



# Office Hours: COVID-19 Planning and Response

October 23, 2020



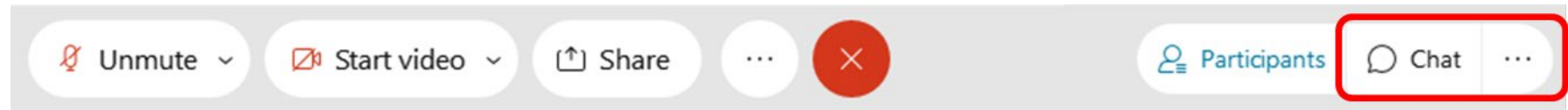
# Housekeeping

- 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>

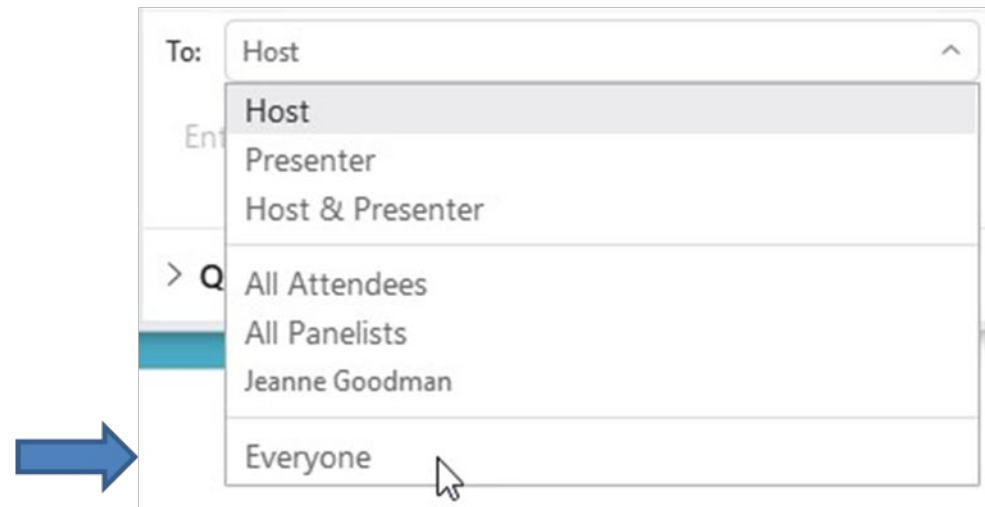
- To join the webinar via the phone, please call in using:  
+1-415-655-0002      Access code: 610 976 677  
(If you need to call in toll-free, call 1-855-797-9485)

# 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
  - Norm Suchar
  - Lisa Coffman
  - Brett Esders
  - Marlisa Grogan
  - Abby Miller
  - Ebony Rankin
  - William Snow
- Taylor Kiely, CPD Representative, Chicago Field Office
- Aaron Weaver, Senior CPD Representative, Chicago Field Office
- David Canavan, HUD TA, Canavan Associates

# Speakers & Resource Advisors

## **Centers for Disease Control and Prevention**

- Lindsey Stillman Barranco, PhD, Homelessness Unit, Disproportionately Affected Populations Team

## **How Right Now**

- Amelia Burke-Garcia, PhD, MA, Program Area Director, Digital Strategy and Outreach, Public Health, NORC, University of Chicago

