Office Hours:
COVID-19 Planning and Response

January 8, 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:
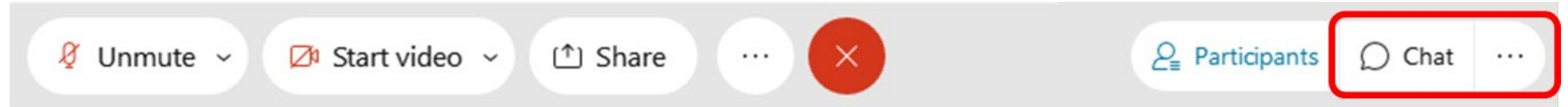
https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours

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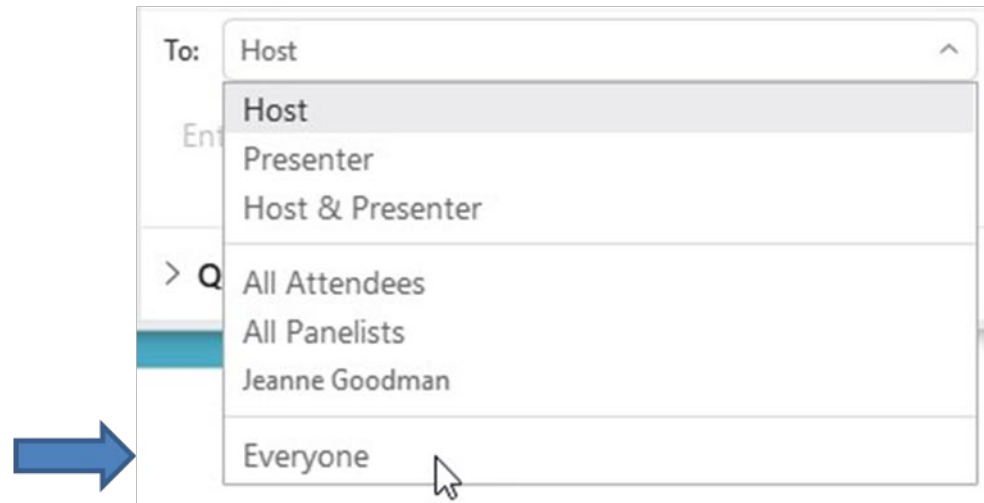
    +1-415-655-0002   Access code: 610 976 677

    (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
  - Karen DeBlasio
  - Marlisa Grogan
  - Brett Esders
  - Ebony Rankin
  - William Snow

- David Canavan, HUD TA, Canavan Associates
- Brian Roccapriore, HUD TA, The Cloudburst Group
- Michele Williams, HUD TA, Michele S. Williams, LLC

University of California San Francisco Center for Vulnerable Populations

- Margot Kushel Rausch, MD, Director, Benioff Homelessness and Housing Initiative
- Cynthia Nagendra, JD, Executive Director, BHHI

Speakers & Resource Advisors

Centers for Disease Control and Prevention

- Nathan Furukawa, MD, MPH, Vaccine Task Force, CDC Covid-19 Response
- 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
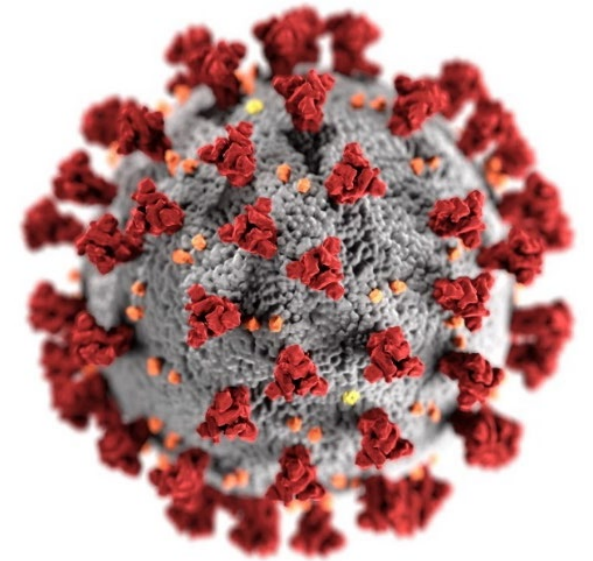
Department of Veterans Affairs

- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office

What we know about COVID-19

- Infection with SARS-CoV-2, the virus that causes COVID-19, can result in a range of illnesses, from mild symptoms to severe illness and death.

- We don't know how SARS-CoV-2 will affect each person.

