Everyone and welcome to this week's coven, 19 office hours and it's been just a couple minutes going over some tech notes and logistics and then we'll turn things over to our team at HUD and the presenters today.

So 1st,

and foremost,

we are recording the webinar as we do always for the office hours,

we'll post will post a copy of the office hours recording along with the slides and the content from the chat to the head exchange at the link.

That is on your screen right now just please give the team a few business days to post those materials.

Also, if you have any trouble during the webinar connecting to the audio, we encourage you to switch over to the phone audio. You can do that at any time by dialing the numbers that are both up there on your screen. And that will be in the chat in just a moment.

People are going to remain muted for the duration of the webinar, but we do hope to hear from me throughout, through the chat feature in Webex to find it just look in the bottom right. Hand side of your screen. Look for the word chat.

And when you click on that little icon, it will open up the chat feature for you.

When you send in questions, comments, feedback in through the chat, just take a moment to make sure that they are sent to everyone, it should default to that.

But if it does not just take a moment and scroll down to the arrow on your right and that will let you select everyone.

With that, I'm going to turn things over to, from head office of special needs assistance programs, more.

Thank you Natalie and welcome everyone to the office hours today.

Uh, we have a lot we have some great stuff for you and some interesting stuff in a great community presentation. So welcome everyone. I'm going to quickly introduce the content today and then we'll jump right into our presentations.

So, you'll be hearing from a couple of people from the snaps office myself. Uh.

And a couple others,

and we will also be in the chat window,

answering any questions you may have so please feel free to type it typed in questions about the content we covered today,

or any other questions you have for us we will try to answer as many as we can,

we will hear a spotlight about some winter planning resources from 1 of our fantastic technical assistance providers.

David caravan we have we're very, very pleased to have a community presentation from the city of Detroit. Tara and Stacy will be presenting that.

They're actually going to present 1st, and then as soon as they, as soon as they're done presenting, we'll get our regular update from the Centers for Disease Control and prevention will be doing that presentation.

We have several other really smart people here to help answer your questions.

So, again, please feel free to, to chat us any sort of questions you have, or anything. You'd like us to give you information about with that.

I'm going to turn things over to terra from Detroit and she's going to walk us through our community presentation. Tara.

Good afternoon. Everyone really pleased to be here. So my name is Tara listener. I am the homelessness solutions director, and I work in the city of Detroit. I Stacy, how will we worked on my team and she was going to present with me, but she's feeling a little bit.

I'm under the weather today, so it'll just be me presenting, but Stacy is on and in case to help answer any additional questions.

Okay, so the 1st, the 1st thing I want to talk to you is the city of Detroit has set up a separate cobit isolation center for individual experiencing homelessness.

Since the 3rd of the pandemic, we've operated in a couple of different buildings, but the question was, how did we find the locations to operate a completely separate.

Um, facilities for our shelter residents who are sick and so we, we did not go into the hotel in motels option at all at the city. And there's a number of reasons that's particular to the city of Detroit.

But, in order to find these find these additional site, we did a couple of we did a couple of things. The 1st thing is that we really engaged with our real estate team at the city of Detroit.

To say this is your route and this is your expertise. I don't know how to search for for units outside of Zillow and that's not going to cut it here. And so how can you help us?

And they were able to engage with different brokers with different city departments to really kind of scour the city.

And say, these are the units, these are the buildings that we have available right now and then.

My team, the almost the solutions team went out to see if this would work for work for an emergency shelter site. Did they have enough bathroom? Did we have the ability to isolate people who we knew were cobit positive when the pandemic 1st hit?

We did both a quarantined and in isolation site.

And so we needed to have that separation for.

For people that were just symptomatic, so we weren't sure if they were covered positive and as the pandemic progressed, the access to testing really increased and so we were able to switch to a completely a complete isolation only site.

And because those people who were ill, we were able to get testing done pretty quickly to figure out if they had probate or not. And then the final thing we did was talk to our existing provider.

Some of our providers are, you know, have.

You know, have 1012 different programs and are pretty, pretty big. The spread throughout the city of Detroit.

And so we reach out to everyone and said, this is what we're looking for, we want to, you, you know, of anybody. Do you have any donors that might know of anybody that that has a building that we can that we can access.

And so we really just kind of put the word out as far as wide as far and wide as we could.

Just to see what we could get the next 5 minutes.

So, we ended up with 2 main locations so 1st, 1, the pandemic 1st hit, we use an existing shelter site.

We had an emergency shelter that actually had another building that they could move their, their shelter program into that allowed us to operate or cobit, isolation shelter in a completely separate.

Separate building, and and that was just sort of negotiating with an existing provider. I mean, all of our sales providers knew how critical it was going to be to get people who were sick out of a congregate settings and have some place where they can recover safely.

And keep both the other shelter guests and the staff space and so we were able to kind of work out.

