



# Temperature Check on COVID-19 Preparedness: A Webinar for Homeless Assistance Providers & Partners

November 15, 2021



# Housekeeping

- 60 minutes total, including Q&A portion
- Participants are muted by default
- To ask a question at any time, use the Chat Box feature to the left of the presentation slides
- We will answer as many questions as possible during the Q&A portion of the webinar
- After the webinar, please submit any outstanding questions to HUD AAQ
- Recording and slide presentation will be posted on the HUD Exchange

# Speakers & Resource Advisors

## Department of Housing and Urban Development

- Marlisa Grogan, Office of Special Needs Assistance Programs
- Darlene Mathews, HUD TA, Darlene Mathews, Inc.
- David Canavan, HUD TA, Canavan Associates

## Centers for Disease Control and Prevention

- Emily Mosites, PhD, MPH, CDC COVID-19 Response Corrections and Homelessness Section

## National Health Care for the Homeless Council

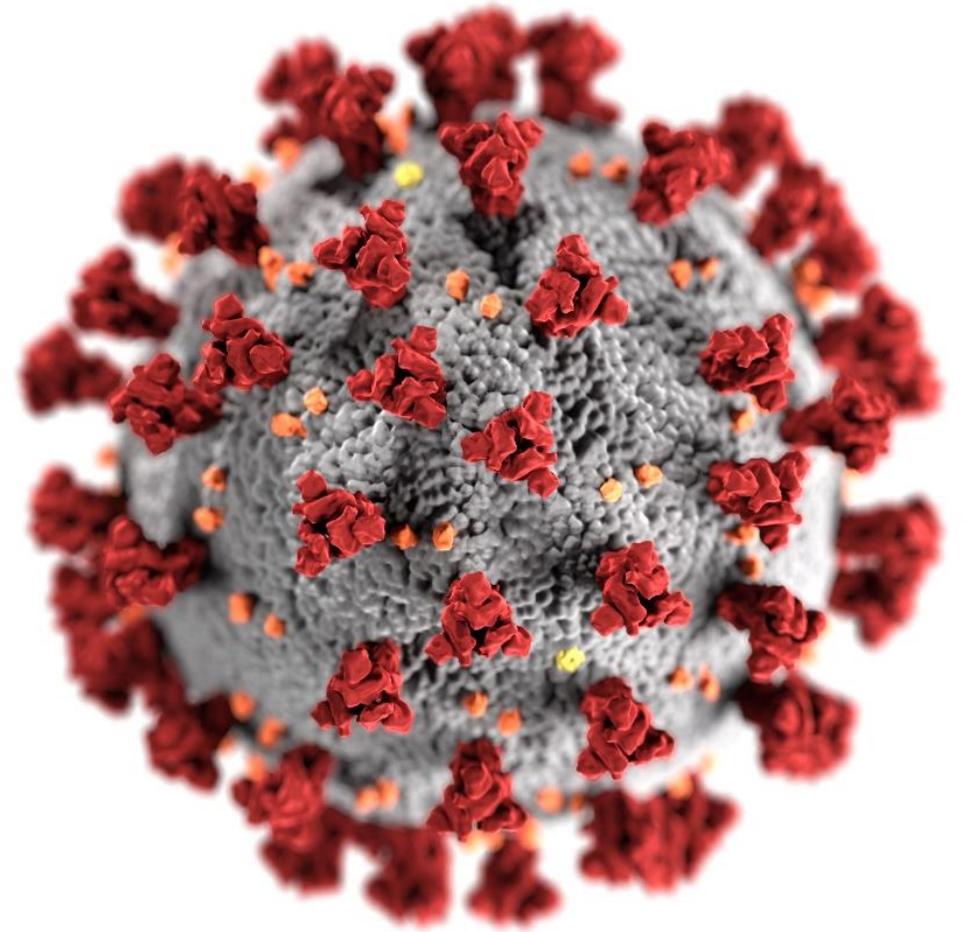
- Barbara DiPietro, PhD, Senior Director of Policy

# Learning Objectives

- Provide updates on current transmission rates and vaccine coverage
- Highlight resources for cold weather and flu season planning
- Share effective strategies to increase vaccine uptake among staff and clients
- Reinforce essential infection control measures in congregate settings
- Provide recommendations for sustainable long-term COVID-19 response
- Review the latest COVID-19 response guidelines and answer participant questions

