COMMUNITY PLANNING & DEVELOPMENT

Office Hours:
COVID-19 Planning and Response

January 22, 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:

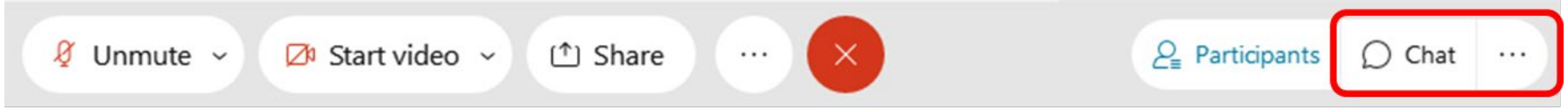
https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours

- To join the webinar via the phone, please call in using:

  +1-415-655-0002 Access code: 610 976 677

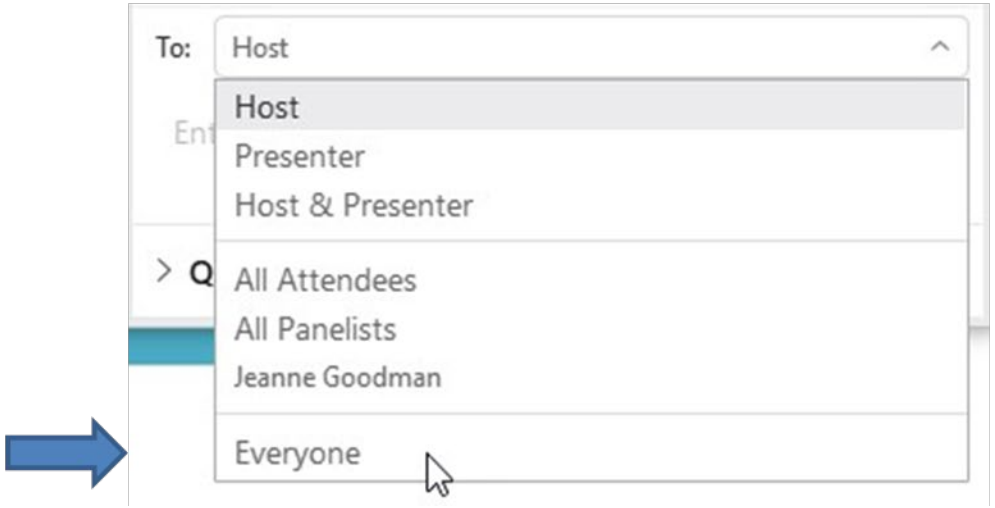
  (If you need to call in toll-free, call 1-855-797-9485)

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
  - Lisa Coffman
  - Karen DeBlasio
  - Marlisa Grogan
  - Brett Esders
  - Ebony Rankin
  - William Snow
- John Gilvar, HUD TA, Gilvar Consulting Services
- Ashley Kerr, HUD TA, Trellis Consulting, LLC
- Michele Williams, HUD TA, Michele S. Williams, LLC
- Brian Roccapriore, HUD TA, The Cloudburst Group
- David Canavan, HUD TA, Canavan Associates

Speakers & Resource Advisors

NY-500 Partners Ending Homelessness

- Connie Sanderson, Executive Director, Rochester/Monroe County Homeless Continuum of Care