A plan with an existing shelter to use 1 of their facilities in a different way that lasted for about 6 months and then they eventually needed their building back. And so.

Then we transition to an old nursing home, the nursing home uh.

The nursing home worked out really well for us, because it had recently come off line.

It was ABA accessible, so we didn't have to worry about individuals that had mobility challenges to be able to serve them.

It was set up for good supervision right? Like, people can easily see what was happening on the floor because that's what that's usually how nursing homes are set up and it had the bathrooms that we needed in order to accommodate folks. It also had a full kitchen.

So, meals could be prepared on sites.

And laundry facility, so everything was already there in the building was already set up that way.

Haven't had the furniture left over from the nursing home and so.

We were able to very quickly move into that building.

We had to do some stuff, some basic stuff, but it already had admin offices. I mean, it was moving ready basically, you know, understanding that there's not moving ready buildings throughout every community but we, we.

Um, we got connected to those syncing home because of 1 of our existing service providers that have some different kind of programming, and they knew they knew somebody who knew somebody, and that's how we were able to access the site. And that's where we're currently at.

Right now we've been there for over a year plan to continue services for as long as we.

We are able to that's my opinion.

But this is a picture of the current site is operated by. So, let me back up a bit.

Again, with the pandemic 1st hit, we have the Detroit health department help operate the location. We transition to a nonprofit provider at the Detroit recognition ministries. We feel very right.

They are right now operating the covet isolation site. So, the health department isn't part of the day to day operations anymore.

We currently have planned for it to operate until April of 2022, and then on the content. So we're going to try to see if we can stretch that out until the end of September because that's how long the funds will be available for.

Like I said that isolation, only the original capacity of the building was supposed to be 60 regular beds, 20 overflow.

Right before Christmas we said, you know, what purchase 50 cats.

Just do it, because it's an isolation only site. We can have multiple people in 1 room.

And so they purchased 50 costs and the good thing they did because we've been seeing a huge spike in our and the number of people who are positive.

And so we've been averaging about 100 people a day next slide for.

This is just a quick slide about vaccine and testing clinics, you know, we have on site vaccine and testing clinics at our emergency shelter. So, 19 different sites.

That is being done through.

The health department, and our Michigan Department of health and Human Services has a private company that goes out and provide those services.

Most filters have access to vaccines and testing at least twice a month and right now with on the ground, we're trying to increase testing frequency as well.

The health department also began distributing by next antigen testing kits.

To our emergency shelters on our outreach teams, which we've been super helpful because.

Shelters have been able to actually test the folks.

At entries, so when they get a new referral, they test them before they do go through their full intake process. And if anyone is perfect positive at that time, they just make a referral to the isolation shelter. And so that way, they haven't gone throughout the entire building.

They haven't gotten settled talk to other residents, went to the common dining room. They have they know what entry.

And so we're able to get them to the isolation site until they, until they're no longer contagious in year to date. You know, we distributed almost 2500 of those processing kit.

So, just to give you an idea of what solutions look like in Detroit for our, our homeless population. So, in March 2020.

We basically serve, just under 450 people with these numbers also includes family members who may have talked to 1 person has that's a positive but it might have.

Minor children that can't go stay with friends or family, and have to stay with the household, or the child is positive and the parent has to stay and so it's not 450 of people who have tested positive for pivot but have had at least a family member positive as well.

And then, as you can see is 2021, our numbers were a bit lower.

But then in October, you can see that the last quarter of 2021 we.

We almost doubled what we served in the 1st, 3 quarters. So this is really a result of on the ground.

Heading, and then the 1st, January has learned exciting month. The 1st, 12 days of January we served almost half of what we serve last quarter.

So, we have seen an extremely sharp increase, the number of people that need to isolate.

At the center, um, and it, it's, um, it's.

It's it's something like we've seen before. Right? Um, we, we just, we never expected to have this many people.

Uh, test positive and so that resulted us to circling back to our health department to say we need help.

We are, you know, at times over double capacity, what we initially anticipated.

And we have to do something, we have to do something different and with this guidance that come out from the CDC.

You know, can we can we do more of a testing testing out strategy because.

We're, you know, we have started a pandemic we've had multiple health threats right that we provide.

We provide we provide a public health service by keeping by able to get people beds that they can stay indoors and not have to sleep outside at the same time. We also have to realize that.

For in Detroit, the majority of our shelters are still are so congregate and by putting people in congregate settings.

Hopefully will spread more easily and so.

You know, what can we do to get people out of our isolation shelter as fast as possible? But but it's also safe.

And so we recently, this is all in January effective happened last week, we worked with our health department to develop a different different strategy for isolation center or isolation shelter. We can go to the next slide.

And so we developed a flowchart so basically we are.

Going to be testing asymptomatic people at day. 5.

And if they test negative, we will be able to accept them out of the isolation shelter.