- Some people are more likely than others to become severely ill, such as older adults (65+ years) or people with certain medical conditions.

How to prevent COVID-19

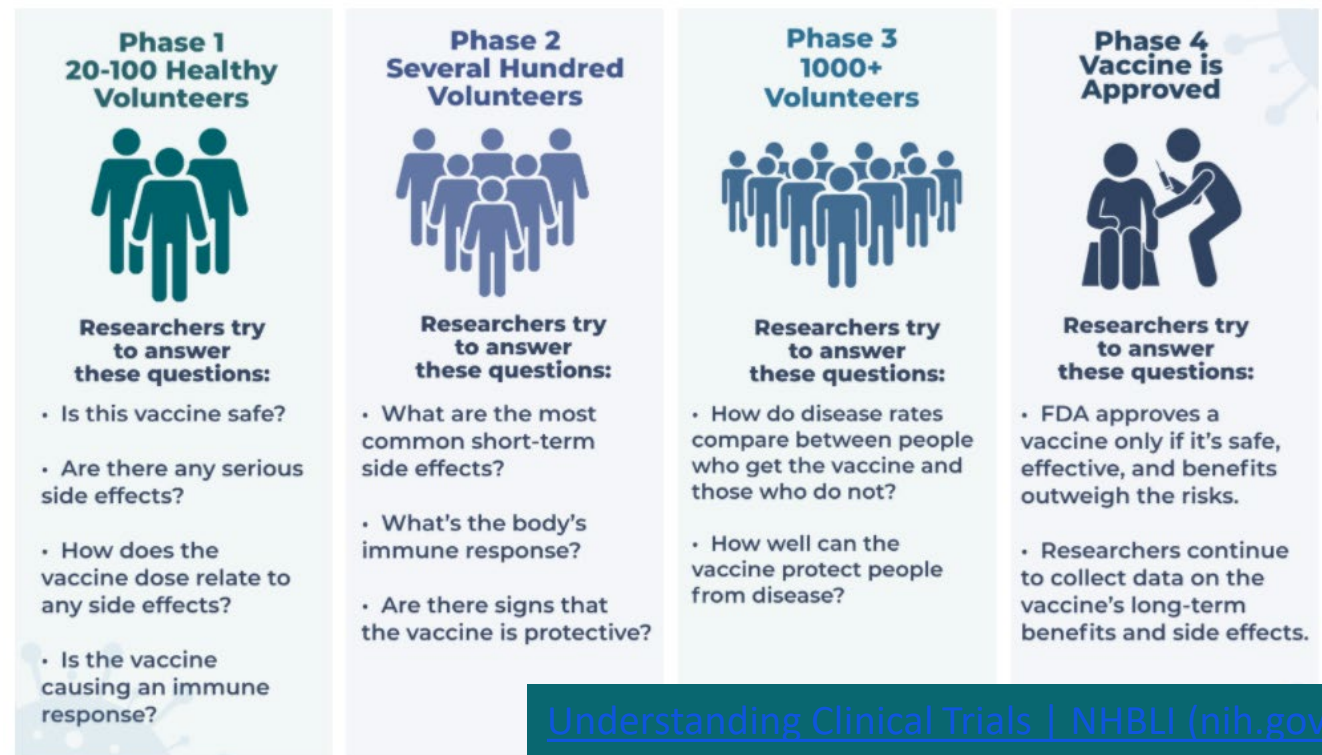- Wear a mask that covers your mouth and nose.
- Avoid close contact with others. Stay at least 6 feet (about 2 arms' length) from other people.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean and disinfect frequently touched surfaces daily.
- Wash hands often with soap and water.
- Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.
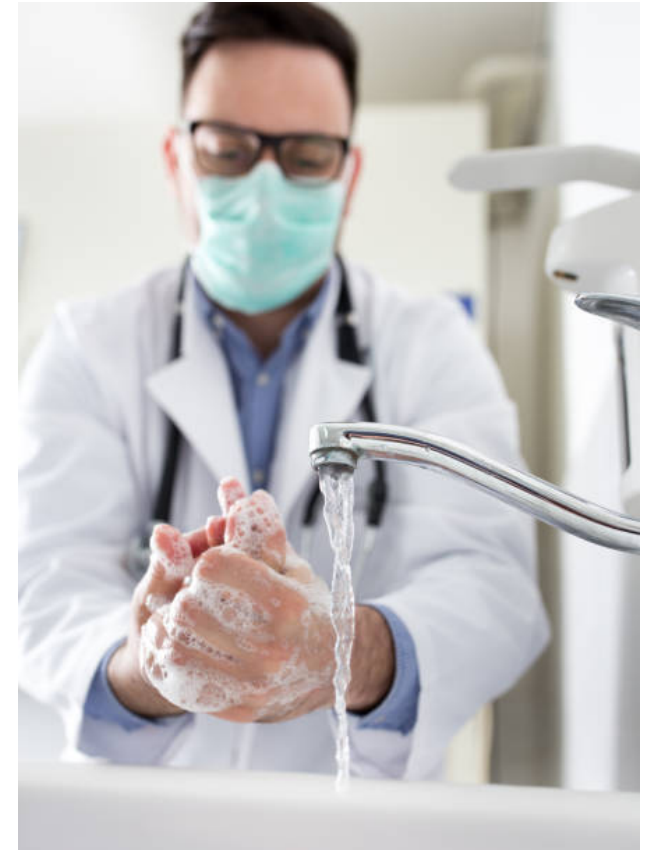
Adding new measures for prevention: COVID-19 vaccines