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

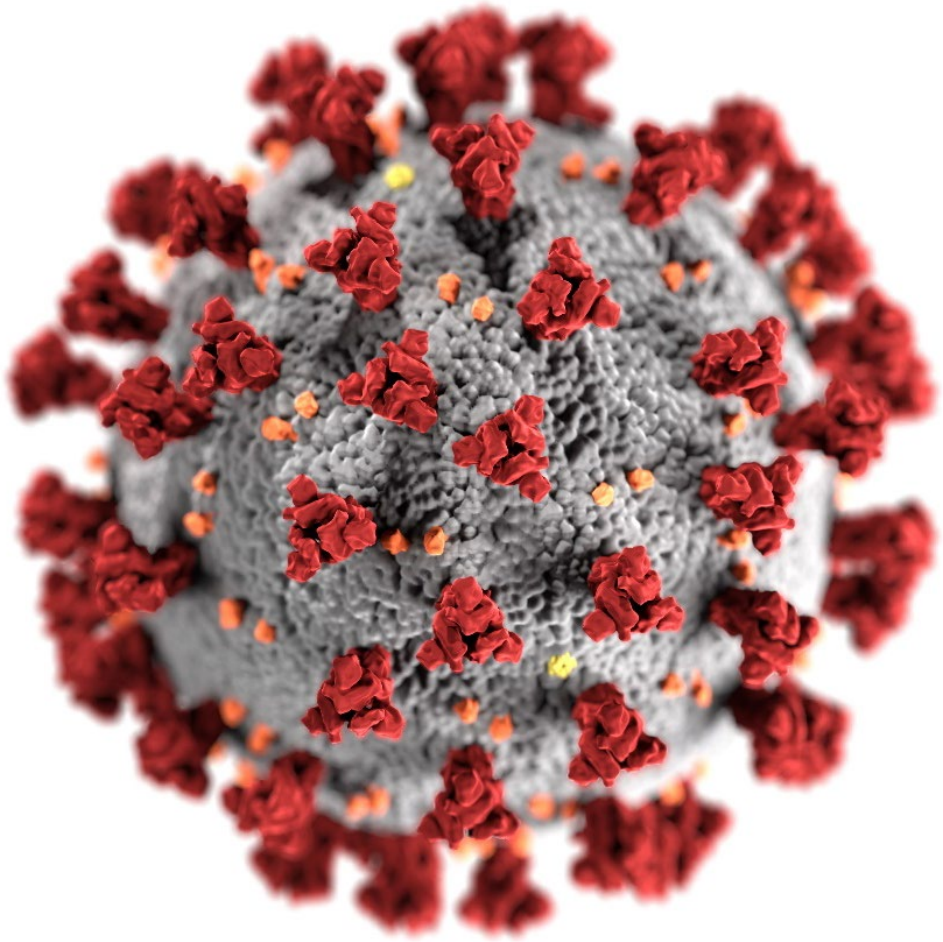
- Barbara DiPietro, PhD, Senior Director of Policy

Department of Veterans Affairs

- Dina Hooshyar, MD, MPH, Director, National Center on Homelessness Among Veterans (the Center), VHA Homeless Program Office