And with instructions to where they're masked until day, 10.

We recognize that some people are still not going to further mask until they 10 but considering that we only have considering that we just simply just don't have the room to safely. How's everybody?

And they've had that negative test that and they don't have symptoms. That's what will happen for asymptomatic folks.

If they have if they ate the symptomatic person test positive.

Will continue to isolate for an additional 3 days.

Symptomatic people will test at 7 day. 7. if they have symptoms, the symptoms are still remaining, then they're going to stay.

Until the substance lesson, but if, um.

If they have improving symptoms or their fee for free and a fever free for 24 hours, we'll test them. If they're negative on day. 7, we're going to exit them out.

If they are positive, they're going to continue to isolate for an additional 10 day, or for an additional 3 days.

And then, for our families where we have mixed status, 11, individual, tough, positive, and other 1, individual positive other family members are negative. We're going to keep them for 10 days.

For the entire family at day 10, if they're all negative, then knocks it out. If 1 person is positive, then they're going to isolate for an additional 10 days.

In order to make sure that individuals who.

Who that if, if it's spread within the family that we're allowing enough time for them to isolate.

Without releasing them while someone may still be contagious.

So this is an overview of what we're doing in Detroit as usual with a pandemic. We're always trying to shift and do things a bit differently as pandemic keeps changing on us.

And so, this is our, this is our newest, our newest plan testing strategy. We'd be happy to share this strategy. We're just waiting on the final signature from the health department and then we'd be happy to share that out.

There was it about a 4 page document that talks about based off of different shelter layout and how people configured what to do. And so we just put together this, this flowchart to kind of give it a very simple.

Decision tree for the staff that operates the isolation center.

And that's normal. I'm going to turn it back over to you. There was everything I had.

Thank you so much. Tara, we do have a couple of questions I wanted to run by you. 1 question was about staffing the isolation center and any challenges with staffing the isolation center.

I can imagine people it's not the, their ideal workplace. So, can you talk about some of those challenges and how you overcame them?

Yeah, that's a great question. It is a challenge Stacy I saw you came on camera. Do you want to do you want us to answer that question?

I'd be happy to please forgive my, my voice. Um.

So, as we saw on the front, sort of taking over, um, 1 of the things that we did was talk to our provider.

And we said, look, this is coming, it's going to happen.

You need to staff up, because your staff are going to get sick.

You need to be prepared, you need to bring them on. So they were we, we sort of.

Anticipated this before the holidays and and we're so grateful for, um.

Rescue mission, they, they did that they brought on, uh, almost a 2nd.

Team, you know, they really deepen their bench for us so that they could handle the influx that we knew was coming and they ordered the costs that we knew they were going to need and they, um.

They made sure that their facilities person was ready to go because that.

Building was probably not designed to handle, you know.

Bathrooms and electrical and whatnot for for all of those people, but they are.

They're just doing a super job. I hope that helps.

Yeah, I'm going to add to that.

Yeah, please, go ahead. I just want to add to that that, you know, the use of have pay the use of those incentives, you know, because we do recognize.

We do recognize that, you know.

It's 1 thing to know that cobit exists and it's out there. It's another thing to know that the person that you're working with and standing in front of you has it in some ways.

So also, at least, you know, the person does habit and you're going to take the proper precautions to keep yourself safe, as opposed to sometimes you develop this false sense of security.

You know, you kind of get into a groove and and, um.

You forget that, that just because the person tested last week doesn't mean that they're completely free of privilege today and so that you always need to be diligent about personal protective equipment.

And so, but, yes, they have their pay incentives. The things have been very helpful as well.

So, I'm glad you brought up hasn't paid incentives. Can you talk about, like, what incentives have you found that people.

Have worked with people is there anything sort of unique or? I don't know. What what what are your observations about what kind of incentives people should be trying.

So, I so what we have seen is like, a bonus with each check.

That people have been getting for frontline staff in particular, even admin staff that have to fill in for frontline duties. So kind of, you know, switching usually the billing person.

But now you need to sit in the security base because everyone is sick and so recognizing that, even though somebody, maybe.

Maybe salaried, or in a different position that they will get those hazard pay for doing this work.

Has been 1 thing that we, that we have seen Stacy have you heard anything else?

From our provider, I think you've hit it right on the head. Um.

That's that's really what we're hearing and even at that, it's it's tough to get people.

We, we hear it from all of our providers. It's tough to get folks hired and get them to stay.

It's it's a tough time. Yeah.

Absolutely, so we have another question about legal liability with respect to operating an isolation shelter.

Can you talk about, like, how you all think about that? And, like, do you have special insurance for that?

Do is there sort of a duty to provide certain kinds of medical assistance? How does that part of this work?

Yeah, so I'm not sure if we're doing well, you know, there may be things that we're missing, but I'll, I'll tell you what what we're currently doing. So.

