



Office Hours: COVID-19 Planning and Response

November 13, 2020



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

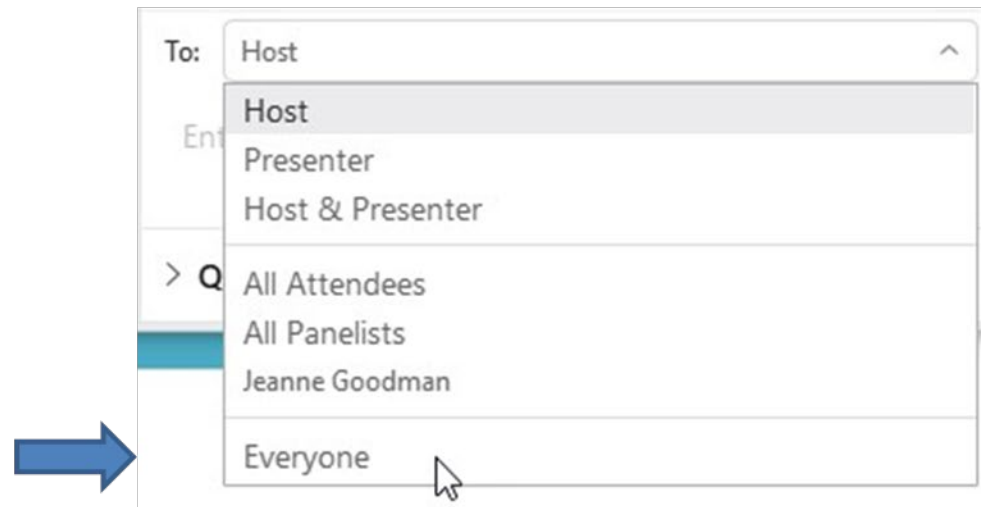
(If you need to call in toll-free, call 1-855-797-9485)

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
 - Karen DeBlasio
 - Latesha Balam
 - Brett Esders
 - Marlisa Grogan
 - Ebony Rankin
 - Sharon Singer
 - William Snow
- Taylor Kiely, CPD Representative, Chicago Field Office
- Aaron Weaver, Policy Development & Research
- David Canavan, HUD TA, Canavan Associates

Speakers & Resource Advisors

Centers for Disease Control and Prevention

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

Alameda County Department of Housing and Community Development

- Suzanne Warner, Deputy Director
- Daniel Cooperman, Manager

National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy

Focus Strategies

- Katharine Gale, Focus Strategies

Department of Veterans Affairs

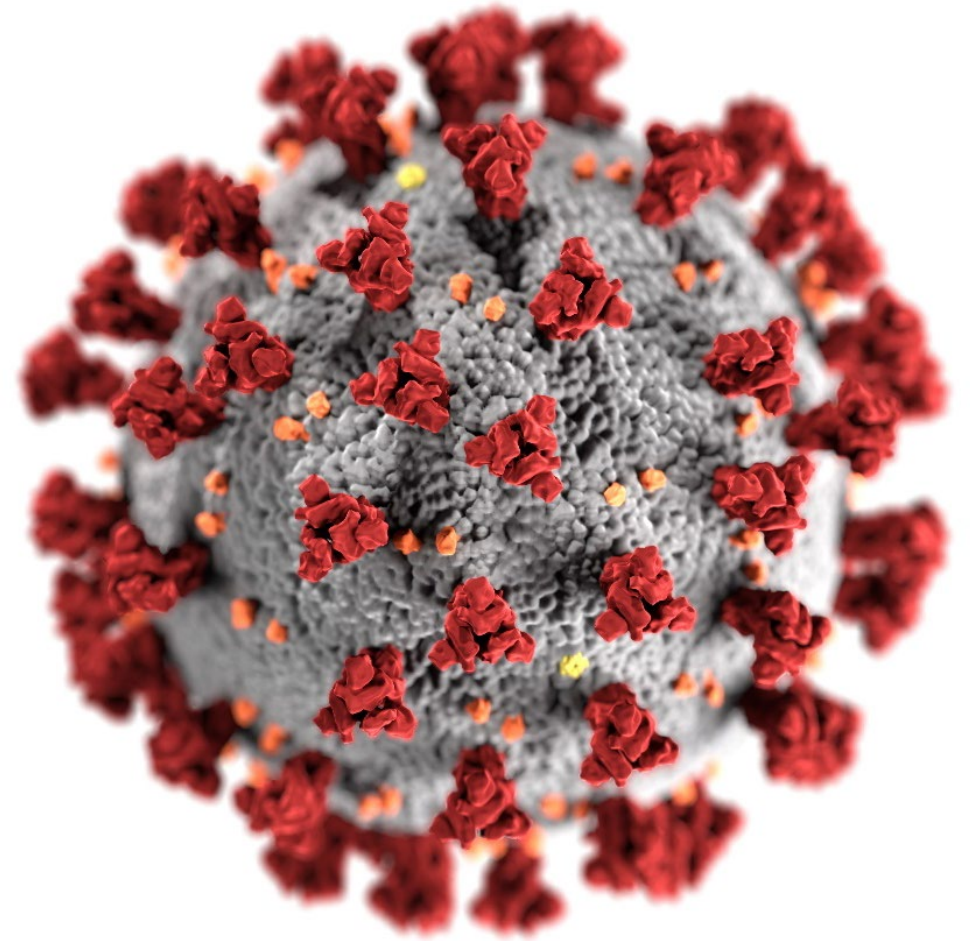
- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office