# Updates on COVID-19 and Homelessness

Homelessness Unit  
Corrections & Homelessness Section  
CDC COVID-19 Response

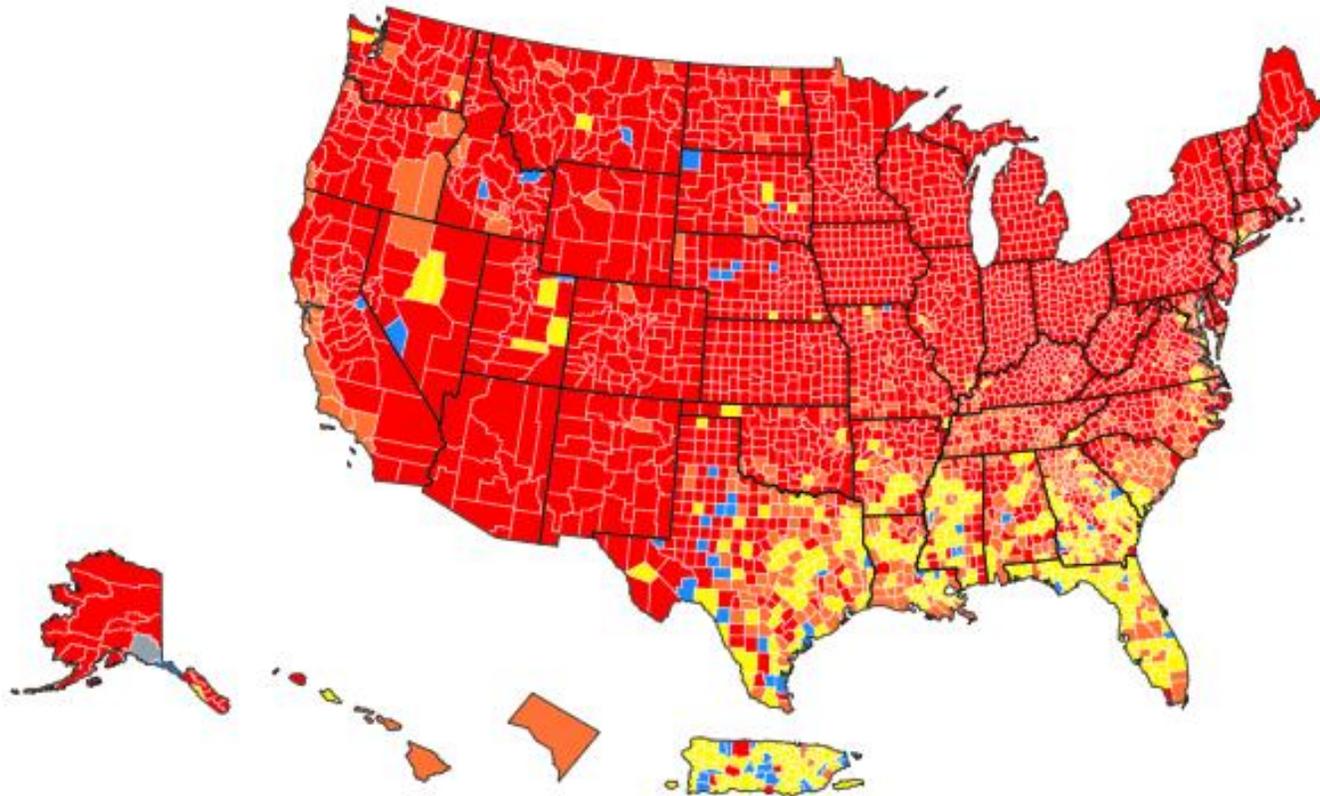


[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# COVID-19 Prevention During the Winter