In terms of, um, in terms of liability.

We have a process that is someone who knows who is covered positive leaves isolation filter. There is a notification.

Process so that the health department can be aware of that individual.

So, there is a notification process that does go out because we don't want someone who's because of positive going to another.

Going to another shelter, um, and then knowingly, you know, um, impacting, you know, affecting others.

So, I can't speak to the different kinds of insurance, our provider. Um.

Really handles that side of things in terms of medical care. So when the isolation filter was being run by the health department, they had our ends on site to do that work.

When that had to when that had to stop.

We, um.

They don't currently have RMS on site, but they have actually Stacy, you want to take answering the question, you know, more about the day to day operations than I do. Sure. No, I'd be happy to. Okay, there is a position that is on site.

They additionally have, um, helping out and doing testing, um.

So, and they have their staff are doing regular wellness checks on folks to make sure that everyone's doing. Okay.

Uh, so, uh, the doctor does sign a letter saying that the person has served there.

Sir, I apologize has been born to their isolation time at the shelter, and that they had been clear to leave.

So that's a way that other shelters can know that it is.

This person has been cleared to leave and they are safe to admit it to.

The regular shelter and, uh, 1, last question I wanted to ask was about, have you all given thought to how long you plan on having this.

This sort of process in place. Do you have sort of a timeframe in mind or are there sort of benchmarks? You're looking to hit.

Before you sort of go back to your previous process.

Yeah, that's a great question. So we honestly haven't gotten that far.

I think that if our shelter could get back to its capacity or under capacity, I think we could start implementing that.

1 of the things I I didn't mention is that even with this, even with adding additional beds and having this new testing.

Procedure we still have had our our more non congregate shelters, have to isolate folks on site and so we have fixed shelters. Right now that even though we have an isolation shelter, even though we're trying to get people out as quickly as possible.

We can't keep up and so those shelters are isolating on site.

Until our capacity can be, we can decrease our capacity enough to open it back up to everyone. So we're right now still very much in the middle of it.

Um, we haven't, we haven't started to think about what way to go back to how, what would be the trigger to go back to our 10 days. But it most likely would just be, um.

Our occupancy level. Great. Thank you so much. That's a fantastic presentation. And we definitely appreciate you sharing, like your process and how you're thinking about this and dealing with.

Some of the challenges that everybody is really struggling badly with. If you have any questions, please feel free to type them in chat window. Otherwise we'll go ahead and move on to our next presentation.

Uh, we're gonna have our CDC update Ashley me and is going to present this for us. So, Ashley, I'll, I'll turn things over to you.

Thanks norm. Hi, everyone my name is Ashley. Me and I am CDC's homelessness unit lead for our for mid 19 response.

Uh, so it's good to be with you all today. Next slide. Please. All right, so this is what cases have looked like in the United States since the beginning of the pandemic.

Uh, we can see a a decent sized peak about the middle of the graph, which was our December 2020 to January 2021 surge.

And then a little bit later on in August or September 2021, we see.

The delta wave, and then we can really see on the right hand side the number of pieces sharply increasing and that's where we're currently at with, uh, on the fraud.

So, recently we did have over 1Million cases in a single day and I don't know that we're.

Reaching our peak yet it's too early to say. So, let's keep anticipating that pieces. We'll continue to increase. I'm sure you're all feeling the weight of this.

You know, I look at this graph and I'm like, wow, this is really striking, but then I also look at my own life and I'm like, okay.

So many people that I know, um, you know, represent represent these numbers and I'm sure you all are feeling that too. Um, so I just want to say, I hope you all are finding ways to take care of yourselves.

And just want to echo that all of us on the presenter panel. And at CDC, we care about you and we appreciate all that you're doing.

All right with that being said, can we go to the next slide please.

Okay, I also want to point out what Coby guests have looked like over time. So, again, on the far left, we see that initial piece that was early on in the quarter pandemic around April of 2020.

Um, we see the highest number of guests occurring in that December 2020 to January 2021.

Uh, frame and then we see them come down and then go back up again during our Delta waves.

Um, in August or September ish um, and they haven't.

Really gone back down a whole lot since then. Um, I do want to know that death often follow behind cases on a 1 to 2 week lag. So, you know, if we see the peak of cases.

Uh, the 1st, week of the month, the desks are going to, like, repeat a couple weeks later. So we can see that desks are starting to increase again with this current surge.

But I don't think we'll know the true number or impact until a couple weeks out. So.

Just want to say, you know, understand this with that caveat in mind.

Next slide please. So here, we can really see the rapid growth in the 1st, set of coated pieces in the United States that have been identified.

I think due to the on the front variant, and so that makes sense. We know that it's a lot more transmissible than previous variance. And we can see here just how quickly it really took over. Most of the of the cases in the United States.

There's still about 2% of cases that are due to the delta variant and then maybe under single percent that are due to other lineages.

