



Office Hours: COVID-19 Planning and Response

September 24, 2021



Housekeeping

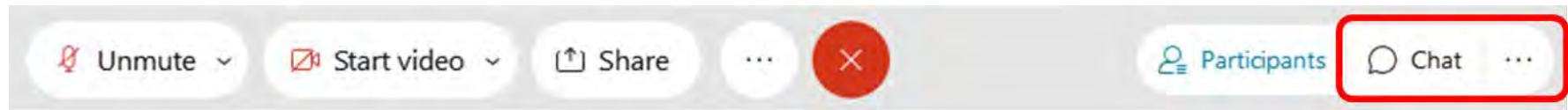
- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content will be posted to the HUD Exchange within 2-3 business days
- Event information for upcoming Office Hours, along with copies of all materials can be found here:

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

- Password for all COVID Office Hours: **HUD123**
- To join the webinar via the phone, please call in using:
+1-415-655-0002 Access code: 185 207 6880

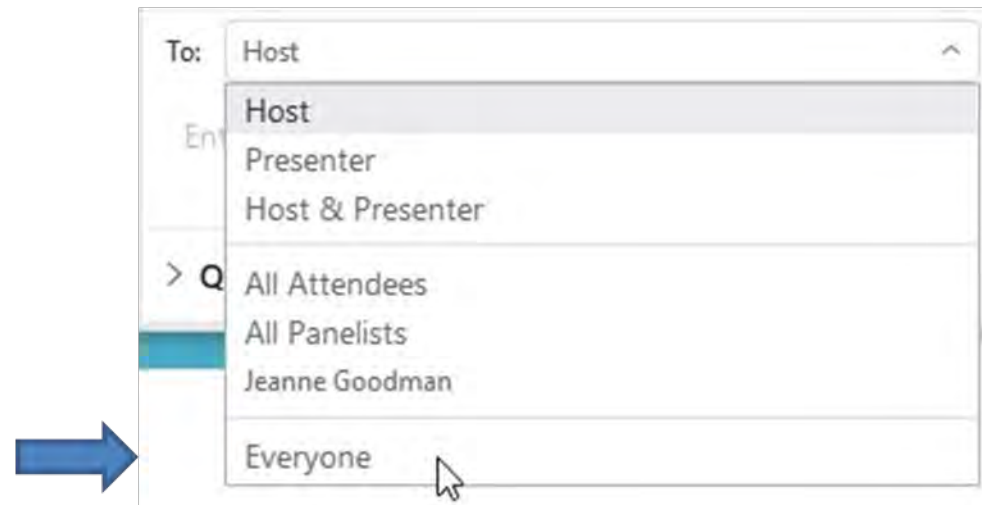
(If you need to call in toll-free, call 1-855-797-9485)

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
 - Brett Esders
 - Latesha Balam-Totten
 - Marlisa Grogan
 - William Snow
 - Sharon Price Singer
- Heidi Schilpp, HUD TA, The Cloudburst Group

Texas Health Care for the Homeless Program

- Nelson González, DHA, MPH, Grants Project Manager, Harris Health System

Speakers & Resource Advisors

Centers for Disease Control and Prevention

- Ashley Meehan, MPH, Homelessness Unit, Disproportionately Affected Populations Team