# General population transmission of COVID-19 by county



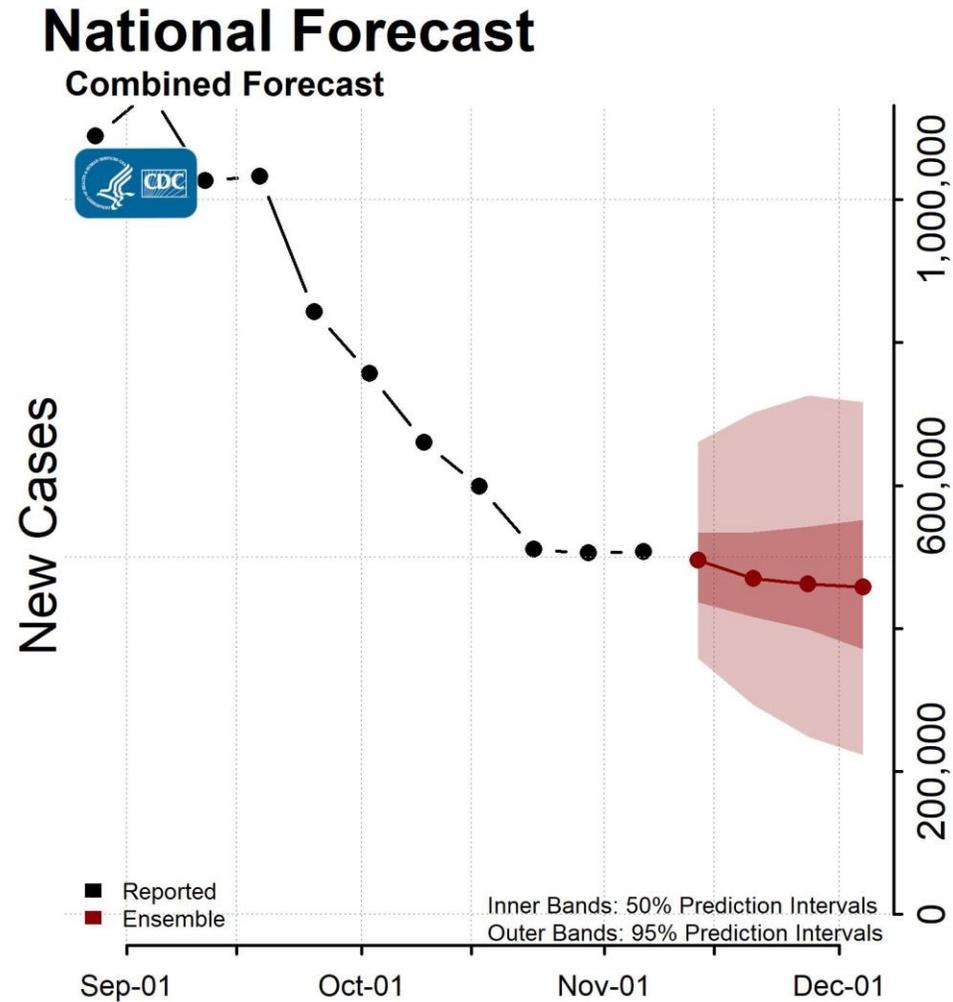
	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

● High   
 ● Substantial   
 ● Moderate   
 ● Low   
 ● No Data



Data as of 11/14/2021  
[CDC COVID Data Tracker](https://www.cdc.gov/covid/data-tracker/)

# Four week forecast of overall national COVID-19 cases



Data as of 11/08/2021



# Maintain a layered approach to COVID-19 prevention in homeless services sites

- COVID-19 vaccination
- Wearing masks, regardless of vaccination status
- Physical distancing
  - Beds arranged to sleep head-to-toe
  - Heads 6 feet apart when sleeping
- Handwashing
- Quarantine and isolation spaces



# Considerations for winter

- Crowding likely to increase
- Enhanced prevention strategies needed
  1. Assess new spaces used for cold weather shelter
  2. Ensure ventilation systems, facility layout, and flow of traffic are suitable
  3. See [CDC's Homeless Shelter Worker Training](#) for additional considerations
- Encourage clients and staff to receive a flu shot in addition to COVID-19 vaccine
  - Flu and COVID-19 vaccines can be given at the same time