COVID-19 and Homelessness

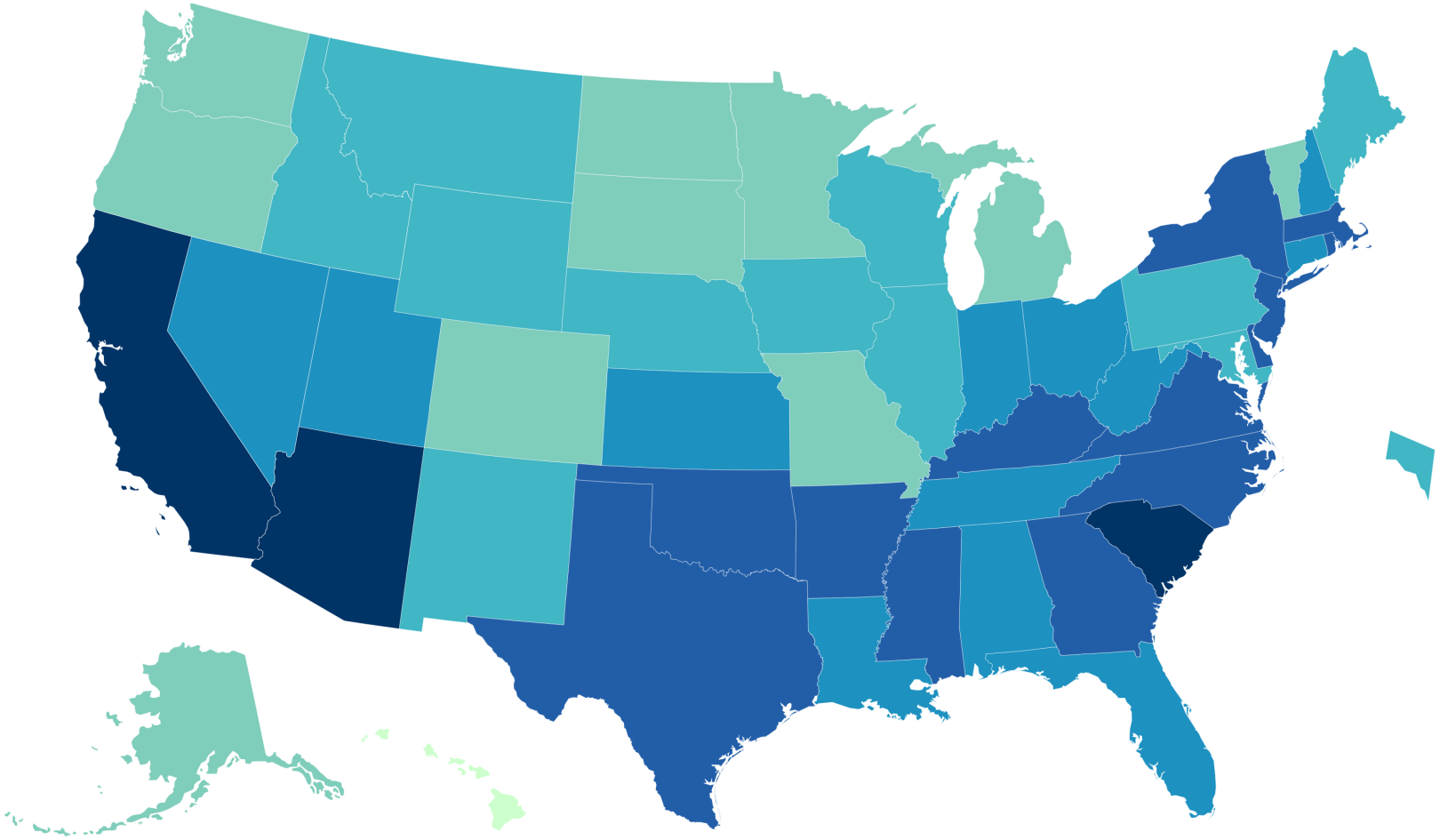
Updates



Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response

cdc.gov/coronavirus

COVID-19 cases per 100,000 people in the United States in the last 7 days



Territories

AS	FSM	GU	MP	PR	PW	RMI	VI

Average Daily Cases per 100,000 in Last 7 Days

- 0 - 11.9
- 17.5 - 30.9
- 34.4 - 46.6
- 51.3 - 60.2
- 61.9 - 76.5
- 86.2 - 95.8

CDC Vaccine Resources

Overall COVID-19 Vaccine Information:

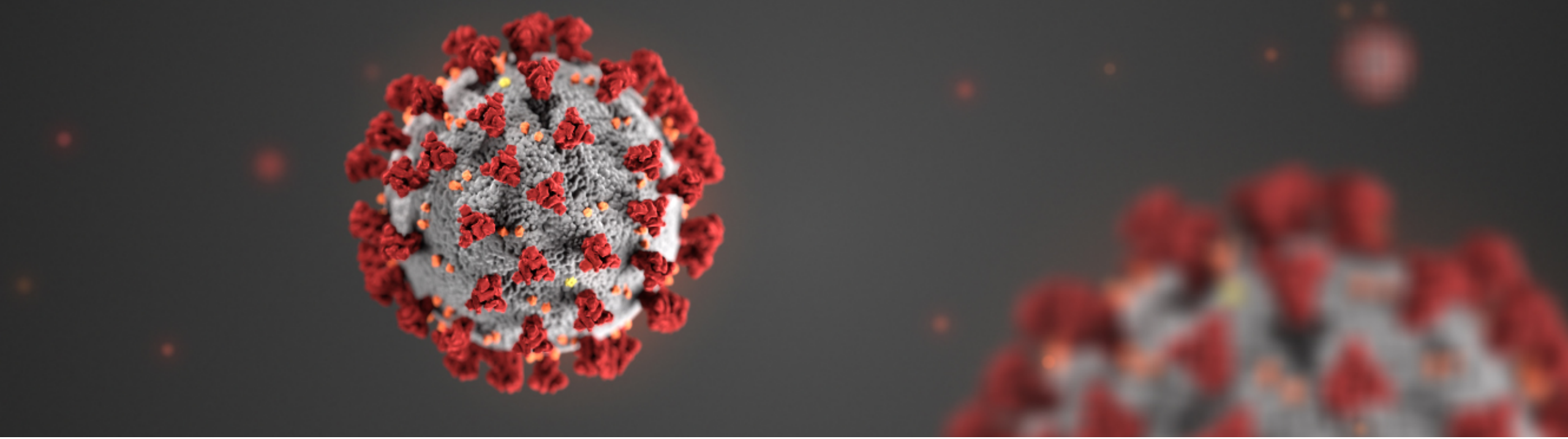
https://www.cdc.gov/vaccines/covid-19/index.html