## **Serving People with High Acuity Needs**

- Aubrey Sitler, MSW, MPP, HUD TA, Abt Associates

## **Department of Veterans Affairs**

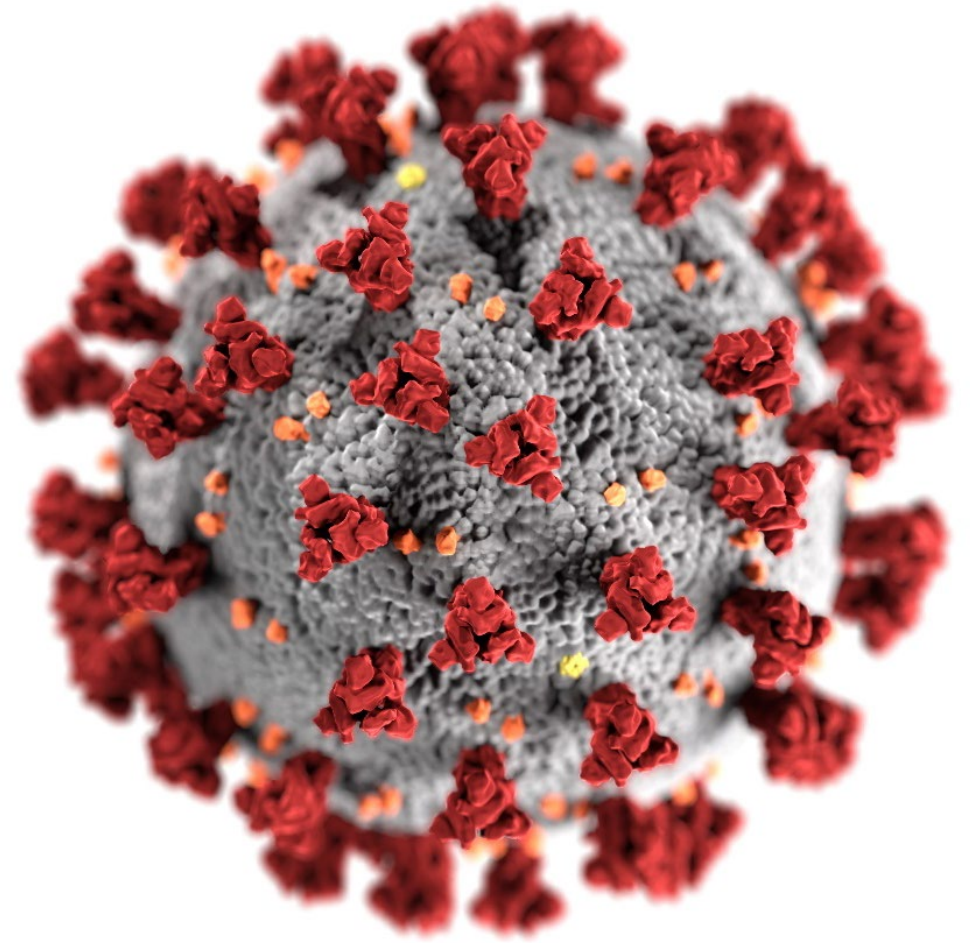
- Dina Hooshyar, MD, MPH, Director, National Center on Homelessness Among Veterans (the Center), VHA Homeless Program Office
- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office