- Multiple COVID-19 vaccines are in development, several of which are in large scale (Phase 3) trials.

- FDA's Emergency Use Authorization is a process that helps facilitate the availability and use of medicines and vaccines during public health emergencies, such as the current COVID-19 pandemic.

- COVID-19 vaccines are being held to the **same safety standards** as all vaccines.

Phase 1
20-100 Healthy Volunteers

Researchers try to answer these questions:

· Is this vaccine safe?

· Are there any serious side effects?

· How does the vaccine dose relate to any side effects?

· Is the vaccine causing an immune response?

Phase 2
Several Hundred Volunteers

Researchers try to answer these questions:

· What are the most common short-term side effects?

· What's the body's immune response?

· Are there signs that the vaccine is protective?

Phase 3
1000+ Volunteers

Researchers try to answer these questions:

· How do disease rates compare between people who get the vaccine and those who do not?

· How well can the vaccine protect people from disease?

Phase 4
Vaccine is Approved

Researchers try to answer these questions:

· FDA approves a vaccine only if it's safe, effective, and benefits outweigh the risks.

· Researchers continue to collect data on the vaccine's long-term benefits and side effects.

Understanding Clinical Trials | NHBLI (nih.gov)

COVID-19 vaccines expected to receive FDA Emergency Use Authorizations (EUAs)

- Two vaccines expected to receive Emergency Use Authorizations (EUAs) from the FDA:
  - **Pfizer/BioNTech (BNT162b2):** 2 doses given at least 21 days apart
  - **Moderna (mRNA-1273)**: 2 doses given at least 28 days apart
- Both vaccines were tested in tens of thousands of adults from diverse backgrounds, including older adults and communities of color.
- Clinical trial data show that both vaccines are safe and effective at preventing COVID-19.
- It is unknown how long protection from vaccines might last.

COVID-19 vaccine trials by the numbers
As of November 30, 2020

Pfizer/BioNTech

- **43,931** enrolled
- **150** clinical sites
  - **39** U.S. states
- Racial/ethnic distribution
  - **13% -** Hispanic
  - **10% -** African American
  - **6% -** Asian
  - **1% -** Native American
- **45%** ages 56-85

Moderna

- **30,000** enrolled
- **89** clinical sites
  - 32 U.S. states
- Racial/ethnic distribution
  - **20% -** Hispanic
  - **10% -** African American/Black
  - **4% -** Asian
  - **3% -** All others
- **64%** ages 45 and older
  - 39% ages 45-64
  - 25% ages 65+

These COVID-19 vaccines are mRNA vaccines.

- mRNA vaccines teach our cells how to make a harmless piece of the "spike protein" for SARS-CoV-2.
  - After the protein piece is made, the cell breaks down the instructions (the mRNA) and gets rid of them.
- Cells display this piece of spike protein on their surface, and an immune response is triggered inside our bodies. This produces antibodies to protect us from getting infected if the SARS-CoV-2 virus enters our bodies.
- mRNA vaccines do not use the live virus that causes COVID-19. They **CANNOT** give someone COVID-19.
- mRNA vaccines **DO NOT** affect or interact with our DNA in any way.

Source: Understanding and Explaining mRNA COVID-19 Vaccines | CDC

About these COVID-19 mRNA vaccines

- These mRNA vaccines are expected to produce side effects after vaccination, especially after the 2nd dose.

- Side effects may include:
  - fever
  - headache
  - muscle aches

- No significant safety concerns were identified in the clinical trials.