Um, that we can really see that, you know, on the current is really what we're facing right now. So.

I think in most situations, we can assume what we're dealing with is on a crime.

Next week. Okay. So now I want to quickly recap the guidance updates that my colleague shared last week.

If you weren't on office hours last week, I highly recommend watching that recording for, for a little bit more of an explanation about what we're recommending.

But I think as most of, you know, CDC has shortened the duration of quarantine and isolation for the general population.

For homeless shelters, CDC recommend a 10 day quarantine and isolation.

For clients and staff of shelters, regardless of vaccination and booster status.

With that guidance, we also have a statement that says during crisis situations, consult with your local public health to discuss shortening these durations for either clients or staff.

I really want to emphasize that.

You know, right now, if you are in a crisis situation.

What we're recommending may not be feasible. I know we, for directly from communities that that 10 day recommendation for both.

Quarantine and isolation, and for clients and stuff, just really if not feasible that.

So many communities are in crisis mode right now where.

There are staffing shortages that compromise the safety of operating the facility or, you know, all all of the spaces are filled. The beds are filled and it's forcing people to have to to be on the street or figure out something else.

And that is very much a crisis situation and and we want you all to know that, um.

You should be balancing all of these different risks and considerations with your local public health agency. So the language on that guidance page, it's bolded here on the slide.

That's really meant to give local community some flexibility to adapt to the current needs of your current crisis scenario. I know you are doing so much for your communities right now and a lot of you wear many different types.

And we, you know, we acknowledge that, but if you are finding yourself in a crisis situation, and feel unmanageable and cases the amount of control, and it feels like they're on the fence.

Um, and it just, you know, things really are not working. If you are not already connected to your local public health department. Now is the time to do that, um, hopefully, you're already in communication with them.

But if not, those connections are really invaluable, because they can help you think through.

What makes sense for the safety of clients and staff in your shelter.

Um, so if you know.

Thinking about Detroit and asking this question of.

Of, at what point do we say this crisis ends or doesn't end that's up to your local context but I, I say that to say.

You can develop short term, like, recommendations or adaptations for right now you don't have to change your procedures for the next 10 months or anything. It can just be. This is what's working right now.

Um, and just again want to emphasize, um.

You know,

really think through what the risks are for your community communities up north with extreme cold are thinking about hypothermia where other communities in warmer weather might not be thinking about that at all and,

you know,

having to bring people in from the cold might might warrant different considerations and other health.

Um, outcome, so, again, really talk with your public health department and think through some of the risks that you're facing, you know, those of us at CDC, myself included.

We're happy to support you and your local public health team, if you'd like, but ultimately you all are the experts in your community and we acknowledge that, you know, you may need to make decisions that differ from from other communities too.

So you heard from Detroit that they're working with their health department to implement a process.

That allows for differences by symptoms and incorporate the testing based approach.

But if your community has really, really.

Limited testing resources that might not work for you and you may need to think about another way.

To approach quarantine in isolation. I also want to say that, um.

You can consider shortening or adapting quarantine and isolation.

Um, for clients and staff independently, so, if you're like, you know what we're really up against staffing shortages right now, but not bed space shortages.

Then, you know, you could consider just adapting the duration 1st off.

Um, and vice versa so please, please, please know that there is some flexibility in that we know that in crisis mode.

And a lot of you are going to have to do what is best for your community.

So,

with all of that being said,

I hope that that gives some peace and confidence to you all to do,

what's best for you without being said,

we are holding a webinar next Thursday to review our guidance recommendations.

So, you know what we know as from the science and what we're recommending as.

Best inspection, prevention and control from the data. We'll be presenting that. But then we will talk through some possibilities for adapting that. And then we're also hoping to have some community features to share.

How they've adapted either quarantine and isolation space and space utilization or duration for where they're at, in their community.

So I really, really would love if you all are able to join it will be a joint feature with our corrections unit as well. But you all are welcome to join.

We can put the registration link in the chat again, next next Thursday at 10 PM Eastern, and you'll be able to learn more from other communities as well.

So that was a lot and we'll go to the next slide and switch gears a little bit. A new paper did drop this morning at 11. 0. A.

M is hot off the press and it presents findings from an analysis of electronic health records from over 800 hospital emergency departments.

So, the authors of this study include that people experiencing homelessness.

Who were evaluated in the emergency department, had a higher frequency of hospitalization and readmissions.

So, they went to the hospital more often, they had a lower frequency of invasive, mechanical ventilation and mortality. So, um.

They didn't have to be ventilated as much, and they have longer links to stay compared with the general population, which.

Um, you know, I think a lot of us maybe knew a little bit anecdotally. Um, but again, we see during improvement that that's that's stayed true.

Um, the implications of this work, indicate that expanding medical respite may reduce hospitalizations or shorten the length of stay.

