# 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:

  1-855-797-9485        Access code: 610 976 677

# Chat Feature

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

Be certain the To field is set to **All Participants**

An orange dot on the Chat icon indicates that you have unread messages.
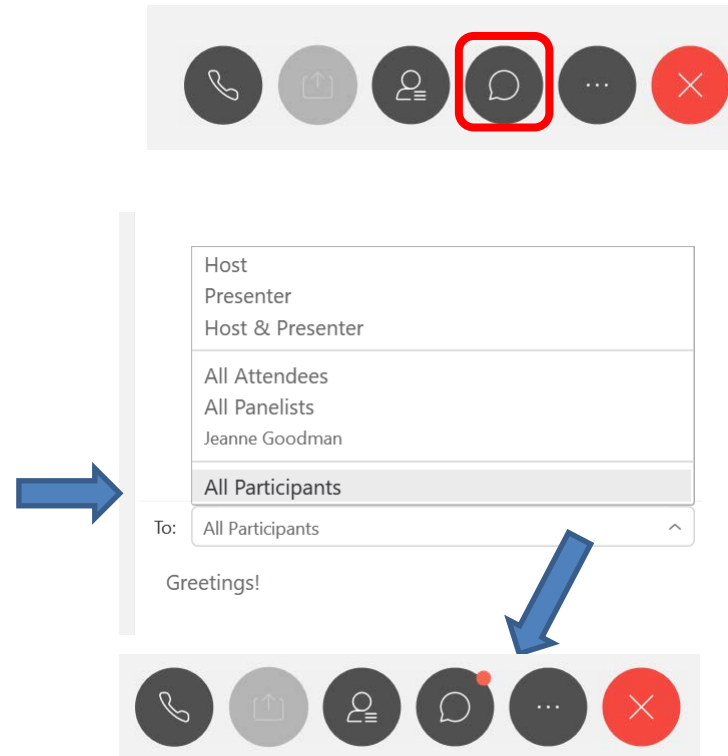
# Speakers & Resource Advisors

## Department of Housing and Urban Development

- Office of Special Needs Assistance Programs
  - Norm Suchar
  - Ebony Rankin
  - William Snow
  - Brett Esders

- Todd Richardson, General Deputy Assistant Secretary, Office of Policy Development and Research

- David Canavan, Canavan Associates

# Speakers & Resource Advisors

## Centers for Disease Control and Prevention

- Martha Montgomery, MD, MHS, COVID-19 Response, Homelessness Unit, Epidemiology and Surveillance Branch

## National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy

## Department of Veterans Affairs

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

# *Notes from HUD's research office:*
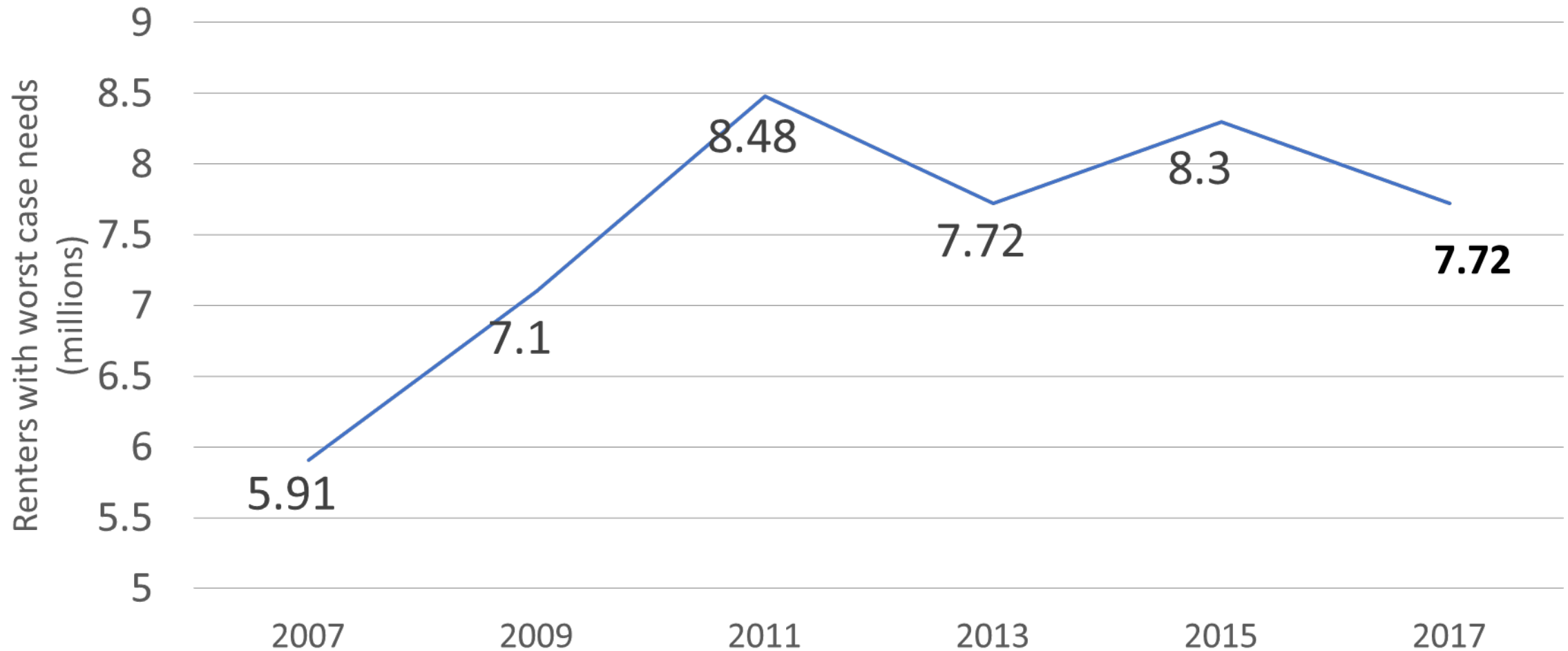# Tracking renter housing needs during the pandemic