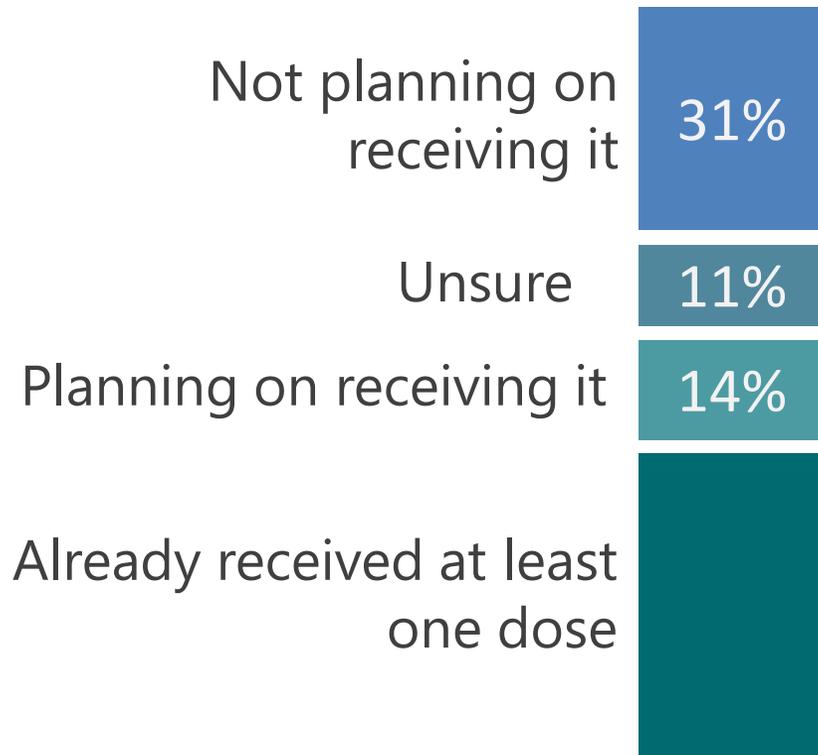


# COVID-19 Vaccine Coverage and Acceptability among People Experiencing Homelessness (PEH)



# COVID-19 vaccine acceptability among people experiencing sheltered homelessness, Detroit, MI, February 2021

## Survey participants at shelters (n=106)



## Motivators for Accepting (n=61)

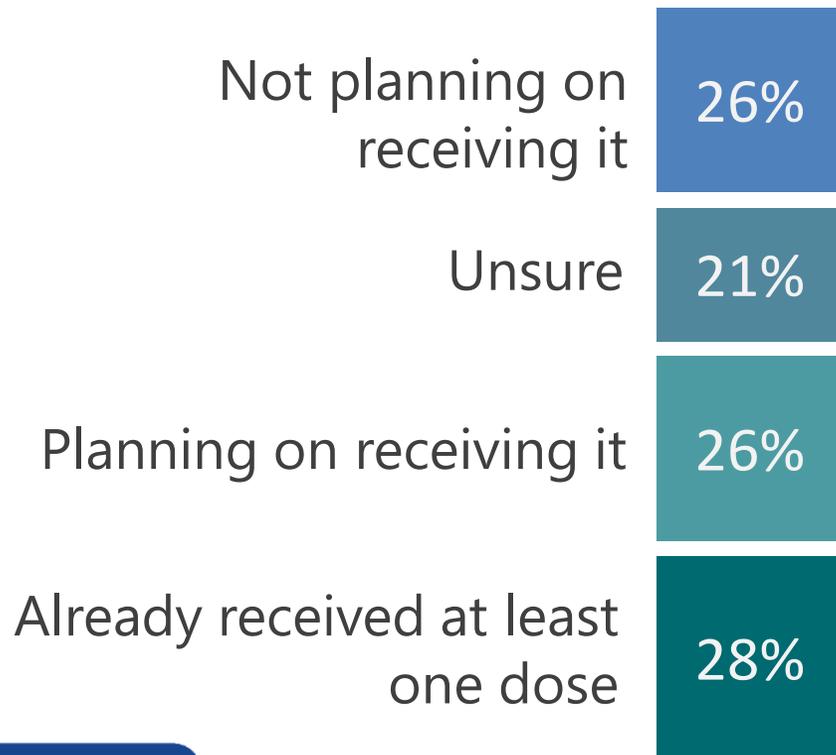
- Protecting their own health (89%)
- Protecting the health of family and friends (84%)
- Protecting the health of their community (71%)

## Reasons for Hesitation (n=45)

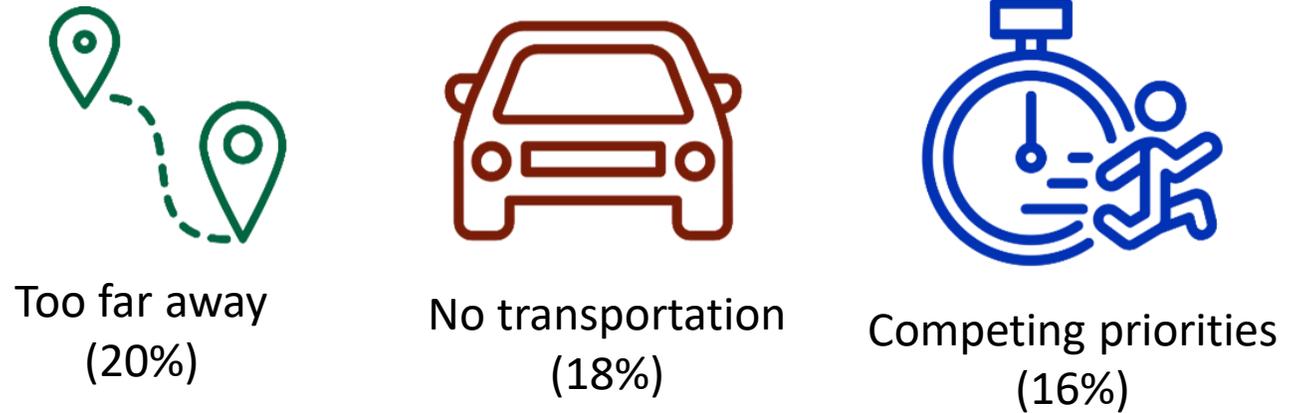
- Concerned about side effects (64%)
- Fear of long-term effects (58%)
- Vaccines are too new/developed too quickly (47%)