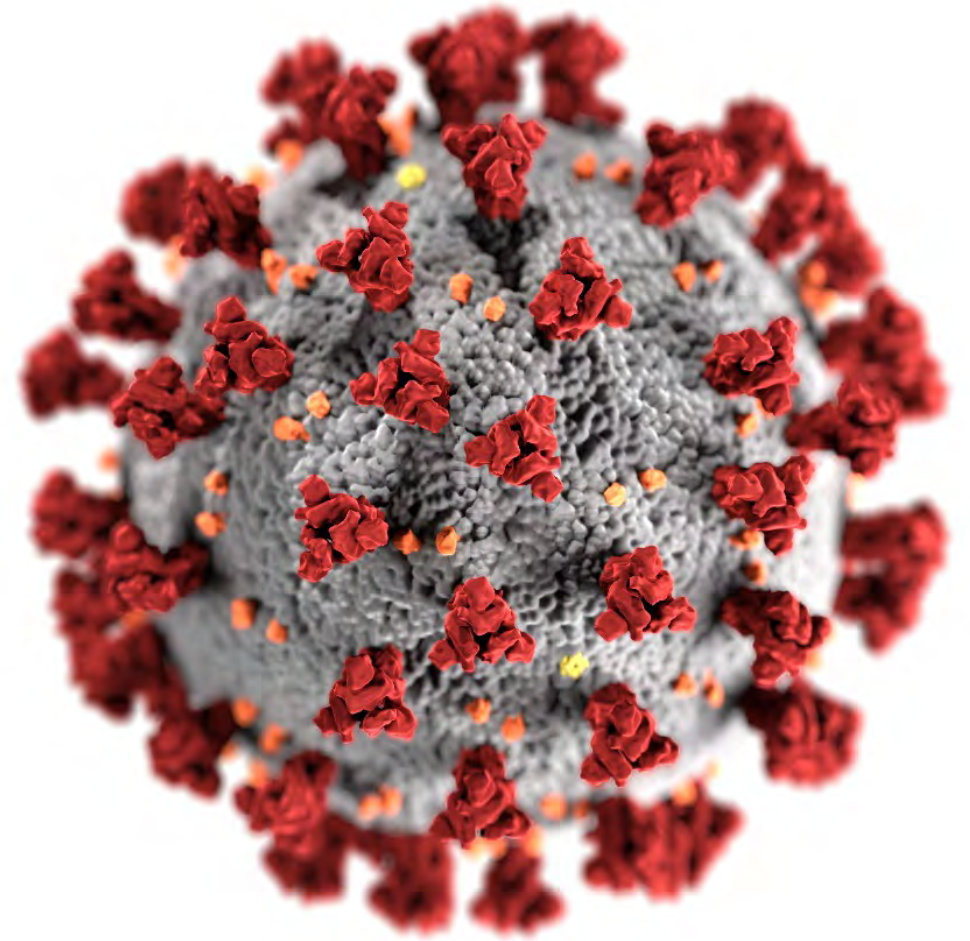
Department of Veterans Affairs

- 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 Programs Office

COVID-19 and Homelessness

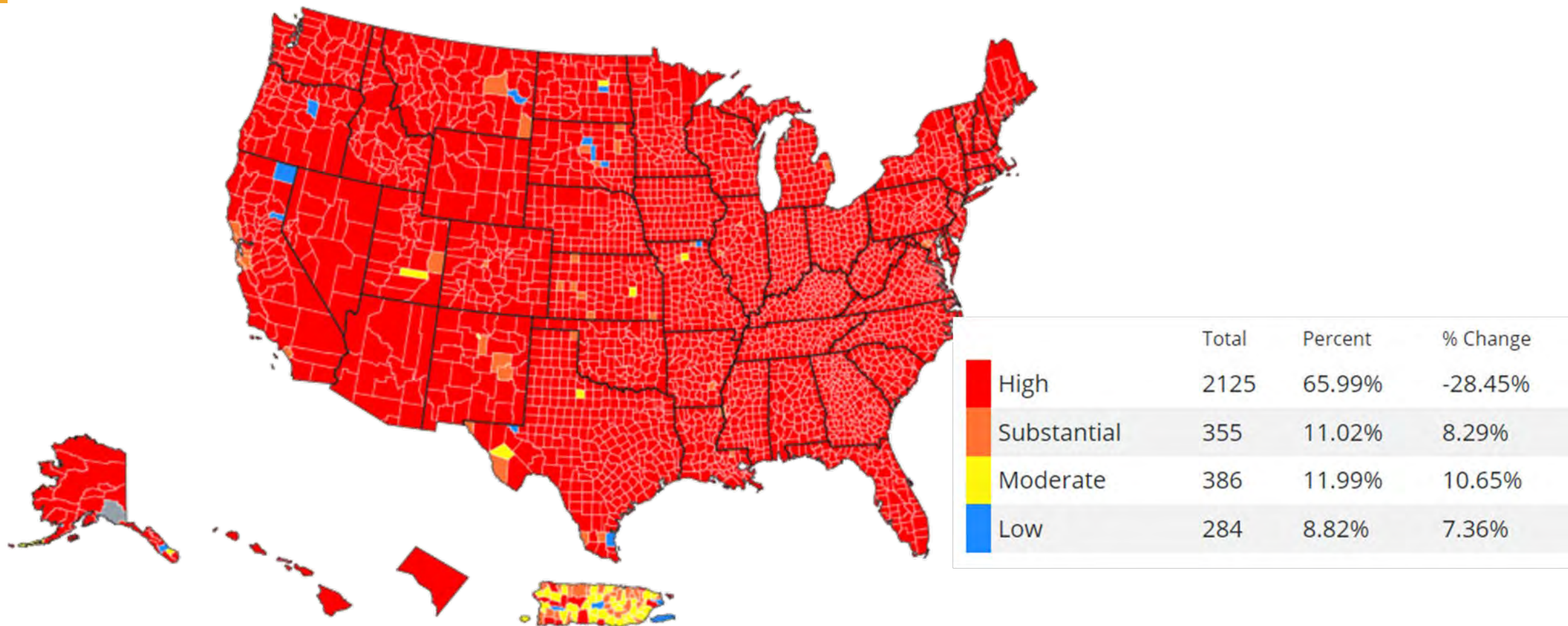