For people experiencing homelessness, so it just contributes to the literature about why medical respite can be such a promising practice.

And I know some communities who are increased institutions right now have shifted and and are prioritizing their spaces previously used for isolation.

To protect individuals who might be at high risk 1st of your illness.

For hospitalization from cobit as an attempt to try and try and prevent these hospital stays so just wanted to put that out there.

I know there probably isn't a lot of free time right now, but if you have any go ahead and take a look at that paper.

Um, and with that, we can go to the next slide and I am happy to take questions.

Great Thank you so much. Ashley you covered a ton of ground there. Extremely helpful. So I do have a few questions that I want to run by.

You 1 person was asking if they don't have testing that's readily available in their community. How do they know when to initiate isolation or quarantine for somebody?

That's a great question. So, we're actually working through our guidance updates right now and in there, it will say.

Either from the date of the positive test, if they don't have symptoms.

Or the start of symptoms that are like, 2019. so if you have no testing resources, but somebody is like.

I have a scratchy throat. I have a cough. I have a headache. I had, you know, those classic signs that we're seeing with, on the ground. You can go ahead and isolate them and or, you know, do, whatever you need to do and assume that. They're positive. If you're not able to test and confirm that.

Um, but I did put a link in the chat to a testing resource that is available for homeless shelters available.

Through a program called Operation expanded testing. So if you are having serious testing challenges.

Um, you can go ahead and request testing support on that website as well.

Yeah, thank you for pacing that in the chat and extremely helpful resources for for anybody who's running a shelter and needs a lot of testing resources.

So, another question here is about how, how would someone know when it's time to initiate an isolation in place contingency plan.

That is a great question and there's not not 1 gig symbol answer on that.

In that case, I would strongly suggest folks if you're feeling like, okay, you know, we're, we're really out of bed. We're, we're running out of staff.

Um, you know, we don't have anywhere to put people, and we're considering isolating in place, um, reach out to your local health department to figure out ways to do that.

Safety inappropriately, you know, there's gonna be different considerations by facility based on the facility layout and the client characteristics, and other things like ventilation, you know, stuff that we might not.

Come to the front of mind, but that public health is hopefully prepared to help you with and to help think through what the plan is.

Um, so if you're feeling like, you know, what our.

Our beds are running out things just feel really tend to reach out to your public health department and they can can help you think through what will work for your facility.

Great, thank you. And 1 other question that comes from the chat window here.

Is about boosters so can you talk about.

How long after someone is had a cobit infection, or has been symptomatic, when can they start, you know, getting a booster shot in those circumstances?

Sure, so typically it's 6 months after the 2nd, dose of an vaccine.

Um, that's when you're eligible to get a booster, if you are, you know, you meet that 6 months window and you're like, okay, I'm ready for a booster, but I just tested positive for 2019.

Way out the recommended isolation period. Um.

I think, you know, if you're not having symptoms and you're feeling, okay, you could probably go in after day 5 and get that booster. But, you know, we don't want you going to get your booster while you are.

In that 1st, 5 days window after testing positive from cobit or after the start of your symptoms. So, um, you know, I'd wait for symptoms to resolve almost all the way ideally complete in isolation and then you can go ahead and get your.

Yeah, completely makes sense. Thank you so much, Ashley and if you have any more questions for Ashley, please feel free to type them in the chat window, we're going to move to our next presentation.

We have a spotlight on winter planning resources so I'm going to turn things over to David 1 of our great technical assistance providers to talk through these resources. David.

And we're giving a bit of a preview on updated, winter, planning guidance. We can go to the next slide Mike. Um, but before I do that, I just want to reiterate. This was a slide that we presented last week. That really talked about the importance of partnership.

And I, we've kind of gone through another week of conversations with jurisdictions, and I just really want to reinforce that. I started on some great calls with jurisdictions that are.

Bringing really creative, flexible teams to the problem that we need to solve today and having that team structure is so critical.

And I going back to the beginning of the pandemic. Remember we talked a lot about.

Kind of the homeless service system, not being a traditional partner of emergency management, or maybe not having robust relationships with public health.

And many jurisdictions establish those.

Relationships at the beginning of the pandemic, we know there's been staff turnover. We know the tempo of the.

Infections in communities has shaped how individuals have been impacted in at the community level, look of it. And some of those relationships may afraid a bit or.

Uh, it may be time to renew them and so this is a great opportunity. We just wanted to really say that clearly. Um, there are lots of great partners in the community that often want to help.

Again, sometimes they don't understand the risk context of a congregate homeless shelter. That's not always been on folks radar.

They're making these risk management decisions and so understanding that it shares some of the attributes of a of a nursing home in terms of highly vulnerable individuals while.

It is a destination for individuals who are discharged perhaps earlier from a hospital.