# COVID-19 and Homelessness

Updates

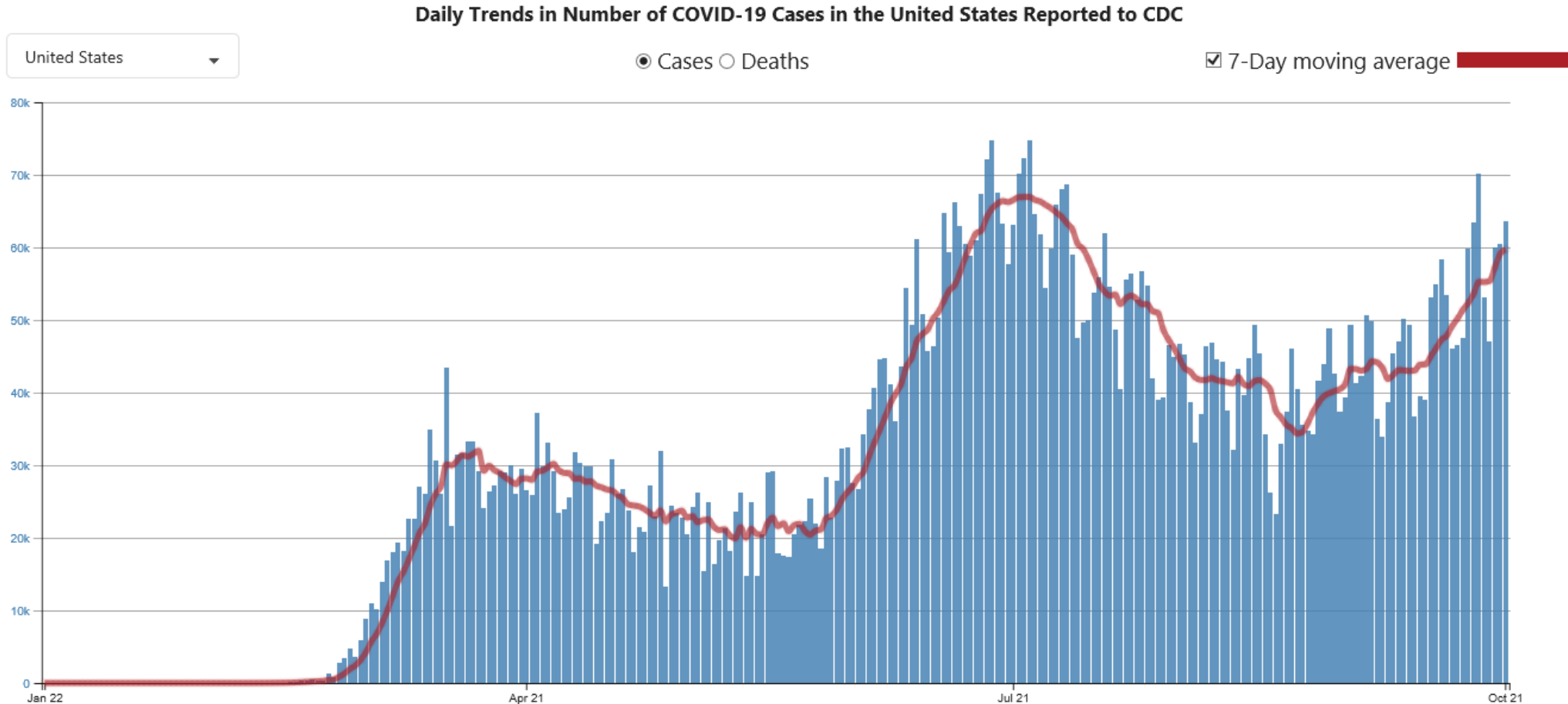
Homelessness Unit  
Disproportionately Affected Populations Team  
COVID-19 Response



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



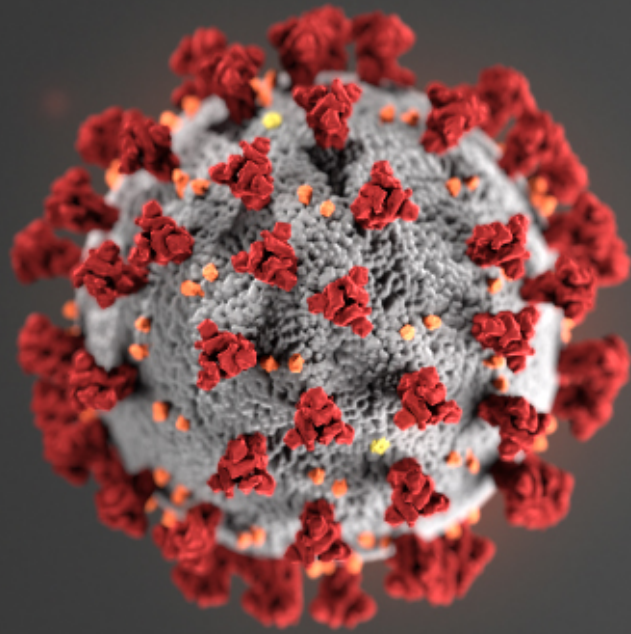
# 8.3 million cases reported in the United States\*



[https://covid.cdc.gov/covid-data-tracker/#trends\\_dailytrends](https://covid.cdc.gov/covid-data-tracker/#trends_dailytrends)



\*as of 10/22/20



For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://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.