COVID-19 and Homelessness

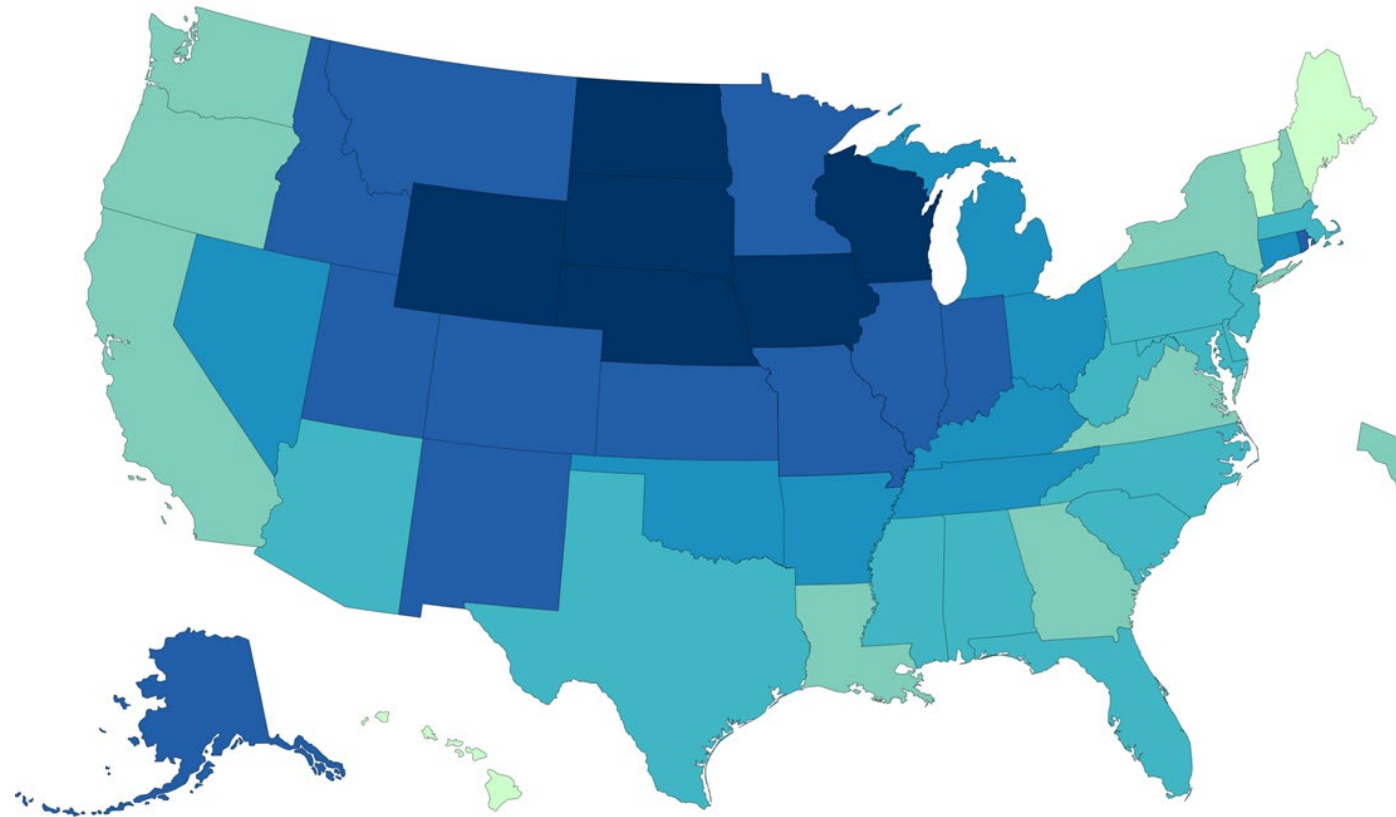
Updates

Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response



cdc.gov/coronavirus

10.3 million cases reported in the United States*



Territories

AS	FSM	GU	MP	PR	PW	RMI	VI
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Case in Last 7 Days per 100,000