July 24, 2020
Todd Richardson, GDAS
HUD-PDR

# PART 1 of 3
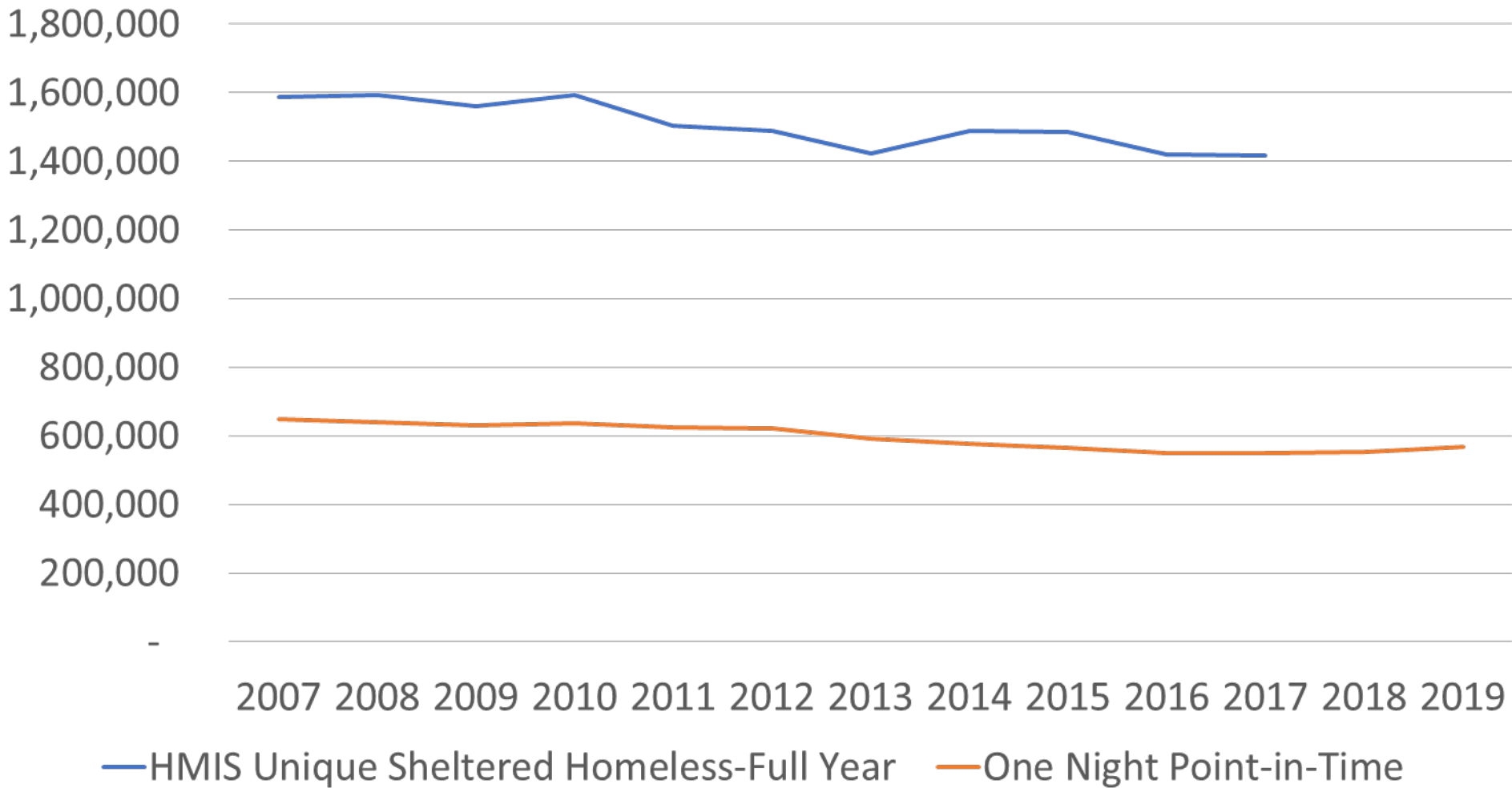Before the Pandemic (briefly)

# Renters with Worst Case Housing Needs 2007-2017



Source: Watson 2020

7/27/2020

# Homeless Counts 2007 to 2019

Source: Henry et al. 2018 & 2019

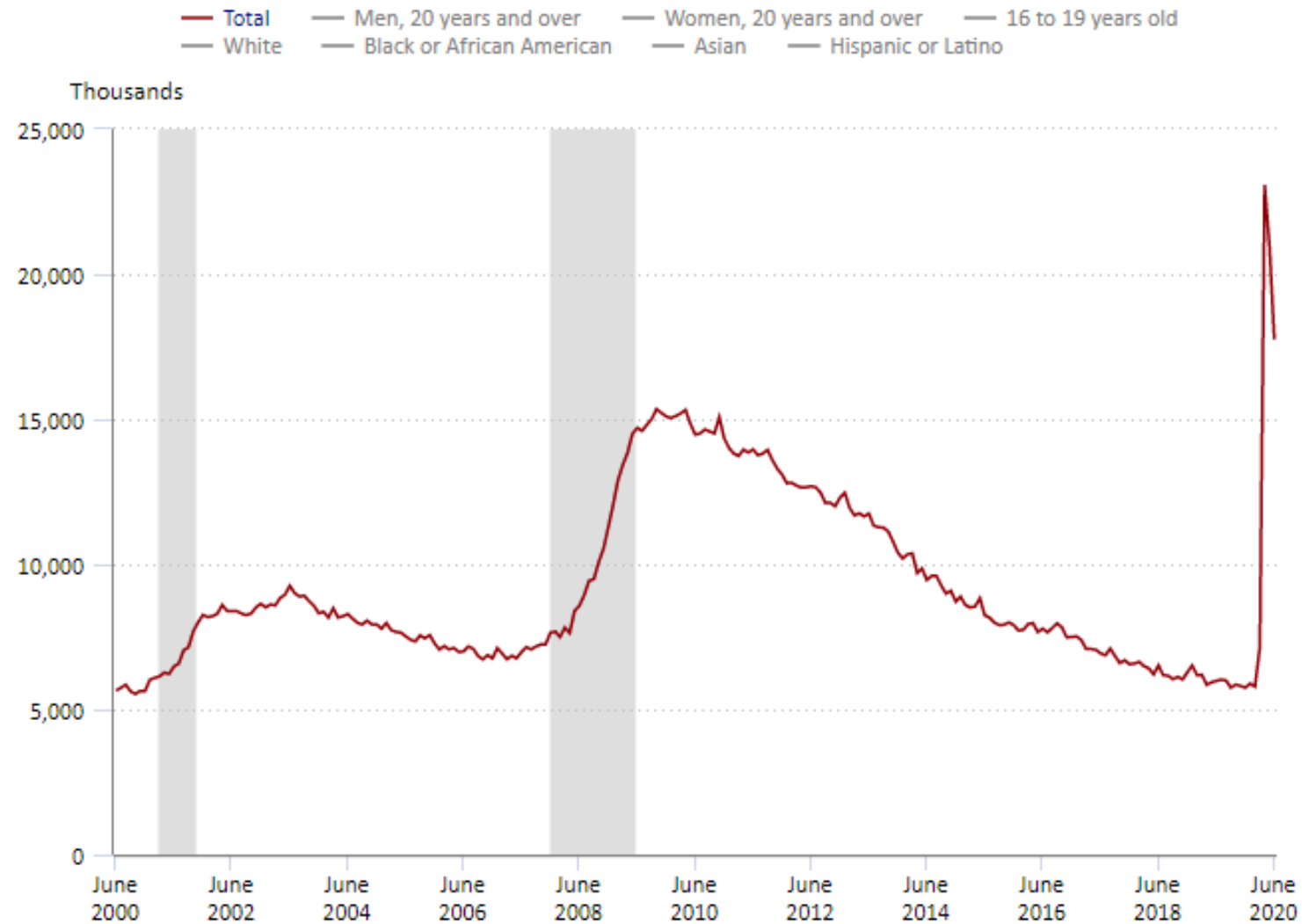HMIS Unique Sheltered Homeless-Full Year —— One Night Point-in-Time

# PART 2 of 3

## Tracking Housing Needs during the pandemic

# Unemployment (source BLS)



**Civilian unemployment, seasonally adjusted**
Click and drag within the chart to zoom in on time periods

— Total — Men, 20 years and over — Women, 20 years and over — 16 to 19 years old
— White — Black or African American — Asian — Hispanic or Latino