COVID-19 Vaccine Frequently Asked Questions related to homelessness:

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

Vaccination for people experiencing homelessness guidance:

Coming soon



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

- Prevention to Promote Equity

Prevention to Promote Equity

- Use homeless prevention tools to address gaps in the housing safety net that disproportionately impact Black, Brown, Indigenous, and other historically disenfranchised communities
- Target assistance to those at risk for environmental and structural barriers that make the loss of housing more likely
  - Service decisions cannot be based on membership in a protected class (e.g., race, ethnicity, sex)
  - These decisions *can* be based on vulnerabilities that increase the risk of homelessness

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Guiding Principals

- Embed principals of equity throughout the design, implementation, and monitoring of targeted prevention activities
  - Partner with lived experience and expertise
  - Do engagement and outreach with communities, individuals, and organizations trusted by people with heightened risk of homelessness
  - Design screening tools to get to the population you mean to serve equitably
  - Find culturally responsive partners
  - Monitor outcomes across targeted households and bring data forward—consistently and transparently

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Develop Targeting Strategies that Promote Equity

- Use the Framework for Homeless Prevention to guide your approach
- Target vulnerabilities that increase the risk of housing instability and homelessness:
  - Households living in neighborhoods or zip codes where large numbers of people last resided before seeking housing assistance
  - Households living in neighborhoods with the highest rates of illness from COVID-19
  - Households with heightened risk of severe impact from COVID-19 exposure
  - Households with children younger than 2-years-old or households involved with child protective services
  - Households who have previously received assistance from the homeless system
- Conduct a Racial Equity Impact Assessment (REIA) to continue refining your approach and assure that your strategies do not perpetuate disparities

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Evaluating Outcomes

- Make sure you are collecting the data you need
- Know your system
- Identify meaningful measures that connect directly to the goals
- Consistently share data with stakeholders most impacted
- Determine how data will indicate success
- Monitor progress regularly

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

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Executive Director
Rochester/Monroe County Homeless Continuum of Care, Inc.
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Partners Ending Homelessness

Vaccine Experience: NY-500

- County Department of Public Health included congregate staff in an early phase
- The vaccination process:
  - Short notice for initial vaccinations
  - Scheduling with public health
- Vaccine acceptance rate
- Impacts on services
  - Staff with side effects

Partners Ending Homelessness

Vaccine Experience: NY-500

Lessons Learned:

- Know how many staff are in your system – unexpected number of per diem workers
- Build vaccine confidence in your staff
- Be prepared for uncomfortable conversations about priority

Partners Ending Homelessness

HUD VACCINE PRODUCTS

COMMUNICATION TOOLS

- New tools focused on engaging PEH in discussions about vaccination
- Client facing flyers
- Translating information into Spanish

2 Part Series: Talking to PEH about the Vaccine

Purpose of this series: Cover all aspects of how PEH can be engaged to increase vaccine confidence

1. Approach, Perspective Empathy
2. Public Health Questions and Concerns/Subpopulation Specific Information

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Using Incentives to Increase Vaccine Adherence

- Numerous studies, including a CDC task force review, confirm that incentives can increase overall rates of vaccination