# COVID-19 vaccine acceptability among people experiencing unsheltered homelessness, Orlando, FL and Las Vegas, NV, March-June 2021

Survey participants at unsheltered locations (n=864)



## Logistical barriers to vaccination



**In this primarily unsheltered sample, 40% of those with at least one dose were vaccinated at a pop-up event.**

# Maintaining a layered approach in combination with vaccination is recommended

- Outbreaks can still occur in congregate settings with high vaccination coverage
  - Outbreak of Delta variant identified in a federal prison in Texas with high vaccination coverage (79%), infecting 172 of 233 (74%) residents in two housing units ([Hagan et al., 2021](#))
  - Attack rates, hospitalizations, and deaths were higher among unvaccinated than among vaccinated persons
- In addition to vaccination, other prevention strategies like wearing masks, distancing, and handwashing should be maintained
- Make sure third doses (for immunocompromised persons) and booster doses are available for those who qualify



# Resources to improve COVID-19 vaccine confidence



## Vaccinate with Confidence

*Strategy to Reinforce Confidence in Covid-19 Vaccines*

Vaccinate with Confidence is the strategic framework of the Centers for Disease Control and Prevention (CDC) to strengthen vaccine confidence and prevent outbreaks of vaccine-preventable diseases in the United States.

Strong confidence in COVID-19 vaccines within communities leads to more people getting vaccinated — which leads to fewer COVID-19 illnesses, hospitalizations, and deaths.

### CDC COVID-19 Vaccine Confidence Resources

What is Vaccine Confidence? >

CDC COVID-19 Vaccine Confidence Strategy >

12 Community-Based COVID-19 Vaccination Strategies >

Rapid Community Assessment Guide >

Engaging the Arts to Build COVID-19 Vaccine Confidence >

Reaching People with Limited Access to COVID-19 Vaccines >

How to Address COVID-19 Vaccine Misinformation >

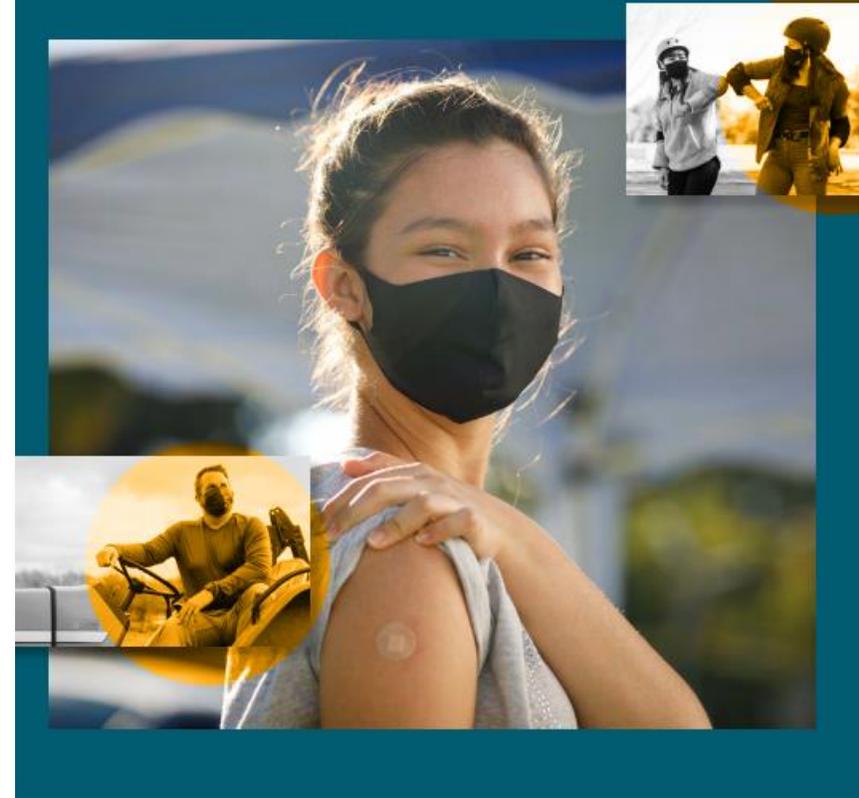
How to Tailor COVID-19 Information to Your Specific Audience >