Updates

Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response



cdc.gov/coronavirus

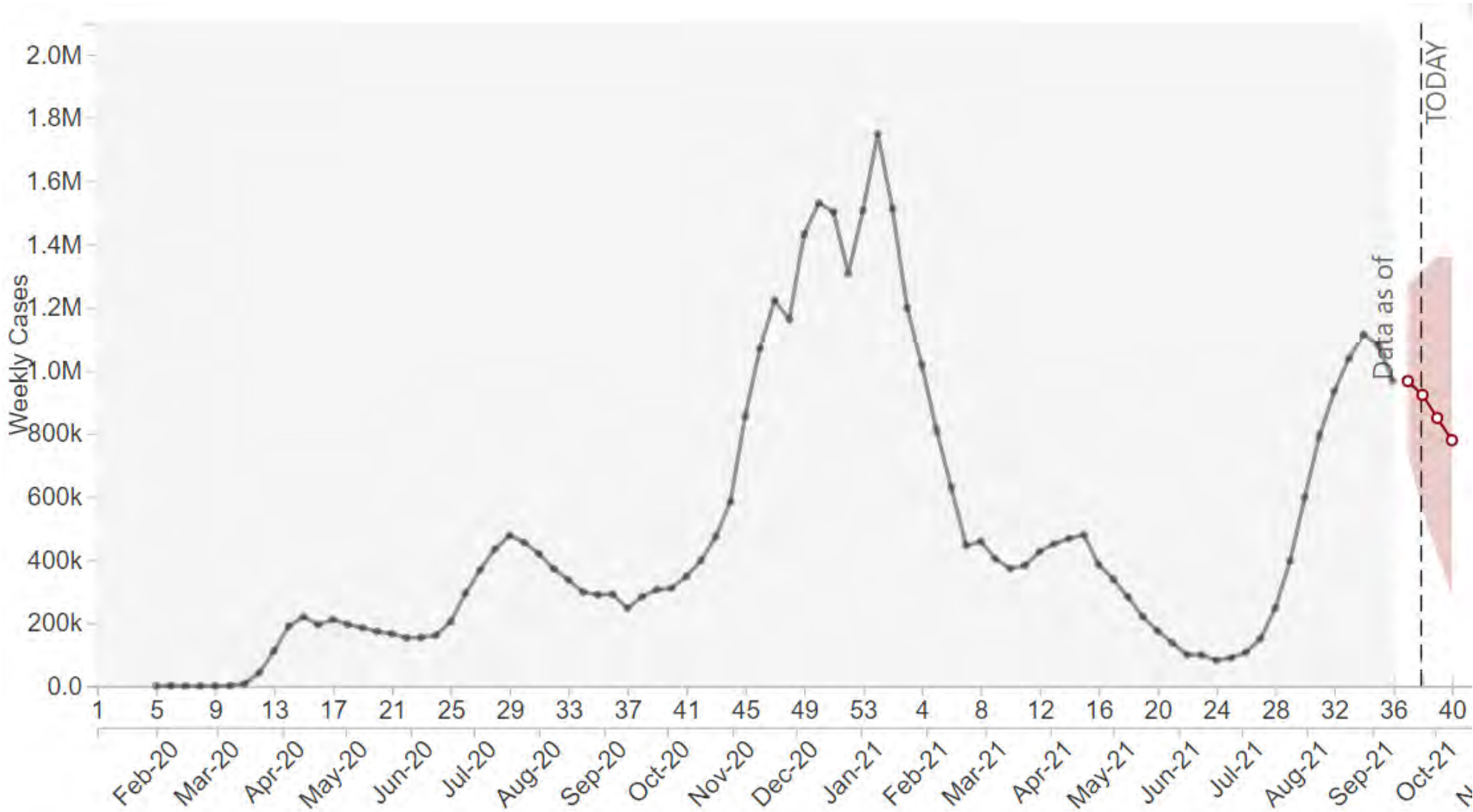
Community Transmission of COVID-19 by County