0 - 10.1 13.9 - 20.8 22.8 - 33.3 37.5 - 59.3 59.9 - 89.7 104.1 - 175.5

*as of 11/12/20

Importance of Influenza Vaccine during COVID-19

- During the COVID-19 pandemic, influenza vaccination will be even more critical to maintain population health.
- Influenza vaccination is always important in congregate settings where large numbers of people are in close contact for prolonged periods of time with limited opportunities for physical distancing.
- Shelters and homeless service providers should consider ways to provide access to influenza vaccine for people experiencing homelessness, as well as staff, throughout the influenza season, especially those who are at [higher risk of severe illness from influenza](#).



<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Influenza Vaccine for People in Quarantine for COVID-19

- For people experiencing homelessness who are under quarantine precautions because of exposure to a person with COVID-19 in the past 14 days, healthcare personnel should consider deferring (postponing) influenza vaccination until after the quarantine period ends.
 - Prevents quarantined persons from potentially exposing people in other parts of the shelter in the event that receiving vaccination would require them to leave the quarantine area.
 - Prevents possible mild side effects from vaccination from being mistaken for COVID-19 symptoms.



<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Influenza Vaccine for People with COVID-19 who have Symptoms

- For people experiencing homelessness who are [symptomatic](#) and have confirmed COVID-19:
 - Healthcare personnel should consider deferring (postponing) vaccination until the person has met ALL of the following criteria:
 - at least [10 days after symptom onset](#)
 - [24 hours with no fever without the use of fever-reducing medications](#)
 - [COVID-19 symptoms are improving](#)
 - no longer considered moderately or severely ill.
 - Consider further deferring vaccination until the person has fully recovered from acute illness.



<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Influenza Vaccine for People with COVID-19 who do not have symptoms

- People in isolation for COVID-19 who are asymptomatic or pre-symptomatic:
 - Can be vaccinated, if the process of accessing vaccination does not compromise their ability to isolate (e.g., having to travel to a healthcare facility solely to be vaccinated).
 - Facilities should consider the availability of healthcare personnel to provide vaccination on-site, in addition to the availability of PPE for these healthcare personnel, and the degree to which influenza is circulating within the facility and in the community.
 - Vaccination should only occur under circumstances when healthcare personnel providing vaccination are wearing [recommended PPE](#).

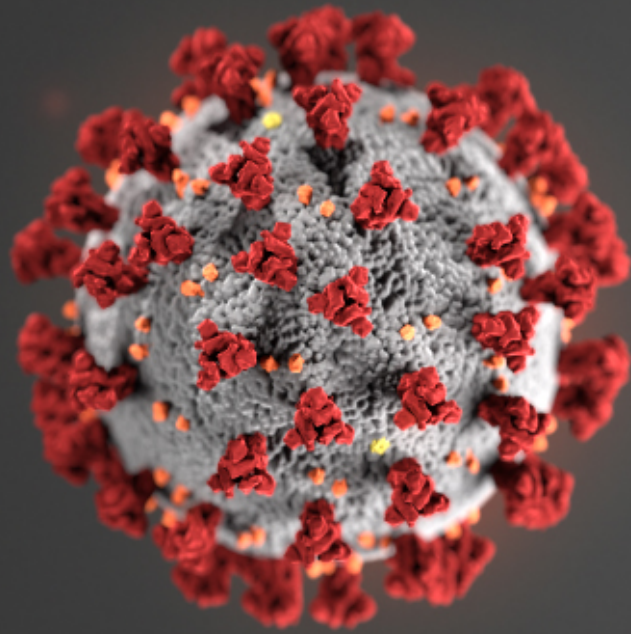


<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Additional Influenza Vaccine Resources

- <https://www.cdc.gov/flu/season/protect-your-health.html>
- <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>
- <https://www.cdc.gov/flu/resource-center/index.htm>
- https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.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.