Thousands

Hover over chart to view data.
Note: Shaded area represents recession, as determined by the National Bureau of Economic Research.
Estimates for the above race groups (white, black or African American, and Asian) will not sum to totals because data are not presented for all races.
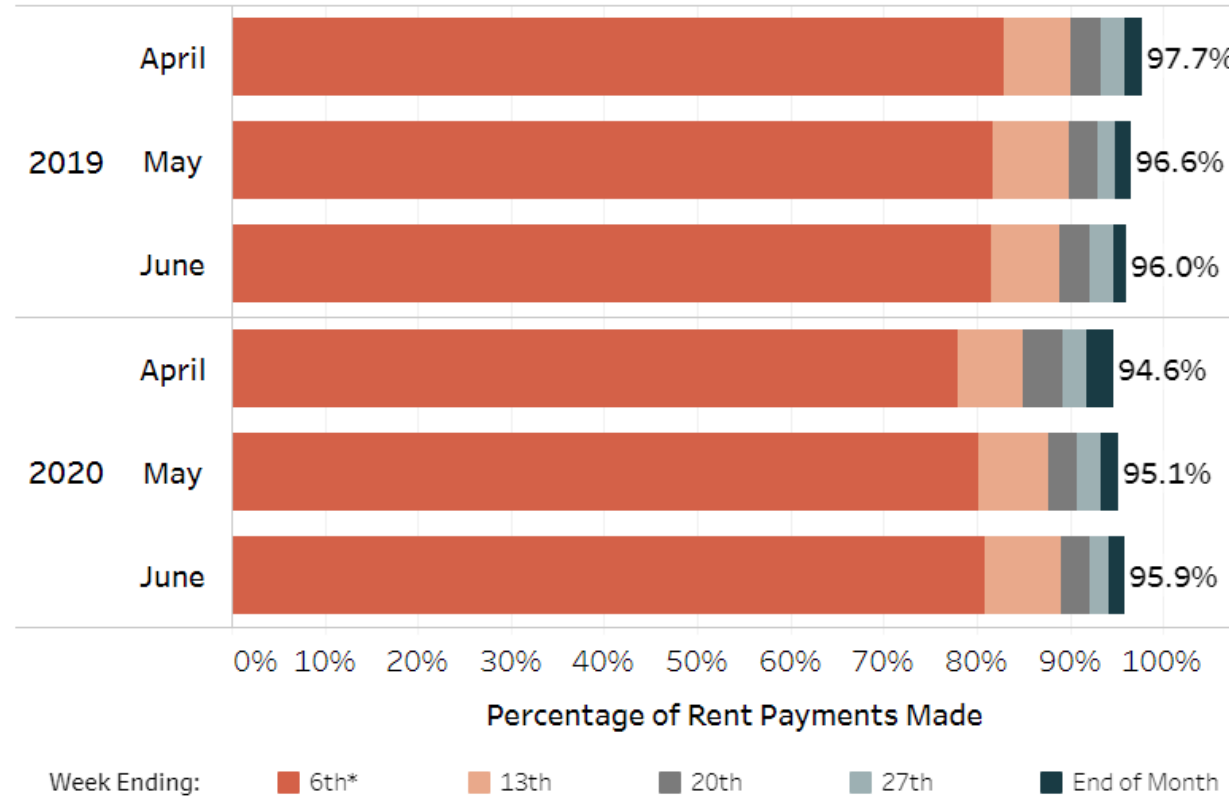Persons whose ethnicity is identified as Hispanic or Latino may be of any race.
Source: U.S. Bureau of Labor Statistics.

# Rent Payment – April to June



Rent Payment Tracker: Full Month Results

**Data collected from between 11.1 - 11.5 million apartment units in April, May, and June

|  |  | Percentage |
|---|---|---|
| 2019 | April | 97.7% |
|  | May | 96.6% |
|  | June | 96.0% |
| 2020 | April | 94.6% |
|  | May | 95.1% |
|  | June | 95.9% |

Percentage of Rent Payments Made

Week Ending: 6th* | 13th | 20th | 27th | End of Month

Source: National Multifamily Housing Council Rent Tracker https://www.nmhc.org/research-insight/nmhc-rent-payment-tracker/

7/27/2020

# Rent Payment –July

- Source: National Multifamily Housing Council Rent Tracker https://www.nmhc.org/research-insight/nmhc-rent-payment-tracker/



7/27/2020

# Rent Payment – Unsubsidized Very Low-Income Renters

- Baseline:  The American Housing Survey data from 2017 shows that about 90% of unsubsidized very low-income renters made their rent payment within 30 days.

- So far, Class C properties have shown slower pay than Class A, but they seem to catch up with prior year payment rates by the end of the month as well.  July shows 83% making payment second week of July.  A little less than usual, but too early to worry.

# Census Household Pulse Survey – Low-Income renters with children

Renters with kids and income less than $25,000 pre-COVID

- About half of those pre-COVID employed lost job

- Leaving about 35% of households currently having wage income

- About 60% report paying rent "on time" last month; 54% report low confidence paying rent next month "on time"