● High ● Substantial ● Moderate ● Low ● No Data

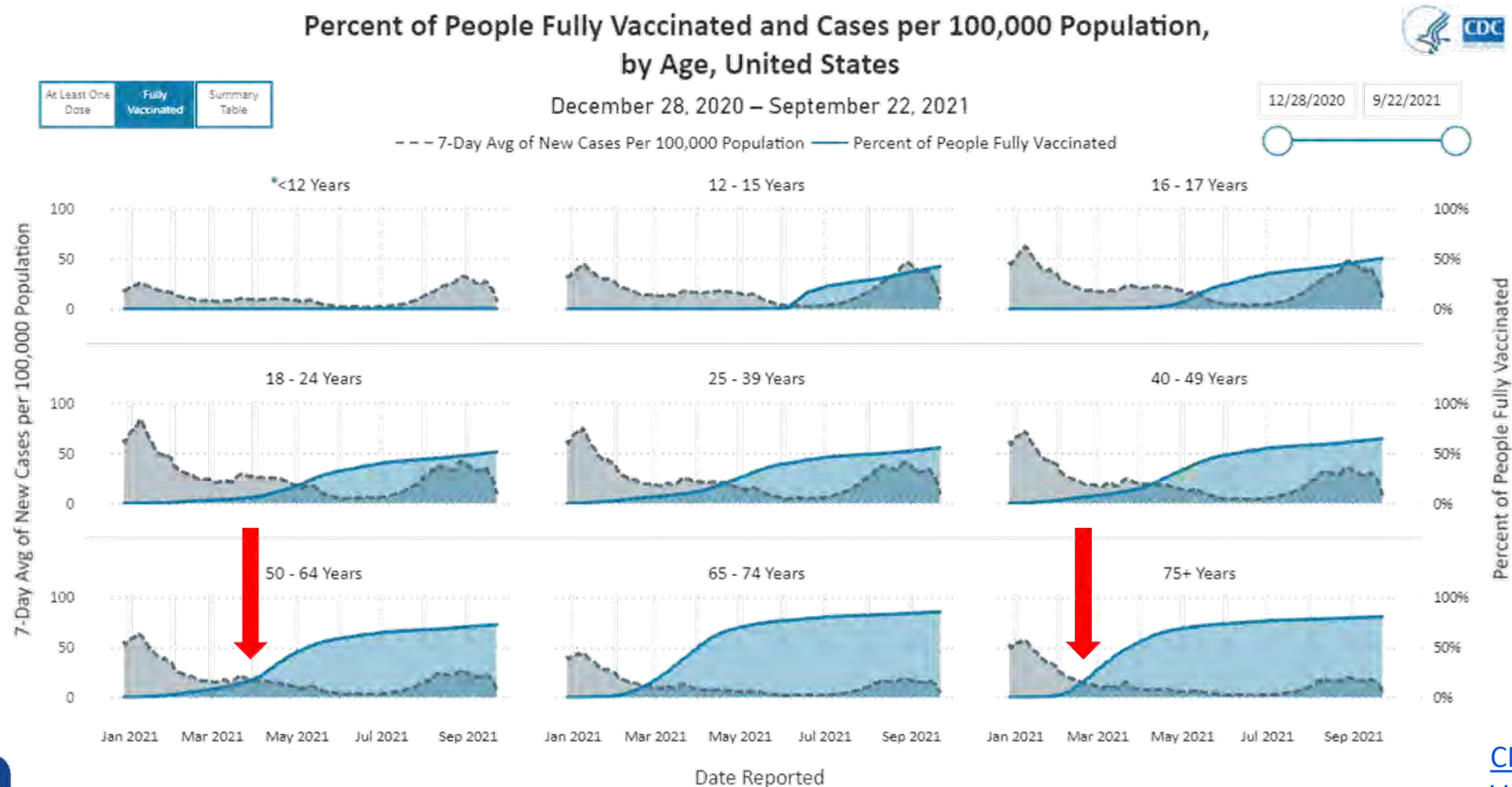
[CDC COVID Data Tracker](#)

4-Week Forecasting of National COVID-19 Cases



https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases

COVID-19 Cases and Percent Fully Vaccinated by Age



*Currently, persons under age 12 are not eligible to be vaccinated.

Last Updated: Sep 23, 2021

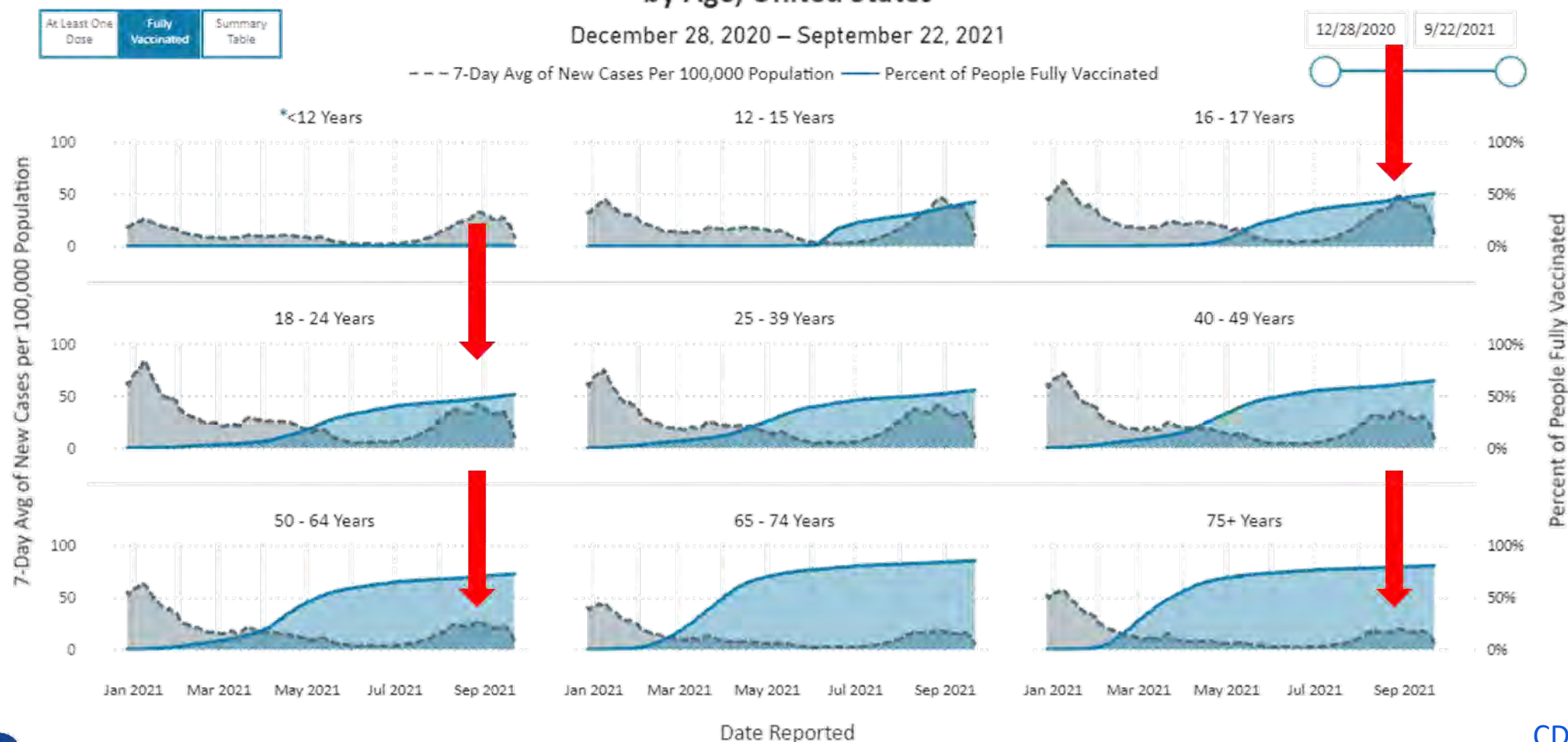
Data source: VTricks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2013 National Population Estimates; Visualization: CDC OPR DEO Situational Awareness Public Health Science Team