- At least 8 weeks of safety data were gathered in the trials. It is unusual for side effects to appear more than 8 weeks after vaccination.

Fast-tracking COVID-19 vaccines while ensuring safety

- Researchers used existing networks to conduct COVID-19 vaccine trials.

- Manufacturing began while clinical trials are still underway. Normally, manufacturing doesn't begin until after completion of the trials.

- mRNA vaccines are faster to produce than traditional vaccines.

- FDA and CDC are prioritizing review and authorization of COVID-19 vaccines.

*For more information, visit the COVID-19 Prevention Network:
www.coronaviruspreventionnetwork.org/about-covpn

Safety of COVID-19 vaccines is a top priority.

- COVID-19 vaccines are being held to the **same safety standards** as all vaccines.

Before authorization
- **FDA** carefully reviews all safety data from clinical trials.
- **ACIP** reviews all safety data before recommending use.

After vaccine authorization
- **FDA** and **CDC** closely monitor vaccine safety and side effects.

Monitoring vaccine safety is a regular, ongoing part of vaccine development.

- **Existing** systems and data sources are used to monitor safety of vaccines after they are authorized or licensed, such as:
  - Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Clinical Immunization Safety Assessment (CISA)
  - Biologics Effectiveness and Safety System (BEST)
- **New** systems are being developed to monitor vaccine safety, such as **v-safe:**
  - Active surveillance that uses text messaging to initiate web-based survey monitoring
  - Any clinically important events reported by a participant would be sent to VAERS for follow-up

COVID-19 vaccination will help protect you from COVID-19.

Getting a COVID-19 vaccine...

- Will help create an immune response in your body against the virus.
- May help keep you from getting severely ill, even if you do get COVID-19.

- Can protect your family, your coworkers, and patients.

COVID-19 vaccination is a safer way to build protection.

- Getting the virus that causes COVID-19 may offer some natural protection, known as immunity. But experts don't know how long this protection lasts.
- The risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity.
- COVID-19 vaccination will help protect you by creating an antibody response without the risk of severe illness.

Vaccination is one measure to help stop the pandemic.

- While COVID-19 mRNA vaccines appear to be highly effective, additional preventive tools remain important to limit the spread of COVID-19.
- The combination of getting vaccinated and following CDC recommendations to protect yourself and others offers the best protection from COVID-19.
  - Cover your nose and mouth with a mask.
  - Avoid close contact. Maintain social distancing.
  - Clean and disinfect.
  - Wash your hands.

The facts:
COVID-19 mRNA vaccines will not give you COVID-19.

- **None** of the COVID-19 vaccines in use or under development use the live virus that causes COVID-19.

- People can experience normal side effects, such as fever, after vaccination. These side effects are signs that the body is building immunity.

- It takes a few weeks for the body to build immunity after vaccination. A person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection.

The facts:

COVID-19 mRNA vaccines will not cause you to test positive on COVID-19 viral tests.

- Vaccines currently authorized for use or in development won't cause you to test positive on viral tests, which are used to see if you have a **current infection**.

- There is a possibility you may test positive on some antibody tests, which show **previous infection**. This would indicate that the vaccine likely triggered an immune response in your body and that you may have some level of protection against the virus.

The facts:

People who have gotten sick with SARS-CoV-2, the virus that causes COVID-19, may still benefit from vaccination.

- People may be advised to get a COVID-19 vaccine even if they have already had the virus. This is because a person can become infected with the virus more than once.

- At this time, experts do not know how long someone is protected from getting sick again after recovering.

What to expect before, during, and after COVID-19 vaccination

Before
- Learn about COVID-19 vaccines.
- See if COVID-19 vaccination is recommended for you.

During
- Read the fact sheet that tells you about the specific COVID-19 vaccine you receive.
- Receive a vaccination record card.

After
- With most COVID-19 vaccines, you will need two shots.
- Expect some side effects.
- Enroll in v-safe.
- Continue using all the measures to protect yourself.

Protect yourself, your family, friends, coworkers, patients, and community. Get vaccinated.

- Choose to get vaccinated yourself when it is available to you.

- Participate in **v-safe** and help CDC monitor for any health effects after vaccination.

- Share your experience with coworkers, friends, and family.

- Know the basics about the COVID-19 vaccine. Help answer questions from your family and friends.

- Visibly show you received a vaccine, such as by wearing a sticker or button.

Learn more!

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.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.