Uh, because the hospital is using a crisis strategy to manage their beds and so, folks are are a bit more ill coming out of the hospitals and the threshold for inpatient treatment at a hospital may be hired.

So, homeless shelters can become a place where risk cruise and compounds in different ways than as well understood by all of our partners and emergency management and public health. So really bringing that conversation to them.

Um, and our partners at healthcare, for the homeless are a vital, um, part of that, uh, partnership.

And so,

if you do have a health care for the homeless grantee and your jurisdiction really making sure that they're part of helping to articulate the,

the real healthcare component of that conversation,

and highlighting the healthcare risks,

both at the individual level,

and the population level.

And then again, for emergency management, you're a or collaborative applicant, perhaps your recipient.

Can all be good bridges into a conversation with emergency management and if you are stuck.

You absolutely can reach out for technical assistance.

That is a, we're happy to help bridge those conversations where we can.

And particularly now with a fast moving impact, that requires a fast moving solution and we have some sort of a clear vision on some of the options and we'll talk more about that in a moment.

And, of course, always integrating individuals with expertise these are often the people in our community with the most insight and wisdom around navigating our systems.

And where there may be blind spots, and integrating these individuals into our planning, um, structures is absolutely critical priority at, at every part of our program planning also an emergency response.

And, of course, our, our outreach teams are another great resource for engaging different parts of the community who are accustomed to having access to different resources and can help navigate some of those blind spots.

Um, well, so if you haven't reached out to these partners and you need some, um.

Assistance please do reach out to technical your technical assistance providers and, um, through the AQ or how to exchange, um, or to the chat, or whichever way you'd like, um, folks are ready to help, uh, next slide please.

So, I, I find it helpful to sometimes talk about. What can I do today?

I think sometimes it can feel overwhelming to undertake big planning exercises so we really will be, um, we'll be releasing, uh, guidance documents, likely next week around staffing and service shortages.

We wanted to preview some of that content here.

So,

under understanding that,

as the crisis impacts and and impacts your staffing patterns,

there may be features of your programmatic structure that can be paused while we're navigating the short term impact of and.

Just like, we really want local public health authorities involved in those decisions. You all are the ones closest to the work you know, what parts of your programs may be able to be pause and.

Thinking that through before you're in the thick of this will help your partners to resource some of those parts of your programs that are necessary to sustain life.

And emergency homeless shelters again, is all of, you know, really fall into that category of life, sustaining services.

So looking at the full portfolio of staff,

at your programs,

how can you re,

task agency staff that may not traditionally be utilized to simply keep the shelter open that can include subcontractors,

like,

contracted security guards or other in different resources that you have available?

There will likely be training or checklists that will go with that. So we'll want folks to be thinking through some of those.

What decisions may come with those positions also thinking through, who is at your site, makes the determination to flip the switch on this approach and doing some thinking. Now.

Also with your public health partners around how how to do this, how to make that decision.

And then, of course, um, you know, folks have talked about hazard, pay, um, and other there are lots of ways of compensating individuals who contribute during this crisis surge.

And so just really keeping that on the radar we want to make sure that people feel valued as they are helping us to sustain this life saving service.

Similarly, looking at your food supply plans for our smaller programs, this may not be a feature for our larger programs. This may be a critical aspect again.

We want you to think about how to bring some of these questions to partners in the community often emergency management has access to disaster feeding contracts or other approaches that can be activated if your kitchen staff are going to be

out due to isolation requirements for um,

19 or your,

um,

catering vendor is short staffed and there's going to be a gap and you don't have a good plan be in that situation,

bringing emergency management into that discussion is a great now's a great time ahead of the curve to bring them in if you are not in a jurisdiction where you're already in the thick of it.

Um, calculating the minimum number of that's needed, um, really being clear that we need access to the right equipment to have folks working in shelters.

And CDC, we can put this link in the chat. Cdc has a nice burnt. What's called a burn rate calculator for figuring out how much, uh, your program may go through? Um.

And we want you to be engaging our partners, um, your public health partners, and others.

As you need these supplies, but again, we don't have to be the, the 1 and only show in town. That's Resourcing. Means we have lots of great partners lifting up these needs and it's critical when you're.

Lifting up a need the quantity of the need.

The location of it and the resource that you think addresses that need will help your partners.

Resource you, so, I think if we don't give at least a ballpark figure, it's either 0 or infinite and and neither 1 of those planning assumptions is particularly helpful.

So, if we can narrow the ballpark to tens, hundreds, thousands that gets us there, if we can get more precise.

Amazing, but really thinking through some of those definite characteristics of of need will help our partners too.

Participate in the response effort with us next slide please.

In terms of preventing closure, so we really and Ashley mentioned in her portion of the presentation that for folks that are in part of the country, where it is bitterly cold today.

You know, that refusing clients, entry into a hunger emergency shelter, warming center is its own threat.