- At least 1/3 indicate of those unemployed due to COVID indicate that child-care as a barrier to returning to work.
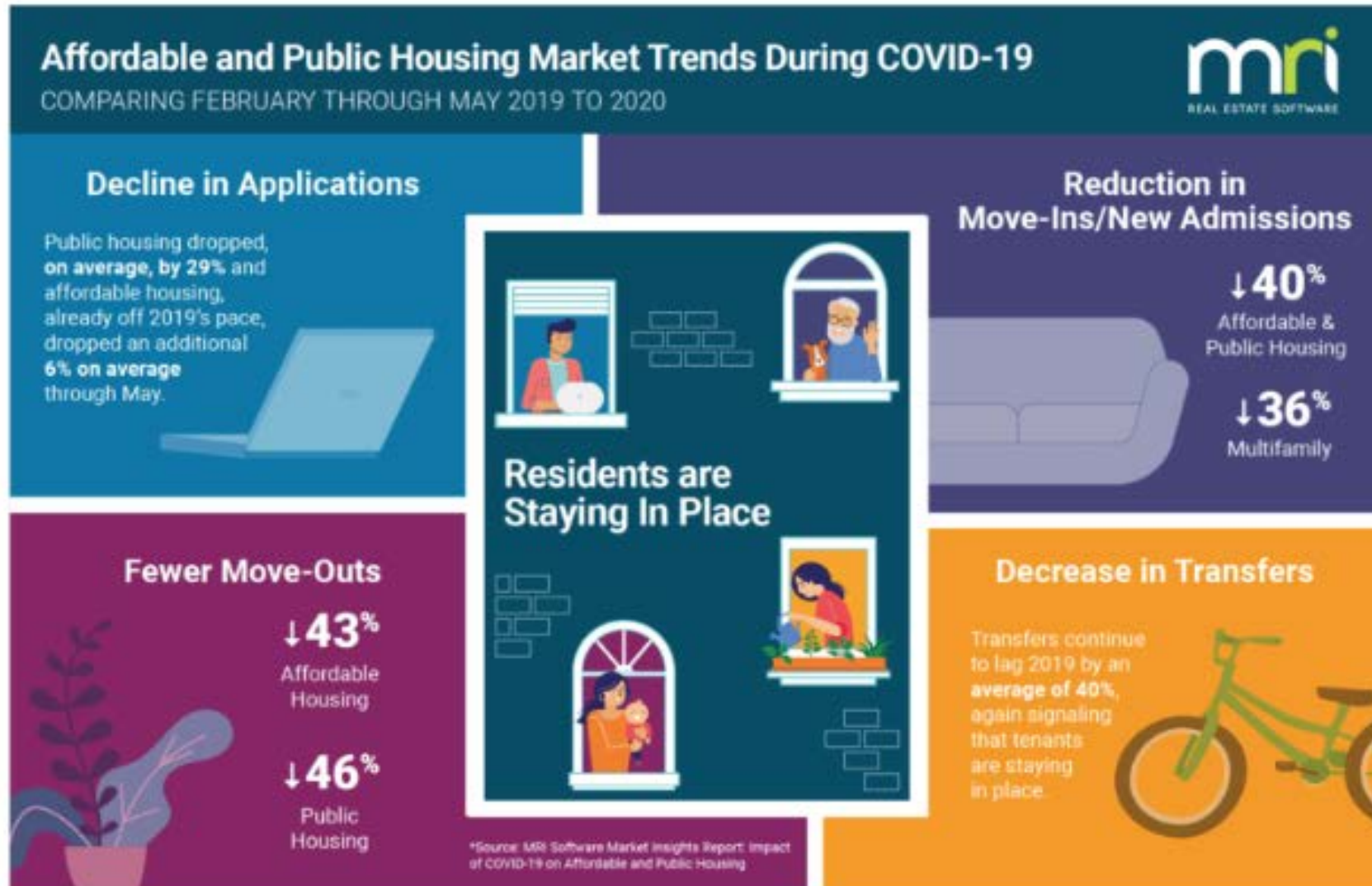
- Less than ¾ have health insurance.

# Pulse Survey – July 9-14 (renters)

- Pre-Pandemic Income <u>less than</u> $25,000
    - With Kids:  22% of these households have UI benefits in week 11; 44% reported borrowing from friends or family to cover costs is the past 7 days; just 36% reported having same income as pre-pandemic
    - Non-elderly, non-disabled, no kids: 21% of these households have UI benefits in week 11; 32% reported borrowing from friends or family to cover costs is the past 7 days; just 47% reported same income as pre-pandemic
- Pre-Pandemic Income <u>greater than</u> $25,000
    - With Kids:  24% of these households have UI benefits in week 11; 61% reported having same income as pre-pandemic
    - Non-elderly, non-disabled, no kids: 18% of these households have UI benefits in week 11; 69% reported having same income as pre-pandemic

7/27/2020

# Paycheck Protection Program

- PPP is also an economic stimulus of over $600 billion, much of which should be going to pay low-income workers.

- 72% of small businesses in the US have received assistance (Census Small Business Pulse Survey)

- Census Pulse Survey pre- and post-receipt of the funds has seen a substantial improvement in businesses paying bills and having cash reserves

- But … Between last week of April and last week of June, small businesses thinking it will take more than 6 months to recover rose from 31% to 44%. Those thinking their business would not recover rose from 6% to 10%.

- Businesses reporting little or no effect on operations rose from 7% to 12%.

# Trends for Affordable Housing



**Affordable and Public Housing Market Trends During COVID-19**

COMPARING FEBRUARY THROUGH MAY 2019 TO 2020

mri
REAL ESTATE SOFTWARE

**Decline in Applications**

Public housing dropped, on average, by 29% and affordable housing, already off 2019's pace, dropped an additional 6% on average through May.

**Residents are Staying In Place**

**Reduction in Move-Ins/New Admissions**

↓40%
Affordable & Public Housing

↓36%
Multifamily

**Fewer Move-Outs**

↓43%
Affordable Housing

↓46%
Public Housing

**Decrease in Transfers**

Transfers continue to lag 2019 by an average of 40%, again signaling that tenants are staying in place.

*Source: MRI Software Market Insights Report: Impact of COVID-19 on Affordable and Public Housing

# Eviction Trends

- Some local eviction moratoriums have ended or are coming to an end.

- CARES Act eviction moratoriums end this week.

- Up to this point, the Eviction Lab tracker shows that evictions are substantially less than prior year eviction rates.
  - For the 12 cities being tracked, last week eviction filings are 50 percent or less than pre-pandemic for all of them. https://evictionlab.org/eviction-tracking/

- Expect a spike in eviction filings once moratoriums are lifted. But how much depends on a lot of factors and will be very different from place to place.