CRITICAL POLICY ISSUES

Vaccine Planning : Roles and Responsibilities

- Developing an effective vaccination strategy for people experiencing homeless requires the coordination of many partners including homeless service systems.

- Vaccination presents a critical opportunity to shield people experiencing homelessness from severe illness or death caused by the virus.

- Effective and equitable vaccine distribution requires contributions from a cross-section of critical community stakeholders.

Vaccine Planning : Roles and Responsibilities

Everyone has a role to play in designing strategies to:

- Build a network of trusted health care providers to assist with vaccine administration

- Ensure persons experiencing homeless have access to the vaccine

- Track vaccination at the individual level to ensure people receive the required two doses

- Meaningfully engage with staff and PEH to increase trust and willingness to get the vaccine and integrate PEH in vaccine distribution planning

- Ensure essential staff and PEH are prioritized for the vaccine who are at high risk of exposure, transmission, and severe illness

Using ESG Funds for Vaccine Distribution

- Annual ESG and ESG-CV grant funds can be used for a wide range of vaccine distribution activities. Recipients can advance funds to help sub-recipients with vaccine roll out.

- Eligible vaccine-related costs under the ESG Program include:

	Emergency Shelter	Street Outreach
Renting spaces for vaccine events	✓ Outpatient Health Services	✓ Emergency Health Services
Hiring vaccine ambassadors to engage/educate peers about the vaccine	✓ Case management	✓ Engagement ✓ Case management
Transporting people to/from vaccine events	✓ Transportation	✓ Transportation
Mobile outreach vans and staff to support vaccine distribution	X	✓ Emergency Health Services
Staff training on vaccine and rollout strategies	✓ Training	✓ Training
PPE and supplies at vaccine events	✓ Operations	✓ Emergency Health Services

Exclude Vaccination Status from Housing Prioritization

- Under HUD and CDC guidance, communities adjusted Coordinated Entry (CE) processes to identify and prioritize housing for persons at risk of severe illness from COVID-19.

- HUD expects those adjustments to remain in effect throughout the pandemic.

- Vaccination status should be excluded from decisions about who is prioritized for housing.

- CoCs should continue to look out for and address any racial disparities in housing outcomes that result from CE systems.

Ensure Essential Staff and People Experiencing Homelessness are Prioritized

- Vaccination is a highly effective method for preventing the spread of infectious disease.

- Vaccine supplies are limited; states have established a phased vaccine roll out plan

- According to the CDC, increased rates of transmission have been observed in congregate living settings, such as homeless shelters; many shelter residents also have health risks which are prioritized for Phase 1 access to the vaccine

- Homeless service staff are also considered essential workers and should be prioritized for the vaccine in accordance with state plans

HUD concurs with CDC guidance that:

1. Homeless services staff are essential workers and should be prioritized for Phase 1

2. Homeless shelters meet the definition of congregate settings and should be prioritized

3. Systemic racism, stigmatization of homelessness, and trauma experienced by racial and ethnic minority groups have led to diminished trust in healthcare systems. To improve vaccine confidence, communities must provide easily understandable and consistent vaccine information to staff and PEH.

Vaccine Planning: Things to consider now

- CoCs can assist public health authorities with quantifying people experiencing homelessness to provide local decision-makers with an estimated number of vaccines needed
- Use existing data sets:
  - Point in Time Counts
  - Community Prioritized Lists
  - HMIS data

Vaccine Planning: Things to consider now

- With the data sets listed, CoCs should be able to produce the following information:
  - Number of people experiencing homelessness living in congregate settings and unsheltered locations
  - Number of frontline staff (essential workers)
- Map where congregate settings and encampments are located and the approximate number of individuals in each location (ex. 123 Main Street ≈ 50 people)
- Check in on HMIS Privacy Policies

COVID-19 Testing and Vaccination Strategies
for People Experiencing Homelessness

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January 8, 2021

UCSF Benioff Homelessness and Housing Initiative (BHHI)

- BHHI is a research and policy center at UCSF focused on homelessness, housing, and health

- BHHI strives to prevent and end homelessness by identifying, evaluating, and amplifying research-driven solutions

- BHHI:
  - responds to questions the field has to further policy objectives
  - conducts rigorous and policy-oriented research
  - translates evidence into action and policy recommendations
  - communicates findings to various stakeholders
  - informs effective, scalable homelessness and housing policies, innovative strategies, and realistic solutions to prevent and end homelessness in the San Francisco Bay Area, California, and across the United States

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BHHI COVID-19 Testing Studies