And I think that is part of why we have these partnerships is to really help us navigate these decisions around risk management and decision making.

So,

if you're a shelter program,

and you haven't worked with your collaborative applicant,

or your continuum of care entity,

to really lift up what those needs are,

for you to keep the shelter open,

keep the doors open then now's a great time to call them today.

And start those conversations, get a meeting on the books for for early, next week. If you're in a, if you're 1 of those collaborative applicants that I just mentioned, and you're like, great.

Thanks, David, I'm reaching out to your municipal partners can be another great, uh, activity for today. If they're not already engaged. I know for many of you.

This is a repeat of information and you may be well engaged with them, but just in case, we really wanted to lift that up.

Um, also as we start to think about staffing gaps, that's a planning component that some jurisdictions may not have considered or have a refreshed plan for looking at how to activate staff and volunteer resources.

And then, as I mentioned having checklists or a clear understanding of roles. And responsibility, particularly for going to be activating volunteers.

Who aren't familiar with those roles really boiling down those, those positions to the, to the tasks that are essential and being very clear about what those tasks are.

So that individuals who may be stepping into those roles, without a deep background in shelter, management are able to, uh, navigate that new role with as much information as we can provide. So, we have, um.

2 documents coming out next week around shelter, isolation, protocols and staffing shortages. So we'll be looking for those and we'll be presenting on those, uh, probably next week as they come out.

Next slide. Great and that, I think, does it for me, norm, I'll turn it back over to, you.

Thanks so much David, and thank you for your just continued to work through this pandemic. You and your team have done, provided some amazing guidance to communities.

So we're going to go to our Q and a portion right now. But before we do that, I want to.

Discuss, there's an upcoming cares act virtual conference, you can see the details here.

We'll post the registration button or or link in the chat window for you to register for that this is this covers funding as well as funding.

So we'd encourage you if you're someone who deals with that funding to go ahead and register for that. And again, it's January 24 through the 28th.

Uh, we do have some questions that have come in, sort of, regarding the sort of intersection of and and, and some of these issues we've talked about today, some, or at least I wonder if I could turn to, you.

Uh, to answer some of these questions, the 1st, 1 is about someone it's, it's a shelter has someone who's symptomatic.

But refuses to wear a mask, can they can can a shelter require when it's funded by? Can a shelter require that people inside the shelter be wearing masks?

Maybe unmute I was, I was I, everybody I know that this can be kind of confusing because we do have the carriers act prohibition on requiring clients to complete prerequisite.

Uh, activities as a condition of providing assistance, but funded shelters can require guests to wear masks.

The the key here is that shelters must be able to accommodate those who can't wear masks for medical or mental health reasons and the shelter.

The shelter must be able to provide the masks, meaning you can't require that a guest will get a mask in order to enter the shelter, stay at the shelter.

But if a shelter provides the masks for shelter residents, then yes, they absolutely can make that requirement for everyone to wear a mask.

Great and along a similar vein,

the another shelter is asking about if they've had people who have refused to test and the shelter is,

you know,

doesn't want to leave people out,

especially in cold weather cities.

And also, you know, you can't deny shelter to someone based on their willingness to test. If you're an funded shelter. What what do you have advice for that shelter provider? How should they handle those kinds of situations.

Well, 1st, clients do have the right to refuse testing. So it's important to think about alternative referrals.

So, if there's an alternative place, where the client can be redirected. So a warming shelter and alternative shelter space. That would be ideal.

And this is a situation, another situation where we're recommending that everyone reach out to their public health partners.

Because they,

if it's the public health department,

who issued the binding order to create that they also are working together with you to create a pathway for people to stay safe and warm and even if they are refusing to be tested.

So that being able to provide alternative shelter spaces for those who are refusing to be tested is equally important.

Great Thank you so much. So I think we've, we've come to the end of our session today. I don't think we have any additional questions. I wanted to reiterate a couple of things 1st, of all of the slide up here with the cares that.

Virtual conference also wanted to reiterate how helpful. I think you'll find CVSS virtual conference next week.

Thursday the 20th at 10 PM will be covering both corrections and emergency shelter situation so definitely encourage you to go ahead and sign up for that as well with that.

I want to think everyone who presented today definitely want to think our friends from Detroit for giving a great presentation on some of the challenges they're struggling with and how they're.

Uh, thoughtfully, navigating those and creating policies to navigate those and definitely think all our other presenters today and our, our technical assistance team.

And once again, I know I say this a lot once again want to thank everyone who joined the call today.

You're doing outstanding work in your communities,

and we at the snaps team wholeheartedly,

appreciate the work you're doing and are constantly amazed and on by your perseverance and your willingness to just keep going and keep doing better.

So, we're very big and Myers. So, with that, thank you everyone for joining, and I want to wish everyone a great rest of the day. Great weekend. Great Martin, Luther King day next Monday.

And that concludes the webinar.