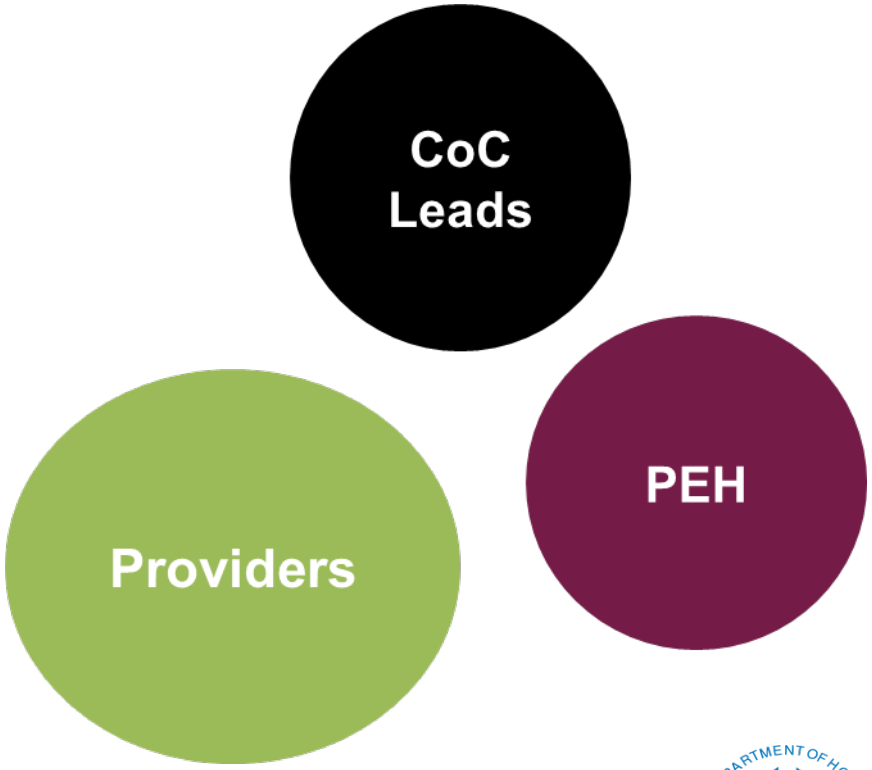
- Both monetary (e.g., cash payment, gift card) and non-monetary (e.g., meal vouchers, supplies) incentives have shown to be effective.

Evidence Indicates that Incentives ….

- Helped to build relationships/trust with providers
- Were most effective when designed with people with lived expertise
- Must be meaningful
- Work when paired with education, engagement, and interventions to ease access to vaccines (e.g., transportation, free/reduced cost of vaccination)

Incentives

- Social Media Post
- Sample Donor Message



LOGISTICS TOOLS

1. Vaccination in Congregate Settings: Event Types and Considerations
   - Onsite and Offsite Events

2. Congregate Event Checklist and Floorplan

3. Vaccine Planning Considerations (Data)

General Logistical Considerations

- When possible, bring the vaccine to PEH
- Rely on public health for their expertise in vaccination administration
- If possible, offer incentives, not a mandate
- Review privacy and information sharing policies
- When planning to vaccinate survivors, rely on DV partners to ensure safety and confidentiality throughout the vaccination process

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Planning

- Coordinate early and often with public health partners
- Quantify number of residents and staff in congregate settings
- Consider scheduling factors
- Set aside beds in shelter or hotel/motel space for people who may experience common side effects

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Trauma Informed Approach

Ensure a trauma-informed approach throughout this entire process - from planning through implementation - to make people experiencing homelessness feel comfortable with getting vaccinated

Staff Roles and Responsibilities

Delineate roles and quantify capacity needs for each type of vaccination event

- Determine how to identify and meet logistics needs specific different scenarios:
  - PEH travel to mass vax sites, pharmacies, or clinics
  - Vax teams come to shelters and/or other homeless service sites
- Pre-event planning in collaboration with public health, healthcare, and other partners

Establish teams with detailed assignments and timelines

- Utilize logistics and communications checklists in HUD and CDC vaccination guidance