# Research on neighborhood risk factors for COVID transmission

- JAMA study from June 19th studying 400 pregnant women in NYC admitted for delivery. All were tested for COVID:
  - High risk neighborhoods:
    - Women living in neighborhoods with **high person per household rates** was the strongest indicator of infection risk.
    - Neighborhoods with high unemployment rate and high overcrowding rates (1.01 persons per room) also risk factors
  - Low risk neighborhood:
    - Women from neighborhoods with the highest incomes had the lowest risk.
  - No relationship: Poverty rate, housing density (units per acre)

# PART 3 of 3

August to December

# More questions than answers

- Will we see a wave of new unemployment due to rising case counts in some states?

- Will Congress extend some form of the unemployment bump beyond July?

- What will schools be doing in August/September?

- How will professionally managed properties react to missed payments?

- How will mom & pop landlords react to missed payments?
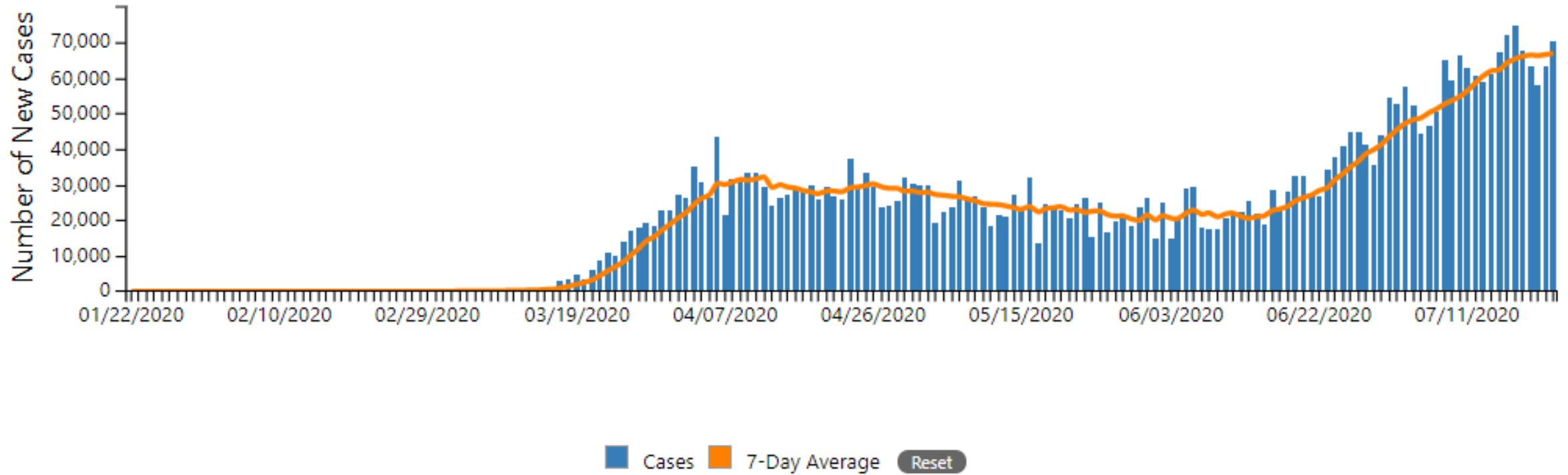
# COVID-19 and Homelessness

**Guidance Updates**

Martha Montgomery, MD, MHS
Homelessness Unit
Disproportionately Affected Populations Team
COVID-19 Response EOCevent366@cdc.gov
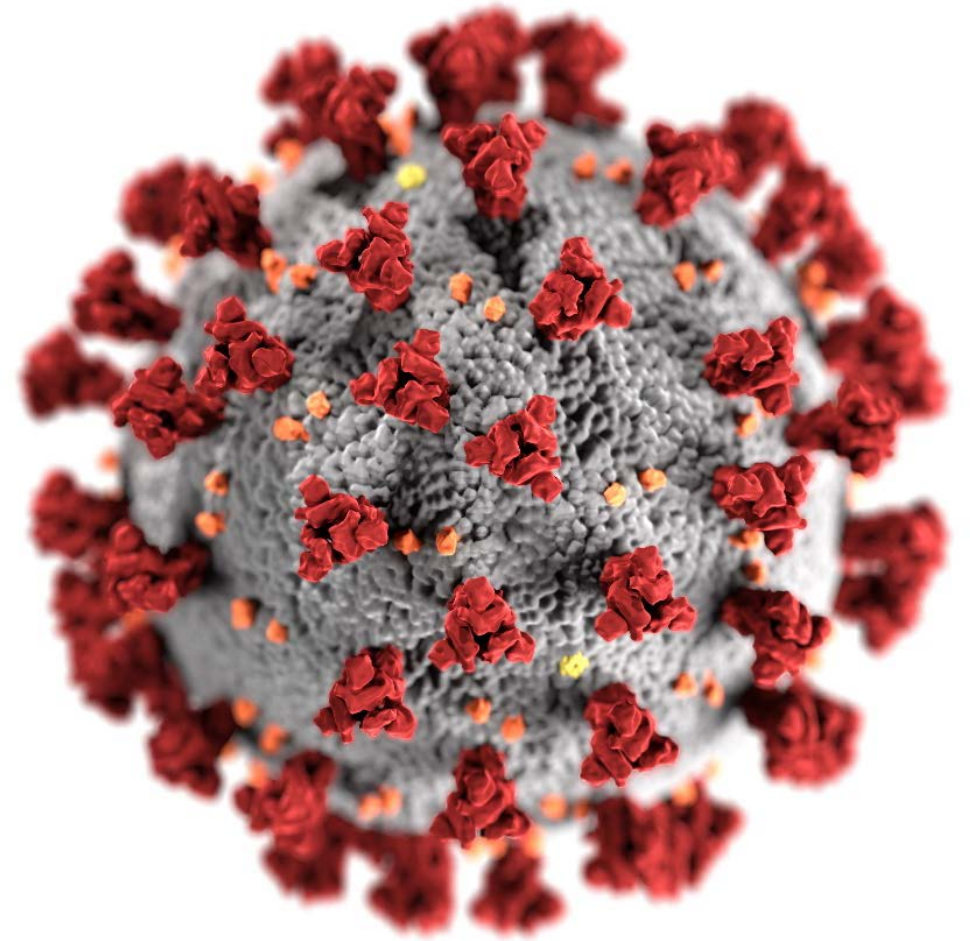
For more information: **www.cdc.gov/COVID19**