# *How Right Now* Communication Initiative

## Project Overview

Project Kick Off Date: April 20, 2020

Presentation Date: October 23, 2020



 **How  
Right  
Now**



**burness**



# How Right Now Initiative Overview

- Comprehensive effort to reach high-risk populations who are facing adverse mental health challenges due to the COVID-19
  - Grounded in evidence-based health communication, psychology, and behavior change theory
- Desired outcomes
  - Improved coping and emotional wellbeing among audiences
  - Reduction of risk of adverse behaviors
- Priority audiences (with emphasis on racial/ethnic and SOGI minorities)
  - Older adults ages 65+ and their caregivers
  - People with pre-existing health conditions
  - People who are experiencing violence
  - People who are experiencing economic distress
- Informed by research
- Through and with partners

# What We Did



## eScan

>700 peer-reviewed and grey publications and existing communication initiatives – in both English and Spanish



## Data Distillation

>20 data sets analyzed



## Social Listening

>1 million social media posts (a total of 129,322 were relevant) – in both English and Spanish



## Partner Needs Assessments

>150 partner and influencers assessed; 15 needs assessment calls held



## Partner Listening Sessions

6 partner listening sessions conducted to date; 29 members of audiences participated



## Online Focus Groups

10 online focus groups conducted; 58 members of audiences participated

## AmeriSpeak® May Omnibus Survey

**Total Weighted Sample: 250,925,936**

**Total Weighted Screened Sample: 161,265,124**

**Total Unweighted Sample: 1,065**

**Total Unweighted Screened Sample: 731**

1,004 (English-language)

682 (English-language)

61 (Spanish-language)

49 (Spanish-language)




# Exemplar HRN Partners



National Latino Behavioral Health Association **NLBHA**





**Truthfully, how  
are you feeling  
today?**

Afraid

Angry

Grieving

Lonely

Sad

Stressed

Worried

Not Sure

Visit [Howrightnow.org](https://Howrightnow.org) and [Quehacerahora.org](https://Quehacerahora.org) to explore the resources



# Existing Content

## HRN Promotion



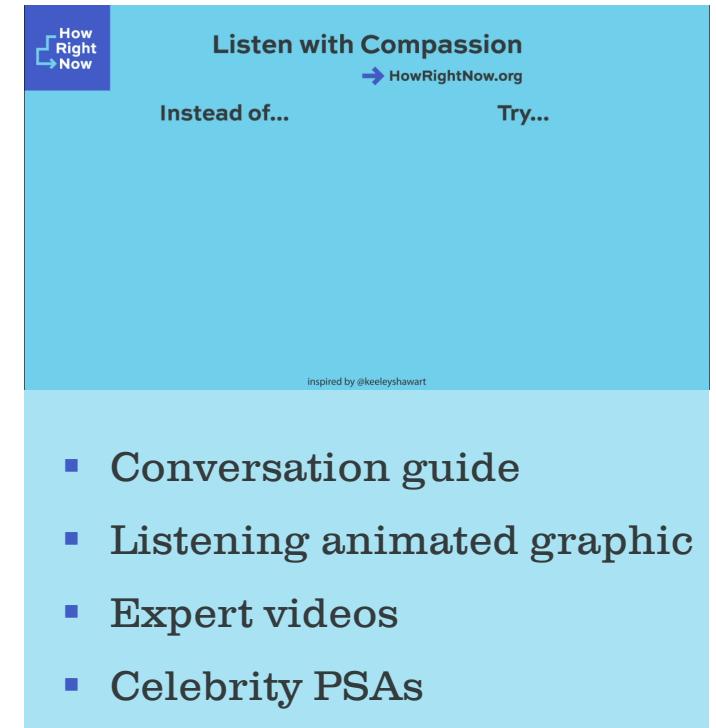
- Social graphics
- Launch videos
- Newsletter copy