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Communication

Post clear, simple, translated information *prior to* vaccination events

- Messaging must be tailored to the type and location of a given event
- Post day-of-event signage to facilitate safe and efficient traffic flow and adherence to safety guidelines such as masking and social distancing

Conduct pre-event planning to assure effective communication

- Between homeless services staff and external staff, e.g., public health or transit
- Between PEH and staff of all agencies involved
- Among homeless services provider staff members

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Transportation

- Detailed plan needed for safely and efficiently transporting clients for offsite vaccination
- Explore community transportation partnerships
- Research and create specific protocols to prevent virus transmission
- Explore ESG, CDBG, and/or HOPWA funding to cover costs
- Consider rural vs. urban logistical challenges
- Create a detailed communications plan that addresses the scheduling process and client support needs at an off-site event
- Proactive planning to be ready at a moment's notice

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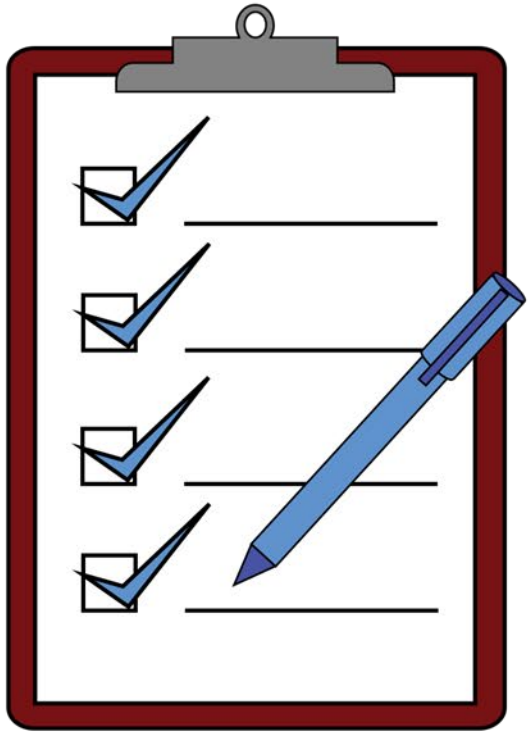
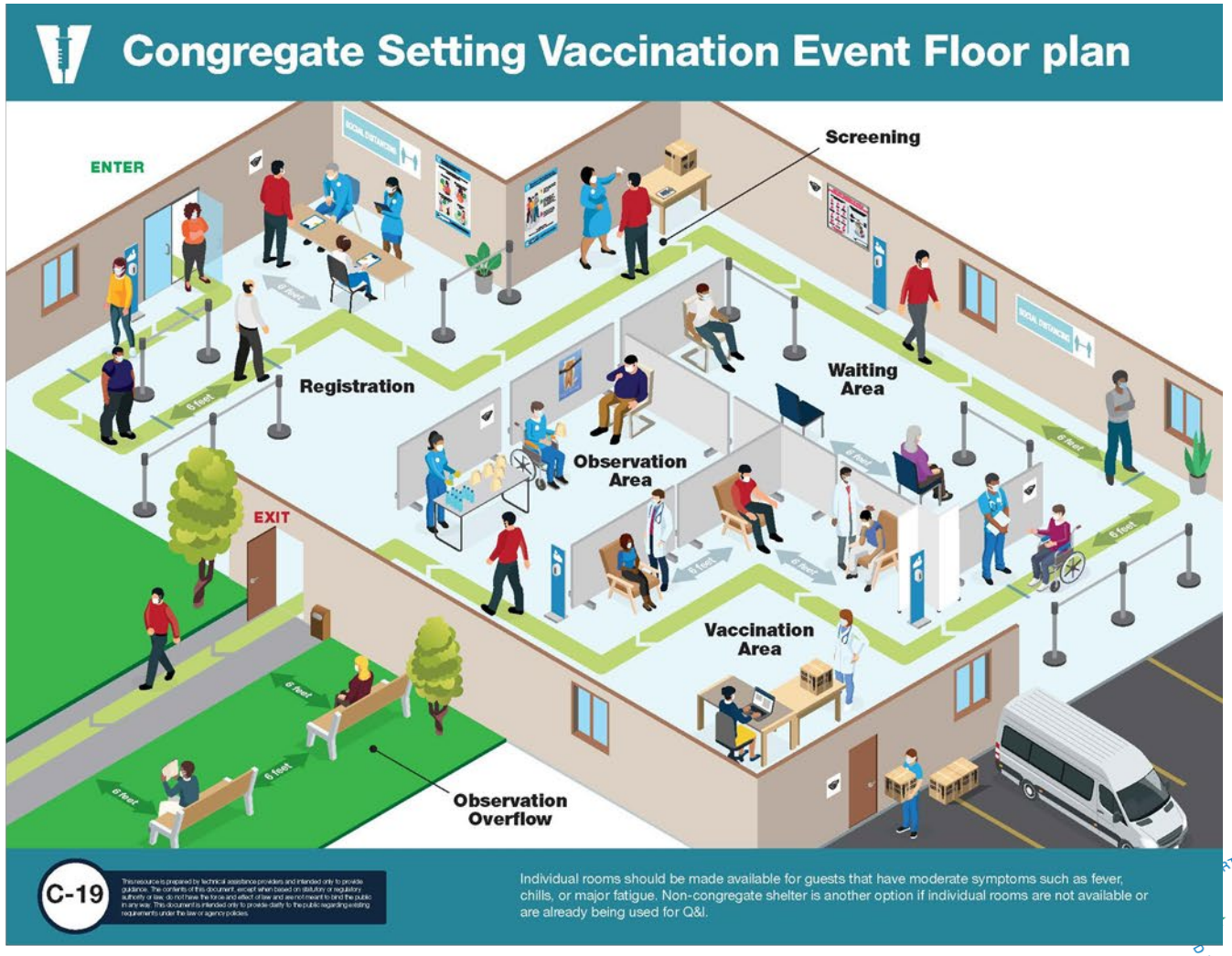
Congregate Event Checklist and Floorplan