[CDC COVID-19 Vaccination Tracker](#)



COVID-19 Cases and Percent Fully Vaccinated by Age

Percent of People Fully Vaccinated and Cases per 100,000 Population,
by Age, United States



*Currently, persons under age 12 are not eligible to be vaccinated.

Last Updated: Sep 23, 2021

Data source: VTrails, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC OPR DEO Situational Awareness Public Health Science



[CDC COVID-19
Vaccination
Tracker](#)

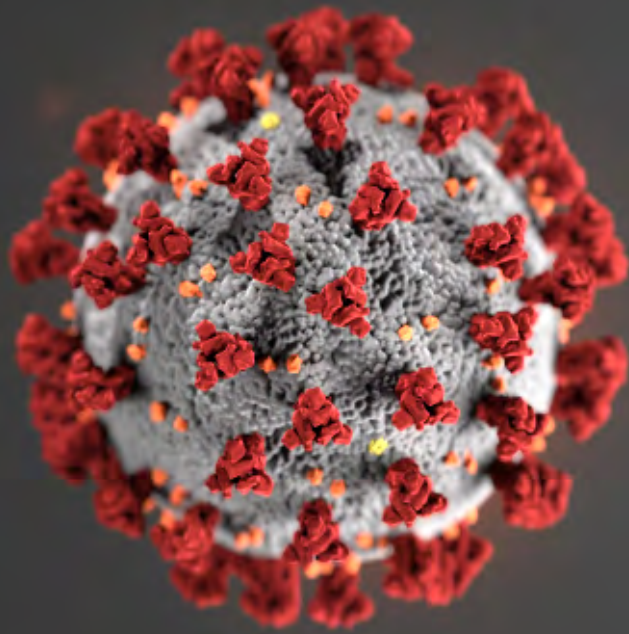
Recent Publications

Morbidity and Mortality Weekly Report (*MMWR*)

Outbreak of SARS-CoV-2 B.1.617.2 (Delta) Variant Infections Among Incarcerated Persons in a Federal Prison — Texas, July–August 2021



https://www.cdc.gov/mmwr/volumes/70/wr/mm7038e3.htm?s_cid=mm7038e3_w



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.



The Biden Administration's COVID-19 Vaccine Mandate: Information for the HCH Community



What steps are employers required to take?

OSHA will soon issue a rule that employers with 100+ employees must provide paid leave for the time it takes employees to get vaccinated and to recover if they are unwell post-vaccination. Employers may also be required to provide paid time off to take family members to get vaccinated.

What vaccine exemptions are allowable?

Federal law [requires](#) that employers consider exemptions based on religious or medical factors, and provide reasonable accommodations if possible. The CDC has provided guidelines for the [three contraindications](#) that qualify for a medical exemption from the COVID-19 vaccine.

Does the mandate apply to staff at non-FQHCs, like medical respite care programs or homeless service providers?

It depends. Programs not included on the [CMS required facilities](#) list are not required to comply with the new vaccine mandate, however, the requirements for those facilities extend to contractors. If a medical respite care program (or other non-FQHC) is a contractor of a mandated facility (like an FQHC or a hospital), staff may be required to be vaccinated. Another element of the federal strategy requires all employers with 100+ employees to mandate vaccinations, or for staff to submit weekly negative test results. Some programs may be part of a larger organization that has 100+ employees total (e.g., Catholic Charities or Salvation Army). Programs should consider their contracting relationships or other aspects of the requirements when determining if their facility or program falls within the vaccine mandate.