# 3.9 million COVID-19 cases reported in the United States*



The 7-Day moving average of new cases (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts.

*Laboratory-confirmed cases as of 7/23/20

# When does medical isolation end?

**Symptom-based strategy**

- At least 10* days have passed since symptoms first appeared **AND**
- No fever for ≥24 hours without fever-reducing medications **AND**
- Other symptoms have improved

**OR**

**If the person had a positive test but never had symptoms**

- At least 10 days have passed since the first positive COVID-19 viral test (RT-PCR) **AND**
- The person has had no subsequent illness

*Might need to extend the duration up to 20 days for some people with severe COVID-19 illness. Consider consultation with infection control experts.

# Can testing be used to end isolation?

- In consultation with infectious disease experts, a test-based strategy could be considered for people who are *severely immunocompromised.*

- For all others, a test-based strategy is no longer recommended except to end isolation **earlier** than the symptom-based strategy.

## Test-based strategy

- No fever for ≥24 hours without fever reducing medications **AND**
- Other symptoms have improved **AND**
- Tested negative in ≥2 consecutive respiratory specimens collected ≥24 hours apart

# RESPONSES FROM HEALTH CARE PROVIDERS

### Advantages

- Shortens isolation stays

- Allows limited testing resources to go toward surveillance activities

- Expedites placement for programs and return to work

- Simpler and easier to interpret for both staff and patients

- Fewer isolation beds needed

### Possible Challenges

- Shortens window of opportunity to create permanency plans

- Requires clinical judgement if patients present with range of symptoms

- 'Improvement' of symptoms is not the same as 'resolution' of symptoms

- May present higher risk if sending client back to congregate setting

# HUD UPDATES

# TA Resources: Discontinuing Isolation/Rehousing Materials

[Infectious Disease Toolkit:](#) Robust resource that provides structure and specific examples for planning and responding to influenza, coronavirus, and other infectious diseases. The toolkit consists of three documents that provide information for CoC leadership, homeless service providers, and partners to utilize when planning for and responding to infectious diseases.
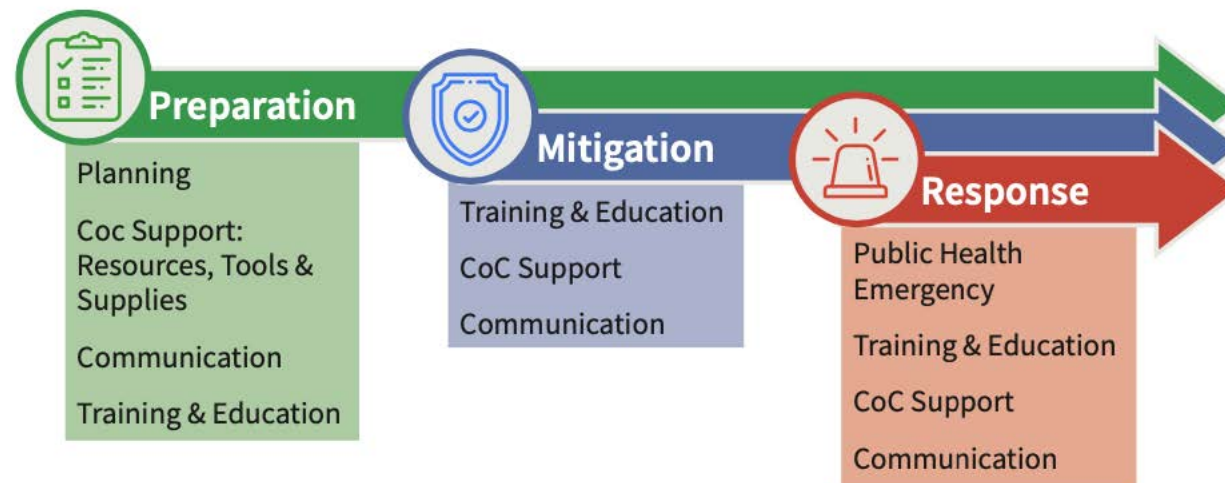
# TA Resources: Infectious Disease Toolkit