2021 HIC AND PIT COUNT

- William Snow



2021 HIC and PIT Count Requirements

- HIC – conduct as normal
- Sheltered PIT – conduct as normal
- Unsheltered PIT – conduct based on flexibilities in guidance
- BUT – CoCs can seek an exception to some or all of the unsheltered PIT count requirements

Why an Unsheltered Count

- We all need a very general sense of what is going on with the unsheltered population
- HUD does not anticipate this to be comparable to last year (or future years) in terms of size of change (e.g., 5% increase)
- Rather it will tell us if unsheltered homelessness is up or down
- Sample – HUD has developed a sample of CoCs in different geography types and will be reaching out asking for participation

Unsheltered Count Flexibilities

- Safety is a priority
- Conduct observation only counts or very short surveys
- Longer counting window – up to 14 days
- Much higher reliance on sampling
- Use of other comprehensive datasets
 - Need to get approval to do this

What Requires Permission from HUD

Only 2 changes require permission from HUD

1. Exception to some or all of the count
2. Request to use an existing comprehensive dataset

CoCs can simply make other changes. HUD will require CoCs to state what changes they made during the data submission process in HDX in Spring 2021.

Resources

Conducting the 2021 Unsheltered PIT Count – guidance document that outlines the flexibilities

Timing: Early next week

Updates to HMIS Project Setup and Inventory Changes document – the updates will address non congregate shelter (NCS) and hotel/motel inventory in the HIC and for the sheltered PIT count

Timing: Early the week

PIT Count Office Hours

Timing: November 24 @3pm and 2 in December and 2 in January

2021 HIC and PIT Count Notice – this will have very few edits and the substantive issues are addressed in the first document above

Timing: unknown (probably late December)



COVID-19

Homeless System Response: Increasing Equity in the Homeless Response System Through Expanding Procurement

Presenting today: Katharine Gale, Focus Strategies, working with Abt Associates

HUD Office Hours

November 13, 2020

Introduction to increasing equity through expanding procurement

- There are vast racial disparities in who experiences homelessness and in some cases, outcomes of the homeless response system
- COVID-19 amplifies impact of racial biases and discrimination
- As part of addressing racial inequities in the homeless response system, jurisdictions can make changes that:
 - Reduce procurement barriers reported by potential providers;
 - Increase the availability of services in areas of need;
 - Ensure services are delivered by organizations best equipped to meet the needs.

Obligation Flexibilities that Promote Equity

- The ESG-CV Notice (Notice CPD-20-08) gives recipients working to identify and select subrecipients who represent the communities most impacted by coronavirus more time to obligate funds
- If using that flexibility, program records must demonstrate changes recipient implemented to identify and select new subrecipients and the outcomes of the process

	Days to obligate: Standard	Days to obligate: If working to identify and select new subrecipients
Local jurisdictions	60 days from date HUD signs grant agreement	240 days from date HUD signs grant agreement

Set goals to increase equity in the procurement process

- Communities may already be doing work to increase equity, but should tie to procurement goals
- Consult with stakeholders (See [Untapped Expertise: Strategies for Inclusive Stakeholder Engagement When Developing Your Coordinated Investment Plan.](#))
- Ensure goals are specific, measurable and can be evaluated, such as:
 - # of organizations led by/serving underrepresented or poorly served
 - # of contracts in areas with significant population of targeted groups
 - Achieve equitable funding allocation
 - Increase enrollments from underserved racial and ethnic groups
 - Improve performance outcomes for underserved racial and ethnic groups

Identify disparities and gaps in provider organizations and neighborhoods

- Use local data (See [HUD Continuum of Care \(CoC\) Analysis: Race and Ethnicity Tool](#)) to identify racial and ethnic groups that:
 - Are overrepresented in local homelessness
 - Have poor housing stability outcomes
 - Have higher rates of return
- Look for geographic gaps
 - Information such as average household incomes, severe rent burden
 - Public Health Data about COVID-19
 - HMIS data about zip code of last permanent address
- List population groups and locations to prioritize

Look at composition and location of groups currently contracted

- Do organizations reflect populations they serve, groups identified in the assessment?
 - Board, leadership/management and all staff, any advisory boards
 - What their materials say about connecting to communities you want to serve
 - Past outcomes
 - Plans to improve diversity and representation
 - Accessibility within the community
- Get feedback from those who don't apply or have ceased to apply
 - Do they know about opportunities to apply, find the process difficult?
 - Review whether rating process includes barriers or structural biases
 - Review make up of rating and ranking committee

Expand pool of potential subrecipients

- Use local planning group expertise to identify other venues and organizations
 - Seek out new organizations and potential partners
 - Reach out to potential intermediary organizations (chapter organizations, faith community, professional associations, philanthropies, etc.)
 - Learn from people with lived experience where they go for help, who they value and trust
 - Request collaboration such as
 - Access to mailing list
 - Posting or circulating notices
 - Co-hosting events