HARRISHEALTH
SYSTEM

Nelson Gonzalez, DHA, MPH
Grants Project Manager
Health Care for the Homeless Program

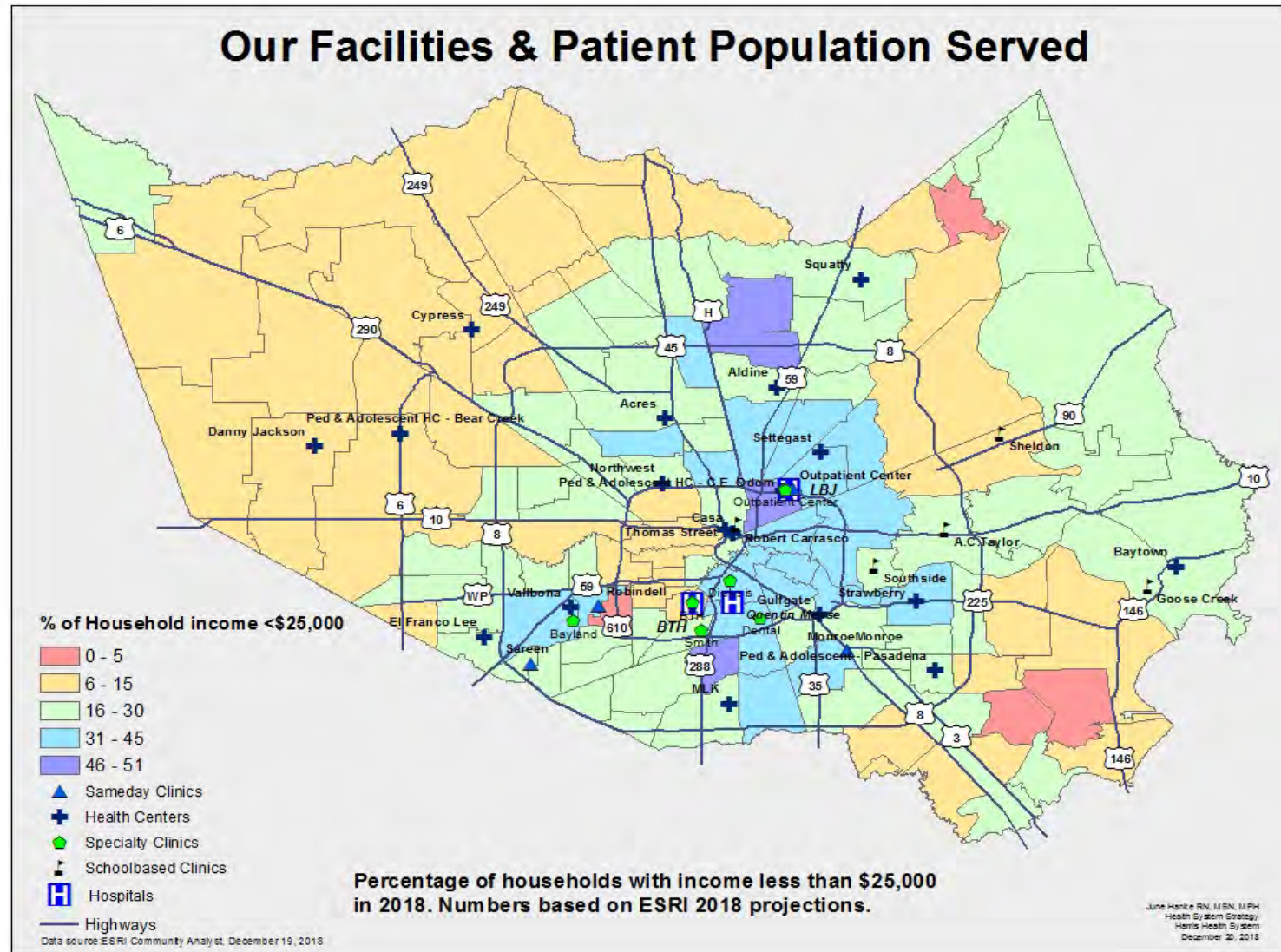
Harris Health System

The nation's fourth largest public healthcare system.

Encompasses:

- Two acute care hospitals (Ben Taub and LBJ Hospitals)
- Eighteen (16) community health centers
- Five (5) same day clinics
- Five (5) school-based clinics
- Dental, radiation, rehab, and dialysis services
- The nation's first free-standing HIV treatment center, Thomas St. Health Center
- First FQHC in Houston, Health Care for the Homeless Program (est. 1987) – Seven (7) clinic sites

Harris Health Clinic Sites



HCHP Services

- Primary health care since 1988
- Mental health services
- Substance abuse services
- Dental services
- Health promotion and prevention services
- Case management
- Eligibility assistance
- Class D pharmacy
- Telehealth

Shelter Clinics

HCHP has on-site clinics in seven homeless programs.