**Essential Stakeholders to Include when Developing a Communication Strategy**

| Audience | People Experiencing Homelessness | CoC Shelter, Housing & Outreach Programs | CoC leadership (CoC Collaborative Applicant and CoC Board) | Public Health |
|---|---|---|---|---|
| **Purpose** | Ensure swift access to healthcare and ability to protect against infection & spread | Safeguard people experiencing homelessness and program staff | Coordinate infectious disease response within the CoC & with public health | Ensure effective overall response with homeless population and safeguard the broader community |
| **Key Messaging** | How to prevent disease spread (handwashing, cough etiquette, not sharing needles, etc.)<br><br>How to access treatment<br><br>Available resources (vaccine clinics, where to go for more information) | How to protect staff from disease spread (vaccination, sanitation, handwashing, etc.)<br><br>How to identify clients who may be sick<br><br>How to coordinate care for sick clients<br><br>How to comply with sanitation and response efforts<br><br>Use critical incident reports (examples on page 16) to relay information to Collaborative Applicant | Need to establish oversight protocols<br><br>How to coordinate providers<br><br>How to communicate incidents of outbreak among CoC homeless service providers<br><br>Ensure role within larger response system is understood<br><br>Initiate critical incident report form (examples on page 16) | Communicate needs and gaps<br><br>Ensure CoC is recognized as an essential partner and involved in developing response |
| **Intended Result** | Coordinated early access to healthcare saves lives | Improved access to care for sick people experiencing homelessness, awareness of signs of sickness, and compliance with public health protocols | Established safety protocol incorporated across CoC to contain the spread of disease | Limited spread of disease to the broader community |

- Highlights communication strategies
- Essential stakeholders for collaboration
- Roles and responsibilities

# TA Resources: Infectious Disease Toolkit

## Checklist #1: General Sanitation Checklist for Shelters

Shelter staff can use this checklist to implement sanitation guidelines at key operational intervals, such as before daily entries/exits, in between staff shifts, and before and after mealtimes.

- ☐ **Disinfect surfaces routinely.** Areas to clean and sanitize daily: Items in common areas and dormitory sleeping areas that are frequently touched by different

## Checklist #2: Operational Checklist Example: Staff and Shift Assignments for Kitchen

Create an operational procedure checklist such as the example shown below for each area of the shelter such as common areas, bathrooms, dining areas, kitchens, and sleeping areas. Note subtasks and procedures specific to each area.

| Task | Kitchen Cleaning |
|---|---|
| **Supplies Needed** | ☐ Disposable Gloves<br>☐ Bleach solution (5.25%-6.15% bleach diluted 10:1 in water)<br>☐ Bleach wipes<br>☐ Scrubber |

Operational guidance on safety and sanitation for shelters, housing programs and encampments

[Non-Congregate Approaches to Sheltering for COVID-19 Homeless Response](#)-Details sheltering approaches based on target population; offers staffing considerations and room configuration guidance



PLACEMENT: Comprehensive screening and triage in place to refer to site and prioritize placement

| | **Best Practice Approach:** Private Individual Rooms | **Better Approach:** Individual Rooms/Semi-Private Spaces | **Good Approach:** Shared Spaces |
|---|---|---|---|
| **Target Population** | • Individuals who are symptomatic after screening at shelter has been implemented<br>• Individuals who are pending testing or are close contacts of confirmed cases<br>• Individuals who are high risk¹ with or without symptoms<br>• Individuals who are confirmed to be COVID-19 positive who do not need to be hospitalized | • Individuals who are symptomatic after screening at shelter has been implemented<br>• Individuals who are confirmed to be COVID-19 positive who do not need to be hospitalized as long as all individuals in the space are COVID-19 positive | • Individuals who are confirmed to be COVID-19 positive who do not need to be hospitalized as long as all individuals in the space are COVID-19 positive<br>• Individuals who are asymptomatic after screening at shelter has been implemented as long as all individuals in the space are asymptomatic. |
| **Set-up** | • Individual bedroom (walls on all sides and a door)<br>• Individual bathroom<br>• Individual HCV<br>• Personal cleaning supplies for an ill person's room and bathroom | • Individual bedroom (walls on all sides and a door)<br>• If no existing walls, makeshift walls that are floor to ceiling should be created to create 6ft separation<br>• Limited shared bathroom with | • Shared bedroom spaces with 6ft separation<br>• Makeshift walls that are floor to ceiling (if feasible) should be created<br>• Arrange all sleeping areas (including beds/cots) so that |

# TA Resources: Discontinuing Isolation/Rehousing Materials

[Protecting Health and Well-being of People in Encampments During an Infectious Disease Outbreak](): Provides planning, safety and sanitation guidance for people who live in encampments and service providers who conduct outreach

[Supporting Individuals Exiting Isolation and Quarantine ]()–Offers considerations for re-housing people from Isolation

# Next Steps for Accessing ESG-CV Funds

- Submit your substantial amendment(s) – If you have not yet submitted an amendment for Round 1, you may include both Rounds 1 and 2 in your submission. **Don't wait!**

- You have the flexibility to submit additional amendments after the ESG-CV Notice is released. IDIS functionality for amendments is more user-friendly now than in the past

- There are known ESG costs that can address **immediate** needs: RRH, HMIS, Non-Congregate Shelter

- Build flexibility into substantial amendments and subrecipient agreements

# New Resources Posted

- Webinar: Enhancing Safety in the Homeless Response System

- IDIS Fact Sheet for ESG and ESG-CV Funds Setup

# 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

- Department of Veterans Affairs High Consequence Infection (HCI) Preparedness Program: vhahcigenerall@va.gov

# Q & A