Attract new applicants

- Avoid jargon in describing services
 - Also, remember to highlight no match requirements
- Break services apart to attract new players
 - Example: use a central fund administrator for rapid re-housing and expand service providers that work directly with participants
- Hold open pre-application meetings and bidders conferences
- Encourage subcontracts
 - Example: expanded outreach under a lead provider to reach specific neighborhoods
 - Be clear on the difference between a subrecipient and a contractor (For more information see this SNAPS-shots brief regarding [using contractors in the ESG and CoC programs.](#))

Reduce barriers in the selection process

- Reduce reliance on proposal writing to assess
 - Reduce length and complexity of application; not a writing contest
 - Reduce the amount of experience needed or allow for different types of experience to count or experience of board or lead staff
- Allow for interviews and discussion
 - Ensure review panel is representative
 - Interviews can contribute to understanding what is proposed, experience
 - Example: YHDP projects have had Youth Advisory Boards interview applicant organizations

Support success of new subrecipients or subcontractors

- Establish clear and frequent communication
 - Onboarding for new providers on administrative requirements and contract expectations
 - Reinforce partnership, what's important and offer of support
- Partner with other community groups that can help build capacity*
 - Anchor institutions, universities, philanthropies may offer support or funding to build the capacity of new or emerging organizations
- Prepare in advance for monitoring
 - Share monitoring tool
 - Host trainings to prepare
 - Conduct early site visits, “rehearsal monitoring” before conducting a formal one

***A note on “capacity”:** Frequently, the assessment of capacity refers to an organization’s ability to follow administrative requirements and participate in the “business as usual” process and activities compared to existing contracted organizations that are typically larger, white led and well-resourced organizations. When determining assessment, the intention should be to prioritize organizational capacity to deliver the funded service in a culturally responsive and competent way and that any identification of resources through partnership or sub-contracting options complement the organization's strengths and credibility with the targeted community.



COVID-19

**Homeless System Response:
Increasing Equity in the Homeless Response System
Through Expanding Procurement**

Thank you!!



HOMELESS PROVIDER INCUBATOR FUND

Daniel Cooperman, HCD Manager
Suzanne Warner, HCD Deputy Director

Homeless Provider Incubator Fund

- Purpose: Support and encourage the growth of smaller organizations providing direct services to people experiencing homelessness
 - Reduce procurement barriers reported by potential providers to have a more inclusive pool of bidders
 - Increase the availability of services in areas of need around the County
- Used local General Fund dedicated to addressing homelessness to target organizations who were "non-traditional" partners to the County.

Program Goals

□ Program Goals:

1. Expand the County's Homeless Response
2. Build a bridge to housing and services for people who may be disconnected from the County's larger system of care
3. Build organizational infrastructure to support accessing other homeless services funding (technical assistance built into the program)

Program Outreach

- Targeted CBO's that haven't historically received public funds for providing homeless services, have small operating budgets, but have played a role in the community's response to homelessness.
- Expect to fund an estimated 3-6 proposals for 1 - 2 years
 - Expected awards between \$130,000 and \$270,000 for each organization

Reducing Application Barriers

- Removed jargon in describing services
- Held public bidders conference online for anyone wanting to learn more about the program
- Did not include years of experience as a qualifier
- Simplified electronic submission with responses to a limited number of questions

Application Review Process

- Applications were due November 6th, 2020
 - 22 eligible applications were received from local nonprofit and faith-based organizations
- Applications will be reviewed by a diverse panel of community providers and partners (no County staff)
 - Proposed projects are reviewed based on their community orientation, soundness of approach, alignment with County goals, impact on equity, budget, and overall quality.
- Evaluative points included for organizations that specifically serve communities that have been under-represented or poorly served.



THANK YOU!

HUD TA RESOURCE SPOTLIGHT

- Increasing Equity through Procurement





IRS extends the deadline for people who don't normally file taxes to sign up for an Economic Impact Payment

Register by

NOVEMBER 21

www.irs.gov/eipnonfiler

New Resources Posted

- [Special Population Rehousing Strategy: People Experiencing Unsheltered Homelessness](#)
- [Housing Surges: Special Considerations for Targeting People Experiencing Unsheltered Homelessness](#)
- [Holistic Investment Planning for State ESG Entitlements and Balance of State CoCs](#)
- [Staff Capacity: Considerations for Scaling Up](#)
- COVID Informational Flyers:
 - [What to Do in a Shelter When Someone Shows COVID-19 Symptoms](#)
 - [Facility Layout: You Know You're Ready When You Have](#)
 - [Cleaning Activities: You Know You're Ready When You Have](#)
 - [Help Stop the Spread of COVID-19 by Watching for These Possible Symptoms](#)

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