# Overview of Unhoused Testing Studies in 2 Districts in San Francisco

Purpose

- Determine the prevalence of COVID-19 infections in people experiencing homelessness (PEH) in 2 Districts in San Francisco with the highest rates of homelessness

- Develop testing model for COVID-19 testing and treating in homeless populations

- Develop mitigation strategies

- Evaluate attitudes towards vaccinations to inform vaccine roll-out strategies

- Learn effective practices for community health outreach and engagement for testing, tracing, and support services

Overview of Unhoused Testing Studies in
2 Districts in San Francisco
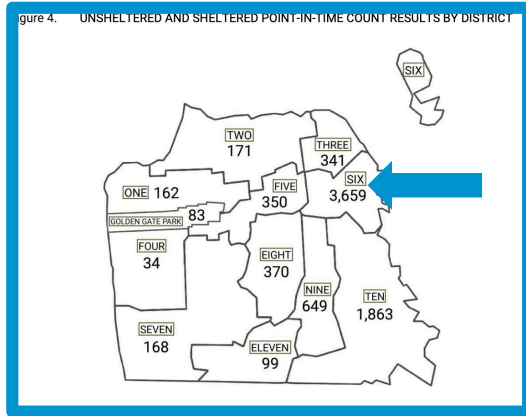
- **District 6:**
  - Highest # (3,659) People Experiencing Homelessness (PEH) in San Francisco as of 2019 PIT Count
 - October 10-11, 2020
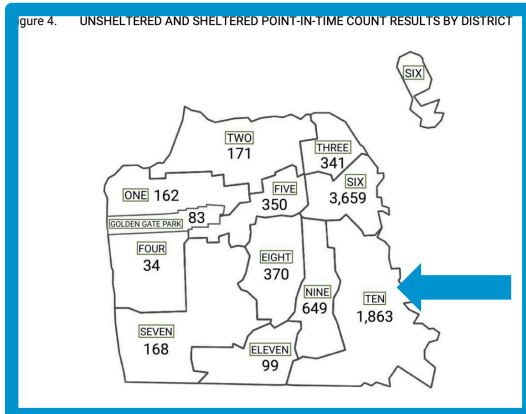
- **District 10:**
  - 2nd highest # of PEH in San Francisco
  - 29% (1528) of SF's unsheltered population
  - Highest # of unsheltered PEH who are Black/African-American
  - June 6 -7, 2020

Overview of Testing Studies: Planning

- **Planned in collaboration between UCSF, SF Dept of Public Health (DPH), Community Agencies**
  - Develop collaborative agreements and process for reporting
  - Delineate roles and responsibilities
  - Partner with community service agencies

- **Hired Community Health Outreach Workers (CHOWs)**
  - <u>Hired</u> through community-based agencies
  - Trained on COVID information, FAQ, links to resources
  - Peers, outreach experts, people with lived experience with knowledge of local area/PEH
  - Performed outreach prior to the events
  - Led mobile testing teams during the testing events
  - Provided after-care to COVID+ alongside SF DPH team

- **Recruited and trained volunteers (remotely) for various roles**

- **Brought technology to the field**
  - Tablets with wi-fi hotspots: collect data and information for California COVID reporting to generate reports to local and state DPH

United in Health

D10 - Unhoused
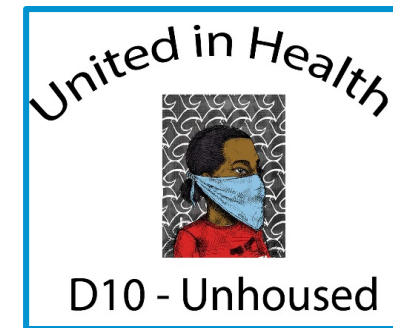
Overview of Testing Events: Execution

- **Testing:**
  - Deployed mobile testing teams to engage and test unsheltered people, encampments, safe sleeping sites, people in vehicles
  - Created pop-up testing site event outside a central community services agency
  - Offered PCR Test (Nasal Swab) + Antibody Test (Blood Test)
  - Had capacity to adjust as needed

- **Data:**
  - Collected reportable data and extensive contact information
  - Administered questionnaire to all participants: demographic, health information, health practices (e.g. mask wearing, access to care)
  - Conducted 50+ ethnographic and qualitative research interviews with participants, non-participants (people who did not want to get tested), and CHOWs

- **Incentives:**
  - Provided $10 gift card, gift bag, food

- **Services:**
  - Provided linkages to care and resources for people with symptoms and COVID+ individuals