Ways Health Departments Can Help Increase COVID-19 Vaccinations >



[Vaccinate with Confidence](#)

## COVID-19 Vaccination Field Guide: 12 Strategies for Your Community

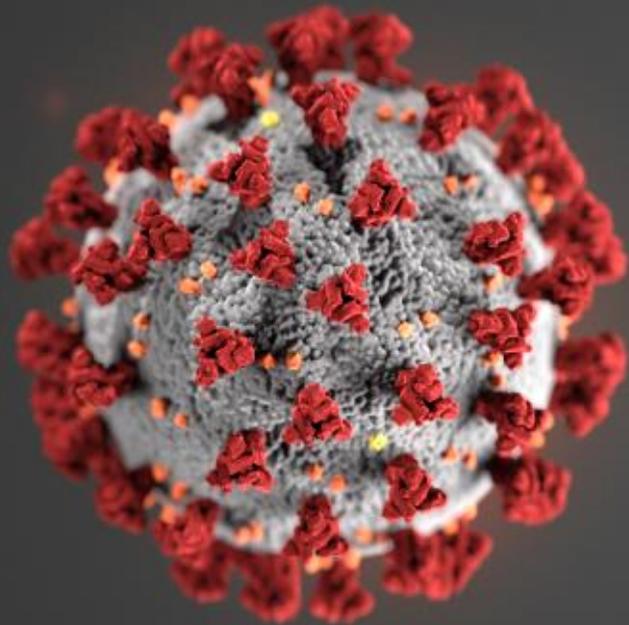


U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



Vaccinate with Confidence  
*Strategy to Reinforce Confidence in Covid-19 Vaccines*

[COVID-19 Vaccination Field Guide](#)



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.



# Homeless System Response:

*Winter Planning and COVID Preparedness*



# Maintain Infection Control Measures

The CDC has developed thoughtful infection control measures for programs that serve people experiencing homelessness. When these measures are in place, the risk of outbreaks and severe illness is drastically reduced.

Until the end of the Presidentially declared emergency, homeless shelters and housing programs should keep infection control measures in place.

# Maintain Infection Control Measures

These essential infection control measures include continuing to:

- Social distance at 6-feet at congregate sites;
- Wear masks inside, regardless of vaccination status;
- Maintain non congregate shelter options for individuals at high risk of severe illness;
- Provide consistent opportunities for access to vaccines, which remain the best protection against death and severe illness;
- Maintain equitable pathways to isolation and quarantine; and,
- Include testing strategies as an outbreak prevention measure.

# Flexibility is key!

- The pandemic is ongoing
- Communities didn't expect to be in this space again
- Thoughtful planning was given to allocate ESG-CV dollars, but communities may need to reallocate/reprogram a portion of funds to address infection control
- Our systems must remain flexible and nimble to respond to ongoing changes

# Rethinking ESG-CV Funds

ESG can fund a wide range of response activities and infection control measures (See Resources slide)

- Fund onsite vaccination/testing or renovation of existing shelter
- Expand winter beds, I&Q, respite, single-use bathrooms/showers
- Infection control measures
- Increased bed spacing, accessibility features (i.e. contactless entries)
- Enhanced sanitation; cleaning services

# Rethinking ESG-CV Funds

- Bolster street outreach: on-the-ground presence is essential to linking people to healthcare, reducing spread, and ensuring vaccine access
- Onsite, mobile vaccination and testing in coordination with public health
- Review terms of written agreements with providers to determine if and when reallocating or reprogramming funds is possible.

See [SNAPS In Focus: Evaluating Our COVID-19 Preparedness](#)



# Grants Management

- Communities should consider reprogramming and/or reallocating ESG-CV funds to support infection control and outbreak containment through all components, but especially street outreach and emergency shelter
- Repurposing funds from one activity to another may not require a Substantial Amendment - recipients can reach out to their field office or submit an AAQ to make this determination.
- Amendments to the ConPlan or Action Plan need to be made in accordance with 24 CFR 91.505

See [Re-Evaluating Your ESG-CV Approach](#)



# ESG Recipients (State and Local)

- May need to support local communities by providing key resources to support:
  - Isolation and Quarantine
  - Emergency and Temporary Shelters
  - Non-Congregate Shelters
  - Vaccine Incentives
  - Vaccine Peer Support/Ambassadors
- Be flexible with processes and amend grants & contracts quickly where possible
- We must be prepared for a heavy lift.