- 1) Harmony House (men's shelter)*
- 2) Lord of the Streets (drop-in center)*
- 3) Open Door Mission (men's shelter) *
- 4) Salvation Army Adult Rehabilitation Center (men's shelter)
- 5) Salvation Army Family Residence (family shelter)
- 6) Star of Hope Cornerstone Community (women and family shelter)
- 7) Star of Hope Men's Shelter (men's center)

Mobile Health Care Units

One medical mobile unit

One dental mobile unit

One outreach/immunizations van

Adding: medical, immunization/lab/HIV, vision (ARPA funds)

Outreach to over 30 sites

- Numerous shelters
- Campsites
- Soup kitchens
- Other areas where persons experiencing homelessness congregate

Mobile Dental Unit



Mobile Medical Van



2020 Patient Demographics

- 8,335 unique patients experiencing homelessness
- 25,080 clinic visits (20% telehealth)
- 79% uninsured
- 70% male, 30% female
- 6% were age 17 or less
- 17% were ages 60 and over
- Race: 60% African American, 35% White
- Ethnicity: 15% Hispanic

Evolution of Telehealth Services

- Limited availability before 2020 in the system
- Expanded because of COVID-19
- Telephone based visits
- Face to face visits

HRSA Funding Streams Used for Telehealth Services

- FY 2020 Coronavirus Supplemental Funding for Health Centers
- Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding
- FY 2020 Expanding Capacity for Coronavirus Testing (ECT)
- American Rescue Plan Act 2021

Coronavirus Supplemental Funding

- Personal computers with monitors, speakers, and webcams
- iPads
- Monthly line charges for internet services to connect with Harris Health server to access electronic medical records and transmit video.

CARES Act Funding

- Telephone and cable companies services for wiring for internet use for telemedicine
- Creating telehealth rooms

ECT Funding

- Laptops
- Wi-Fi hotspot jetpacks

ARPA 2021 Funding

- Telehealth carts
- Mobile Telemedicine Examination Kit (MobilTEK)
- Laptops
- Wi-Fi hotspot jetpacks

Homeless Telehealth Summary

- Phones and iPads for homeless outreach and connection to telehealth services
- At some clinics created telehealth offices

HCHP Needs Assessment

- Need to improve iPad connectivity
- Computers vs telehealth televisions
- Access to specialty care
- Hiring part-time telehealth director

Questions?

Nelson González, DHA, MPH

Grants Project Manager, Health Care for the Homeless Program

Harris Health System

Nelson.Gonzalez@harrishealth.org

Phone: 346-426-0701

Right Fax: 713-440-1374

RESOURCE SPOTLIGHT

- Model Transitions from Non-Congregate Shelter:
Joint Recommendations for Assisting PEH



TA PRODUCT SPOTLIGHT

- Re-Evaluating Your ESG-CV Approach



Re-Evaluating Your ESG-CV Approach

- Review initial program design and identify changes that are necessary to meet current needs

Review Current Expenditures and Draws

- Utilize internal records and IDIS records to identify if any funding has not yet been committed to an activity
- Review written subrecipient grant agreements to see if/when possible to reallocate funds
- Review upcoming quarterly report expenditures for Sage to identify progress towards expenditure deadlines (quarter ends 9/30/2021)

Substantial Amendment

- Review Citizen Participation Plan to identify specific criteria for your jurisdiction that would require a substantial amendment.
- Per CPD Notice 21-08, ESG-CV and annual ESG funds used to prevent, prepare for, or respond to coronavirus are not subject to the citizen participation requirements.
- The public comment period has been waived for ESG-CV funds, however:
 - The ESG Recipient must post on its website how funds will be utilized.

Is a Substantial Amendment Needed?

Example	Substantial Amendment?	Next Steps
The Annual Action Plan includes both Homelessness Prevention and Rapid Rehousing as Goal Outcome Indicators for the ESG-related Goal (AP-20) and the ESG or ESG-CV Project (AP-35).	Substantial Amendment is not triggered.	Because the Goal Outcome Indicators were already identified, a Substantial Amendment is not required . Reopen and update the plan, via minor amendment, to make changes to the number of beneficiaries listed in the AP-20 and AP-35 screens.
The Annual Action Plan does not identify Goal Outcome Indicators for either Homeless Prevention or Rapid Rehousing for the ESG-related Goal (AP-20) and the ESG or ESG-CV Project (AP-35).	Substantial Amendment is triggered.	A Substantial Amendment is required to select Homelessness Prevention or Rapid Rehousing as a Goal Outcome Indicator on the AP-20 and AP-35 screens.
Reallocating annual ESG funds to EXISTING activities that "prevent, prepare for, or respond to coronavirus."	Substantial Amendment is not triggered.	A Substantial Amendment is not required for reallocating ESG funds to an activity previously identified in the Action Plan. Reopen the Action Plan as a minor amendment and update the ESG Goal on AP-20 and ESG Project on AP-35 as needed.
Reallocating annual ESG funds to NEW activities that "prevent, prepare for, or respond to coronavirus," and adding the new activities to the Annual Action Plan.	Substantial Amendment is triggered.	A Substantial Amendment is required if reallocating annual ESG funds for a new activity not previously identified in the Action Plan. Reopen the Action Plan as a substantial amendment and update the ESG Goal on AP-20 and the ESG Project on AP-35.