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Results: Low Prevalence

- We found very low prevalence active disease

- Consistent with lower risk for COVID in unsheltered population as compared to sheltered population

Vaccine Acceptability

San Francisco Studies: Vaccines had high acceptability among PEH who were willing to do COVID testing

- 70% of testing participants were very or somewhat willing to receive the COVID-19 vaccine
  - Interviews done prior to vaccine efficacy data release and FDA EUA
  - Major limitation: ONLY includes those who agreed to COVID testing

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HOPE HOME Study: 50% vaccine acceptability

- Longitudinal cohort study of older homeless adults
  - 55 and older
  - 80% Black Americans
  - 34% very and 15% somewhat (overall: 50% "willing") to get COVID vaccine
    - 12% definitely unwilling
    - Interviews conducted prior to EUA

Major Themes from Qualitative Interviews (SF testing events and HOPE HOME Study)

- Needed to be reassured about safety prior to taking vaccine
  - Doing own research via internet, trusted sources
  - Fears of being the "first"
- Community safety is motivating force
- Concerns that vaccines themselves can make you sick
- Distrust in government
  - CDC cited as trusted source
- These concerns reflect what we see in much of the population!

Key Lessons
for Vaccinations

Key Lessons Relevant for Vaccinations

- ## Prioritization

    - Unsheltered population logistically harder and lower risk for COVID; consider starting with sheltered population

    - Shelter in Place/Non-congregate Shelter (Hotels/Motels) should be lower risk but higher risk population – high priority

- ## Collaboration

    - Need to engage multiple systems

    - Strict reporting requirements (will be true for vaccines as well)

        - Public health, health providers, CBOs, homeless system

        - Start those conversations now!

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Key Lessons Relevant for Vaccinations

- Community Health Outreach Workers: Preparation for vaccination

Wood and Schulman NEJM 2021
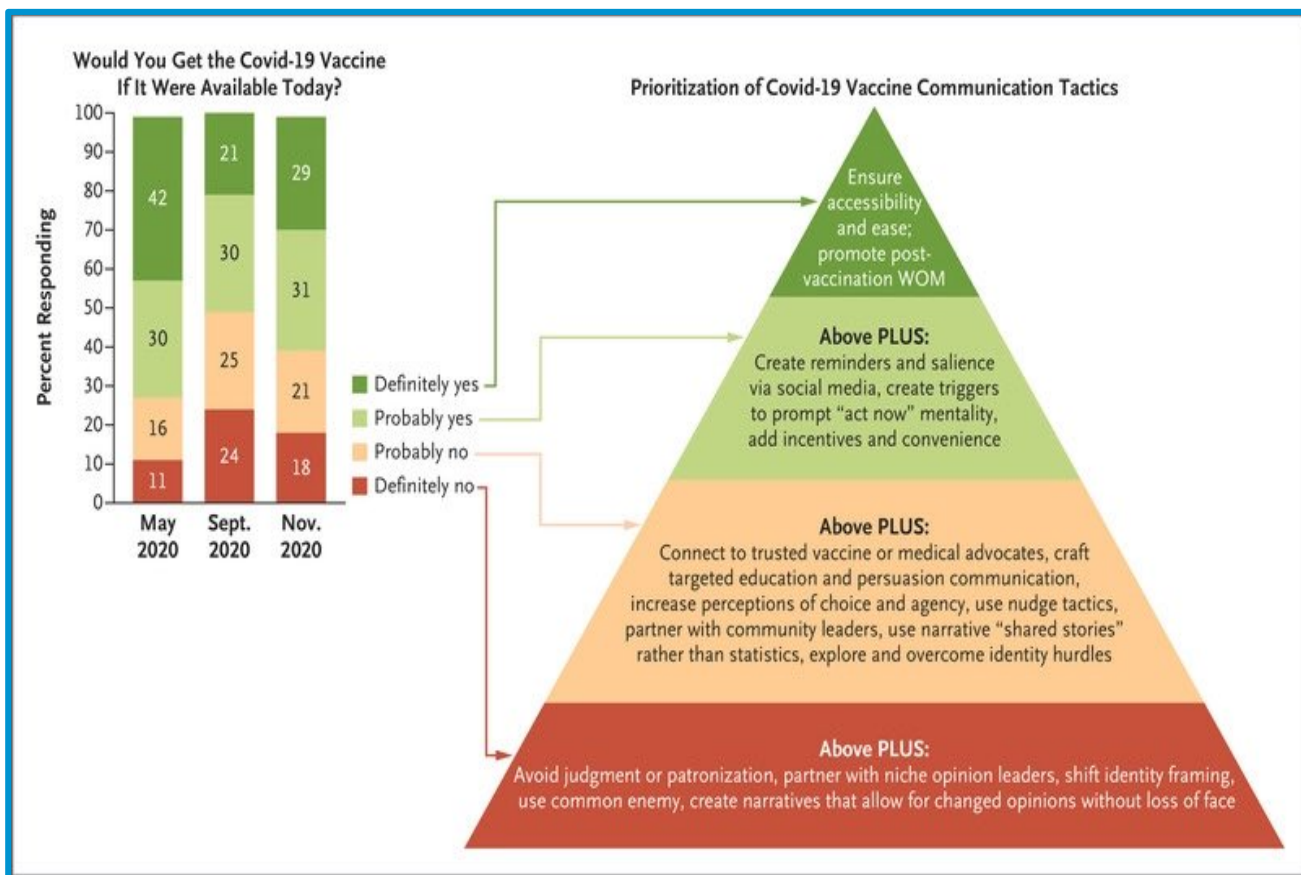
- Trained/partner with health care
- Outreach to identify willingness to get vaccine, elicit concerns
- Targeted outreach/education depending on acceptability
- Develop messaging
- Plan for incentives