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HUD Message

Vaccine Planning: Data Considerations

- Use your data to help inform public health about number of vaccines needed, and to start vaccine planning
- Determine how your CoC is going to be tracking vaccination data for program planning
- If you are going to use HMIS, don't wait for HMIS to start data collection
- Eye to the future: using your data to monitor for equity
- Another friendly reminder to update HMIS Privacy Policies

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Vaccine Planning: Funding HMIS Upgrades

Recommended Approach	Alternative Approach
States have an unprecedented amount of funding to serve people experiencing homelessness and vaccinating this population is a critical component of their work. HUD encourages state ESG-CV recipients to fund vaccination upgrades to data collection systems in support of local planning efforts.	Traditional HMIS funding mechanisms from local CoC Program HMIS grants and ESG entitlement CV and annual awards could fund these upgrades if coordination with the state is not an option.
Strategy	
States are encouraged to pay the HMIS vendor(s) directly. This eliminates the need for different jurisdictions that may use the same HMIS software to submit multiple invoices for costs incurred. This will ultimately reduce the cost to the state and allow the states to more effectively use their funding for direct services.	CoC or Entitlement jurisdiction pays for the upgrade to the system individually with the HMIS vendor.

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Work with Public Health to Reduce Barriers to Vaccine Access

- Ensure equitable vaccine access by reducing barriers for PEH
- Some states/localities are requiring information/documentation that providers or PEH may not have at the time of registration
- CoCs and providers should work with public health to streamline this process, reduce barriers, and collect only the information necessary for tracking purposes

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New Resources Posted

- COVID-19 Homeless System Response: Vaccine Planning and Distribution - HUD Exchange
  - How to Build Staff Confidence in COVID-19 Vaccines
  - Preparing Staff for the COVID-19 Vaccine Communication and Confidence Checklist
  - Preparing-Staff for the COVID-19 Vaccine Meeting Template
  - COVID-19 Vaccination Conversation Tips for Homeless Service Providers
  - Vaccine Ambassador Program and Job Description
  - Questions to Assist CoCs and Public Health Authorities to Plan and Prepare for Vaccine Distribution
  - Vaccine Planning and Distribution Roles and Responsibilities

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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

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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

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Q & A