## Coping Resources



- Emotion 1-pagers & associated resources
- Social graphics
- Crisis lines

## Talk Resources



- Conversation guide
- Listening animated graphic
- Expert videos
- Celebrity PSAs



# Sample Content



<https://www.dropbox.com/sh/nbiex2tks2mzo4z/AABZimXcJhaKVoNapOF4dsiva?dl=0>

<https://www.dropbox.com/sh/kfcsnrn3ivsjoxb/AAD-Ix4AbDVMLodczQ91y557a?dl=0>

# CDC's State and Community Health Media Center

The screenshot shows the CDC State and Community Health Media Center website. At the top, the CDC logo and tagline "Centers for Disease Control and Prevention" are visible, along with a search bar and a "CDC A-Z INDEX" dropdown. The main header is "State and Community Health Media Center". On the left, a navigation menu includes links for Home, Search, FAQ, Glossary, and Help, as well as buttons for "Log in to the Media Center" and "Tobacco Materials Media Campaign Resource Center". The main content area displays "Search Results" for the query "Cut the Sugar: Bus Shelter". The results show a transit ad featuring a child's face and various sugary drinks, with the text "Drinking sugar is sweet, but its results can be bitter." and "Choose water and low-fat milk instead." The ad is titled "Cut the Sugar: Bus Shelter" and includes details about its type (Outdoor), campaigns (Cut the Sugar), themes (Diabetes, Nutrition), and languages (English). A "more details" link is provided. On the right, a "NEED HELP?" section offers contact information for the Media Center, including a phone number, address, and email.

# Content Highlights & What's Coming Next

## Resource Highlights

- HRN Emotion 1-pagers
  - In order of most downloaded: Stress, Fear, Loneliness, Sadness, & Worry
- [UnitedWay's 211 COVID-19 Pandemic Resources](#) (available in Spanish too)
- [COVID-19 Pandemic Financial Support Resources](#)
  - Source: Mental Health America
- [Get Help Finding Food Assistance](#)
  - Source: Feeding America
- [Find Open Shelters Resource Page](#) (available in Spanish too)
  - Source: Red Cross
- [Protecting your finances during the coronavirus pandemic](#) (available in Spanish too)
  - Source: Consumer Finance Bureau

## Future Content – Grief + Gratitude

- New content pieces to be developed
- Timed for the holidays
- Grief content will build on what is currently on site
- Gratitude will address:
  - Gratitude as a way to cope with grief
  - People who may be experiencing feelings of gratitude
- Partner and celebrity pushes

Amelia Burke-Garcia, PhD

[burkegarcia-amelia@norc.org](mailto:burkegarcia-amelia@norc.org)

Thank you.



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# HUD TA RESOURCE SPOTLIGHT

## *PRIMER ON SERVING PEOPLE WITH HIGH ACUITY NEEDS*





# Related Resources

## **Primer on Serving People with High Acuity Needs:**

<https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Primer-on-Serving-People-with-High-Acuity-Needs.pdf>

## **Webinar Recording: Best Practices for Serving Populations with High Acuity Needs:** <https://www.hudexchange.info/trainings/courses/best-practices-for-serving-populations-with-high-acuity-needs/>



# Acuity Definition in Housing Context

## Consider:

- Severity and chronicity of illness and disabilities;
- Level of care needed to support activities of daily living, including assessing assistance required to support communication, decision-making, mobility, and managing challenging behaviors; and
- Recognition of the exponential effects that multiple co-occurring chronic health and behavioral health conditions can have, particularly when coupled with the effects of systemic racism and historical trauma, adverse childhood experiences, isolation from family and friends, lack of safety net in times of crisis and disconnection from mainstream community health providers.