# 3 Things every community can do right now to prepare for winter

1

Ensure that your community has developed plans for COVID response this winter

2

Ensure that local jurisdictions have the CDC Infection Control strategies in place

3

Identify how state funds can support local jurisdictions whose COVID response strategies are inadequate or require expansion

# Winter Planning Complications

- Saving lives requires bringing people inside from the cold; if this is not done with infection control measures in place it could increase risk of COVID transmissions
- Many traditional winter sheltering sites are not available
- Beds lost due to physical distancing and increases in unsheltered homelessness could lead to greater winter shelter capacity needs
- Alternative sheltering sites must be equipped to mitigate for the spread of COVID-19

# Core elements of Winter Planning Response

HUD has developed a series of Winter Planning tools to support communities to design a Winter Emergency Response during the COVID pandemic, that focuses on these important steps:

1. Encouraging Vaccination
2. Engage Critical Partners
3. Designing a winter plan to meet cold weather sheltering needs
4. Putting infection control measures in place to prevent the spread of COVID-19 in winter shelters

# Engaging Critical Partners

Extend the reach and effectiveness of the winter emergency response by ensuring planning tables are inclusive:

- Representative of the racial makeup of the populations served by the homeless system and
- Include people with lived experience of homelessness.

Partner	Role in Planning
Public Health	<ul style="list-style-type: none"> <li>• Help review set up and operations at shelters to ensure public health standards are met</li> <li>• Determine occupancy requirements for alternative sheltering sites</li> <li>• Design testing strategies, set up flu clinics and coordinate PPE</li> </ul>
Healthcare / Healthcare for the Homeless	<ul style="list-style-type: none"> <li>• Create pathways to health care services for people with medical and behavioral health needs, including those living sheltered or unsheltered who need specialized services.</li> </ul>
Emergency Management	<ul style="list-style-type: none"> <li>• Can help to identify new spaces for sheltering, help plan for expansion of sites and identify alternative staffing strategies</li> <li>• Emergency response/outreach resources, skills and experience (local, state, or federal)</li> </ul>
People with Lived Expertise	<ul style="list-style-type: none"> <li>• Design and inform practical plans for effectively locating, engaging, and sheltering ALL PEOPLE experiencing homelessness this winter.</li> </ul>
Outreach Providers and Behavioral Health	<ul style="list-style-type: none"> <li>• Develop an approach to getting those experiencing more severe behavioral health challenges into winter shelter facilities.</li> </ul>

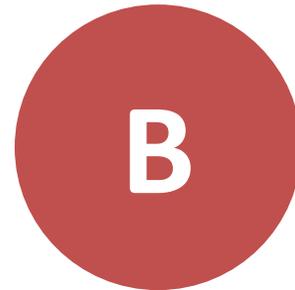
# Designing a Winter Plan

Consider a contingency planning approach, which drives collaboration with critical partners.

**PLAN**



**PLAN**



**PLAN**



# Winter Planning Functions

## **Estimating Needs (Next Slide)**

Various strategies for using existing data to estimate winter beds needed

## **Shelter Facilities**

Identify alternative sheltering sites; work with public health to determine maximum capacity of each facility; prepare for site control

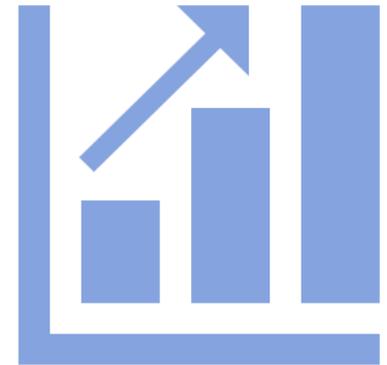
## **Staffing**

Determine client to staff ratio; consider lead operations person in charge of preparing and activating all sites

# Estimating Need

## Projections

- Winter shelter utilization, last three years
- Adjust up for beds lost due to in decompression
- Adjust up for potential increases in unsheltered



## Real-Time Estimates of Potential Increases

- Shelter utilization trends
- Analyzing coordinated entry data such as changes in the number of:
  - o Households seeking assistance;
  - o Shelter/street outreach program enrollments; and
  - o Households entering projects from unsheltered situations.