Creating a Substantial Amendment

- Substantial Amendment is created in IDIS in the eCon Planning Suite
 - Resources
 - [Amending a Consolidated & Annual Action Plan for State and Entitlement Grantees](#)
 - [Amending a Consolidated & Annual Action Plan for Consortia Grantees](#)
 - [Setting Up a Substantial Amendment for CARES Act Funding](#)

Reprogramming/Reallocating Funding

- In IDIS, on the activity funding screens
 - DECREASE funding for a subrecipient at the funding level, then
 - INCREASE funding either within the activity or to another activity

Reminders

- Amend the Annual Action Plan where ESG-CV was originally included:
 - FY2019
 - FY2020
- Update IDIS Activity Description to include how funds are used to prevent, prepare for, and respond to coronavirus
 - Resource: [ESG-CV “Prevent, Prepare, and Respond” Tieback Flexibilities Quick Guide](#)
- All ESG-CV funds will stay within the 2020 ESG project

For Additional Assistance

- HUD Exchange Ask A Question
 - ConPlan: eCon Planning Suite
 - IDIS: Integrated Disbursement and Information System
 - <https://www.hudexchange.info/program-support/my-question/>

ESG-CV Grants Status Report

Updated September 7, 2021



99.5% of funds obligated in IDIS

All ESG-CV1 And ESG-CV2
grants have grant agreements!
7 ESG-CV 2 grants remaining to load

85.2% of funds Committed

20.76% of awarded funds Drawn!

Of 362 grant recipients:

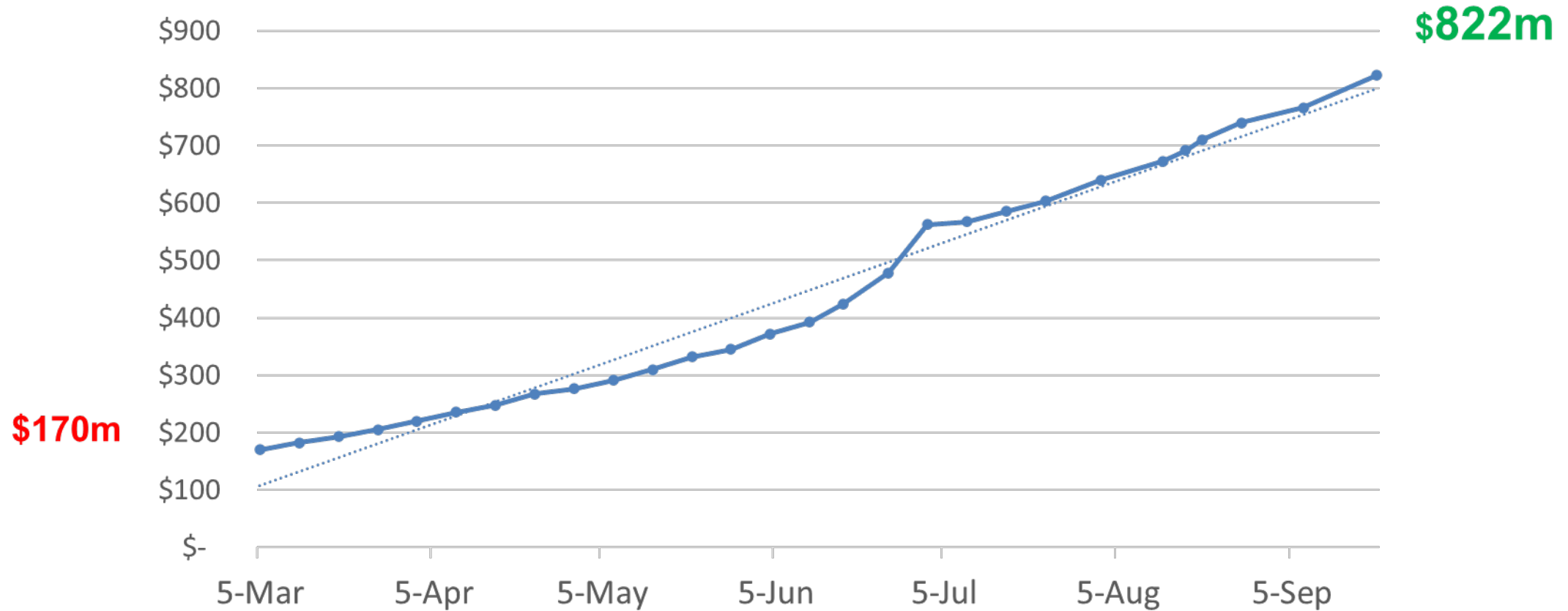
**191 recipients (53%)
are over 20% Drawn**

Thank you for all your hard work!

20% of ESG-CV grant allocations must be expended by September 30, 2021

Keep it going!

ESG-CV Draws (in millions)



New Resources Posted

- [Make the Most of Federal Resources to Stop Increases in Homelessness](#)
- [Model Transitions from Non-Congregate Shelter: Joint Recommendations for Assisting PEH](#)

Upcoming Webinar

ESG-CV Q4 Reporting Office Hours

- Office Hours will be held on **Thursday, September 30, 2021, from 2:00 – 3:00 PM EDT** to review the ESG-CV quarterly reporting process, including how to report on activities added in the updated ESG-CV Notice, Notice CPD-21-08.
- Participants will learn reporting tips based on frequently asked questions and will also have ample time to ask questions of their own.
- Participants do not need to register in advance. It is strongly recommended that you join the Office Hours 15 minutes prior to the start time (1:45 PM EDT). To join the Office Hours, simply access the login page on the HUD Exchange or at the link above.

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