# Factors Influencing High Acuity

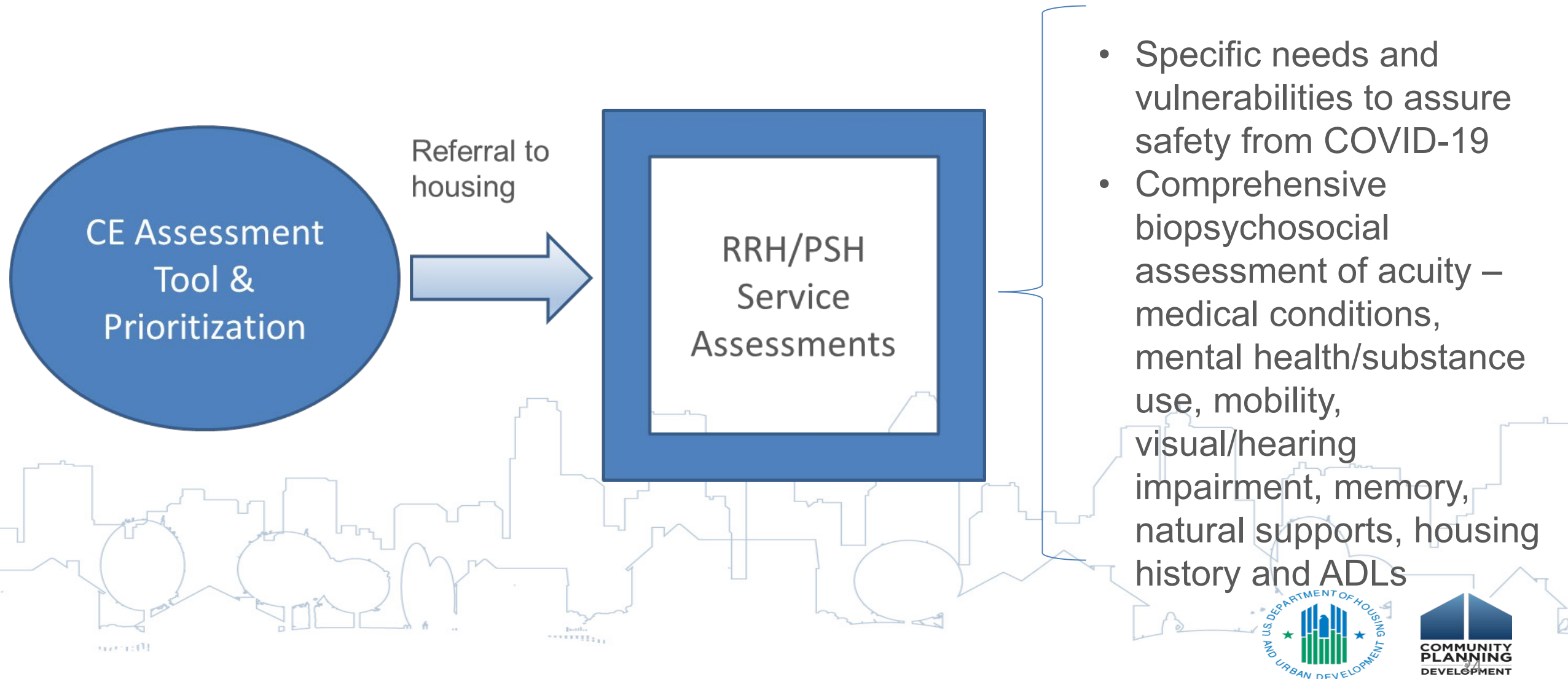
- Illness, physical, mental, behavioral health (diagnoses, chronicity of illness, severity)
- Cognitive functioning (memory, thinking, reasoning, decision making and communication skills)
- Independence in activities of daily living (e.g., showering/tending to personal hygiene; cleaning/maintaining living space; taking out trash, grocery shopping, cooking/preparing food, taking medications)
- History of trauma and adverse childhood experiences
- Levels of natural supports and connectedness to family, friends, community, resources
- Housing history (e.g., chronicity of experience of homelessness) and past tenant experiences