# Shelter Facilities

COVID-19

Alternative Approaches to Winter Sheltering During COVID-19

Due to current community spread of COVID-19, local facilities normally available to prevent death from exposure for people experiencing homelessness more limited. Houses of worship, recreation centers, and similar facilities heavily dependent on volunteers may not be options this upcoming winter season. The framework below provides a graduated approach to sheltering from life-threatening temperatures and regular seasonal weather. Coordination with public health and emergency management partners is essential in design, resource investment, and staffing considerations:

FACILITIES/SPACES TO CONSIDER		
Good Approach Temporary or Converted Spaces	Better Approach Semi/Congregate Shelter Spaces	Best Practice Approach Private Individual Rooms
<ul style="list-style-type: none"> <li>• Temporarily repurposed public spaces such as municipal service buildings, libraries, recreation centers</li> <li>• Community based private spaces such as faith-based sanctuaries or basements</li> <li>• Pop up structures such as military tents that can serve ten or more people</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated shelters such as Crisis Beds</li> <li>• <b>Medical Respite sites</b></li> <li>• <b>Single Room Occupancy</b> (with shared bathrooms and eating areas)</li> <li>• Repurposed residential facilities not traditionally used for sheltering households experiencing homelessness</li> <li>• <b>Safe Havens</b>, private or semi-private spaces</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Non-congregate shelter (NCS)</b> such as hotel motels, dorm rooms with individual bathrooms</li> <li>• <b>Isolation and Quarantine spaces (I/Q)</b> that offer separation for people who are sick or exposed to COVID-19</li> </ul>

## See HUD's *Alternative Approaches to Winter Sheltering*

- Facilities/Spaces to Consider
- Attributes of the Space
- Funding Considerations



# Staffing

See [Creative Staffing Solutions \(See Appendix 1\)](#)

This resource provides examples of how communities have leveraged a wide range of staffing resources to operate temporary emergency shelters during the pandemic



# Technical Assistance

If you need help drafting amendments, expanding existing contracts or thinking through how to change your funding priorities, we are here to help. Recipients can reach out to:

- HUD Field Office
- [Ask a Question](#)
- [Request Technical Assistance](#)

# Resources

## Standing Up Infection Control Measures:

- [Alternative Approaches to Sheltering](#)
- [Shelter Preparedness Checklist](#)
- [Creative Staffing Solutions \(See Appendix 1\)](#)
- [COVID Informational Flyers](#)
- [Vaccine Messaging Toolkit](#)

# Resources

## CDC, NHCHC, and USICH Guidance:

- [Strategies for Proactive Universal Testing](#)
- [Homeless Service Providers](#)
- [People Experiencing Unsheltered Homelessness](#)
- [The Delta Variant: 5 Ways Communities Can Protect People Experiencing Homelessness](#)

**NATIONAL  
HEALTH CARE**  
*for the*  
**HOMELESS  
COUNCIL**

# **Temperature Check on COVID-19 Preparedness: A Webinar for Homeless Assistance Providers & Partners**

Monday, November 15, 2021

# Big Picture Action Steps

1. Ongoing C19 **testing and vaccinations** are important, but so is the larger need for health care services
2. Consider **partnerships** with academic institutions and medical/nursing schools
3. **Consult consumers** about how they want to be connected to care & **keep equity at the center** of decision-making
4. Ensure ongoing access to **food and transportation** (especially given ongoing limitations in community services)
5. Winter planning should include **connections to health care**



# Connections to Care

- **Connecting clients:** Adopt/continue broader health care partnerships for comprehensive services (not just C19 testing & vaccines)
- **Building capacity:** More clinics inside shelters and/or increased walk-in's at offsite clinics
  - **Acknowledge:** Limited capacity of health care staff; much harder to do specific vaccine events and be able to expand services when shortages are widespread
- **Transportation:** Transport groups of clients to HCH or community clinic sites for a planned group vaccination
- **Telehealth:** Set up a telehealth space in your shelter to better connect clients to health care (fixed site shelters as well as “winter overflow” spaces).
  - **Acknowledge:** Telehealth is dependent on provider availability
- **Behavioral health:** Ensure access to behavioral health services – crisis response, overdose prevention, (Narcan®), & Suboxone®/MAT (as appropriate)



Possible actions depend on the unique factors present in your community.

# Resources

- COVID-19 & the HCH Community: [Six Crises Leading Into Winter 2020](#)
  - Ongoing C19 infections, flu, winter weather, disasters, evictions, trauma/social upheaval
- COVID-19 & the HCH Community: [Medical Respite Care & Alternate Care Sites](#)
- [Interim Adapted Clinical Guidelines for Post-COVID Conditions](#) (“Long-COVID”)
- COVID-19 and the HCH Community: [Interim Lessons Learned from the Pandemic](#)



# Questions?

