or critical issues to discuss with the public health partners responsible for vaccine distribution.

## Engage Public Health Partners to Plan for Vaccine Rollout

Contact state or local public health partners to determine who is responsible for vaccine planning and coordination. Review a list of questions to assist in planning with health partners.

## Assure Priority Vaccine Access for Essential Staff and People Experiencing Homelessness

If people experiencing homelessness are not prioritized, refer to HUD guidance to educate public health partners and local decision makers about prioritizing sheltered and unsheltered people experiencing homelessness in Phase 1 (see December 2020 memo).

## Engage People Experiencing Homelessness and Identify Vaccine Ambassadors
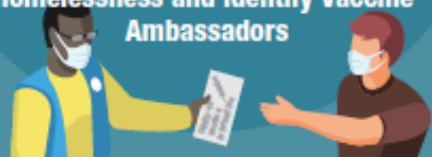
Trusted individuals in the homeless community and Vaccine Ambassadors should talk to people experiencing homelessness to learn about concerns and vaccination barriers. You may enlist encampment members, case managers, or faith leaders.

## Build Vaccine Confidence

Schedule meetings with staff and with people experiencing homelessness to discuss vaccinations. Bring in trusted partners.

## Resources

Use the following tools to aid your conversations with staff and people experiencing homelessness.

1. Building Staff Confidence Document
2. Communication Confidence Checklist
3. COVID-19 Meeting Template
4. Vaccination Conversation Tips

https://www.hudexchange.info/resource/6229/covid19-homeless-system-response-vaccine-planning-and-distribution/

# Common Side Effects of the COVID-19 Vaccine

Though the COVID-19 vaccination will help protect you from getting sick from COVID-19, you may experience some side effects. These are normal signs that your body is building protection against COVID-19 and should go away in 2-3 days. If you do not experience any side effects, that does not mean the vaccine is not working. You cannot get COVID-19 from the vaccine.

## Common Side Effects

**Pain/swelling in the arm that received the vaccination**
- Apply a clean, cool, wet washcloth over the area
- Move your arm around by using or exercising it

**Fever/chills**
- Drink plenty of water and other fluids
- Dress in lighter clothing to keep cooler

Tiredness/fatigue
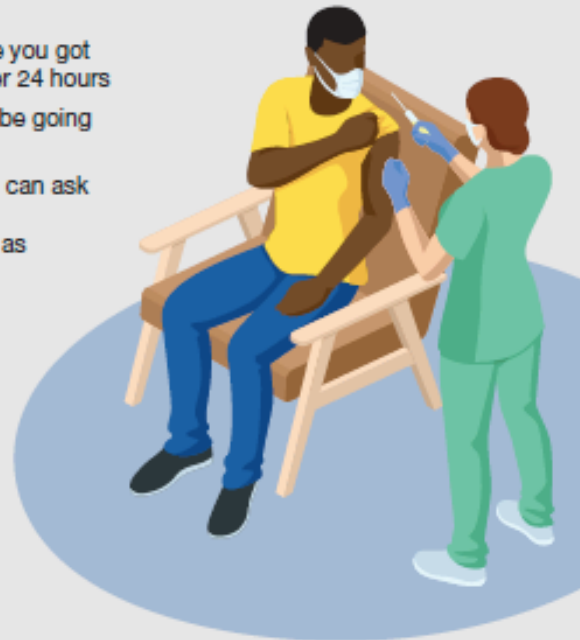
Headache

Muscle pain/ stiff joints

## When to Call the Doctor or 911

**Contact a doctor or health care provider if:**
- The redness or tenderness where you got the shot in the arm increases after 24 hours
- Your side effects do not seem to be going away after a few days
- You have pain or discomfort. You can ask your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen

**Call 911 <u>immediately</u> if:**
- You experience severe swelling, hives, or wheezing
- You think you might be having a severe allergic reaction. Severe allergic reactions are rare and would likely occur right after receiving the shot

C-19

Remember after you are vaccinated, you will need to continue to wash your hands regularly, wear a mask, and socially distance.

# Tools and Information

[CDC's National Forum for COVID-19 Vaccine](#)

Reorganized [HUD COVID-19 Homeless System Response: Vaccine Planning and Distribution](#)

NAEH's [Ending Homelessness: A Virtual Conference](#)

NAEH's [Strengthening Partnerships for Better Outcomes During COVID-19](#)

- **Logistics Tools: Spotlight on HMIS**

# New Vaccine HMIS Tools and Products

- <u>Initial Vaccine Planning Data Considerations for Homeless Systems</u>

- Data Collection Options for COVID-19 Vaccines

- COVID-19 Vaccination Data : HMIS and IIS Alignment

- COVID-19 Data Use

# Why collect vaccine data in HMIS?

- Determine how many people experiencing homelessness are willing to be vaccinated,

- Focus community engagement strategies to target people who may be experiencing vaccine hesitancy,

- Remind people who may need their second dose of vaccine, and

- Mitigate ongoing COVID outbreaks in congregate shelters.

# Considerations

- Vaccination status should never be a factor in any housing prioritization.
- Client participation in data collection must be voluntary and in no way impact their access to services.
- If your community doesn't have a specific need or use for this data, do not collect it.
- HUD does not plan on requiring recipients to report vaccination data as part of its official reporting requirements.

# Considerations

- Don't wait for HMIS to collect data.
- Accountability: Ensure that data collection procedures identify which agency/project is responsible for following up with clients per the community's vaccine distribution protocol.
- Flexibility: These procedures are being developed and activated rapidly and may require adjustment.

# Data Collection Options for COVID-19 Vaccines

- Screening and Vaccine Status Questions
- Screening:
  - Are you willing to take the COVID-19 vaccine?
  - If 'No' - What is the key concern?
  - If 'No' - What would you need to feel safe taking the vaccine?

# Data Collection Options for COVID-19 Vaccines

- Vaccination Status
- Dose 1 - Date Scheduled
- Dose 1 - Date Administered
- Dose 1 - Location Administered
- COVID-19 IIS (Immunization Information System) recipient ID

- COVID-19 MVX (vaccine manufacturer)
- Second Dose Required?
- Dose 2 - Date Scheduled
- Dose 2 - Date Administered
- Dose 2 - Location Administered

# New Resources Posted

[Hotel Motel Acquisitions for Permanent Housing](#)

[Flexible Subsidy Pool Fundamentals Essentials and How to Get Started](#)

# 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](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