# Acuity Classifications and Service Needs

Acuity Classification	Caseload Size	
High acuity	1:10-1:15	<ul style="list-style-type: none"><li>• High levels of coordination with mental/behavioral/health</li><li>• Likely to need PSH in long run to support housing stability</li><li>• High acuity in RRH can be addressed with mixed caseloads</li></ul>
Moderate acuity	1:16-1:30	<ul style="list-style-type: none"><li>• Similar need for coordination</li><li>• Many may need longer support than time-limited RRH, particularly true of BIPOC disproportionately impacted by pandemic</li></ul>
Low acuity	1:31-1:50	<ul style="list-style-type: none"><li>• Coordination combined with warm handoffs to other community providers</li><li>• Need for RRH services should be reassessed every 3-6 months to determine the need for continued services to promote housing stability and retention.</li></ul>

# Assessing for Acuity



# Using Coordinated Entry (CE) to Serve People with High Acuity Needs

- Center **the actual people** most in need of services and resources in operating your CE system
- Ensure racial equity by **assessing a person's acuity level holistically**, not just using documented medical diagnoses or healthcare system usage.
- Use CE to prioritize people with high acuity needs for **all available permanent housing resources**, not just PSH.
  - RRH may typically be reserved for people with less intensive service needs, but the urgency of COVID-19 highlights the need for communities and projects to adapt to ensure that people with higher acuity levels do not remain homeless while lower acuity households access services more quickly.





# Service Approaches & Staffing Models

**Big picture:** Focus on how each community can support every individual who has experienced homelessness to obtain and maintain housing, regardless of their acuity levels.

## Service Approach

- **Best practice technique or engagement style that requires training**
- **Examples:**
  - Trauma-informed practices
  - Motivational Interviewing
  - Cultural humility, anti-bias, and cultural competency
  - Person-centered, holistic approach to assessments and service delivery that honors client choice and self-determination

## Staffing Model

- **How a project is staffed to make sure the needs of clients are met**
- **Adoption of fidelity standards in:**
  - Staffing patterns
  - Requirements of staff expertise
  - Coordination across services
  - Organization of caseload sizes and mix of acuity levels assigned to staff in service provision



# Example of Mixed Acuity Staffing Review Matrix

	Case Manger A	Case Manager B
Low Acuity (Scores of 1-3)	4 households = 12 Acuity Score	25 households = 68
Moderate Acuity (Scores of 4-7)	1 household = 5 Acuity Score	2 Households = 11
High Acuity (Scores of 8-10)	8 households = 78 Acuity Score	1 Household = 9
<b>Total Caseload Size</b> <b>Total Acuity Score</b>	<b>13 Households</b> <b>Acuity Score = 95</b>	<b>28 Households</b> <b>Acuity Score = 88</b>

# Further Resources

High Acuity Primer: <https://www.hudexchange.info/resource/6182/covid19-homeless-system-response-primer-on-serving-people-with-high-acuity-needs/>

Evidence-Based Practices: <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Evidence-based-Service-Delivery.pdf>

Case Management Ratios: [https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf?utm\\_source=HUD+Exchange+Mailing+List&utm\\_campaign=c0d038d823-SNAPS-COVID-19-Digest-08-11-2020&utm\\_medium=email&utm\\_term=0\\_f32b935a5f-c0d038d823-18477021](https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf?utm_source=HUD+Exchange+Mailing+List&utm_campaign=c0d038d823-SNAPS-COVID-19-Digest-08-11-2020&utm_medium=email&utm_term=0_f32b935a5f-c0d038d823-18477021)

How Good Case Management can Lead to Successful Rapid Rehousing:  
<https://endhomelessness.org/why-good-case-management-success-for-rapid-rehousing-participants/>



# New Resources Posted

- [ESG-CV Reporting Guidance](#)
- [Primer on Serving People with High-Acuity Needs](#)
- [Winter Planning Resources](#)

# 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](https://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