Key Lessons Relevant for Vaccinations

- **Safety**
  - PPE, training, use outdoor spaces, socially distant

- **Technology**
  - Data platforms to track vaccinations and key information
  - Reporting to State databases/public health
  - Communication with health systems

- **Incentives!**
  - Non-coercive
  - Increase incentive for second vaccine

Key Lessons Relevant for Vaccinations

Emergency Shelters (Congregate) and Shelter-in-Place (Non-congregate)

- Higher risk, logistically easier

- Ideally - on site!

- Start with staff - high risk, will build trust
    - Identify champions from within staff/guests

- Start conversations with public health
    - Ideally - vaccines brought to site
    - Identify location
        - Allow for 15-30 minute socially distanced observation site after vaccination

- Plan for second vaccine—particularly if anticipating guest turnover
    - Contact information, reminders

- Plan for managing side effects
    - More common after second vaccine (fever, chills, headaches—mimic COVID sxs)

- Plan for information: can't stop social distancing, masks etc!!!

Key Lessons Relevant for Vaccinations
Unsheltered Populations

- Mobile vaccinations likely best strategy
  - Logistically complex
  - Mobile tech

- Develop partnerships
  - CHOWs begin outreach long before vaccinations
  - CHOWs accompany teams to vaccinate
  - CHOW/vaccinator/information/HCP to monitor symptoms

- Reinforce need for continued safety practices

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Key Lessons Relevant for Vaccinations
Unsheltered Populations

- Key information needed for follow-up
  - (Will be essential for second vaccine)
  - Name, nickname, location, contacts (multiple), tent color, phone numbers, emails, social media
- CHOWs to identify people who need second vaccine
- Clear information re: expectations
  - Side effects, second vaccine
- Plan for side effects, particularly with second vaccine

Questions

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UCSF

IRS

What You Need to Know About the Second Economic Impact Payments

Automatic Payments

Most people don't need to take any steps to receive a payment. People can check the status of their payments using the *Get My Payment* tool, available in English and Spanish, only on IRS.gov.

Eligibility

Generally, to be eligible for the second Economic Impact Payment, a person must:

- have a valid work-eligible Social Security number
- meet income requirements
- not be a dependent of someone else

*Note: Eligibility expanded for some families. Visit **IRS.gov/EIP** for details.*

$600 for individuals

Eligible individuals with adjusted gross income up to $75,000 on a 2019 federal tax return will receive the full $600 payment.

$1,200 for married couples

Eligible married couples with adjusted gross income up to $150,000 on a joint return for 2019 will receive the full $1,200 payment.

$600 per child

People can also get an additional $600 for each qualifying child under 17.

Income and other limits apply.

Recovery Rebate Credit

Eligible people who didn't receive one or both Economic Impact Payments or didn't get the full amount for which they're eligible can claim a Recovery Rebate Credit when they file their 2020 tax return.

New Resources Posted

- [Housing Surges- Special Considerations for Targeting People Experiencing Unsheltered Homelessness](#)

- [Special Population Rehousing Strategy- People Experiencing Unsheltered Homelessness](#)

- [Webinar: Environmental Reviews for COVID-19 Projects](#)

- [Victim Service Provider- Comparable Database ESG-CV Project Set Up Tips](#)

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